

Guidance for Ballot Measure 108 One-time Funding to Address Commercial Tobacco Use Inequities 2022-2023

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Background

The [Conference of Local Health Officials \(CLHO\)](#) recommended to the Oregon Health Authority (OHA) Public Health Division (PHD) Health Promotion and Chronic Disease Prevention (HPCDP) section that \$10 million of the \$14.5 million in unbudgeted tobacco tax revenues be allocated to county Tobacco Prevention and Education Programs (TPEP). CLHO recommended that a modified version of the Public Health Modernization funding formula be used for county funding allocations. [Table 1](#) shows the amount of additional funding that each county TPEP will receive.

These funds are intended to provide county TPEP with additional capacity and resources to address commercial tobacco use inequities and develop or enhance community partnerships, including with community-based organizations (CBO) that received [new public health funding](#) through Oregon Health Authority (OHA). This includes addressing the disproportionate impact of commercial tobacco use on Black, Indigenous, and people of color communities through culturally and linguistically responsive services and partnership. In creating health equity, it is essential to center community voice in commercial tobacco prevention programming and address the root causes of commercial tobacco use. These enhanced partnerships can promote mutual capacity building and opportunities to learn with, and from, each other. Sharing power and resources with community-based organizations can provide them with the tools, training, and investment of resources needed to increase leadership and advocacy skills.

Of note, the magnitude of funding available in this biennium should not be expected in future biennia. The unbudgeted funds reflect significant carryover of Ballot Measure 108 tobacco tax revenues that were not spent in the first six months of 2021. However, workplan revisions that reflect a deeper focus on health equity and community partnerships could inform future workplans and budgets for the 2023-2025 biennium.

Important Deadlines

- **Budgets and Workplans are due by Thursday, August 25, 2022.** One electronic copy of the workplan and budget must be received via email no later than 5:00 p.m., August 25, 2022. Email materials to your program's assigned HPCDP liaison or to Leah Festa at Leah.Festa2@dhsosha.state.or.us. An extension for additional time to engage community in co-development of plans is acceptable. Extensions will need to be documented by emailing your liaison and providing a description of the planned community engagement that will be taking place and the requested date for extended submission.
- **Letters of Partnership are due on a rolling basis** as external partners are identified.
- HPCDP will review and respond approximately 3 weeks following submission.
- Funds must be spent by June 30, 2023.

Required Documents:

- A. **Workplan:** There are two options for submitting the workplan listed below. For additional information about eligible and ineligible activities, see [Appendix A](#). Approved workplans will be kept on file and in an online format accessible to public.
1. Submit an updated version of your program's current TPEP workplan (July 1, 2021 – June 30, 2023).
 - i. Changes to the workplan must be indicated by using either a different font color, highlighting, or "Track Changes" function in Microsoft Word.
 - ii. If your program would like to submit a program workplan in a different format, please reach out to your liaison.
 2. Or submit a separate supplemental 12-month workplan for July 1, 2022 – June 30, 2023. See [Attachment 1](#) for an example of a workplan template.
- B. **Budget:** There are two options for submitting the budget. For additional information on budgeting, see [Appendix B](#).
1. Revise your program's current budget for July 1, 2022 - June 30, 2023 to include additional funds.
 2. Or submit a separate budget including only the BM108 additional funds for the fiscal period July 1, 2022 – June 30, 2023. See [Attachment 2](#) for an example of a budget template.
- If subcontracting, pre-approval from HPCDP must be obtained. List each proposed subcontracted program activity and the name of the proposed

subcontractor (if known) along with the amount of the contract. All activities related to the subcontractor must be clearly specified in the program workplan, and must include: (1) scope of work, including tasks and deliverables; (2) time period of the contract; (3) person in your agency who will supervise or manage the contract; (4) name of the contractor, if known; and (5) what method will be used to select the contractor, such as bids, RFPs, sole-source, etc.

- C. **Letter(s) of Partnership:** If listing an external partner that has a role in carrying out an activity in the workplan, a letter of partnership or other written acknowledgement from the partner documenting the following (a) and (b) must be provided. Letters of partnership will be accepted in multiple formats, including email, Word document, or other written acknowledgement. Letters of partnership do not need to be submitted by the budget and workplan deadline if the partner(s) have not been identified; however, they will need to be submitted before HPCDP can approve the specific collaborative activities of the workplan. Letters of partnership can be submitted on a rolling basis as your program identifies the external partner(s).
- a. External partner acknowledgment and commitment to partnership and collaborative work, indicating that the external partner has been consulted and approved the collaborative work outlined in the work plan
 - b. Amount of compensation for external partner's time and estimated time commitment for this collaborative project (Example language: *XX will be paid \$X per hour for # hours on this project*)
- D. **Direct Cessation Services and Nicotine Replacement Therapy (NRT):** This includes nicotine replacement therapy, trainings on cessation, counseling supports for those looking to quit, and more. This is an opportunity for HPCDP and LPHAs to learn together and develop cessation supports that are culturally responsive. OHA is working to determine the best process and guidance for moving forward with direct cessation activities. **If including direct cessation delivery activities and/or NRT in the workplan and/or budget, connect with your liaison to discuss specifics before submitting the workplan and budget. There will be additional guidance and requirements for these activities.**

Considerations for Counties that are ICAA-Only:

- Counties that are currently at the ICAA-only response level, and do not have a Tobacco Prevention and Education Program, may opt in to receive this funding. A workplan and budget reflecting work to be carried out with the Ballot Measure 108 funds will be required.
- It is recommended that counties at the ICAA-only response level that are accepting Ballot Measure 108 funds propose activities that will build capacity to stand up a Tobacco Prevention and Education Program in the future.
- Examples of activities to build internal capacity may include, but are not limited to:

- Assess community needs and/or readiness to address commercial tobacco use inequities
- Build and develop relationships with community
- Convene a community-based workgroup or coalition to guide local strategic planning around commercial tobacco prevention
- Pilot a commercial tobacco prevention project in partnership with community-based organization, health systems, or other local commercial tobacco prevention champions
- Develop a local cessation resources list
- Please see [Appendix A](#) for additional examples

Support

- Office Hours will be offered at the following times. These are opportunities to bring your questions to HPCDP staff:
 - **Wednesday, July 27, 1pm – 1:30pm PST**
 - Meeting link: <https://www.zoomgov.com/j/1604556933?pwd=UHJCdXdBNzFwMEpNOWFQb0dqNUlscz09>
 - **Thursday, August 4, 9:30 am – 10:00 am PST**
 - Meeting link: <https://www.zoomgov.com/j/1615603353?pwd=UXkzY0VOT2E1eUI6MDBseEI4U2NwQT09>
- Your Community Programs Liaison is here to support you and serve as a thought partner. Reach out by email, phone, or set up a virtual meeting:
 - Emily Droge – emily.droge@dhsoha.state.or.us
 - Leah Festa – leah.festa2@dhsoha.state.or.us
 - Roni Hyde – roni.hyde@dhsoha.state.or.us
 - Tara Weston – tara.weston@dhsoha.state.or.us

If you are unsure who your program liaison is, email Leah Festa, HPCDP Community Programs Lead, at leah.festa2@dhsoha.state.or.us.

Table 1. Ballot Measure 108 Tobacco Tax Funding Allocations to County TPEP

County	Allocation
Benton	\$208,114
Clackamas	\$777,927
Clatsop	\$129,873
Columbia	\$154,976
Coos	\$190,654
Crook	\$103,358
Curry	\$94,206
Deschutes	\$395,172
Douglas	\$297,215
Gilliam	\$37,447
Grant	\$52,637
Harney	\$46,669
Hood River	\$123,482
Jackson	\$471,569
Jefferson	\$120,165
Josephine	\$264,944
Klamath	\$210,610
Lake	\$51,838
Lane	\$740,560
Lincoln	\$156,124
Linn	\$324,133
Malheur	\$142,070
Marion	\$895,333
Multnomah	\$1,606,598
Polk	\$215,788
Sherman, Wasco (North Central)	\$146,385
Tillamook	\$118,042
Umatilla	\$268,797
Union	\$96,125
Washington	\$1,237,728
Wheeler	\$36,509
Yamhill	\$284,950
Total	\$10,000,000

Notes:

- Baker County and Morrow County local public health administrators declined the additional funding, which was redistributed to the remaining counties.
- Wallowa County does not have a local public health authority or TPEP.

- A modified Public Health Modernization funding formula was used to allocate unbudgeted tobacco tax funds. The base funding formula considers the following population characteristics: population size, premature death, quality of life, race and ethnicity, poverty, rurality, educational attainment, and limited English language proficiency. The modified formula replaces premature death with burden of commercial tobacco use measured as the percent of adults who currently use commercial tobacco. Commercial tobacco use includes cigarettes, little cigars, large cigars, hookah, electronic cigarettes and/or smokeless tobacco.

Appendix A: Eligible and Ineligible Activities

Eligible Activities

These funds are intended to provide TPEP with additional capacity and resources to address commercial tobacco use inequities and develop or enhance community partnerships. The additional funding is intended to be flexible so that each grantee can tailor their workplan to their local context and capacity. Activities proposed for the additional funding are meant to both complement and reinforce current TPEP workplan activities. Eligible activities fall within the guidelines of the [21-23 TPEP RFA](#) with the exception of direct cessation delivery and Nicotine Replacement Therapy (NRT), which are now allowable due to an update to Program Element 13.

Building capacity to address inequities and foster authentic community relationships

Activities focus on individual and organizational capacity building to address commercial tobacco use inequities and develop or enhance community partnerships. Activities could include, but are not limited to, the following:

- Contracts for trainings that build staff capacity and competency for work on health equity and community partnerships (e.g., cultural competence, implicit bias, accessibility, power dynamics in government-community relationships)
- Participate in learning opportunities
- Participate in the Community Policy Leadership Institute (CPLI) and provide stipends to community partners to join
- Attend community partner meetings to learn from and build relationships with the community
- Conduct an internal assessment of how existing work can be enhanced to focus on equity and community partnerships
- Develop policies and procedures to ensure communities of color are represented in county outreach activities and adequately compensated for their time
- Partner with other county and tribal TPEP to engage community partners in commercial tobacco prevention in multi-county or regional activities (*for example: co-develop community engagement strategies and share best practices, toolkits, resources, etc.*)
- Support another county TPEP to increase readiness for work on equity and community partnerships development (*for example: share or co-design assessments to measure community knowledge, attitudes and current efforts, share strategies to identify key community partners, etc.*)
- Assess community cessation needs and create plan for closing gaps, including building capacity to manage NRT distribution in the 2023-2025 biennium (*for example: map cessation access and needs for communities most in need, identify what kind of cessation support is most needed, determine processes for delivering cessation over time, etc.*)

Supporting community-driven assessment, planning, and partnerships

Activities focus on developing and/or enhancing partnerships with CBOs or other community partners to address commercial tobacco use inequities through community-driven assessment, planning, and partnerships. Activities could include, but are not limited to, the following:

- Outreach to CBOs that received OHA public health funding for commercial tobacco prevention to identify shared/complementary work
- Outreach to CBOs that were not awarded OHA public health funding to identify shared/complementary work and support readiness for future funding
- Attend and be present in community spaces to learn about CBO and other local projects led by community
- Partner with a Regional Health Equity Coalition to understand community priorities for planning, and provide funding for time and expertise
- Invite and financially compensate community to co-develop, facilitate, and/or participate in assessment activities
- Invite and financially compensate community to participate in program planning, budgeting and policy development to ensure cultural and linguistic appropriateness (engage through modalities that are culturally appropriate and meet the community where they are)
- Provide networking opportunities for LPHAs, CBOs, and other community partners in service area
- Support capacity for equity-oriented data collection and analysis, such as community-specific surveys and/or qualitative storytelling and provide stipends to community members to support data collection, analysis, interpretation, and reporting.

Supporting shared implementation and evaluation of strategies and activities

Activities focus on implementing shared strategies and activities to address commercial tobacco use inequities that reflect community priorities, including activities with CBOs and other community partners. Activities could include, but are not limited to, the following:

- Distribute funds to CBOs that did not receive OHA public health funding (please refer to [CBO Public Health Funding Opportunity](#) for eligibility criteria used for OHA funding decisions)¹
- Distribute funds to CBOs that did receive OHA public health funding to enhance funded work or make up difference between requested and awarded amounts
- Collaborate on shared work with CBOs and other community partners (see [CBO Public Health Funding Opportunity](#) for eligible activities for CBO funding)
- Expand or enhance capacity to ensure policy implementation and enforcement activities are equitable and informed by community partners

¹ Scopes of work developed with funded partners must reflect the intent of the funding to address commercial tobacco use inequities.

- Provide culturally appropriate cessation supports/services, including provision of Nicotine Replacement Therapy, in collaboration with CBOs and other community partners. Identify opportunities for CBOs and other community partners to provide linkages to cessation services.
- Develop culturally appropriate communications materials in collaboration with intended audience including community engagement, creative development, financial compensation for communities participating, focus group testing, campaign planning, including evaluation.
 - If your program would like to spend more than \$5,000 on paid media placements, contact your HPCDP liaison. Paid media refers to spending money to market a message on TV, radio, billboards, digitally, and more to reach a specific audience.
 - [See TPEP 2021-2023 RFA guidance](#) for more information on communications including planning tools
- Convene community-based coalition focused on reducing commercial tobacco use inequities, and provide stipends for youth and community engagement
- In partnership with CBOs, identify, co-develop, and provide culturally relevant training and technical assistance opportunities for community members, CBOs, and/or other LPHAs
- Attend other complementary coalition meetings (e.g., harm reduction, etc.)
- Create opportunities to strengthen the leadership capacity of CBOs and community members to participate in and lead advocacy efforts.

Ineligible Activities

Funds may not be used for the following. If your program is unsure whether your proposed strategy and expenses fall within a non-allowable category, please reach out to your liaison.

- Tobacco retail licensure (TRL) enforcement activities
- Treatment services other than commercial tobacco cessation
- Other programs or efforts not devoted to commercial tobacco prevention
- Paid media costs above \$5000 without prior approval from HPCDP. Paid media refers to spending money to market a message on TV, radio, billboards, digitally, and more to reach a specific audience.
 - [See TPEP 2021-2023 RFA guidance](#) for more information on communications including planning tools

Appendix B: Budget

The Line-Item Budget and Narrative Worksheet should include each of the following budget categories, as relevant:

- **Salary:** List each position funded by the grant on a separate line. For each position, include the job title, annual salary, FTE as a percentage and the number of months requested for each staff person. The total salary will automatically calculate. Include a narrative for each position, briefly describing their primary responsibilities on the grant. Salary line-item does not include subcontracted positions.
- **Fringe Benefits:** If applicable, list the fringe rate for each position on a separate line. The total fringe will automatically calculate. Unless otherwise indicated, the general assumption is that the “Base” will be the total salary charged to the contract.
- **Equipment:** Provide a total amount for equipment, as well as a narrative listing planned purchases and brief rationale. Office furniture, equipment and computer/software upgrades are allowed provided they are reasonable expenditures, relate to the program workplan and have not been purchased in the previous three years.
- **Supplies:** Provide a total amount for supplies. Supplies may include office supplies or meeting supplies, including food purchases for community meetings and engagement. If expenditures are allocated for educational materials, the narrative must include a justification that describes how such materials are related and essential to specific activities listed in the program workplan. While funds may be used for direct, evidence-based and/or culturally appropriate cessation delivery, including the provision of Nicotine Replacement Therapy (NRT), funds may not be used for other treatment, medication, clinical services, or other disease control programs, or other efforts not devoted to commercial tobacco prevention.
- **Travel:**
 - **In-state:** Provide a narrative statement describing proposed in-state travel. Include local mileage as well as per diem, lodging and transportation to attend required and requested meetings. Federal per diem rates limit the amount of reimbursement for in-state travel – see [U.S. General Services Administration Per Diem Rates](https://www.gsa.gov/perdiem) at www.gsa.gov/perdiem.
 - **Out-of-state:** Travel to attend out-of-state events or conferences is permitted if content is applicable to the program workplan. Provide a narrative statement that includes the name of the event or conference, and how the proposed travel relates to the program workplan. Include amounts for per diem, lodging, transportation, registration fees and any other expenses. Federal per diem rates limit the amount of reimbursement for out-of-state travel – see [U.S. General Services Administration Per Diem Rates](https://www.gsa.gov/perdiem) at www.gsa.gov/perdiem.

- **Other:** List expenses for items not listed above, such as gift cards for participants, telephone, rent, copying, printing, postage and mailing that are directly related to grant activities. Honorariums, stipends, or other incentives to support community partner engagement may be listed in this budget category.
- **Subcontracts:** Grantee's community engagement work can directly support community-based organizations through sub-contracts to center the ideas, expertise, and vision of communities. Pre-approval from HPCDP must be obtained for any subcontracts. List each proposed subcontracted program activity and the name of the proposed subcontractor (if known) along with the amount of the contract. All activities related to the subcontractor must be clearly specified in the program workplan, and must include: (1) scope of work, including tasks and deliverables; (2) time period of the contract; (3) person in your agency who will supervise or manage the contract; (4) name of the contractor, if known; and (5) what method will be used to select the contractor, such as bids, RFPs, sole-source, etc.
- **Total Direct Costs:** The total direct cost will auto-fill on the worksheet. Confirm that the amount is correct.
- **Cost Allocation and Indirect Rate:** Indicate the cost allocation or indirect rate. The worksheet will auto-fill the total direct costs and multiply the cost allocation or indirect rate against the total direct to calculate the total cost allocation or indirect amount. OHA reserves the right to request additional detail on cost allocation or indirect rates.
- **Totals:** The worksheet will calculate the total budget amount requested. Ensure that the total budget amount does not exceed the allocated amount.

Please note: Programs must submit a revised budget for approval by HPCDP if expenditures exceed any budget line by 10% or more.