

Tobacco Prevention Education Program Funding Formula Workgroup



Meeting Date:	November 6, 2018
Meeting Time:	1:00 – 2:30
Meeting Location:	Rm 221
Workgroup Purpose:	The purpose of the 2018 Tobacco Prevention Education Program (TPEP) Funding Formula Workgroup is to collaborate, plan and provide suggested revisions to the local TPEP funding formula to ensure that the statewide investment is right-sized and administered in the most effective manner possible.

Local partner attendees

<input checked="" type="checkbox"/> Kirsten Aird, OHA-PHD	<input type="checkbox"/> Kerryann Bouska, Marion	<input type="checkbox"/> Luci Longoria, OHA-PHD
<input checked="" type="checkbox"/> Julie Albers, Clackamas	<input checked="" type="checkbox"/> Muriel DeLaVergne-Brown, Crook	<input checked="" type="checkbox"/> Rachel Peterson, Linn
<input checked="" type="checkbox"/> Gwyn Ashcomb, Washington	<input checked="" type="checkbox"/> Karen Girard, OHA-PHD	<input checked="" type="checkbox"/> Tanya Phillips, Jackson
<input checked="" type="checkbox"/> Rachael Banks, Multnomah	<input checked="" type="checkbox"/> Julia Hesse, Clatsop	<input type="checkbox"/> Tim Noe, OHA-PHD
<input checked="" type="checkbox"/> C.A. Baskerville, Lane	<input checked="" type="checkbox"/> Kim LaCroix, OHA-PHD	<input checked="" type="checkbox"/> Lillian Shirley, OHA-PHD
		<input checked="" type="checkbox"/> Ashley Thirstrup, OHA-PHD

Agenda Item, objective and background information	Time
1) Welcome Additional attendees: Inga Suneson (Marion County), Sarah Barnard (OHA-PHD)	1:00 – 1:05
2) Meeting objectives overview <u>Review Goals for meeting 2</u> <ul style="list-style-type: none"> Examine together how health equity and modernization focus can guide us in addressing gaps in our current funding formula (e.g. through alignment with other LPHA priorities and connecting tobacco prevention to other community priorities) Discuss the funding needed to support priority program components and capabilities that move policy forward Identify what funding every community needs to have a basic capacity to build from to protect Oregonians from tobacco <u>Follow up from TPEP Funding Formula workgroup #1</u> <ul style="list-style-type: none"> Review smoking rates among people with mental health diagnosis and poly-drug users Discuss implications for our workgroup’s charge 	1:05 – 1:15
Discussion & action steps: Ashley reviewed the goals for meeting 2, as well as the work from the previous workgroup session. (See above.) Kirsten presented additional data about poly-use of alcohol and tobacco. She discussed how tobacco use effects those with disabilities and mental health issues. <ul style="list-style-type: none"> Tobacco use among Oregonian adults with disabilities is 25.6%, whereas those with no disability use tobacco at a rate of 13.1%. Youth with disabilities follow the adult pattern. 24.3% of 11th graders with at least one disability type currently use tobacco compared to 16.3% of those with no disability Nearly half of all 11th graders who use alcohol also use tobacco products. 	

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<ul style="list-style-type: none"> 32% of Oregonian adults with a mental illness use tobacco, compared to 23% of adults with no mental illness. 	
3) Establish shared workgroup expectations	1:15 – 1:35
<ul style="list-style-type: none"> Participate in an activity to identify overall opportunities and constraints Discuss options and recommendations for establishing shared expectations <p>Facilitating questions:</p> <ol style="list-style-type: none"> 1) What are your personal and organizational expectations for this process? 2) What barriers or constraints do we need to plan for and consider during our process? 	
<p>Discussion & action steps:</p> <p>The workgroup discussed personal and organizational expectations. The workgroup participated in an activity, by writing down answers to question below on sticky notes.</p> <ul style="list-style-type: none"> What barriers or constraints do we need to plan for within this process to help all Oregonians? (See separate document with compiled concerns and constraints) <p>Themes:</p> <ul style="list-style-type: none"> ○ Fear of the status quo – using a 20-year-old funding formula for a modern public health system. ○ Fear of redistribution of resources. ○ Fear that counties won't be able to do new requirements. ○ Fear that we won't take county and population needs under considerations. ○ Fear that funding formula will not get us to outcomes. <ul style="list-style-type: none"> We can see the fears as opportunities to help every community in Oregon deal with the problem of tobacco use. Can/if exercise: <ul style="list-style-type: none"> ○ We can if we think of it as... <ul style="list-style-type: none"> ▪ non-traditional partners (business associations) modeling our goals around tobacco. ▪ a shared responsibility among many, rather than just a responsibility of the public health system. ○ We can if we fund it by... <ul style="list-style-type: none"> ▪ collaborating with CCOs to get additional funding for this work. ▪ collaborating with our regional partners by looking at how to achieve the work together. ▪ encouraging strong community partnerships and alignment. ▪ if we introduce new advocates and widen our partnerships. This is change management. We can make it a priority to meet with our partners to talk to them about why tobacco prevention matters. For instance, we can work with the Oregon Youth Authority and their networks. The question now becomes, how do we build sustainable, intensive, long-term capacity building with a focus on relationship-building with nontraditional partners in this work? 	
4) Share information gathered from other states	1:35 – 1:55
<ul style="list-style-type: none"> Review state tobacco funding survey data conducted through the Tobacco Control Network 	

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- Review qualitative information gathered from interviews with five states (West Virginia, Indiana, Colorado, Nebraska, and Maryland)

Facilitating Question:

- 1) Are there any results from information gathered that would be helpful to consider for our process in Oregon?

Discussion & action steps:

- HPCDP sent a survey to other states through the Tobacco Control Network.
- 25 states responded to the survey.
- Ashley had in-depth conversations with tobacco prevention managers representing 5 states.

Results:

- Average total of state budget allocated to community programs = 39%
- 35% of respondents said that they have made substantive changes to funding formulas in recent years. They made changes to ensure the formulas are:
 - equitable
 - sustainably rebuilt after budget cuts
 - incentivizing cross-jurisdictional partnerships
 - using a mix of noncompetitive and competitive funding.
- Survey information was gathered related to:
 - entities receiving funding
 - consortium models
 - factors determining funding amounts

(See slides.)

Facilitating Question: Are there any results from information gathered that would be helpful to consider for our process in Oregon?

- Tanya would like more information about how Washington and California structure their tobacco funding formula.
- The workgroup is interested to learn which states responded to the survey.
- Washington is heavily investing in their accountable health care communities. They bypass local public health authorities.
- None of the five states interviewed have implemented accountability metrics yet, but four are exploring the possibility.

5) Gaps Analysis: current TPEP funding formula, modern capabilities, and PHAB funding principles/CLHO funding checklist

1:55 – 2:20

- Review current TPEP funding formula
- Review Accountability Metrics
- Review CLHO funding checklist
- Reference local public health modernization assessment information (if available)

Facilitating questions:

- 1) What accountability metrics resonate with you as essential in every local basic TPEP program?
- 2) What do we need to incorporate as we draft scenarios ensuring efficiency and statewide outcomes?

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3) What other aspects do we need to understand as we “right-size” the current formula, while also building additional capacity for the future?

Discussion & action steps:

- 1) What accountability metrics resonate with you as essential in every local basic TPEP program?
- 2) What do we absolutely need to incorporate as we draft scenarios ensuring efficiency and statewide outcomes?
- 3) What other aspects do we need to understand as we “right size” the current formula while also building additional capacity for the future?

- “Implement” is the challenging word listed in the Accountability Metrics. Not all workgroup members agree this word should be used. Ashley explained that this is a topic that the Accountability Metrics workgroup spent a lot of time discussing. The final decision was to use the word “implement.”
- ICAA enforcement is a shared responsibility.
- ICAA repeat offenders need additional enforcement support.
- It’s important to understand that staff funded by TPEP funds are also working in other areas.
- How can we use the new formula to reflect what funding should be used for? How does one advance tobacco prevention and cessation in those other activities, rather than taking on more work using that funding?
- Not all county communications colleagues agree that the tobacco work messages need to be sent out to the public. This makes it challenging as a TPEP Coordinator within a large county knowing how important strategic communications can be in supporting overall policy strategies.
- For a small county, this (the Accountability Metrics) is a big list for one part-time position.
- We should prioritize the list and categorize it through a group activity.

TPEP Funding Formula Timeline:

- The workgroup reviewed the timeline (see attachment).
- Question: Does the final funding formula have to go to PHAB? Answer: No.
- A proposal was made to create a subcommittee to:
 - group accountability metrics for efficiency
 - sort accountability metrics based on different types of counties
 - begin drafting funding formula recommendations for the larger workgroup.
- The workgroup agreed that a subcommittee is a good idea.

6) **Closing and next steps**

2:20 - 2:30

- Review TPEP Funding Formula Timeline
- Review process for sharing workgroup outcomes with CLHO Prevention and Health Promotion committee, large CLHO, and PHD leadership
- Identify work to do before next meeting – potential subcommittee?
- Identify goals of next workgroup

Discussion & action steps:

Sub-committee meeting will be in early December. Those volunteering for the sub-committee are Muriel, Rachael, Julia, Gwyn, Tanya, and HPCDP.

HPCDP staff will draft recommendations to kick off the sub-committee work.

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Muriel will report back to CLHO but only by phone if materials are provided to her. HPCDP will help to support Muriel with materials.

Thank you to everyone for participating.