

Tobacco Prevention Education Program Funding Formula Subcommittee



Meeting Date:	December 19, 2018
Meeting Time:	10:00-11:30
Meeting Location:	Rm 715
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 checked="" type="checkbox"/> Muriel DeLaVergne-Brown, Crook	<input checked="" type="checkbox"/> Luci Longoria, OHA-PHD
<input checked="" type="checkbox"/> Gwyn Ashcom, 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 checked="" type="checkbox"/> Ashley Thirstrup, OHA-PHD

Agenda Item, objective and background information	Time
<p>1) Welcome and overview Additional attendees: Tara Weston and Denise Jarrett-Weeks (OHA-PHD)</p>	10:00 – 10:05
<p><u>Review goals for subcommittee</u></p> <ul style="list-style-type: none"> • Review drafted scenarios A and B. <ul style="list-style-type: none"> ○ Discuss merits of each scenario ○ Clarify questions • Together work on Scenario C <ul style="list-style-type: none"> ○ group accountability metrics for efficiency ○ sort accountability metrics based on different types of counties • Prioritize one or two funding formula recommendations to bring back to the larger workgroup 	
<p>Discussion & action steps:</p> <p>The group reviewed three funding formula scenarios. Scenario A is based on the modernization funding formula. Scenario B is based on a tiered funding model. Scenario C is for the subcommittee to design together based on a previous full workgroup meeting idea to define different types of communities and counties and matching them to accountability metrics.</p> <p>Muriel: When looking at the funding scenarios, it is difficult to make decisions unless you can see the county funding allocations.</p> <p>Luci: We wrestled with whether to estimate allocations in the scenarios, because the amount may get in the way of focusing on matching the resources to the work. Also, they don't account for some potential resources in some scenarios (SPArC, SRCH). Ultimately, we decided to first present the formulas themselves, so we could review as a group. This way we can determine together which scenarios will get us to outcomes and fairness.</p> <p>Muriel: Before making recommendations to the bigger group or to CLHO, this subcommittee will need to see allocations in a funding chart.</p> <p>Luci: This makes sense, but this meeting, the group can start by examining the formulas themselves. Then we subsequently can run the one or two that make the most sense through forecasted allocations.</p>	
<p>2) Review draft scenarios and current funding formula</p>	10:05 – 10:25

- Clarify current LPHA TPEP funding formula
- Review and discuss draft scenarios (see document 'LHA TPEP Funding Scenarios – Narrative')
- Use CLHO Funding Formula checklist as a facilitating guide.
 - Revisit funding principles

Facilitating Question:

- If funding amounts will change (increase or decrease), how do we ensure we are right-sizing the program components?

Discussion & action steps:

The group reviewed Scenario A: Modernization Formula.

CLHO members have been part of the development work of the modernization formula. The proposal shows 50 percent of the distribution based on 5 population-based tiers (current TPEP funding formula base amounts). The other 50 percent of the distribution would be through a public health modernization formula. The group reviewed the current TPEP funding formula developed in 1999 with consultation with CLHO.

Luci: Those on this committee who helped to inform the modernization formula can contribute to orienting our group to it, as well.

Muriel: I served on the CLHO accountability metrics committee, not the modernization formula committee. While working on the CLHO accountability metrics workgroup, we talked a lot about burden of disease. I would like to consider how we count burden of disease more towards this work versus the way we've done it in the past. It is an interesting way to look at funding.

Ashley: When considering regional resource sharing, it's helpful to consider that some counties are already partnering with other nonprofits working on tobacco prevention.

Rachael: When thinking about regional sharing, it can be harder to get traction in policy work, particularly when politics are different between counties. It's important to be thoughtful about what things to do regionwide, such as awareness building, but some aspects of the work need to be county-specific. We want to be careful to not slow policy down with too much emphasis on regional sharing.

Kirsten: For Scenario B, it's important to note that the tiers are independent of each other. It also allows for a county to propose that it has zero capacity other than to enforce the ICAA.

Muriel: I observe that Track 1 (basic) has \$25,000 at the lower end of the funding range. It would be difficult to find a county willing to do work for that amount.

Gwen: What is the expectation for implementing strategies within one funding cycle? Is HPCDP looking for policy to be passed within the same funding cycle? This can be hard because a large county has challenges implementing within a short timeframe. For example, Multnomah County could be a Track 3 county because they're further along. They would be rewarded for what they've already achieved.

Ashley: As communities build capacity, we'd want them to propose how HPCDP can support their work or expanded partnerships. It is important to consider what aspects can be shared across jurisdictions.

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Luci: Some examples of capacity building include aligning partnerships, plans and getting MOAs in place. We want to see examples of tobacco being made a priority in a community. Assessments and community health improvement plans that show tobacco as a priority can all be measures of capacity building.

Gwen: The challenging part is that we all work in different communities with different political realities. We have a CAO (County Administrative Officer) who decides what will or won't go in front of our commissioners. These are the realities that those of us on the ground face. I would hate to see counties penalized for their political climate. Other things, such as showing progress that work is happening, should be considered - not just that policy got passed.

Luci: Let's be clear about the distinction between "penalizing" and "right-sizing" funding in Scenario B to match the work performed. I urge everyone to think about the whole. How do we right-size a funding tier to the readiness of the county and keep in mind the needs of the entire tobacco control movement in Oregon?

Muriel: From a local perspective, it is helpful to have the TPEP budget available – to know what goes to the state, and what goes to local communities.

Luci: We do share the TPEP budget at CLHO meetings and at the Tobacco Reduction Advisory Committee (TRAC) where CLHO has a delegate. Of course, we can continue to share it.

The group moved on to identify and match common county characteristics with modernization principles (Scenario C).

Kirsten: A funding formula should last, and dynamics of county characteristics change. A difficult county commission today might be very different five years from now. We need to develop a sustained formula and not get tied to values that can change.

Ashley: There was an idea that came up in the CLHO Systems and Innovation conversation to account for local public health authority accreditation.

Tanya: With accreditation there's a huge component around policy work. Counties that are accredited are held to another standard in terms of environmental systems change. But currently we don't have any benefits of being an accredited health department. In my county (Jackson), there's an emphasis on tobacco. We have commissioners who support us being accredited, so it's another avenue to help us promote policy.

Luci: Given that we measure for outcomes in accreditation status, it makes sense for this characteristic to be in the formula.

3) Activity: Scenario C

- a. Identify community characteristics
- b. group accountability metrics for efficiency
- c. sort accountability metrics based on different types of counties

(see worksheet)

10:25 – 11:10

Discussion & action steps:

Ashley proposed that the group move into doing the group activity on Scenario C. She encouraged the group to reference the CLHO funding formula checklist.

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Ashley: We are working to align this funding to advance health equity and to reduce disparities. Let's remember these principles as we think this through.

Luci: It will be important to consider past successes, resiliency in navigating obstacles, and ability to adapt to a changing political climate. Specific examples paint a picture of what counties are doing to retool and remap, rather than being stymied by a difficult elected leadership structure or political environment. Staying busy isn't necessarily effective.

Ashley: Over the biennium, we put tools in place to better track how TPEP programs have built or demonstrated resilience. An example includes the incorporation of the policy change model measures in the reporting form. We can now better see how the local program has adapted if they don't have community or political will. In both capacity building and implementation tracks, components can be activities that build community readiness and mobilization. Demonstration of past leadership and success in these areas is important for the implementation track.

The group decided that they did not need to continue work on Scenario C.

4) Decide on two funding formula recommendations to bring back to the larger workgroup

11:10 – 11:25

Facilitating Questions:

- Which formulas result in more effective, accountable or innovative approach to improve efficiencies and outcomes?
- Which formulas best align funding to advance health equity in Oregon?
- Which formulas align funding with modernization efforts?

Discussion & action steps:

Rachel: Scenario B offers flexibility with providing a range between basic, capacity building and implementation, and fit to address various realities that counties face.

Julia: I agree. I like the flexibility of Scenario B.

Muriel: I agree.

Rachel: I like the higher funding range potential of implementation. It gives more room to engage in statewide mobilization efforts. It makes it possible to provide more resources to get to statewide policy goals.

Gwen: I agree with Scenario B but there is still a lot of conversation that needs to happen.

Tanya: I agree that Scenario B makes the most sense.

Ashley: We discussed earlier that the capacity building range in Scenario B Track 2 may start low. It was suggested earlier that we increase the low end of basic to \$35,000. Thus, we will adjust and bring revised ranges for Scenario B back to the next full workgroup meeting.

The group was in consensus for adjusting the funding ranges of Scenario B.

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6) Closing and next steps	11:25 - 11:30
<ol style="list-style-type: none">1. Identify work to do before next meeting2. Identify goals of next workgroup	
<p>Discussion & action steps:</p> <p>Ashley: Please bring any other thoughts or recommendations to the next work group meeting in January. We will review refined ranges for Scenario B. We will consider ways to represent the scenario B tiers, such as in a graph. Additional thoughts after this meeting about cross-jurisdictional sharing and leveraging are welcome.</p>	