

Tobacco Prevention Education Program Funding Formula Workgroup Minutes



Meeting Date:	September 18, 2018
Meeting Time:	2:00 – 3:30
Meeting Location:	Rm 1D
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"/> Kerryann Bouska, Marion	<input checked="" type="checkbox"/> Luci Longoria, OHA-PHD
<input checked="" type="checkbox"/> Julie Albers, Clackamas	<input checked="" type="checkbox"/> Muriel DeLaVergne-Brown, Crook	<input type="checkbox"/> Rachel Peterson, Linn
<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"/> 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) Introductions Additional attendee: Sarah Hargand, OHA-PHD	2:00 – 2:05
2) Meeting Objectives Overview <u>Goals for meeting 1</u> <ul style="list-style-type: none"> ○ Review workgroup objectives and timeline ○ Review shared tobacco prevention values document ○ Review SHIP metrics and data ○ Review accountability metrics and reflect on alignment with public health modernization ○ Review PHAB funding principles and CLHO Funding Formula Checklist. ○ Plan criteria for matching resource amount/FTE to program components identified in TPEP Accountability Metrics and updated Program Element 13 	2:05 – 2:15
Discussion & action steps: Ashley reviewed the Workgroup Meeting Objectives. (See document in meeting packet.) The goal of the Tobacco Prevention Education Program (TPEP) Funding Formula Work Group is to provide recommendations to form a new local TPEP funding formula. The Public Health Division (PHD) is committed to work with counties as challenges arise. PHD is committed to use this funding to improve the health of Oregonians and to prevent the outcomes that tobacco use causes. The committee will be piloting the Public Health Advisory Board (PHAB) funding checklist. A committee member indicated that they would like to acknowledge that in some rural counties, policy movement is challenging.	

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<p>3) Review Oregon tobacco data</p>	<p>2:15 – 2:25</p>
<ul style="list-style-type: none"> Review and discuss Oregon tobacco data (prevalence, trends, race/ethnicity, etc.) 	
<p>Discussion & action steps:</p> <p>Tobacco is the #1 cause of preventable death; 17% of Oregon adults are cigarette smokers. Tobacco burden is unevenly distributed in Oregon. For instance, American Indian/Alaska Natives and African Americans are more likely to use cigarettes than other population groups. Likewise, some counties in Oregon bare a bigger burden. Having a lower income, less education, being on Oregon Health Plan or having no insurance are all associated with more cigarette smoking. Other population groups such as lesbian/gay/bisexual, trans +, rural, current/former members of the armed forces also are more likely to smoke cigarettes. (See data slides).</p> <p>The committee has questions about smoking rates of people with mental health diagnosis and poly-drug users. (See bike rack.)</p>	
<p>4) Review SHIP metrics and new TPEP accountability metrics and discuss alignment with public health modernization and shared tobacco prevention values</p>	<p>2:25 – 2:50</p>
<ul style="list-style-type: none"> Review SHIP metrics Review TPEP accountability metrics Review shared tobacco prevention values document <p>Facilitating Question:</p> <ul style="list-style-type: none"> How does this work reinforce modernization initiatives in your community? 	
<p>Discussion & action steps:</p> <p>Ashley reviewed the State Health Improvement Plan (SHIP) Oregon Tobacco Prevention Metrics. (See SHIP handout.)</p> <p>The SHIP metrics presented today pertain to cigarette smoking. It does not represent e-cigarettes, hookah, or other methods of using tobacco.</p> <p>Ashley reviewed the TPEP Overview, and Shared Tobacco Prevention Values documents. The statewide TPEP is grounded in evidence-based best practices for tobacco control. (See handouts.)</p> <p>Committee discussion about modernization initiatives in their communities:</p> <ul style="list-style-type: none"> Rachael: Local communities can reduce the gaps, by looking at capabilities and tools, by using an equity/modernization focus to move policy forward. Muriel: We are re-branding our community coalition. The coalition needs to be broader than the commissioners only. C.A.: Some counties do not have the foundational capabilities outlined in modernization. What can the state do to fill in the gaps? How is tobacco prevention connected to environmental health and clinical intervention? How can we connect across the entire department? Tim: Why do people begin smoking? Upstream predictors are important to think about. 	

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- Julia: From the Coordinator perspective, there might be a gap in understanding and conversations about modernization.
- Kim: Public Health has a huge role in preventing/reducing tobacco use, because we provide expertise.

Luci reviewed the Centers for Disease Control Best Practices for Comprehensive Tobacco Control. There is empirical evidence of what has worked in diverse communities throughout the world. The use of science, data, planning, policy, and evaluation are key. This guide is the foundation of our work and planning, and it is codified in our Oregon Administrative Rules. Luci reviewed the components of comprehensive tobacco control, as well as the comprehensive programs approach. Components include state and community interventions, surveillance, cessation, administration and communications/media to help support comprehensive tobacco prevention policy and cessation efforts.

Oregon falls in the “limited reach” category of CDC recommended funding, because it only has 25% of the resources recommended for comprehensive tobacco control. The limited reach category deems what CDC recommends as to how to dose our resources.

If we raise the tax on tobacco, that would affect the percentage breakdown of the CDC recommendation for funding. Our current budget is \$9.9 million per year. The CDC recommends that Oregon be funded at \$39.3 million annually.

There are two kinds of cigarette taxes. The current tax \$1.33 per pack is allocated as shown on handout. (See color handout.) These taxes are in statute. There are also taxes from non-cigarette tobacco sales. E-cigarettes are not taxed in Oregon. There is a ballot measure that will be voted upon in November. If approved by voters, it could consider e-cigarettes a “grocery” – and would prohibit taxing them.

Could Oregon increase the tax on tobacco and increase money for prevention? This would be a tax that would act as a prevention strategy, which is how we got support within the OHA and the Governor’s Office.

5) Review current TPEP Funding formula and PHAB funding principles	2:50 – 3:20
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- Review components of comprehensive program
- Review TURA funding
- Review PHAB funding principles
- Review CLHO funding checklist

Facilitating questions:

- How can we use these guiding principles and values to advance tobacco prevention policy and system change with a focus on reducing disparities?
- How can we prioritize the criteria in the CLHO funding checklist to ensure we are developing a funding formula that will achieve outcomes?
- What stands out as a place to start in our next meeting?

Discussion & action steps:

CHLO’s Systems Innovation Committee met this summer and discussed how to operationalize the PHAB funding principles. There is momentum to modernize the checklist.

Ashley read the facilitating questions above.

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What was the funding formula principles used previously? The current funding formula is based on population of the counties. The committee would like to see a comparison of county funding breakdown using the old vs. using the new formula.

Ashley reviewed the Tobacco Prevention Accountability Metrics Workgroup: Identified Program Components (see document in meeting packet).

These categories are:

- Basic: All counties should be doing this.
- Necessary for Mobilization and Passage of Local Tobacco Control Policies: What is needed for getting policies “over the finish line.”
- Some counties/programs can do these strategic activities.

6) Closing and next steps

3:20 – 3:30

- Identify and agree upon a process for sharing workgroup outcomes with CLHO Prevention and Health Promotion committee, large CLHO, and PHD leadership
- Identify work to do before next meeting
- Identify next steps

Review goals for meeting 2:

- Plan criteria for matching resource amount/FTE to program components
- Workgroup members share additional ideas (from work over the break)
- Review funding formula recommendations based on discussions in workgroup 1
- Identify next steps

Discussion & action steps:

- C.A.: How do we connect priorities in modernization to tobacco prevention/cessation work?
- Julia: Local programs need the capability to respond to emerging issues. For instance, JUUL.
- Gwyn: Is this Accountability Metrics document FYI or is it what is expected of the programs?
 - Luci: We want to “right size” the funding to fit the existing capacities of communities. Also, we want to be able to fund opportunities for additional capacity in the future.
- Muriel: We have still accomplished policy change, even though the political will is not there. The rural counties have some of the biggest disparities. Those counties need help building coalitions.
- Gwyn: Concerned about funding and disparities and fairness.
- Rachael: It’s a matter of both disparities and feasibility. In the instance of Multnomah County, sometimes the big counties can push policies that can move the whole state. This can help the lack of political will in other counties.
- Kirsten: What does every community need to protect Oregonians? That is the consistent modernization question – how to protect all.
- Gwyn – Please have the current funding formula in the next meeting packet.

Parking lot/Bike rack:

Questions about smoking rates of people with mental health diagnosis and poly-drug users. OHA will bring information to the next workgroup.

