

Tobacco Prevention Education Program Funding Formula Workgroup

November 6, 2018

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Goals for our meeting

We will examine together how **health equity and modernization focus** can guide us in addressing gaps in our current funding formula

We will discuss the **funding needed to support priority program components** and capabilities that move policy forward

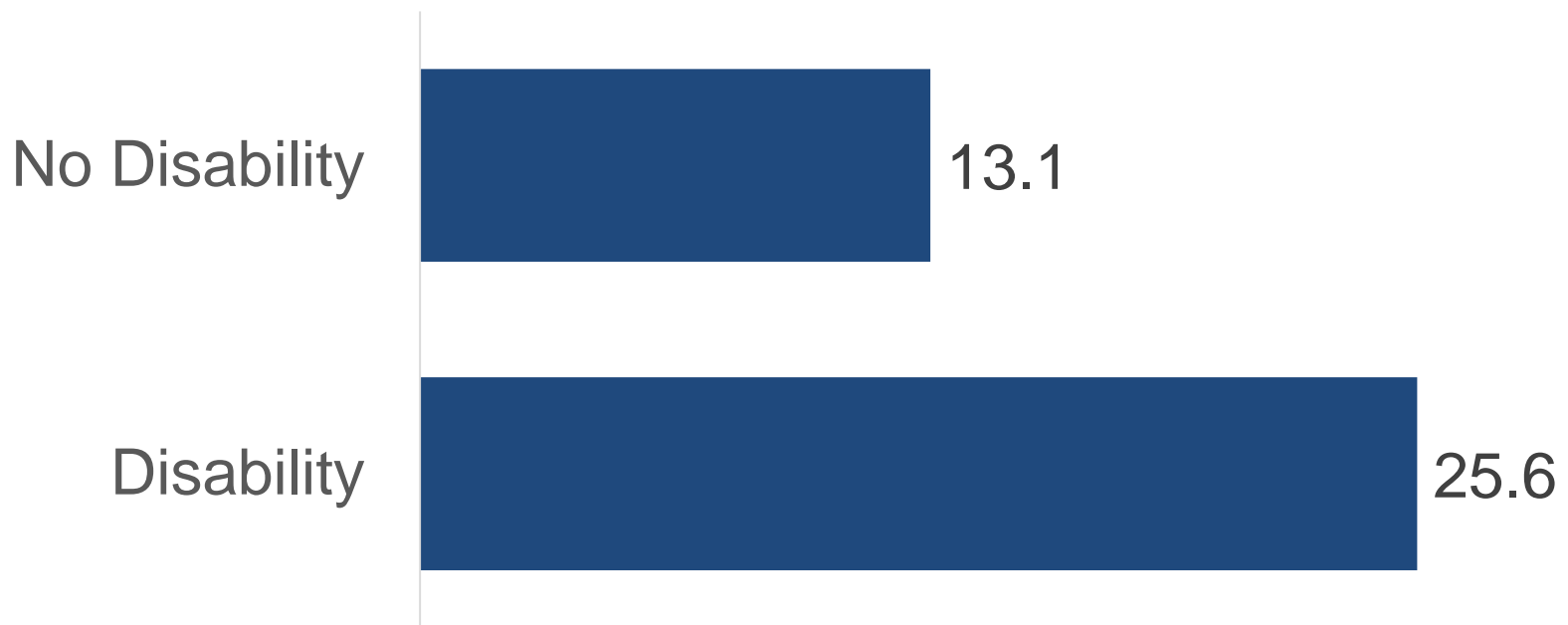
We will identify what funding every community needs to have a **basic capacity** to build from to protect Oregonians from tobacco.

During our last workgroup we....

- Discussed our shared tobacco prevention values
- Reviewed SHIP metrics and tobacco use data
- Reviewed accountability metrics and reflected on alignment with public health modernization
- Reviewed Public Health Advisory Board funding principles and CLHO Funding Formula Checklist.
- Discussed the CDC model best practice model and statewide funding
- Began our conversation about the foundational components necessary for statewide tobacco prevention

Tobacco use rates - follow up

Cigarette smoking remains high among certain groups in the population. People with disabilities in Oregon are nearly twice as likely to smoke as those without disabilities



Tobacco use rates - follow up: Youth

Cigarette smoking remains high among certain groups in the population. Youth with disabilities in Oregon are more likely to smoke as those without disabilities

Nearly half of all youth who use alcohol also use tobacco products

Tobacco use rates - follow up: Adults

Adults with mental illness or substance use disorders smoke cigarettes more than adults without these disorders. Nationally, 32% of adults with any mental illness reported current use of tobacco compared to 23% of adults with no mental illness.

Additionally, cigarette smokers are more likely to report use of alcohol than non-smokers.

Shared workgroup expectations



Please write down your answers...

What barriers or constraints do we need to plan for within this process?



Can-If Exercise

How do we create a climate that gives us the best possible chance to implement a funding structure that protects all people in Oregon from tobacco?

“We can if we think of it as....”

“We can if we remove x to allow us to....”

“We can if we introduce...”

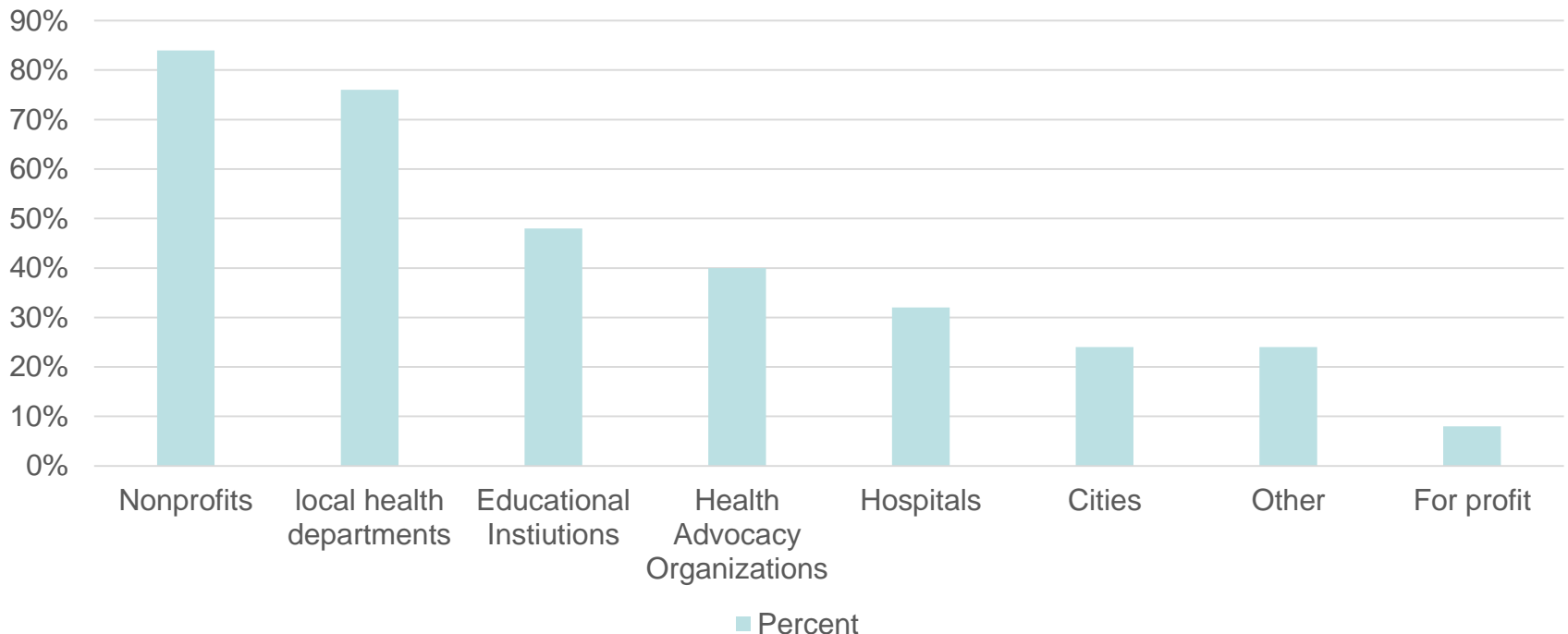
“ We can if we fund it by...”

Community tobacco prevention funding methodology survey results

- 25 states responded to survey
- 39% is the average total % of state budget allocated to community programs
- 35% of respondents said that have made substantive changes to their funding formulas in recent years to:
 - ensure the formula is equitable across priority populations
 - rebuild after budget cuts
 - move toward a mix of non-competitive and competitive funding
 - Incentive cross-jurisdictional sharing

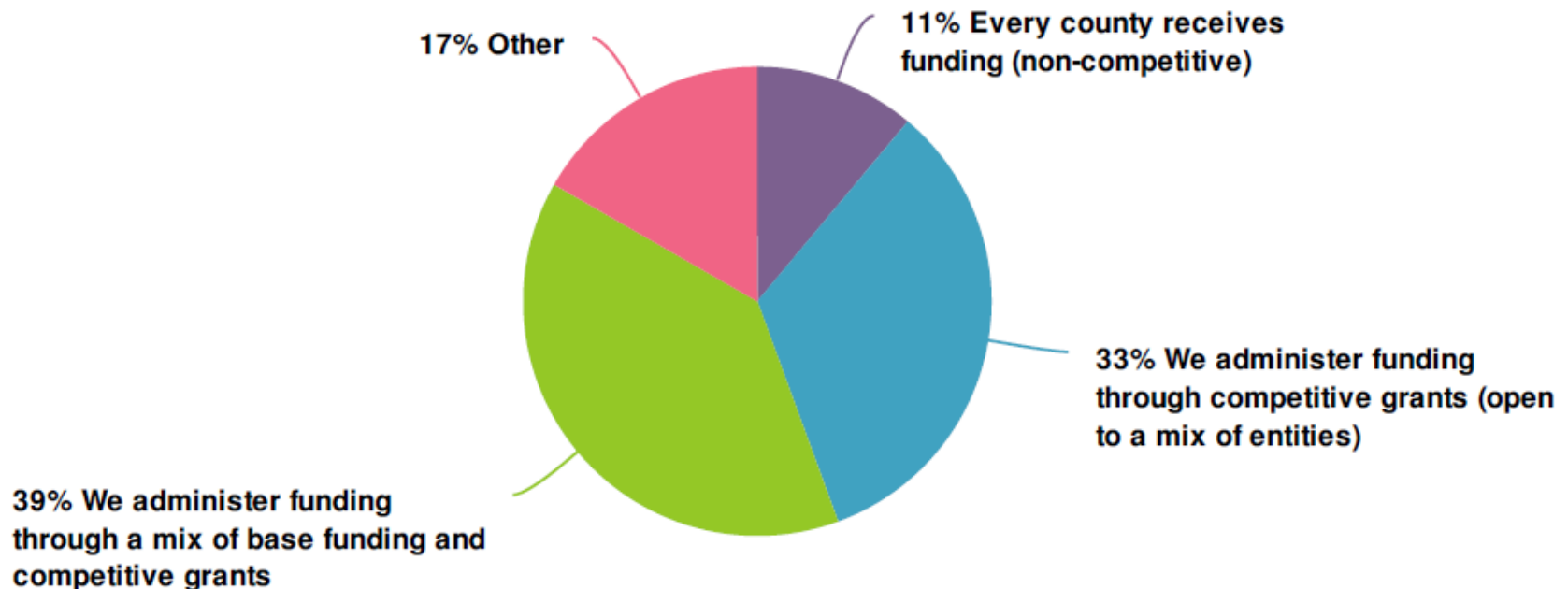
Community tobacco prevention funding methodology survey results (25 states)

What entities receive tobacco prevention funding in your state?



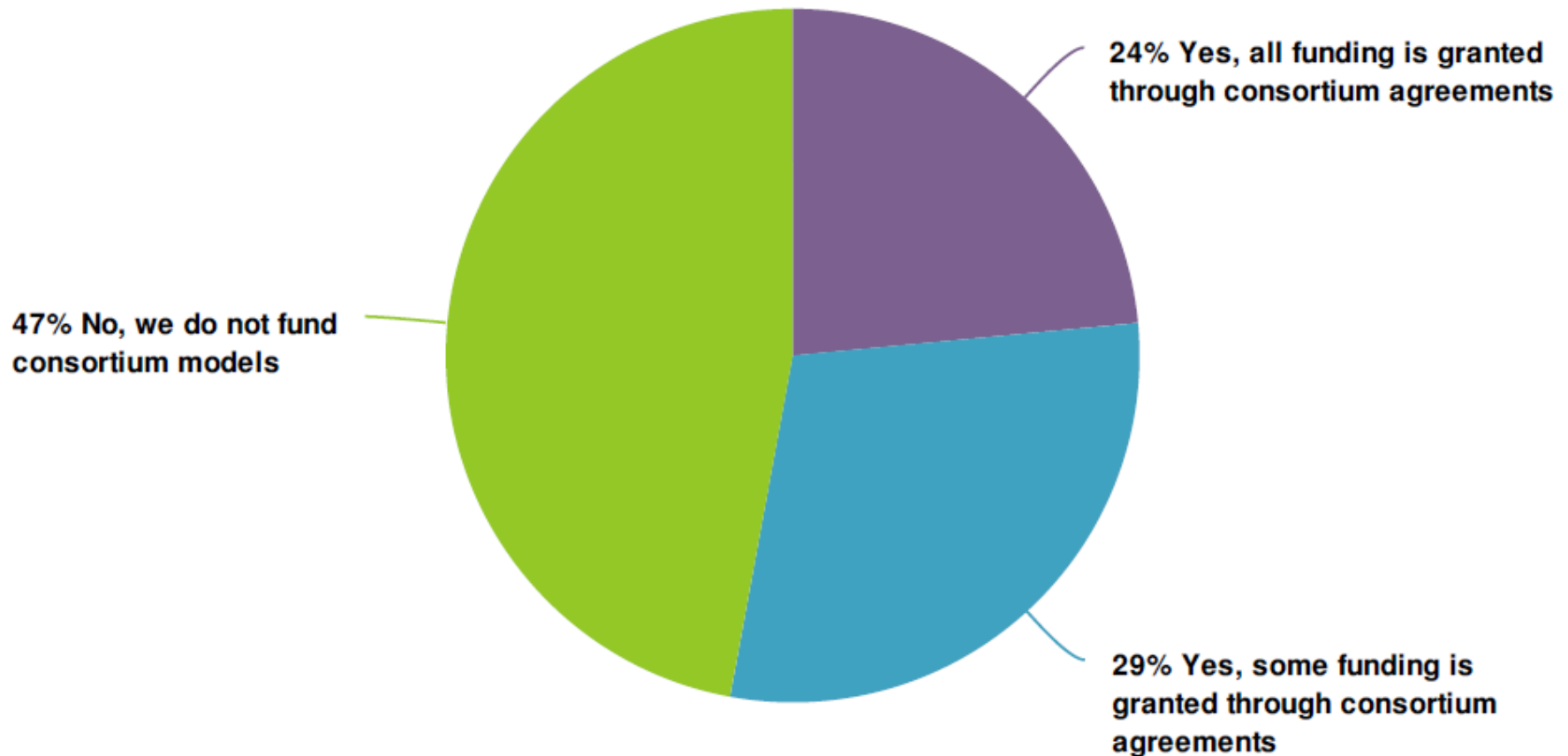
Community tobacco prevention funding methodology survey results (25 states)

How is the funding administered?



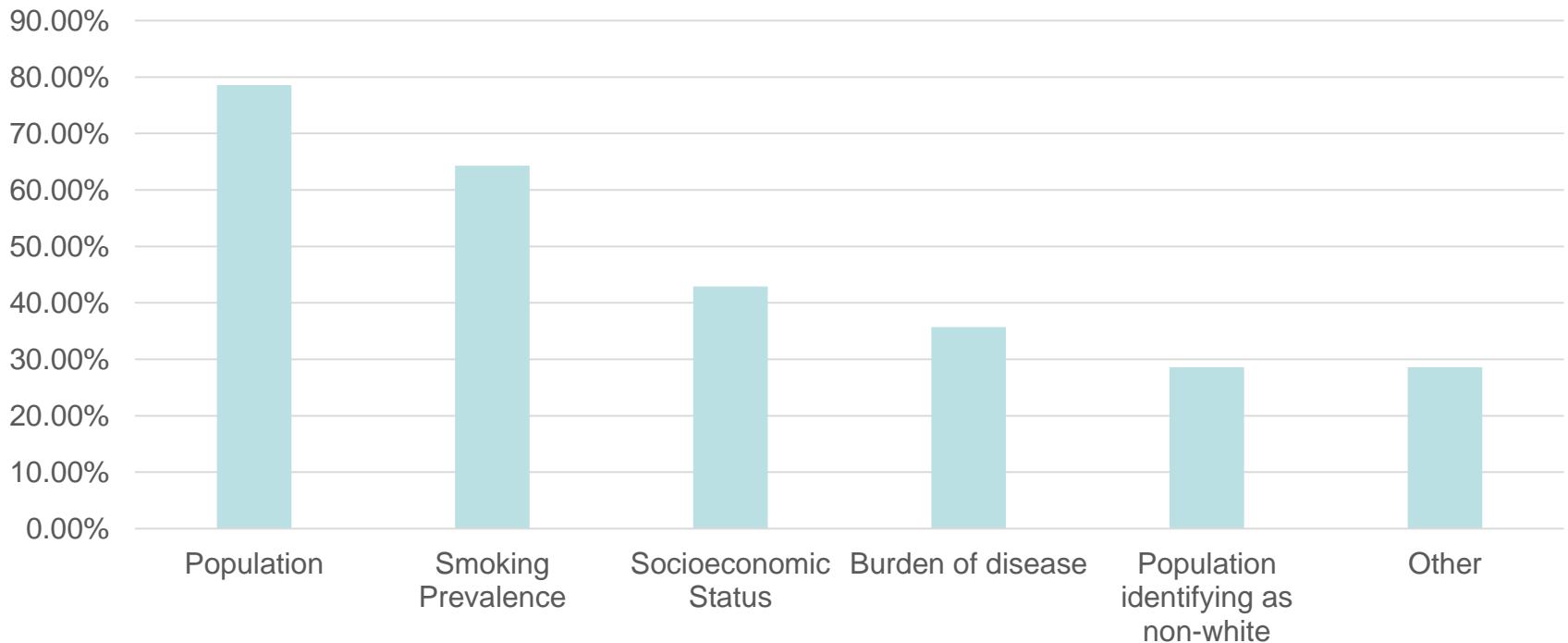
Community tobacco prevention funding methodology survey results (25 states)

Is funding administered through consortium models?



Community tobacco prevention funding methodology survey results (25 states)

What factors do you consider when determining funding amounts?



Community tobacco prevention funding interviews

Colorado, Indiana, Nebraska, West Virginia and Maryland participated.

Every state funds local public health as well as civic agencies, health foundations, hospitals, and nonprofits

Cross-jurisdictional sharing is key. This approach encourages collaboration and provides flexibility for the right fit for the policy strategies proposed.

Capacity-building grants have been helpful to rebuild tobacco programs after cuts.

Takeaways

Are there any results from information gathered that would be helpful to consider during our process in Oregon?

Gaps Analysis

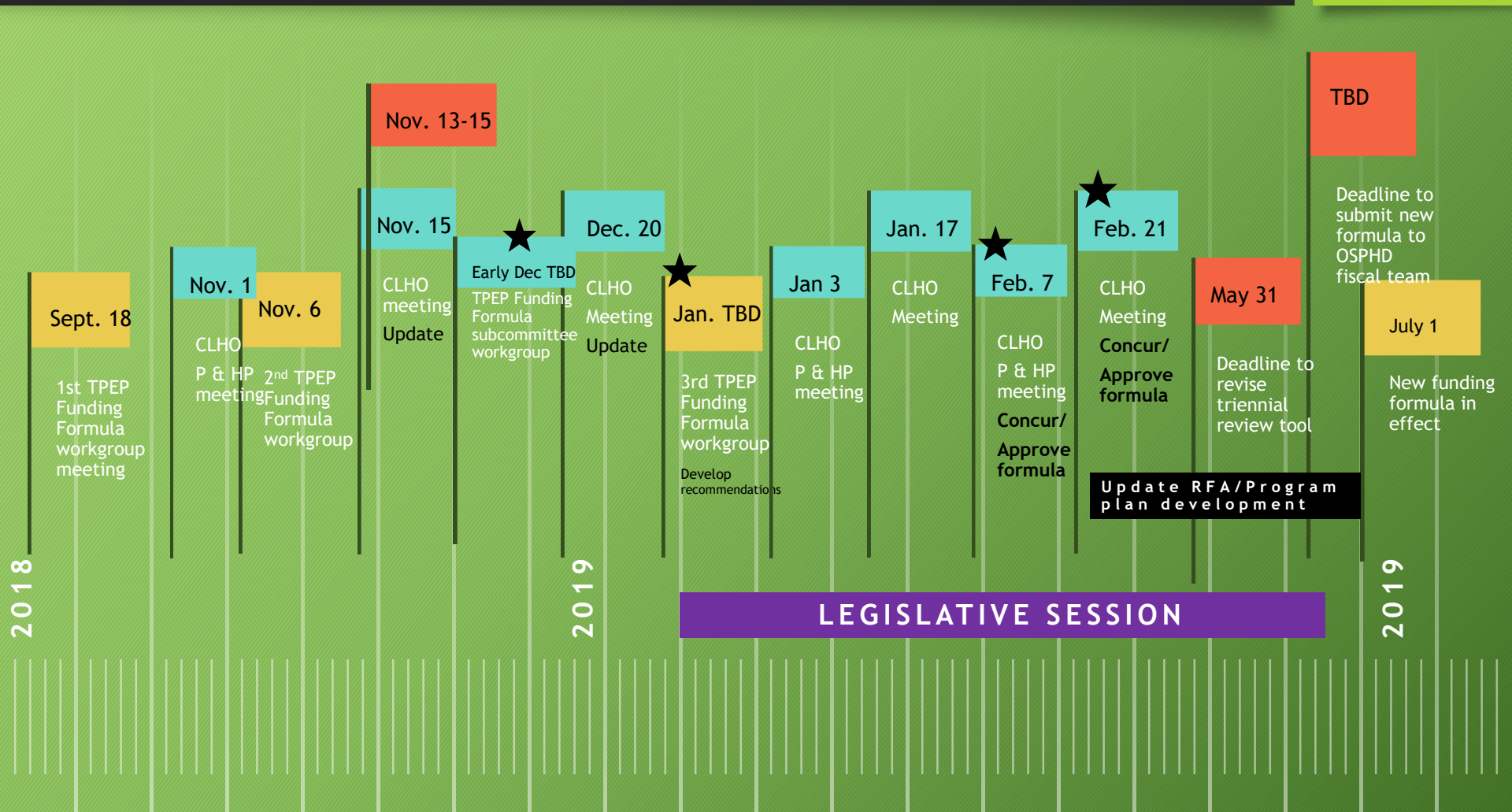
What accountability metrics resonate as **essential** for all basic TPEP programs?

What should be incorporated in scenarios to ensure **efficiency and outcomes**?

What does a funding formula need to look like within a **modern public health system**?

What do we need to consider as we **build additional capacity** for the future?

TPEP Funding Formula Timeline



Closing and next steps

1. Identify who from the committee will report back to CLHO and CLHO Prevention and Health Promotion
2. Identify work to do before next meeting in January
3. TPEP Funding Formula workgroup subcommittee to meet in early December?
4. Identify goals for next workgroup meeting in January