

# Tobacco Prevention and Education Program (TPEP) Council Charter

*Last Updated: May 2026*

## Background

Tobacco use remains the number one cause of preventable death and disease in Oregon. Tobacco-related diseases include asthma, arthritis, cancer, diabetes, heart disease, and stroke. Tobacco also costs the state approximately \$5.7 billion in health care costs, lost productivity, and premature death.

The burden of tobacco is not distributed equally. The tobacco industry has channeled higher levels of advertising, discounts and displays of their harmful products toward people facing systemic racism and discrimination, people who are stressed or struggling, people with lower incomes, people living with mental illness or addiction and youth. Consequently, there are disproportionate rates of tobacco-related illness and death in these communities.

Oregon's Tobacco Prevention and Education Program (TPEP) funds local tobacco control programs led by county health departments, tribes, schools, and community-based organizations throughout Oregon. Statewide investments in commercial tobacco prevention counter tobacco marketing where it matters the most — in the places where people work, play, learn and live.

## TPEP Council Purpose

The TPEP Council was established by [Executive Order](#) from Oregon Governor Tina Kotek to assist OHA in its commitment to end tobacco-related health inequities and effectively and equitably decrease statewide tobacco use across all Oregon communities.

The Council shall advise and provide recommendations to OHA on the goals, strategies and desired outcomes of TPEP, including budget allocations, state and community programs, cessation supports, mass-reach health communications and data and evaluation.

The TPEP Council will guide:

- **Program priorities and funding distributions allocations**, including reviewing TPEP funding priorities and spending categories to determine how resources are allocated to best advance program goals.
  - Ensure that TPEP strategies, activities and funding allocations are aligned with community need, evidence-based best practices, latest public health data and emerging trends.
- **Program Evaluation**, including reviewing and providing input on program evaluation results to ensure the effectiveness of statewide tobacco prevention and cessation programs and initiatives.
  - Review evaluation results for transparency, clarity, and accuracy.
  - Identify and align around key takeaways from evaluation results.
  - Provide feedback and recommendations around data collection, evaluation methods, and reporting mechanisms.
- **Policy solutions**, including providing perspective and expertise on policy, systems and environmental changes related to commercial tobacco prevention and cessation.
  - Policy strategies for local TPEP.
  - In advance of legislative sessions, provide feedback to OHA on policy priorities that align with community need.

### Desired Outcomes & Approach

Community-informed and improved commercial tobacco prevention and cessation program in Oregon.

- Improved coordination and collaboration across all commercial tobacco prevention and cessation partners.
- Increased capacity and engagement in commercial tobacco prevention and cessation efforts.

With support from the group’s facilitator, the Council members will make recommendations using a variety of approaches, including but not limited to, a consensus-based process, a summary of perspectives that reflects Council member diverse opinions, a recommendation matrix that includes priority actions (program, budget, evaluation and policy decisions), impacted communities and Council member’s support or concerns. Council recommendations will guide decisions made by OHA Public Health Division to ensure that resources are directed towards evidence-based, community-informed, equitable and high-impact programs and policies.

Key Council input and recommendations will be captured and codified as part of the TPEP Council meeting summaries, which will be shared with the Council for approval. TPEP staff or OHA Public Health Division leadership will be expected to report back on TPEP Council input and recommendations at least annually.

The Council will strive for consensus agreement. If a consensus cannot be reached, approval from two-thirds of the Councilors in attendance during the time of decision will be considered approval.

# Council Membership

## Composition

The members of the Council must include at least two representatives from each of the following:

- Local Public Health Authorities
- Regional Health Equity Coalitions
- Community-based organizations
- Advocacy organizations, such as, but not limited to, the American Heart Association, American Cancer Society Cancer Action Network, American Lung Association, Oregon Medical Association, Oregon Public Health Association, Tobacco-Free Coalition of Oregon
- State agency partners

Additionally, community member representatives who do not specifically represent any of the above types of organizations, but who bring professional and/or lived experiences that add to the diversity of perspectives on the TPEP Council may also serve on the TPEP Council.

## Terms

Council members serve two-year terms. Council members may be appointed to multiple two-year terms. Members shall be appointed so that terms are staggered. The OHA Director may remove or replace Council members who fail to attend meetings or otherwise fail to meaningfully participate in the Council's work.

## Compensation

Members may be eligible for compensation and expenses in accordance with ORS 292.495.

# Roles and Responsibilities

## Council Members

### Values and Principles

All members agree to act in good faith in all aspects of decision making. This includes being honest and refraining from any actions or undertakings that will undermine or threaten the integrity of the TPEP Council and its process in any manner. This also includes behavior outside of meetings.

In alignment with OHA and TPEP values, Council members agree to the following:

- Reducing the burden of commercial tobacco in Oregon communities.
- Ensuring racial equity<sup>i</sup>, social and economic justice, diversity and inclusion.
- Eliminating silos across statewide commercial tobacco prevention partners.

- Holding the commercial tobacco industry accountable<sup>ii</sup> and reducing the influence of tobacco industry marketing.
- Pursuing long-term change and resilience in the face of setbacks.
- Working through conflict by communicating transparently and often about power dynamics

### **Meeting Expectations**

- Arrive on time to and be prepared for meetings by reading materials and communications in advance.
- Share the air – only one person will speak at a time, and members should speak at least once before others speak twice.
- Listen carefully and keep an open mind.
- Express your own views or those of your constituents and/or communities and not the views of other members.
- Respect the views and opinions of other members and refrain from personal attacks during and outside of meetings.
- Seek to find common ground among members while considering the needs and concerns of your/our constituents and/or communities.
- Avoid side conversations during meetings.
- Focus questions and comments on the subject at hand and keep to the agenda.
- When discussing past events or issues, linking them to the current subject at hand.
- Turn off or place cell phones in silent mode.

### **Communications and Outreach**

The TPEP Council intends to strengthen communication and coordination among statewide and community partners to ensure comprehensive, consistent and sustainable commercial tobacco prevention efforts. To support this, Council members agree to:

- Liaise with respective networks to build greater coordination and capacity among all partners in Oregon’s tobacco prevention system.
- Share perspectives with Council members and OHA that reflect the interests and priorities of communities across Oregon.

### **Media Requests**

Notify OHA staff and the facilitator of any media inquiries, including requests for official statements or viewpoints. Members may not speak to the media on behalf of the TPEP Council or OHA, but rather only on their own behalf.

### **Oregon State Public Official Laws**

As outlined in Oregon State law, TPEP Council members are considered public officials. The provisions in Oregon Government Ethics law (ORS Chapter 244) restrict some choices, decisions or actions of a public official, including conflicts of interest rules and acceptance of gifts.

Council members are also subject to Oregon’s public records and open meetings laws.

TPEP Council members should review the [Oregon State Guide for Public Officials](#).

## Facilitator Team

A facilitator will manage TPEP Council meetings. The facilitator’s role includes the following responsibilities:

- Draft meeting agendas and compile meeting materials in coordination with OHA staff.
- Ensure the TPEP Council actions and discussions align with the roles and responsibilities outlined in this Charter.
- Keep the TPEP Council focused on the agreed upon time(s) and/or task(s).
- Encourage participation from all TPEP Council members.
- Suggest methods and strategies to achieve TPEP Council agreement, when relevant.
- Support the TPEP Council with finding solutions that meet everyone’s interests.
- Manage the virtual meeting logistics.

The facilitator has no stake in the outcome(s) of TPEP Council meetings and/or decisions and does not evaluate or contribute content ideas.

## OHA Staff

- OHA staff will provide key policy and program information and context as needed to support Council discussion and decision-making. If there are missing voices from the state agency, OHA staff will engage subject matter experts, other workgroup members, and coalitions to participate in discussions.
- OHA staff will thoroughly review and engage with all TPEP Council recommendation materials and reports, and share them with outside leaders, elected officials, or other decision-makers as appropriate.
- OHA’s Public Health Division will make final decisions regarding TPEP programs, budget allocations, and legislative policy recommendations, taking into consideration Council recommendations and input.

## Meeting Logistics

The Council shall convene a minimum of two times per year, with additional meetings held as necessary. Meetings will take place virtually.

### Meeting Materials

Meeting agendas and materials will be shared with Council members at least one week in advance of each meeting. Meeting summaries and materials will be published on [TPEP Council website](#) after meetings. Meeting summaries will be included as part of the meeting packets for the next subsequent meeting.

## Public Comment

TPEP Council meetings will be open to the public for observation and to provide comments. Members of the public who wish to make verbal comments during a meeting should notify OHA staff before the start of the meeting by emailing [TPEP.Council@oha.oregon.gov](mailto:TPEP.Council@oha.oregon.gov). The length of individual comments will be limited to three minutes. Members of the public are also encouraged to provide written comments.

## Charter Review and Updates

This charter is intended to be a framework and guideline for the TPEP Council and should reflect the preferences and best practices as agreed upon by the Councilmembers. As such, this Charter should be reviewed and updated either: 1) every two years, 2) when there is significant turnover in Council membership, 3) or when there is a substantive change in Council process.

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<sup>i</sup> Racial equity is defined as: the intentional and continual practice of changing policies, practices, systems, and structures by prioritizing measurable change in the lives of people of color. It is the condition that would be achieved if one's racial identity no longer predicted, in a statistical sense, how one fares. The term also includes work to address root causes of inequities, not just their manifestation, including the elimination of attitudes and cultural messages that reinforce differential outcomes by race or fail to eliminate them (Center for Assessment and Policy Assessment).

<sup>ii</sup> Commercial tobacco use is the number one cause of preventable death in Oregon. The tobacco industry continues to market its products intentionally and directly to the most disenfranchised members of our society, including racial and ethnic minorities, the LGBTQIA+ community, and youth, exacerbating health inequities. The tobacco industry has been adjudicated as racketeers in federal court because of its collective and coordinated denial, deceit, and targeting of deadly, addictive products to structurally marginalized communities. OHA recognizes the important role of ceremonial and traditional uses of tobacco in many Indigenous communities. All references to tobacco and tobacco products in this application refer to commercial tobacco, not tobacco products used as part of Indigenous practices or other recognized religious or spiritual ceremonies or practices.