

# Tobacco Reduction Advisory Committee (TRAC) Meeting Notes



<b>Objective:</b>	<p><b>General:</b> To advise and assist the Oregon Health Authority (OHA) in sustaining an outcomes-oriented Tobacco Prevention and Education Program (TPEP) that is most effective in decreasing tobacco use statewide.</p> <p><b>March 14, 2023 meeting objectives:</b></p> <ol style="list-style-type: none"> <li>1) Introduce HPCDP Section Manager, Tameka Brazile Miles</li> <li>2) Discuss 2023-2025 TPEP budget</li> <li>3) Opportunity for TRAC members to share general updates</li> </ol>
<b>Meeting Date:</b>	<b>March 14, 2023</b>
<b>Meeting Time:</b>	<b>11am-1pm</b>
<b>Note-taker:</b>	Vaida Liutkute-Gumarov, OHA
<b>Facilitator:</b>	Sarah Wylie - OHA

Topic & Objective	Time
1) Welcome – Sarah Wylie, OHA	11:00 – 11:05 (5 minutes)
<p>2) Tobacco Prevention &amp; Education Program (TPEP) Budget Overview – Steven Fiala, Helen Kidane, Sari Hargand, Emily Droge, Ophelia Starr Vidal, Lily Banning, OHA</p> <p><b>Objective:</b> Provide an overview of the estimated TPEP budget for the 2023-2025 biennium and anticipated allocations to state infrastructure and community grants.</p> <p><b>Background:</b> The Oregon Office of Economic Analysis provides quarterly updates on estimated tobacco tax revenues for the current and future biennia. These estimates include both Measure 44/Tobacco Use Reduction Account (TURA) and Ballot Measure 108 revenues. We will review estimated tobacco tax revenues for the 2023-2025 biennium and proposed allocations to the state program infrastructure and community grants to Local Public Health Authorities, Regional Health Equity Coalitions, Community-Based Organizations, and Tribes. For the state infrastructure, we</p>	11:05 – 11:55 (50 minutes)

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will review in detail the proposed contracts/projects to support statewide capacity for health communications, policy development, data collection and evaluation, and tobacco cessation.

## **Discussion:**

Despite steady and significant reductions in tobacco use, many communities continue to experience disproportionate harms from tobacco. OHA is accountable to every funding opportunity moving us closer to the commitment of eliminating racial and other health inequities by 2030. Our overall tobacco prevention approach, including how we fund and partner with community, must change to reach our critical goal to eliminate health inequities. OHA committed to an equity-centered community driven process to gather recommendations and guide planning for tobacco prevention resources. Estimated Tobacco program Revenue is \$57.6M. Revenue estimates are provided quarterly by the Oregon Office of Economic Analysis. Please see detailed information on the Estimated Tobacco Program Revenue Allocations, 2023-2025 here:

- TPEP 2023-2025 Budget Overview slides ([link PDF](#)).
- Admin-Management Cost Allocation Summary ([link PDF](#)).
- BM108 Cost Allocation Summary ([link PDF](#)).
- Cessation Cost Allocation Summary ([link PDF](#)).
- Communications Cost Allocation Summary ([link PDF](#)).
- Data-Evaluation Cost Allocation Summary ([link PDF](#)).

## **Comments/Questions:**

Katie Harris, Oregon Assoc. of Hospitals and Health Systems: how different this biennium budget for state contracts is from previous biennium budget?

- This biennium budget for state contracts is very close to the previous year budget.

Suzanne Hidde, Oregon Department of Education: has there been any discussion around funding some educational efforts in schools?

- Oregon used to have one of the least funded tobacco prevention programs across US. Now with BM108 we are in a different position budget wise as BM108 funded CBOs has many youth serving projects. There are several Community Based Organizations that are working directly in schools to tobacco prevention education and other health education work. Mostly in primary education and some in collegiate settings. When we have reporting of CBOs available, we'll have more data on a state-wide youth prevention effort.
- In addition, due to this multistate lawsuit against Juul, Juul is required to pay the State of Oregon \$18.8 million over the course of 7-10 years. OHA hopes that this money could be invested in youth prevention.

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Jamie Dunphy, American Cancer Society Cancer Action Network: can you be more specific about the technical assistance (TA) bucket in the Communications budget allocations?

- TA for Partners include: 1) Monthly Social Media Content; 2) SFO Resource Portal Updates and Maintenance; 3) Trainings for CBOs, LPHAs, RHECs, and Tribes on communications skills and strategies; 4) Ad hoc individualized technical assistance.
- Some examples of Ad hoc TA for assistance: toolkits, communications plan development and implementation, news media advocacy support and training, social media support and training, graphic design support, translation and transcreation of materials etc.

Gwyn Ashcom, Conference of Local Health Officials: does OHA plan any additional money for Tobacco and Alcohol Retailers assessment to avoid the 2018 situation when no additional funds were allocated for LPHAs to pay temporary workers?

- Budget for the Retail Assessment is factored in the TPEP RFA, that is soon to come. Within the request for the application for TPEP that will come up soon, we include the tobacco and alcohol retail assessment. You should factor any needed stipends for the assessment in your budget and workplan in the RFA response.

Lillie Manvel, TOFCO, Inc.: when does the evaluation expansion to CBOs evaluation start? Or is that also ongoing?

- OHA has extended contract with Rede Group to evaluate CBO work. We are finalizing internally processes to collaboratively work with CBOs and plan solid evaluation by the end of June this year.

Christina Bodamer, American Heart Association: do you have a communication dollars included in your Evaluation budget to make sure you can make this evaluation data available to various stakeholders?

- Yes, budget for that is built in the Evaluation budget. In a past we've done webinars, reports, postings on webpage to accommodate and reach as many people as possible.

Jamie Dunphy, American Cancer Society Cancer Action Network: can you tell more about the Cessation Allocations? Where this money goes?

- Presented budget only refers to state contracts that we administer, so this mainly shows state Quitline budget. It doesn't include the health care delivery side of cessation services.

Gwyn Ashcom, Conference of Local Health Officials: is there a plan to do more robust evaluation of the Oregon Quitline?

- Budget for annual evaluation is conducted by Optum. On top of that, OHA collects information about the attempts to quit smoking, resources that people use to quit smoking, etc.

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Christina Bodamer, American Heart Association: do you have additional resources for the text 2 Quit options? Any ideas on this general area? Is cessation promotion budget included in the cessation or communications budget? Are CBOs aware and are we investing in grassroots and is community pushing for this? What about Native Quitline?

- Biennium total includes technology updates to the Oregon Tobacco Quit Line and e-referral buildouts to the Quit Line. This includes text 2 Quit program. Optum has a youth program that is via text, and it will be integrated in our Quitline, so base level of texting support is covered.
- Cessation promotion budget is part of the Communications budget. With the current amount of funding will not do paid campaign, but rather continue to support local partners in their cessation advertising efforts and continue to utilize social media. Choosing not to do paid media is not a strategic decision, but budget-based decision.
- TA is geared towards helping community partners communicate to their audience (for example, specific language, imagery, different ad placement).
- Native Quitline creative materials are owned by federally recognized tribes, and they have authority over these materials. We have staff working and exploring how tribal communities want to move forward with that. On a Quitline budget side of things, presented budget includes Native Quitline call platform.

<b>BREAK</b>	<b>11:55 – 12:05 (10 minutes)</b>
<b>Introduction – Sarah Wylie, OHA and Tameka Brazile Miles, OHA</b>	<b>12:05 – 12:15 (10 minutes)</b>
<b>3) Governance Updates – Lily Banning, OHA</b>  <u><b>Objective:</b></u> to provide update on shared governance timeline and next steps.  <u><b>Background:</b></u> The Oregon TPEP has two bodies that provide external perspectives on how tobacco tax revenues should be allocated for tobacco prevention and cessation. In Spring 2023, OHA will conduct individual interviews with public health partners and members of TRAC, CBO Advisory Group and Conference of Local Health Officials (CLHO) to identify Ambassadors interested in developing a shared governance model.	<b>12:15 – 12:35 (20 minutes)</b>
<b>Discussion:</b>	

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The Oregon Tobacco Prevention and Education Program (TPEP) has two governance (decision-making) bodies that provide external perspectives on how tobacco tax revenues should be allocated for tobacco prevention and cessation.

The advisory body for Measure 44 (M44) tax revenues is TRAC, engaging all of you from state agencies, health associations, the Conference of Local Health Officials and national advocacy organizations. A new advisory group comprised of 21 community-based organizations was convened to provide recommendations for the equitable distribution of new Measure 108 (M108) tax revenues.

Our goal is to work over next several years to co-develop a shared governance group that engages both TRAC and our Community Advisory Group.

TRAC members will be closely involved in the co-development of this new shared governance model. We (HPCDP) plan to use biannual TRAC meetings in winter and spring to communicate and gather feedback and dialogue as we build formal community governance together.

For next Governance steps please see the timeline in slides.

## Comments/Questions:

Lillie Manvel, TOFCO, Inc.: will we share invitation to take part in Ambassador Group with CBOs?

- Opportunity will be shared with Advisory Group, listservs and website and will be referral based.

Sarah Wylie, OHA: can you remind who is on the CBO Advisory Group? Is someone particularly representing Youth?

- OHA hopes that Ambassador Group will include youth representatives. To see full list of CBO Advisory Group participants: check here: <https://socialpresskit.com/tobacco-tax-allocation-advisory-group>

## 6) General updates – TRAC members

12:35 – 12:45  
(10 minutes)

**Objective:** to provide TRAC members opportunity to engage fellow members in gathering input and feedback on their respective policy and organizational efforts, as well as share information upcoming activities and opportunities.

## General Comments:

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Jamie Dunphy, American Cancer Society Cancer Action Network: for the record, I would like to express concern in state capacity to supports quitting, especially if flavored tobacco products will be banned. As we see in California that is implementing ban, need for services for teenagers will increase due to high uptake in e-cigarettes. How can we be more explicit about granting funding towards this?

- Youth cessation is not where OHA traditionally placed budgets, and State is not the most trusted messenger for the youth audience. CBOs are better positioned to be that messenger, as they have the closest ties to their communities. The State has invested in these communities as a preparation for the growing demand in services.
- LPHA TPEP grantees also have room to be responsive to community needs. A number of LPHA grantees are already working in and with schools and around youth cessation.
- Last year, OHA, with CLHO feedback, broadened the LPHA funding element for TPEP, allowing LPHAs to utilize tobacco dollars for direct cessation services, including tobacco counseling and nicotine replacement therapy (NRT). This could also support existing youth programming at the local level.

Christina Bodamer, American Heart Association: what about health care delivery partners? Where is intersectionality between cessation efforts and medical interventions? Does that fit into OHA's plan at all? Are you working with CCOs?

- In Oregon, in large part due to the history of collaboration between public health and health care partners throughout OHA, all public and private health plans are required to cover a [minimum standard of tobacco cessation coverage](#) for adults. At no cost to the patient (no copays, coinsurance, or deductibles), every adult in Oregon with health insurance is entitled to:
  - 4 tobacco counseling sessions of at least 10 minutes each
  - 90 days of NRT (including both prescription and over-the-counter), prescribed by a health care provider or pharmacist
- Currently, LPHA TPEP grantees have the option to work on at least one Health Systems strategy as part of their funding. OHA is flexible as to how LPHAs select and implement their strategies, as LPHAs are best positioned to engage with their local health systems partners. Example strategies include working directly with clinics and hospital systems; implementing electronic referrals to the Oregon Tobacco Quit Line; and collaborating with CCOs. OHA supports this work through technical assistance.
- OHA-PHD supports health systems/cessation work through internal monitoring of federal policies that impact statewide health systems coverage of tobacco cessation. For example, PHD monitors and responds to the Centers for Medicare and Medicaid Services announcements concerning tobacco quality measures.

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- Internal to Oregon, OHA-PHD monitors and responds to the Metrics and Scoring Committee’s decisions around the CCO tobacco prevalence metric, which encourages CCOs to support tobacco cessation work.
- OHA recognizes that there are significant health systems barriers to youth cessation efforts. The FDA has not approved of Nicotine Replacement Therapy for youth under 18 years old. While [pediatricians are encouraged to prescribe off-label NRT for youth](#), these prescriptions may not be covered by health insurance.

Gwyn Ashcom, Conference of Local Health Officials: are you considering pursuing statewide initiative specific for youth? And why do we need to stick with Optum for this piece in particular? Can we supplement this work with someone else?

- For Quit Line services, we are locked in with Optum for some the time being. We are exploring how we can supplement what Optum is already providing, given our State budget for Cessation and Communications work and implementing such an initiative.
- That said, TPEP LPHAs continue to be at the forefront of youth cessation work. In September 2021, [Washington County announced](#) that they are offering free vape cessation text support to youth aged 24 and younger through the Truth Initiative’s This is Quitting. This service is available through the Tri-County Metro. Youth can enroll by texting GOVAPELESS to 88709.
- All Oregon youth, no matter their county, can use national services such as:
  - [SmokefreeTeen](#), which provides tools and tips for youth quitting, including text and app support
  - The Truth Initiative’s [This is Quitting](#) free and anonymous text messaging program. Teens and young adults throughout Oregon can enroll by texting DITCHVAPE to 88709. Users receive daily supports texts tailored to their enrollment or quit date

<b>7) Opportunity for public comment - Public</b>	<b>12:45 – 12:55 (10 minutes)</b>
No public comment.	

**8) Wrap-up and future agenda items – All**  
 Follow-up email will provide all the resources discussed at the meeting. OHA will reach out to schedule net TRAC meeting sometime in summer.

<b>Meeting Location and attendees</b>	
<b>Meeting Location:</b>	Meeting was held via Zoom.
<b>Attendees:</b>	<input checked="" type="checkbox"/> Gwyn Ashcom – Conference of Local Health Officials <input checked="" type="checkbox"/> Christina Bodamer – American Heart Association <input checked="" type="checkbox"/> Tyler Bechtel – Oregon State Police

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	<input type="checkbox"/> Courtni Dresser – Oregon Medical Association <input type="checkbox"/> Kevin Ewanchyna – Coordinated Care Organization Representative <input checked="" type="checkbox"/> Jamie Dunphy – American Cancer Society, Cancer Action Network <input checked="" type="checkbox"/> Dena Spaulding– Oregon Department of Justice ( <i>representing Kristen Gilman</i> ) <input type="checkbox"/> David Hopkins – Centers for Disease Control and Prevention <input checked="" type="checkbox"/> Lillie Manvel – TOFCO, Inc. <input type="checkbox"/> Jennifer Jordan – Oregon Public Health Association <input checked="" type="checkbox"/> Carrie Nyssen – American Lung Association <input checked="" type="checkbox"/> Katie Harris – Oregon Assoc. of Hospitals and Health Systems <input checked="" type="checkbox"/> Michael Tynan – Centers for Disease Control and Prevention <input type="checkbox"/> TBD – Governor’s Office <input checked="" type="checkbox"/> Suzanne Hidde – Oregon Department of Education
<b>Observers:</b>	Loretta Cordova Kari McFarlan Ana Gonzalez Miranda Hill Jessica McKay Jamie Zentner Suzanne Beaupre Mudi K. Skye Larsen Julie Fisher Derek Smith Lily Banning Steven Fiala Ophelia Vidal Ayla Ervin Helen Kidane Tameka Brazile Sari Hargand Rebecca Garza