

Tobacco Reduction Advisory Committee (TRAC) Meeting Agenda



Objective:	<p>General: To advise and assist the Oregon Health Authority in sustaining an outcomes-oriented Tobacco Prevention and Education Program (TPEP) that is most effective in decreasing tobacco use statewide.</p> <p>August 17, 2021 meeting objectives:</p> <ol style="list-style-type: none"> 1) Discuss policy, program budget and legislative updates. 2) Share updates and plan for work.
Meeting Date:	August 17, 2021
Meeting Time:	2:00 pm-4:00 pm
Note-taker:	Cody Alvey- Oregon Health Authority
Facilitator:	Luci Longoria - Oregon Health Authority

Topic, objective and background information	Time
1) Welcome, introductions, check in, updates to agenda – Luci Longoria	2:00-2:05 (5 minutes)
Discussion & action steps: Welcome to TRAC and community members	
<p>TURA & BM 108 Budget Update – Tim Noe and Tatiana Dierwechter</p> <p>Objective: Provide an update on the TPEP 2019-2021 budget implementation. Provide an update on progress with planning for the TPEP 2021-2023 TURA and BM 108 budgets.</p> <p>Background: TPEP will describe results of budget implementation for 2019-2021 as planned, as well as gather feedback from TRAC members regarding the planning process for the 2021-2023 and BM 108 tobacco prevention budgets.</p>	2:05-2:25 (20 minutes)
Discussion & action steps: Budget Update:	
<ul style="list-style-type: none"> • Thank you to the Tobacco Reduction Advisory Committee and all who has helped with the passing of BM 108. 	

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- BM 108 will increase the price of Tobacco which in turn will decrease number of packs sold. This will also decrease amount of money available for programs that receive Measure 44 tobacco tax revenue.
- OHA approved \$9 million in local Tobacco Prevention & Education Program funding for the 2021-2023 Biennium.
- OHA estimate that BM 108 will amount to \$430 Million in tax revenue for the 2021-2023 Biennium.
 - 90% (\$385 Million) funds will go towards expanding healthcare coverage to low-income Oregonians.
 - 10% (\$43 million) allocated to OHA to help with local tobacco prevention and address tobacco related health inequities
- BM 108 Advisory Group was developed and comprised of 21 Community Based Organizations. They have been meeting since January 2021 to develop recommendations for how the remaining revenues are allocated.
- Recommendations are still being finalized; however, the advisory group has provided early recommendations to prioritize funding for culturally-specific tobacco prevention and cessation as well as more flexible funding to address upstream causes of tobacco inequities.
 - Some example activities include building social supports and increasing protective factors; opportunities and spaces for people to build community power; intersectional and holistic support and care to different contexts.
- OHA is hosting a meeting with Local Public Health Administrators (LPHAs) on 8/26 to review BM 108 advisory group's recommendations. OHA will host larger gathering of CBO advisors, LPHA staff, state staff and other tobacco prevention stakeholders in September to review recommendations.
- About \$10 million of BM 108 revenues from January 2021 to June 2021 carried over into the 2021-2023 biennium.
- OHA will monitor underspending by counties and CBO's that continue to support Covid response and recovery. OHA anticipates limited funding during the first year of the biennium based on experiences with Covid last biennium.

TRAC members Questions:

- Christina Bodamer: Why are funds being kept separate?
 - The BM 108 Advisory Group process was developed to ensure communities most affected had a voice in regard to how funds are spent.
 - OHA realizes that these funds are currently segregated but will look to see how we can integrate them in the future.
 - No specific plan or vision is decided now but recommendations are welcome.
 - We want to engage partners and center the work around equity.

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- Christina Bodamer: Would like to see barriers that impact engagement and collaboration taken down.
- Jamie Dunphy: Would like to see “table expand vs creating two tables.”

What would you need to help you to engage with other communities that are at the table? Are there other ways to build capacity and community engagement in a different way?

- Christina: To observe quietly and have a better understanding of the lived experience of communities greatly affected by the issue.
 - Providing more opportunities to learn from the partners and community members. We don’t know what we don’t know.
- Jamie: The more input from community voices we have, the better. The ability to sit in the back of the room to observe.
- Gwyn Ashcom: Giving opportunity to a predominately community of color contractor that has experience in facilitating these conversations. Leading with an equity lens that acknowledges power.

2021 Legislative Session – Sarah Wylie and Luci Longoria

**2:25-2:40
(15 minutes)**

Objective: Debrief and celebrate outcomes from the 2021 Legislative session.

Background: From Tobacco Retail Licensure, to prohibition on remote sales, to preserving protections in the Oregon Indoor Clean Air Act, there was significant activity for tobacco prevention last session. TRAC members will debrief and share lessons learned to inform future legislative efforts. Above all, we will celebrate and give thanks for the contributions of TRAC members to a successful legislative session!

Discussion & action steps:

Legislative recap:

Did not pass:

- House Bill 2071
- HB 2148
- HB 3112
- HB 2758

Pass:

SB 587 TRL

HB 2261 IDS Online Sales Ban: championed by the Oregon Department of Justice

SB 64 Housekeeping – Sales Inspections technical fixes

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SB 70 - Regional Health Equity Coalition (RHEC) Expansion

BREAK	2:40-2:45 (5 minutes)
<p>Community & Health Systems Program Update – Ashley Thirstrup & Leah Festa</p> <p>Objective: To provide an update on 2021-23 local TPEP funding and program initiatives.</p> <p>Background: OHA collaborated closely with community tobacco prevention programs to develop a funding opportunity that provides greater flexibility in TPEP program requirements, as well as strengthened processes for state and local collaboration that center community engagement and equity.</p>	2:45-3:00 (15 minutes)
<p>Discussion & Action Steps:</p> <p><u>Changes to the 2021-23 Local TPEP RFA include:</u></p> <ul style="list-style-type: none"> • Greater flexibility and innovation • Workplan through collaborative development • Policy strategies with broader goals • Encouraged strategic alignment with new prevention partners • Understanding each LPHA’s political context and landscape which will help them become more successful in their communities. OHA also understanding that LPHA’s are the experts within their community. • Held listening sessions to inform health systems strategies. • RFA strategy changes from 2019-2021 biennium to current 2021-2023 Biennium to focus on a broader focus. <ul style="list-style-type: none"> a. Instead of Tobacco Retail Licensure (TRL), focus shifted to “Reduce the Availability of Tobacco Products” b. Expansion of ICAA (Indoor Clean Air Act) shifted to “Reduce exposure to second-hand smoke” c. Added a “Flexible Strategy” section. Examples include projects around equity, youth advocates, capacity and relationship learning strategies <p><u>2021-23 Awards:</u></p> <ul style="list-style-type: none"> • \$9 million in funding requested and approved for FY 2021-2023 Local TPEP. 	

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- The new tiered model (first used in 2019-21) has facilitated LPHA’s transition between tiers based on the community needs, experience, political landscape and overall capacity.
- This biennium, we have had more programs move into tier 2 and tier 3 which is exactly what the model was intended to do. It’s exciting to see this movement amidst a pandemic!

Questions and comments:

- Christina Bodamer reiterated how the new RFA process has been a big improvement from the last biennium. LPHAs are excited to align work with new CBOs.
- Christina: Are Strategies for Policies and EnviRonmental Change (SPArC) competitive grants going away?
 - a. Up until FY2018, we used the SPArC grants to award one-time competitive funding. OHA shifted to the tiered funding model to ensure that Tier 3 programs are sustained to do their work, rather than through shorter, time limited, competitive funding.
- Jamie: Is the tier model flexible?
 - a. Yes. In fact, OHA has witnessed this flexibility recently. It’s been especially helpful in situations where LPHAs had to move to a lower tier due to decreased capacity while working on COVID, but then were able to apply for a higher TPEP tier this biennium once COVID demands slowed down for them.

Communications Update – Rebecca Garza and Sarah Wylie

**3:00-3:15
(15 minutes)**

Objective: Provide an update on communications to support quitting during the recent tax increase and new communications infrastructure to support health equity.

Background: In winter 2021, OHA implemented cessation campaigns and outreach to community partners to support people who wanted to quit due to the higher tobacco tax. In addition, OHA developed new infrastructure to support Oregon’s Spanish language community – *Vive Sin Fumar* - and built out support for Native peoples to quit commercial tobacco with the *Native Quit Line*. OHA is also looking ahead for communications to implement the new tobacco retail license.

Discussion & Action Steps:

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1. Shared information about the Native Quit Line materials and promotion strategy.
2. OHA emphasizes using real stories with real people instead of traditional stock photography.
3. OHA working to develop new communications materials that support quitting.
4. Different types of ads help support quitting, especially in the context of COVID-19.
5. Paid for Direct Mail piece to Medicaid members in collaboration with six Coordinated Care Organizations.
6. Social Influencer Campaign for Native Quit Line that provides an opportunity for Indigenous influencers to engage with their community through their Instagram posts.

Questions:

1. Jamie: how did the social media influencer posts cost?
 - a. A few hundred dollars for Indigenous influencer to post
 - b. Jamie noted that the return on investment may not be high.
 - c. There are challenges to using traditional media channels to reach American Indians and Alaska Natives in Oregon. This approach builds on successful strategies for other types of campaigns, such as for cancer screening, and will be evaluated. The social media campaign is also a great way to build trust and better relationships between government and Native communities.
2. Do we have data from Native Quitline?
 - a. What is the usage rate over time? This can be detailed at the next TRAC meeting.

7) Data & Evaluation Update – Sarah Hargand

**3:15-3:30
(15 minutes)**

Objective: Provide an update on tobacco data collection systems and current evaluations.

Background: Health Promotion and Chronic Disease Prevention (HPCDP) has a robust, coordinated evaluation approach that addresses elements of comprehensive tobacco control programs. The evaluation and surveillance system is designed to organize the various data sources that will answer specific questions relevant to tobacco planning. Additionally, information can be used to improve the quality of work and demonstrate accountability and effectiveness. The data sources described will ensure accountability, improve program quality and cultivate best practices.

Discussion & Action Steps

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This agenda item is tabled to the next meeting	
8) General updates – TRAC members <ul style="list-style-type: none"> • Two question and answer August 19, 3-4pm • August and put in the chat • 	3:30-3:40 (10 minutes)
<p>Objective: Opportunity for TRAC members 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.</p>	
<p>Discussion & action steps:</p>	
9) Opportunity for public comment <ul style="list-style-type: none"> • Cynthia M. Gage: Oregonian Native in her mid-70's. Has COPD. • A lot of experience with quitting. Has been involved with a 12-step program. • Where are the other 12-step programs? • What are some other specific programs for other communities? • Really excited and appreciative of the program <p>Response:</p> <ul style="list-style-type: none"> • Carrie: great to see you still involved • Christina: Congrats on quitting <p>Misha Marie:</p> <ul style="list-style-type: none"> • Participates in BM 108 group. • Hopes there can be more communication between two groups. • Value in community and peer support. • Quitting happens better in community - feel supported by other folks that are quitting. • Welcomes more data and more information on what works and what doesn't. 	3:40-3:50 (10 minutes)
10) Identify future agenda items and Adjourn – All	3:50-3:55 (5 minutes)
<p>Future agenda items: None identified due to lack of remaining time.</p>	
<p>Discussion & action steps:</p>	

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Meeting Location and attendees	
Meeting Location:	<p>Meeting will be held via Zoom. Meeting ID: 161 221 1697 Phone-in option: 1 669 254 5252</p> <p>Please RSVP to TRAC.Mailbox@dhsoha.state.or.us to receive the meeting password</p>
Attendees:	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Gwyn Ashcom – Conference of Local Health Officials <input checked="" type="checkbox"/> Christina Bodamer – American Heart Association <input type="checkbox"/> Bob Charpentier – Oregon State Police <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 <input checked="" type="checkbox"/> Kristen Gilman – Oregon Department of Justice <input type="checkbox"/> Robin Hausen – Coordinated Care Organization Representative <input type="checkbox"/> David Hopkins – Centers for Disease Control and Prevention <input type="checkbox"/> Robb Hutson – TOFCO, Inc. <input checked="" type="checkbox"/> Jennifer Jordan – Oregon Public Health Association <input checked="" type="checkbox"/> Carrie Nyssen – American Lung Association <input 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 type="checkbox"/> TBD – Oregon Department of Education
Observers:	<p>Cynthia M. Gage Joellen Billington: Burns Paiute Tribe Misha Marie: Corner Stone Associates Morgan Cowling: Coalition of Local Health Officials Sara Herd: Lincoln County Public Health Shelby: Multnomah County Public Health Lillie Manvel: Upstream Public Health</p>