

# Tobacco Prevention Education Program Guidance and Program Plan Workgroup



<b>Meeting Date:</b>	May 3, 2019
<b>Meeting Time:</b>	9:00 – 10:30 am
<b>Meeting Location:</b>	Portland State Office Building, Room 1C or Webinar link: <a href="https://attendee.gotowebinar.com/register/6703390740367181581">https://attendee.gotowebinar.com/register/6703390740367181581</a>  Conference call: (877) 810-9415 Participant Code: 975182#
<b>Workgroup Purpose:</b>	The purpose of the Tobacco Prevention Education Program (TPEP) Guidance and Program Plan Workgroup is to review and inform the FY 2019-2021 TPEP guidance and program plan based on a tiered funding model to ensure that the statewide investment is right-sized and administered in the most effective manner possible.

## Local partner attendees

<input checked="" type="checkbox"/> Julie Aalbers, Clackamas	<input checked="" type="checkbox"/> Sara Hartstein, Benton	<input checked="" type="checkbox"/> Lindsey Manfrin, Yamhill
<input type="checkbox"/> Gwyn Ashcom, Washington	<input checked="" type="checkbox"/> Julia Hesse, Clatsop	<input checked="" type="checkbox"/> Tanya Phillips, Jackson
<input checked="" type="checkbox"/> Rachael Banks, Multnomah (Kari McFarlan, Becky Wright)	<input checked="" type="checkbox"/> Hilde Hinkel, OHA-PHD	<input checked="" type="checkbox"/> Katie Plumb, Crook
<input checked="" type="checkbox"/> Kerryann Bouska, Marion (Inga Suneson, Margaret McNamara)	<input checked="" type="checkbox"/> Jessica Jacks, Deschutes (Julie Spackman)	<input checked="" type="checkbox"/> Ashley Thirstrup, OHA-PHD
<input type="checkbox"/> Shellie Campbell, North Central	<input type="checkbox"/> Paul Lewis, Multnomah	<input type="checkbox"/> Tara Weston, OHA-PHD
<input checked="" type="checkbox"/> Karen Girard, OHA-PHD	<input checked="" type="checkbox"/> Jennifer Little, Klamath	<input type="checkbox"/> Karen Woods, Wheeler
		<input checked="" type="checkbox"/> Sarah Wylie, OHA-PHD

Agenda Item, objective and background information	Time
<b>1) Welcome and introductions</b>	<b>9:00 – 9:05 (5)</b>
<b>2) Meeting objectives overview and background (Lindsey Manfrin and Karen Girard)</b>	<b>9:05 – 9:20 (15)</b>
<ul style="list-style-type: none"> <li>Provide overview of TPEP Funding Formula Workgroup process</li> <li>Share FY 2019-2021 TPEP draft tiered funding model</li> <li>Identify next steps</li> </ul>	
<b>Discussion &amp; action steps:</b> <ul style="list-style-type: none"> <li>This group is returning to the funding formula discussion to consider TPEP goals, objectives, and funding formula simultaneously. To allow for enough time for this conversation, OHA-PHD extended current TPEP funding for the first 90 days of the 19-21 biennium.</li> <li>There is agreement forming that a tiered model could make sense. Lindsey Manfrin reflected on what that might look like for Yamhill County. The tiered model could provide additional flexibility as context changes across the biennium. It would eliminate the need for a competitive funding model (e.g. SPArC).</li> </ul>	
<b>3) Overview and discussion of FY 2019-2021 TPEP draft tiered funding model (Ashley Thirstrup)</b>	<b>9:20 – 10:20 (60)</b>
<ul style="list-style-type: none"> <li>Review draft tiered funding model framework</li> <li>Discuss and add to draft tiered funding model in context of achieving statewide tobacco prevention outcomes</li> </ul>	
<b>Facilitating Questions:</b> <ol style="list-style-type: none"> <li>Do the proposed objectives, activities and deliverables seem rightsized for each tier?</li> </ol>	

- 2) What are your thoughts on having objectives, activities and deliverables as options vs required?
- 3) What are your ideas for how a tiered model can support mentorship and capacity building throughout the state?
- 4) What are ideas for clarifying distinctions between tracks?

**Discussion & action steps:**

- An overview was provided of the tiered model and how it evolved from past work with CLHO. The tiered model puts the funding formula in context to illustrate how the work would look in practice.
- Question: If context changed in the middle of the biennium (e.g. a new commissioner), could counties change their tier?
- Discussion: We could potentially shift in a biennium if a factor changed significantly. The goal is to move counties from lower tiers to higher tiers as counties build capacity.
- Question: What would keep a county from opting into the highest tier, if they don't have policy success but can show progress? Is there any penalty for not achieving their aims?
- Discussion: Sometimes things happen where a county might need to drop down a tier. This would allow for that, though this is not the goal. This model would allow for flexibility to develop a work plan that keeps moving things forward. The LPHA would need to demonstrate the path forward along with any adjustments needed to address external circumstances.
- Question: Change in political will can feel precarious. Who would evaluate that political will?
- Discussion: The demonstration of health department administration's will is important. The best outcome would be letters of commitment from commissioners to work on tobacco prevention. Developing the capacity to get to that point might mean that the LPHA is in a different tier for a while.
- Comment: Shifting from one tier to another may be hard for programs trying to maintain staff at a particular funding level.
- **Tier 2 Discussion (more below)**
  - o Question: Could there be flexibility to look at one policy strategy instead of two policy strategies in Tier 2? There is some prioritizing that happens with policy makers to identify which initiatives could move forward. Could there be some wordsmithing that things may be in different stages at once?
  - o Discussion: Often, grantees engage with policy makers about multiple topics at once. If there is a priority focus, there also should be a plan for advancing other priorities. There could be changes to the first sentence in the scope of work for Tier 2 and emphasize "advance" in the second paragraph.
  - o Question: How would it work if there is a clear window for one policy initiative that necessitates putting another initiative aside?
  - o Discussion: The relationships and momentum built for one priority would also apply to the next priority. The program plan should show internal capacity building and relationship building to support the next priority.
  - o Question: Can you explain the proposed health system strategy requirements for Tier 2? Repeated language from the top of page 6 would make that clearer. Also, how would accountability work with CCOs that are not accountable to the same grant?
  - o Discussion: In the current proposal, programs would select one multisector initiative with health systems partners and two policy initiatives for tobacco prevention. An agreement could be made with the CCO beforehand, e.g. with a letter of support. If the CCO doesn't want to commit, there are other health systems initiatives that the grantee could work on instead.
  - o Question: Could grantees also work with Federally Qualified Health Centers?
  - o Discussion: One county shared that they will be building new relationships with CCOs coming on board for CCO 2.0.

- Question: Do CCOs have language in their agreements to ask for local public health agreement?
- Discussion: OHA-PHD HPCDP has been creating venues for this through SRCH but don't control language in CCO agreements. It's been made clear to the Health Systems Division that working with local public health is a clear pathway for CCOs to accomplish their population health goals. There is language in CCO 2.0 that requires partnership (e.g. through CHA or CHIP) but doesn't specify TPEP. CCOs are required to get some kind of MOU with public health. This may be an opportunity for administrators to get TPEP written into MOUs.
- Question: What could the requirements be to make the case that a CCO has committed?
- Discussion: Maybe this could be a letter of support. Also, this is a model where LPHAs opt in to the appropriate tier. There are some measures for the last tier, and the group can discuss what demonstrated support would need to look like. It's going to depend on where you are in the policy process and how you can demonstrate where you are.
- **ICAA Response Tier Discussion**
  - This is for counties that want to fulfill only local duties and activities related to ICAA. Two funding ranges reflect counties with differing volume of complaints.
  - Question: Have counties expressed interest in this?
  - Discussion: Not recently, but we wanted to have this as an option.
  - Question: Two funding levels is a good option. What about counties that don't have any complaints?
  - Discussion: We talked about a "fee for service" model. This money might be better used in other tiers.
  - Comment: \$15K is enough to cover limited complaints and some education for businesses.
  - Question: Is \$15K too much money?
  - Discussion: It could be used to build relationships that build capacity. However, \$15K is very limited capacity. This option is unlikely, but it's a response from the state to accommodate some local authorities that only felt capable of ICAA work. We're probably not going to see any counties apply for this tier, and the low funding level is appropriate so that tier isn't incentivized. If no one applies, could this funding be used as "surge funding" for counties that have a policy window. If no one opts in to this tier, the funding will be reallocated.
  - Question: Is there a sense from counties about which tier they would opt into? Would it be helpful to know before this gets rolled out?
  - Discussion: It's too early to know – we need to determine the tiers first. It's a good idea once we develop an idea of what the tiers will look like, perhaps through a letter of intent.
- **Tier 1 Discussion**
  - This would be for counties that are ready for something more than just ICAA enforcement and are developing internal and leadership buy in.
  - Comment: This model makes foundational work clear.
  - Question: Is the funding amount too small for a larger county to do the work required in Tier 1? What kind of staffing time would Tier 1 take, and what would that cost?
  - Discussion: It would be at least 0.5 FTE. These example objectives/activities/deliverables are based on CLHO's accountability metrics and moving counties into the next tier. Then, depending on the work plan, there could be additional funded FTE. We also need to think about advancing policy at the state level. In Tier 1, it's important to note that policy advancement would not be specified.
- **More Tier 2 Discussion:**
  - Comment: This tier feels representative of what we are doing now, but the proposed funding levels might result in a funding cut.

# Tobacco Prevention Education Program Guidance and Program Plan Workgroup



<ul style="list-style-type: none"> <li>○ Discussion: Every funding scenario, even those completed by CLHO, included a cut. There isn't a clear fix for that problem at the current funding level. Another county said they would likely be in Tier 3, which would be a funding increase. We could develop overlapping of funding amounts at the top end of some tiers and low end of other tiers.</li> <li>○ Question: How would the funding amount be decided within the tier? How would that flexibility look?</li> <li>○ Discussion: It would depend on the proposed work plan and the starting point. It would depend on what is proposed, what the overall TPEP budget is, and the local context. There are many variables to consider.</li> </ul>	
<ul style="list-style-type: none"> <li>- <b>Tier 3 Discussion:</b> <ul style="list-style-type: none"> <li>○ This tier is for counties that have demonstrated policy advancement, program effectiveness and are ready to lead and mentor. There are proposed benchmarks required to place into Tier 3.</li> <li>○ No comments or questions about this Tier.</li> </ul> </li> <li>- <b>Overall comments about the tiered model:</b> <ul style="list-style-type: none"> <li>○ Discussion: Attendees thought that the model would meet local needs, allowed for more flexibility, and fit how counties operate. Appreciation was expressed for the time that went into the process and optimism about future planning.</li> <li>○ Concerns would be possible funding cuts for some counties.</li> <li>○ Future discussions should include which counties might be at which level of funding.</li> </ul> </li> </ul>	
<b>4) Identify CLHO roles and next steps (Lindsey Manfrin and Karen Girard)</b>	<b>10:20 – 10:30 (10)</b>
<ul style="list-style-type: none"> <li>• Identify next steps</li> </ul>	
<b>Discussion &amp; action steps:</b> <ul style="list-style-type: none"> <li>- Attendees can put together comments and suggestions in the Word document. Ashley will send out a Doodle poll for the next meeting.</li> <li>- HPCDP will send out the accountability metrics.</li> <li>- HPCDP will also send out the link to the health systems work (and it's in a link in the Proposed Tiered Funding Model).</li> </ul>	