



Conference of Local Health Officials

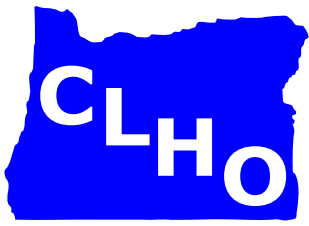
## CLHO Health Promotion & Prevention Committee

December 5, 2024

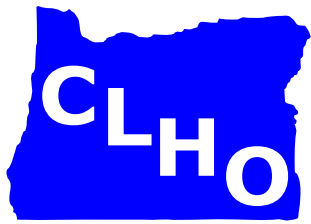
1:00 – 2:00 PM

Zoom Meeting

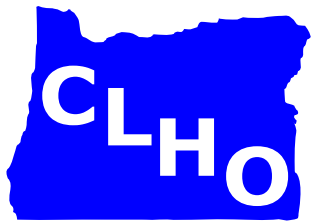
Agenda Item	Detail	Action Item	Presenter	Time
Welcome, Introductions (as needed) and roll call	Quorum is 50% +1 of committee membership	Quorum was ensured and Roll call was taken.	Elisabeth Maxwell & Gwyn Ashcom	
Review of Minutes	Review and Approval of November Minutes	The November minutes were approved by Central and Malheur County.	Co-Chairs	
TPEP & ADPEP RFA Update	ADPEP and TPEP work are a phase for the 2025 Biennium we have been working both	<p><b>Jen Chandler presented on ADPEP (Oregon Alcohol and Drug Prevention Education Program) and TPEP (Oregon Tobacco Prevention and Education Program) changes.</b></p> <p>ADPEP and TPEP work phase for the 2025 biennium, we have been working with both OHA partners and representatives from both ADPEP and TPEP to propose changes going forward.</p> <p><b>Context for Changes:</b></p> <ul style="list-style-type: none"> <li>In the 2021-2023 biennium counties received additional funding from ballot measure 108 funds, there was a delay in release of those funds, so they were available to carry over into the new biennium for 2025-2027.</li> <li>We are operating on the assumption that any additional funds leftover will not be available for carry over again.</li> <li>Tobacco taxes are an effective way to reduce use, which means that our total available funds will decrease over time. <ul style="list-style-type: none"> <li>We are looking at approximately 20% reduction of revenue between our current biennium and the 2025-2027 biennium.</li> </ul> </li> </ul> <p><b>Changes to Request for Applications (RFA):</b></p> <p><b>Category A-</b></p> <ul style="list-style-type: none"> <li>This will mostly be focused on the retail environment; we have expanded the list of recommended retail environment strategies and added a category for Other Promising Commercial Prevention strategies to help provide high level</li> </ul>	Jen Chandler	



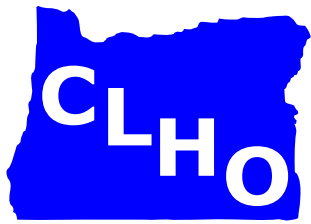
		<p>strategies for programs to meet community needs and take into consideration local context.</p> <ul style="list-style-type: none"><li>• We are asking, when choosing the Other option that programs are working with their liaison so we can understand how these promising strategies fit into comprehensive prevention and cessation efforts.</li></ul> <p><b>Category B-</b></p> <ul style="list-style-type: none"><li>• Reducing exposure to secondhand tobacco and cannabis smoke and vapor</li><li>• We reframed the strategies to have clear and specific goals.</li><li>• We did remove advance jurisdiction wide policies in public places, specifically as it relates to cannabis, due to preemption.</li></ul> <p>We are expanding the list of strategies to reduce exposure to secondhand smoke and added the same Other category as category A.</p> <p><b>Q&amp;A</b></p> <ul style="list-style-type: none"><li>• Question from Jamie Zentar- Has the 475 C preemption always been in place?</li><li>• Answer from Lilly Banning- it was in statute for the previous biennium, so it would not have been included in the previous RFA.</li><li>• Tanya Phillips posted in chat- It was new to me in Jackson County as well.</li><li>• Shane Sanderson posted in chat- It's hard to compare without the previous language, is there a link to that?</li><li>• Laura Perdue posted in the chat- Here is the RFA for the current biennium: <a href="#">RFA 2023-2025</a></li><li>• Laura Perdue posted in chat-ORS475C - proposed in 2023, added during 2024 session: <a href="https://www.oregonlegislature.gov/bills_laws/ors/ors475c.html">https://www.oregonlegislature.gov/bills_laws/ors/ors475c.html</a></li></ul> <p><b>Category C-</b></p> <ul style="list-style-type: none"><li>• Promising Tobacco Prevention Strategies</li><li>• We removed some of the strategies that were included in the current biennium projects, because we realized that a number of the listed options were more like activities then overarching strategies and we want to support programs in articulating the link between the programmatic and the larger tobacco and cessation goals.</li><li>• This category includes the option to choose Other Promising and Other Commercial</li></ul>		
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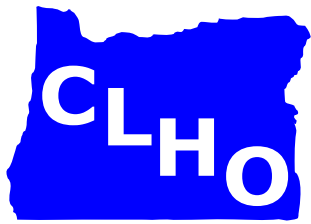
		<ul style="list-style-type: none"><li>Counties should work with your programs liaison on what option to choose, but there is flexibility.</li></ul> <p><b>Cessation and Health systems portion of the RFA-</b></p> <ul style="list-style-type: none"><li>We are encouraging programs to have a cessation activity included in their strategies.</li><li>There can still be elements of cessation or partnering with health systems in some of the other strategies a program chooses.</li><li>Cessation will be its own category going forward. It will be category D.<ul style="list-style-type: none"><li>We created category D because it seemed to be a disconnected repoint.</li></ul></li><li>Framing will help develop clear work plans that make more sense to work with the state liaison and the program coordinators.</li></ul> <p><b>Partnership and capacity building-</b></p> <ul style="list-style-type: none"><li>We are proposing that Tier 1 programs will be able to have a stand-alone capacity building strategy.</li><li>In Tier 2 and 3 there is no option for stand-alone partnership and capacity building strategies, but we recognize this is such a vital part of our work and these activities still need to be included in the work plan and imbedded into larger overarching strategies.</li><li>We would also like go to back to the Equity Centered Policy change model, in recent biennium's we have moved away from that, but have heard from program staff that it is a helpful tool in determining where their program is at and ways to move their work forward.</li></ul> <p><b>Q&amp;A-</b></p> <ul style="list-style-type: none"><li>Question from Jamie- I would like an example of what will be required for counties to use the Equity Centered change model.</li><li>Answer from Jen Chandler-<ul style="list-style-type: none"><li>One thing that we have noticed, especially with new coordinators is that it can be overwhelming to understand where the program is at in relation to a long-term goal and how to take steps forward to reach the longer-term goal.</li><li>This Equity change model, is like a road map to show where the program is, where the community is and</li></ul></li></ul>		
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		<p>next steps to take with partners to start moving the strategies forward to meet those longer-term goals.</p> <ul style="list-style-type: none"><li>○ It won't be a requirement, but we will be taking steps do a lot more to support programs by using the tool.</li><li>• Answer from Laura Perdue- When creating a list of capacity building activities to use, I realized that I was basically just following the Equity Center change model list so instead of recreating it going to link to it.</li><li>• Link to the referenced Equity Center change model: <a href="#">Equity Change Model List</a></li><li>• Answer from Tim Noe- Just one clarification, there was some concern that previous strategies used were more upstream to reducing tobacco use, addressing the root causes, and may potentially not be allowed in this RFA, but that is not the case.<ul style="list-style-type: none"><li>○ We are moving towards having consultation with the TPEP liaison in regard to the strategies that each county will use to make sure they are addressing a particular risk factor or protected factor.</li><li>○ For example: for Community Resilience if a county proposes a strategy that they want to implement and work towards building community resilience, we want a clear linkage between the strategies and activities to addressing a potential risk factor or protective factor for tobacco use so there is a clear connection.</li><li>○ It is not that they are not allowed, we just need to understand the linear connection between them.</li></ul></li><li>• Answer from Jen Chandler- We are not discouraging the social determinates of health and what we are hoping for, is that we are looking at the promising practices and we see the link to the comprehensive program and have a shared understanding on how the promising practices are addressing some of those shared risk and protective factors.</li><li>• Answer from Tim Noe- By doing the process above we are addressing the social determinates of health, so it's not eliminating those factors, just making sure the there is a connection between the promise in practice and the risk or protective factor that may address a social determinant or root cause of tobacco use.</li><li>• Answer from Jen Chandler- I think there would even be an intermediary to a big measurable goal to reducing tobacco use.</li></ul>		
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		<ul style="list-style-type: none"><li>○ We have a lot of examples and we have looked at a number of workplans from multiple programs and strategies that are not specifically laid out in the RFA but still fit in this model.</li><li>○ We just want to make sure state staff and local staff are on the same page and that we are understanding how the promising practices are reaching longer term tobacco cessation goals.</li><li>• Answer from Tim Noe-consult with your liaison to make sure strategies are clear before submitting application so there is not a lot of back and forth.</li></ul> <p><b>Tier Changes-</b></p> <ul style="list-style-type: none"><li>• Effectively the requirement for each tier is not changing, but how to meet the requirements is changing.</li><li>• Tier 1 remains the same, it is focused on capacity building.</li><li>• Tier 2 still needs to choose at least 2 strategies, but now we have 4 categories to choose strategies from instead of 3.<ul style="list-style-type: none"><li>○ When choosing strategies, it will not be required to have a cross systems change strategy, you can choose strategies from any of the other 3 categories.</li></ul></li><li>• Tier 3 has not changed, just the way the options are identified will be different.</li></ul> <p><b>Q&amp;A</b></p> <ul style="list-style-type: none"><li>• Question from Jamie- Does Category B need to change now? Do we need to remove cannabis and vapor and just focus on second-hand tobacco smoke?</li><li>• Answer from Jen Chandler- There is still opportunity to focus on cannabis smoke and vapor just not in public places.</li><li>• Answer from Lily Banning- Cannabis smoke and vapor will still apply for places such as multi-unit housing.</li></ul> <p><b>Evaluation Process Change:</b></p> <ul style="list-style-type: none"><li>• The evaluation activities are going to be incentivized to increase more participation when submitting a work plan.</li><li>• We are going to ask that programs that are willing to participate in evaluation activities choose the type of evaluation that they would be the most interested in from a list we will share.</li><li>• In order to apply for the top amounts in each tier the program will be required to participate in some evaluation throughout the biennium.</li></ul>		
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- We don't want this to be a big burden on programs, but we know the more participation we have especially from across the tiers, the more robust we can make the program and the more effective we can be.
- Tobacco/Alcohol Retail Assessment (TARA) will not be conducted in the biennium for 2025-2027 so programs will not have to budget for that. 2025 we will wrap up communications for the TARA that starts in January.

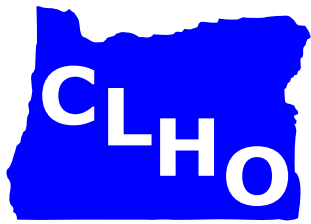
**Q&A**

- Question from Jessica Jacks- Am I correct in thinking that the 20% reduction from the 2 biennium's did not include the ballot measure 108 funds and is just the biennium amount that was available?
- Answer from Jen Chandler- I have been referring it to the base funding, we will see some reductions in available funding going into the next biennium and we are proposing strategies for those reductions.

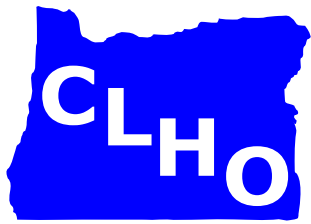
**ADPEP-**

**Presentation from Jen Chandler-**

- For ADPEP we are asking that coordinators meet at least quarterly with their liaison.
- This did not use to be required, but we realize regular coordination with the liaison enhances the relationship and programs tend to find they understand our training and technical opportunities better.
- We want programs to be identifying their data sources for community assessments they are basing some of their program strategies on, while also recognizing not all communities have the same access to robust data. There will be multiple ways to meet this particular requirement. We will ask that they include at least 1 evidence-based policy or practice in the workplan.
- We do know that in all of our prevention work, that there are promising practices that are evolving and working very well.
- We don't want to eliminate the ability to do that, and we want to learn from it, but we want programs to use the SEA SPS model and root their work in evidence-based practices while being innovative.
- We are asking programs to share if they are using curriculum, part of that is because we do not know the wonderful

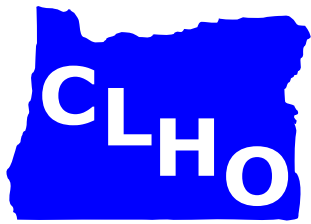


		<p>curriculum folks are using and we want to understand what is working and be able to share those resources.</p> <ul style="list-style-type: none"><li>• We are going to ask that programs make at least 1 pitch or news release each year and that either ADPEP coordinators will act as the spoke person or identify someone that will.<ul style="list-style-type: none"><li>○ We have technical assistance for those spokes' persons.</li><li>○ We know that those unique stories are so powerful in this work and want to make sure we are capitalizing on those earned media opportunities.</li></ul></li></ul> <p><b>Q&amp;A</b></p> <ul style="list-style-type: none"><li>• Question from Jamie- Wondering in general from ADPEP and TPEP workplans- are you going to ask us to state how our proposed strategies are addressing tobacco and other health equities and to lead with race as much as possible?</li><li>• Answer from Jen Chandler- I haven't looked at the workplan for a while but we do always have a place where we ask them to link health equity practices.</li><li>• Question from Shane- I love the language as best fit I think it will be really important in this space. Policy work in conservative communities is difficult and that doesn't mean we can't make some headway on the social determinants, and I am wondering how we can make space for things we can win on in other environments? There are 26 conservative counties and 10 liberal counties. The truth campaign had a bigger impact than putting a non-smoking sign on a plane.</li><li>• Answer from Jen Chandler- I hear you and you will find that once we start building the upstream spaces, we will see those wins. Sometimes when we talk about policy, we think more in the big P policy where there is not a lot of support. We do know there are a lot of ways to look at small P policies and reach those wins and show how there are a number of different strategies that can be used.</li><li>• Question from Shane- in the world of documenting equity approaches we have a pretty reliable analysis that shows our white and black populations are highest smokers and Hispanic and other populations are much lower then, so the best use of resources is focusing on our rural white populations. How do we document that to address population needs and check all the boxes around equity?</li></ul>		
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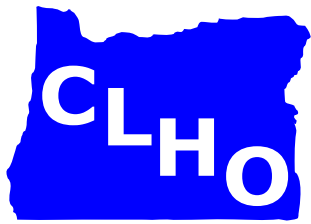
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|  | <ul style="list-style-type: none"><li>• Answer from Jen Chandler- Let me take that back to our team that includes policy folks, program folks, and data folks to noodle on that a little bit. We want you to root your work in the data and develop from that perspective and I think we can come together and talk throughout as the program guidance is released and work plans are developed. We will have office hours, TA opportunities and trainings. Laura Perdue and Annie Dillon are leading this work, and we can think about how to make that clearer.</li><li>• Contact information for Laura and Annie<ul style="list-style-type: none"><li>○ TPEP: <a href="mailto:laura.perdue@oha.oregon.gov">laura.perdue@oha.oregon.gov</a></li><li>○ ADPEP: <a href="mailto:annie.dillon@oha.oregon.gov">annie.dillon@oha.oregon.gov</a></li></ul></li><li>• Response from Shane- Minnesota is trying to rip apart urban white populations because the strategy approach is at an impasse.</li><li>• Question from Jessica- what are next steps, it seems like the changes would require program element of change?</li><li>• Answer from Jen Chandler- The program element is not changing; the program guidance is being updated.<ul style="list-style-type: none"><li>○ We are aiming for mid-January release.</li><li>○ Answer from Jen Chandler- Work groups are completed but staff can reach out. We are going to present to Big CLHO, as well taking into considerations on thought and questions and make sure we are clear on guidance.</li><li>○ Hoping to have mid-March as the submission date and approval by mid-April.</li></ul></li><li>• Reflection-I feel that within the ADPEP section, it seems really clean and clear on what our program will be expected to do, but the TPEP changes seem a little more ambiguous and dependent on some subjectivity, so I appreciate how you described the information and a part of me realizes that leading with trust is what we need to do in Deschutes county and that we will be allowed to work through the changes. But it is not completely clean and clear.</li><li>• Answer from Jen Chandler – our goal is to work with counties and make sure work plans are meeting local needs. I understand where you are coming from and what we didn't want to do is go back to be hyper prescriptive but instead find a middle ground and see what is working in local communities</li></ul> |  |
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		and better understand how to give that flexibility and still reach the bigger tobacco and prevention goals.		
TPEP Ambassador Update		<p><b>TPEP Ambassador Update- Gwyn Ashcom and Lily Banning</b></p> <ul style="list-style-type: none"> <li>The next part of the agenda is to give a quick TPEP ambassador update. <ul style="list-style-type: none"> <li>Work to develop the new governance model will be called Tobacco Prevention and Education Program Council.</li> <li>The ambassador committee has wrapped up its recommendations and has determined what the scope of work will be for the council and the council will collaborate with staff from HPCPD.</li> </ul> </li> </ul> <p><b>Section of Focus Changes:</b></p> <ul style="list-style-type: none"> <li>The work will have 4 different sections of focus. <ul style="list-style-type: none"> <li>OHA Policy Development Program</li> <li>Improvement program</li> <li>Strategy and Budgeting Strategy</li> <li>Ongoing engagement with groups who are not represented by the TPEP council.</li> </ul> </li> </ul> <p><b>New Composition of Group:</b></p> <ul style="list-style-type: none"> <li>It was recommended that the composition of the group will be the following: <ul style="list-style-type: none"> <li>2 from the Regional Health Equity Coalitions</li> <li>2 CBOs</li> <li>2 advocacy organizations</li> <li>2 Cross Sectors partners</li> <li>3-5 community representatives</li> <li>2 flexible representatives</li> <li>2 Local Public Health workers with 1 being an active member of CLHO.</li> <li>This is the make-up that would take over the previous groups.</li> </ul> </li> <li>They are taking TRAP and the CBO committees and combining them.</li> </ul> <p><b>Commitment:</b></p>	Lily Banning	



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- Asking that folks serve 1-to-2-year terms, beginning January of the first year and ending December of the second year.

**Timeline for Recruitment:**

- Applications will open on December 9<sup>th</sup>.
- Information session will be held on January 15<sup>th</sup> at Noon. The FAQ sheet will be coming out soon.
  - Registration Link for information session: [Information Session Registration Link](#)
- Applicant review will happen in February.
- Lily Banning- We have spent 18 months of work getting these recommendations and Katie Reilly as well as an ambassador. We would like all of you to apply and share with your networks, so we get a wide range of applicants and expertise.
- Annie Dillon posted in chat- Very excited to see the TPEP Council being formed. Kudos to the ambassadors for outlining everything!

**January 2, 2025**

**Co-Chair**

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