CLHO Healthy Communities Committee Meeting

Date: Thursday, February 2, 2017

1:30 – 3:30 pm

PSOB Room 705-C or by

Conference call number:

Dial: (888) 363-4735

Participant: 868346

Host: (Portland): 862516

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| Agenda | | | |
| Agenda Item | Detail | Action Item | Responsible Party |
| Welcome & Introductions (5 min) 1:30 – 1:35 | Attendance | Tanya Phillips/Jackson, Jocelyn Warren/Lane, Charlie Fautin/Benton, Tatiana Dierwechter, Julie Albers/Clackamas, Sherrie Ford/Columbia, Kris Williams/Crook, Penny Pritchard/Deschutes, C.A. Baskerville/Lane, Kari McFarlan/Multnomah, Adelle Adams/Multnomah, Amanda Garcia-Snell/Washington, Ronit Zusman/State Public Health Director’s Office, Julie Sifuentes/EPH, Emily York/EPH, Karen Girard/HPCDP, Luci Longoria/HPCDP, Andrew Epstein/HPCDP, Kim La Croix/HPCDP, Kati Moseley/HPCDP, Megan Gerdes/HPCDP, Amanda Cue/HPCDP, Steven White/HPCDP, Sarah Barnard/HPCDP | Tanya Phillips  Jocelyn Warren |
| Review of Prior Month’s Minutes (5 min)  1:35 – 1:40 | The Committee will have an opportunity to review minutes from the past meeting, make changes and/or adopt the minutes. | Jocelyn commented that the CLHO Healthy Communities committee was not involved in selection of sites for the substance abuse prevention listening sessions.  No motion was made to approve the minutes. | Tanya Phillips  Jocelyn Warren |
| RFP for Communication and Social Media Services  (5 min)  1:40-1:45 | **Background:** HPCDP is preparing to release a new RFP for communication and social media services, and would like to invite CLHO HC committee members to participate on the review panel.  **Objective:** Identify potential review panel participants. | An RFP for a new communication and social media services RFP has been posted on the Oregon Procurement Information Network (ORPIN). HPCDP would like to invite two people from the CLHO Healthy Communities committee to be on the review committee. A reviewers meeting will be held in Portland on March 13, 14, or 15, with an option to attend by phone. Let Kati know if interested in participating. | Kati Moseley |
| Public Health Modernization Regional Meetings (10 min)  1:45-1:55 | **Background:** CLHO received grant funds through the Robert Wood Johnson Foundation to advance public health modernization in Oregon. Grant funds are supporting 10 meetings across Oregon to engage local communities, health and education stakeholders, local elected officials and other community partners in strategies to advance a modern public health system.  **Objective:** Share results of the modernization meetings that committee members have attended so far, and any other updates related to public health modernization. | The regional public health modernization meeting for Lane, Lincoln, Benton, and Linn counties was very successful, with attendees including a county commissioner and representatives from county administrators, other county departments, CCOs and nonprofits. Attendees received a good foundational understanding of modernization, and expressed concerns around funding and how that could play out in the long term.  Jackson, Josephine and Klamath had their meeting with people from all three counties in attendance, including a couple of commissioners and representatives from the CCO. Frustrations were expressed about the challenges of not being able to take action when there’s no funding. Legislators were invited but weren’t able to attend.  The meeting in the Portland metro area will be held next week. | Jocelyn Warren |
| Tobacco-related legislation for 2017 session (10 min)  1:55-2:05 | **Background:** At the August 2016 CLHO Healthy Community retreat, the committee requested updates on tobacco-related legislation for the 2017 Oregon legislative session.  **Objective:** Provide an update on tobacco-related legislation that may be introduced in the 2017 session. | Karen presented an update on the 2017 Oregon Legislative Session. HPCDP is tracking about 40 bills related to tobacco, marijuana and other health promotion and chronic disease prevention topics. A summary was sent to CLHO Healthy Communities members with the agenda for this meeting. These bills include eight tobacco tax bills. The Governor’s budget included an 85 cent cigarette tax increase.  A tobacco retail licensing (TRL) bill (SB 235) is scheduled for a public hearing on February 7. The bill would create a TRL system in Oregon that would be implemented at the local level. HPCDP is also tracking several bills relating to the ICAA. HB 307 allows an exemption to the ICAA for consumption of marijuana during temporary events and in cannabis lounges. There are also bills to transfer smoke shop and cigar bar certification to OLCC, and to allow consumption of alcohol in smoke shops. Yesterday a press event was held regarding raising the minimum age for purchase of tobacco to 21, which is included in several bills.  HPCDP welcomes input on how proposed legislation may affect local public health work, and will send monthly updates on bills being tracked.  **Discussion**  Question: The Governor’s proposed budget included raising the alcohol tax. Has a bill been introduced?  Answer: The Governor’s budget includes a surcharge for distilled spirits, but we have not seen legislation yet. There’s a bill to create a task force to study the privatization of distilled spirits.  Question: Is there any information about closure of the mental health facility in Lane County?  Answer: We are not aware of legislation related to this but it’s something we can look into.  Question: What percentage or what amount of funding for TPEP comes from the state vs federal sources?  Answer: $8 million per year is from state tobacco tax and the Tobacco Master Settlement Agreement (TMSA). Oregon receives about $1 million per year from the CDC for tobacco prevention. There are concerns about Prevention and Public Health Funds (PPHF) being at risk with discussion about possible repeal of the ACA. Losing PPHF will have a severe effect on the CDC’s budget, with up to a 20% reduction in some of their program budgets.  Question: Why is the amount of TMSA coming in to Oregon being reduced by 10%?  Answer: In the past two biennia, TPEP received $4 million from TMSA. The Governor’s budget reflects a 10% reduction to $3.6 million for TPEP based on a 10% decrease in TSMA that Oregon will be receiving for the next biennium. | Karen Girard |
| Climate and Health Program Updates  (20 min)  2:05-2:25 | **Background:** The Climate and Health Program has released a new Resilience Plan for Oregon’s Public Health System. Emily will give a quick overview of what’s in the plan and an update on what the Oregon Climate and Health Collaborative is working on. Looking ahead, the program seeks advice on how to utilize limited dollars to fund climate interventions at the local level.  **Objective:** Learn about the new Resilience Plan and provide guidance on future collaboration between local health jurisdictions and OHA’s Climate and Health Program. | Emily presented an overview of the new Climate and Health Resilience Plan, which is posted on OHA’s website at [www.healthoregon.org/climate](http://www.healthoregon.org/climate).  Lillian was joined by Charlie and Muriel at a press conference announcing the plan.  A new climate and health YouTube playlist is available on the PHD YouTube page (<https://www.youtube.com/user/healthoregon>), featuring projects in various counties. There are also three animated videos that explain how climate change relates to public health. A social media campaign will continue rolling out new videos and content under the hashtag  We encourage everyone to watch the videos and take a look at the plan to help us collectively increase the climate literacy of our public health workforce.  The plan includes 16 strategies with recommended actions to be taken at the state and local level over the next five years. A collaborative of five local jurisdictions (Benton County, Crook County, Jackson County, Multnomah County, and North Central Health District) are currently implementing and evaluating interventions. These five jurisdictions were initially selected in 2010 to create local climate and health plans. Current CDC funding supports implementation of existing plans.  Benton county has a vignette on their work. The videos do a great job conveying the link between climate change and public health, and can be a great educational tool for public health colleagues and the community.  Tanya shared a summary of what Jackson County is working on as part of this collaborative, as they address poor air quality issues.  They are exploring a system to alert people about air quality, and are looking at doing focus groups with migrant workers around where they get information and how climate change impacts their health.  NCPHD identified drought as one of their top priorities and will be providing free water testing and drought risk education to private well owners.  Benton County is co-chairing an interagency climate work group and conducted an inventory of current climate-related activities. They will bring a new climate resolution to County Commissioners for adoption.  Multnomah County is working on mapping, heat data analysis, and engaging diverse stakeholders in the prioritization of climate-related work.  Crook County’s focus has been on risk communication materials related to drought and poor air quality. Some work is also being done in connection with healthy homes education.  The CDC implementation phase of this grant began in September. Emily joined the CLHO HC call last spring to get input on the grant proposal and recommendations for how a small ($30,000) amount of funding can best be used to support local work. She received general feedback that more funding to fewer jurisdictions is preferred over a miniscule amount going to many. She also heard that it would be good to be flexible with how those funds are used either for new planning projects or for implementing interventions.  Since that conversation in the spring, OHA Public Health did not get internal permission to apply for funding. Partners were convened to figure out plan B, which ended up being Multnomah County as fiscal agent. The first year of the award beginning this past September was split evenly among the state program and five counties ($28,500 each). Because of this arrangement, the State program has had to dip into contingency funds to backfill the State’s climate program for the year.  The program will now be preparing an application for continuation funding and will be re-assuming the lead applicant role starting in September. There will not be the same amount of funding available for local partners, but there will be a limited amount (around $30,000 to go toward building local capacity in some way).  **Discussion**  Question: Will campaign communications be linked to the SmokefreeOregon campaign, with media calendars being sent out together?  Answer: We will look into coordination on that.  Question: Will information about evaluation of current work be available before the next round of funding? Can we identify the most effective methods of what works?  Answer: We might have some preliminary results. We will do our best to make that available.  Question: Will this be open to new counties?  Answer:  We’ve heard from a number of counties that are interested; there hasn’t been enough funding to distribute to all those who have expressed interest. We would like the funding to benefit new counties.  Tatiana commented on similarities between this and conversations around Healthy Communities grants, regarding how to bring on new counties while continuing the current work. For counties to compete for small minigrants and administrative infrastructure, what’s the best way to leverage that small amount of money? Is it hosting trainings or learning institutes, or peer-to-peer support? How can we learn from existing efforts? Funding might be better used to capture and disseminate lessons learned and provide training rather than a traditional RFA funding local efforts that may not be sustained.  Julie: Focusing on integrating climate and health into other program areas is part of what we’re trying to emphasize related to developing the public health workforce around climate change.  Tatiana: Focus on equity, making sure partners are looking at populations that are more vulnerable to climate change. Could funding go to RHECs to build capacity among minority populations to address this issue?  Penny: This could be an opportunity for collaboration with Healthy Communities grants. | Emily York |
| Stretch Break (5 min) 2:25 – 2:30 |  |  | All |
| Indoor Clean Air Act (10 min)  2:30-2:40 | **Background:** Last month, Kim provided an update on the steps that OHA is taking to address concerns about communications to business and perceived ambiguity in the new definition of enclosed areas, including delaying enforcement of the rules pertaining specifically to the newly revised “enclosed area” definition until January 1, 2018.  **Objective:** Update the committee on the progress of previously communicated actions that OHA will be implementing and new actions, including rulemaking about “enclosed area.” | HPCDP is delaying until January 1, 2018 enforcement of rules related to the new definition of enclosed area. OHA will reopen the portion of the rules that defines enclosed area, and will convene a rules advisory committee (RAC) in spring and summer 2017.  Tanya, Gwyn and Kari reviewed and provided feedback to Kim on the new ICAA enclosed areas brochure. The new brochure will be used as an educational tool with the RAC and for education after the rules revision has been completed.  An FAQ document related to the ICAA enclosed area definition was sent to TPEP coordinators. Follow-up calls are being held to discuss protocols for enforcement and to identify future training needs.  Information has been posted to the OHA website noting the delay in enforcement of the new enclosed area definition. | Kim La Croix |
| Prevention Integration  (10 min)  2:40-2:50 | **Background:** As part of an OHA effort to create a coordinated, efficient system to reduce substance use disorders and tobacco use among Oregonians, interventions for tobacco, alcohol and other drugs prevention, cessation and regulation are being integrated and now reside in the Public Health Division.  **Objective:** Provide an update on listening sessions and discuss next steps. | Luci expressed appreciation to all who have participated in listening sessions and who have provided input on new listening sessions and opportunities for engagement. HPCDP and Coraggio Group (HPCDP contractor) have been tracking who has been participating in the listening sessions, to help determine who to follow up with for engagement through surveys and key informant interviews. Let Luci, Amanda Cue or Coraggio Group know if there are any additional suggestions. Amanda Cue has accepted a new position as Alcohol, Tobacco and Other Drugs Policy Specialist.  Based on feedback from CLHO Healthy Communities members, HPCDP is exploring how to have continued engagement from CLHO and the Behavioral Health Prevention and Promotion subcommittee (the SAMHSA-required advisory committee for Oregon’s substance abuse prevention block grant). When raw data from the listening sessions becomes available, HPCDP would like to have help from committee members to assist Coraggio Group in organizing the draft report, which is expected to be ready in March. By the end of February or early March, HPCDP would like to enlist help to review information that will be included in the report.  Penny and C.A. expressed interest in volunteering. Penny will be available the first week of March.  **Discussion**  Question: On a conference call about the Opioid Prevention Grant from the Injury and Violence Prevention Section, it was mentioned that there will be a policy and program institute for planning in the fall. Is there additional information about this?  Answer: HPCDP shared Healthy Communities Building Capacity and SRCH as models that have been successful for convening partners and looking at how to advance policy and systems change work. HPCDP is supporting the Injury and Violence Prevention Section by sharing tools and resources. HPCDP will be looking at using our systems, infrastructure and communications platforms (including the Cancer You Can Prevent, SmokefreeOregon, and Place Matters Oregon) to support this as well. | Luci Longoria |
| 2017-2019 TPEP RFA – Key Changes (10 min)  2:50-3:00 | **Background:** The 2017-19 Tobacco Prevention Education Prevention (TPEP) RFA will promote coordinated mobilization and leveraging resources at the local level. This is a non-competitive application with funding set through the Program Element 13 funding formula.  **Objective:** Update committee on key changes to RFA including timeline, 2 Year grant cycle shift, coordination component, and strategic focus on tobacco retail restrictions. | Luci presented an update on the county TPEP RFA. CLHO Healthy Communities volunteers (Gwyn, Kris, and Tanya or designee) will be contacted today or tomorrow regarding reviewing the draft.  The TPEP grant is shifting to a two–year grant cycle concurrent with the biennium. A two-year budget and work plan will need to be submitted. Budgets will be due at the same time as in the past, to ensure that they’ll be ready for inclusion with the financial agreements. There will be additional time for submission of work plans, which need to be finalized and on file by June.  The RFA will ask that work plans describe how TPEP will collaborate with the Substance Abuse Prevention program.  The required TPEP policy areas will include tobacco retail strategies, expanding ICAA protection through local policy work, and advancing tobacco-free properties policies. Work related to outdoor venues tobacco policy is being deprioritized, as there is a need to expand protection for indoor clean air given recent threats to the ICAA.  The RFA will include information about trainings, and will describe which expenses need to be paid by grant funds or will be paid by HPCDP. There will be an annual grantees and contractors meeting and one Place Matters Conference during the biennium. Other trainings will align with grant priorities.  **Discussion**  Question: Are there updates on plans for a SRCH RFP for next year?  Answer: It depends on resources available. The current SRCH grants that include a focus on tobacco was made possible due to the availability of TMSA dollars, as well as funds from the CDC to support a focus on diabetes, heart disease and colorectal cancer screening. Diabetes, heart disease and stroke funds are largely PPHF funds, which are at risk with a potential repeal of ACA.  Question: Would there be a similar impact on funding for Healthy Communities grants?  Answer: Yes, a mix of resources from the CDC are used for Healthy Communities grants.  The Trust for America’s Health, NACDD and APHA have prepared summaries of risks to federal funds that Oregon receives. | Luci Longoria |
| Updates & Announcements (10 min)  3:00-3:10 |  |  |  |
| Adjourn |  |  |  |

Future Topics:

Announcements: