

Tobacco Reduction Advisory Committee (TRAC) Meeting Notes



Objective:	<p>General: 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>October 10, 2022 meeting objectives:</p> <ol style="list-style-type: none"> 1) Share 2021-2022 updates (BM108 funding, Tobacco Retail Licensure and other) 2) Familiarize TRAC members with TPEP budget 3) Provide opportunity for TRAC members to share general updates
Meeting Date:	October 10, 2022
Meeting Time:	11am-1pm
Note-taker:	Landen Weltha- OHA
Facilitator:	Sarah Wylie - OHA

Topic & Objective	Time
1) Welcome, introductions – Sarah Wylie, OHA	11:00-11:05 (5-7 minutes)
2) 2021-2022 Updates – Tatiana Dierwechter, OHA <u>Objective:</u> provide timeline recap, recognize staff changes and program highlights. <u>Background:</u> Last time TRAC convened in August 2021. Long tenured Luci Longoria departed her state tobacco control program manager position.	11:05-11:10 (5-7 minutes)
<p>Discussion:</p> <p>Commercial Tobacco Prevention & Cessation Community Partners map (please see attached PDF of the presentation) centers community members and demonstrates their relationship with the organizations and partners within the entire prevention and public health system.</p> <p>Community Members and Tribal Members are at the heart of the public health system. Programs and policies should be developed with them, not for them without their input.</p>	

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Tribal programs, Community Based Organizations (CBOs) and Regional Health Equity Coalitions (RHECs) are best positioned to engage directly with Community Members, and to raise community needs with government partners in counties and OHA.

Local Public Health Authorities (LPHAs) are a crucial bridge between OHA and community-facing CBOs. To be effective, they need strong relationships with CBOs in their regions.

The Oregon tobacco prevention system is a coordinated effort to mobilize community support and involvement to achieve shared goals in commercial tobacco.

The OHA, by nature of being a government institution and providing statewide program administration, has the most power to wield and cede to others in the public health system. In order to effectively support commercial tobacco prevention and cessation, all OHA staff need to have the right skills and attributes to promote an integrated, community-centered approach.

Advocacy organizations like American Heart Association, American Lung Association and American Cancer Society all play critical roles in advocating for policy changes in the state and Oregon’s communities. Along with these organizations, health system partners like CCOs are critical partners to support systems changes within health care setting. They also play an important advocacy role with state and local policy makers.

Comment:

Suzanne Hidde, Health and Physical Education Specialist at Oregon Department of Education: Commercial Tobacco Prevention & Cessation Community Partners map could be updated to better represent Education element

**3) Tobacco Prevention & Education Program (TPEP)
Overview – Steven Fiala, OHA**

Objective: to provide an update on the TPEP 2021-2023 budget implementation, TURA and BM 108 budgets.

Background:

The Ballot Measure 108 (BM 108) tobacco tax passed in November 2020 and went into effect on January 1, 2021. Ten percent of BM 108 revenues are allocated to the Oregon Health Authority for distribution to tribal health providers, Urban Indian Health programs, regional health equity coalitions, culturally specific and community-specific health programs and state and

**11:10 – 11:35
(25 min)**

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local public health programs that address prevention and cessation of tobacco and nicotine use by youth and adults, tobacco-related health disparities and the prevention and management of chronic disease related to tobacco and nicotine. In 2021 and early 2022, OHA engaged Oregon Tribes, a 21-member Community Based Organization Advisory Group, and the Conference of Local Health Officials (CLHO) and the CLHO Prevention and Health Promotion committee in conversations about how new tobacco tax revenues should be allocated to each partner in the commercial tobacco prevention system in Oregon. The remaining revenues were directed to the state infrastructure for commercial tobacco prevention. This included funding for state personnel and contracts to support statewide capacity for health communications, policy development, data collection and evaluation, and tobacco cessation.

Discussion:

There are several different tobacco tax statutes in Oregon. Statutes enacted before 2020 allocate proportions of tax revenue to specific funds and programs. Most tobacco tax revenue comes from cigarette taxes. When fewer cigarette packs are sold, less tobacco tax revenue is available for those funds and programs.

BM 108 will increase the price of tobacco, which will decrease the number of cigarette packs sold. This will decrease the amount of money available for funds and programs that receive tobacco tax revenue under older statutes. BM 108 will become the largest source of tobacco tax revenue as of the 2021-2023 biennium.

Specifically, 10% is allocated to the OHA for distribution to tribal health providers, Urban Indian Health programs, regional health equity coalitions, culturally specific and community-specific health programs and state and local public health programs that address prevention and cessation of tobacco and nicotine use by youth and adults, tobacco-related health disparities and the prevention and management of chronic disease related to tobacco and nicotine.

10% of BM 108 revenues dedicated to prevention:

- Cigarette tax revenues are \$10M for 19-21 biennium and \$40M per biennium thereafter.
- IDS tax expected to bring \$0.5M in 19-21 biennium and \$2M per biennium thereafter.

BM 108 revenue allocations for 2019-2021 reflect tax start date of January 1, 2021 (only six months of tax collection)

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Revenue from BM 108 will go into a new fund and comprise the largest source of tobacco tax revenue. Existing BM 44 will result in less revenue over time as the new tax increase reduces the amount of total cigarette packs sold.

We must plan for total tobacco tax revenues to decrease over time as we successfully prevent tobacco use initiation among young people and support people to quit.

Questions and comments:

Jamie Dunphy, American Cancer Society: does tobacco tax revenue funding projections for 2023-2029 take into account FDA plans or effectiveness of TPEP programs?

- The Office of Economic Analysis (OEA) provides these estimates and assumes a stable decrease over time and builds in an additional percentage decrease to account for cross border sales loss. OEA used some adjustments to the model with data from the actual tax receipts to account for existing policy but does not adjust projections based on policy changes at the federal level. OHA has spoken with OEA and currently the state TPEP is in discussion with Tobacco Economists at University of Illinois - Chicago to discuss prevalence estimates given a potential flavor ban but no consideration at the moment of bigger federal policy. Anything planned from FDA would move substantially slower and estimates would be constantly updated.
- Mitchell Kilkenny, Douglas County TPEP Coordinator: Individual TPEPs do have some measures of success rates at the local level. Our cessation rate is 11% overall while 7.5% who enter cessation program quit. The more people enter program, the more successful cessation programs are.

Hannah Zhang, Klamath Falls Tobacco Prevention Coordinator: where is the 90% going? Can you be more specific on fund allocation. What is the projected allocation towards prevention/cessation?

- 90% of fund goes to maintaining the Oregon Health Plan, behavioral health programs in particular, and 10% of which goes to tobacco prevention and cessation programs.

Would those percentage change over time? One of the complaints from community member is that given the burden of taxes on (especially smaller businesses), paying the taxes to go into OHP doesn't specific address tobacco prevention/cessation. Are there plans to re-allocate?

Christina Bodamer, American Heart Association: OHP members are smoking in higher numbers for generations. One fourth of members have chronic disease attributed to smoking. Even though, it has nothing to do with prevention but is still tied to adverse outcomes of tobacco use in Oregon. Need to ensure backstop for those to remain on health insurance plan to get treatment. Besides, OHP provides free NRT and

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statewide cessation. OHP does address tobacco quit services but needs expansion of these services and place advocacy on the Health System. The focus should be on outcomes of these populations and a re-allocation would likely take money away from tobacco prevention and cessation, feel lucky to currently have 10%. Advocates pushed for more funds for prevention, but this was the only way it was passed.

- Building out Tax allocation and legislation: With this size of tax passing, massive need to fund Oregon Health Plan. OHP members smoking at much higher rate than those not on a plan.

Jamie Dunphy, American Cancer Society: with the \$19M for county grants, is this a new pot of money or is this normal amount of money received?

- Of \$19M allocated to county TPEP programs, \$9M was allocated earlier in biennium and reflected typical distribution based on county workplans and budget requests. Later discussions counties regarding BM108 funds led to another allocation of \$10M focused on increasing capacity to center equity in the work and build community partnerships.

Derek Smith, Multnomah County TPEP Coordinator: What happens to unspent BM108 dollars after June 2023? Are dollars reverted to State general fund or do they remain in the State BM108 fund for future re-allocation?

- Technically, unspent tobacco tax revenues can carry over into future biennia for re-allocation to grantees and state infrastructure. However, the state TPEP budget is determined by the Governor and Legislature, so these funds could be reallocated to other priorities. Because there is risk in planning/budgeting for future biennia with the assumption that funding will carry forward, we encourage grantees to spend down as much as possible by June 30, 2023.

Gwyn Ashcom, Washington County TPEP Coordinator: when CBOs received funding and when LPHAs will be seeing their funding?

- Timeline for funding distribution was as follows:
- CBOs received award letters in April
- Contracts recently finalized for CBOs to start to receive actual funding
- We expect counties to receive the Ballot Measure 108 funding allocation as early as December 2022, but more likely in January 2023. Due to capacity constraints within our fiscal/contracts systems, it is difficult to predict when funds will be allocated.

Christina Bodamer, American Heart Association: National advocates requested updates on the timeline for 2023-2025 TPEP funding distribution to LPHAs and CBOs and expectations for carry over of unspent funds.

Action item:

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OHA will follow up with TRAC members and TPEPs on LPHA funding once there is more clarity on a timeline and ability to carry over unspent funds.

BREAK	10 MIN
<p>4) Governance Updates – Lily Banning, OHA</p> <p>Objective: to provide overview of shared governance approach Background: The Oregon TPEP has two bodies that provide external perspectives on how tobacco tax revenues should be allocated for tobacco prevention and cessation.</p>	<p>11:45 – 12:05 (20 minutes)</p>

Discussion:

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.

Questions and comments:

Christina Bodamer, American Heart Association: since 2018, we’ve been asking shared governance. What is taking so long? Why is it not feasible to combine BM44 & BM108 and have an open discussion? What OHA is so afraid of? Latest Executive Order allows to add TRAC members.

- Sarah Wylie, OHA: TRAC is established by the Governor’s Executive Authority and it is difficult to change structure. Composition of TRAC and existing restrictions format current group. We’re building framework of what combining these would look like and exciting to have community voice infused into our government structure and model.

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<p>5) Tobacco Retail Licensure – Sarah Wylie, OHA</p> <p>Objective: to provide updates to Tobacco Retail Licensure (TRL) program, funding and staff additions.</p> <p>Background: Sarah Wylie shared program implementation updates from Senate Bill 587, which established the Oregon TRL program. The program is in place, staffed, and started inspections during summer 2022. Next steps include equipping Local Public Health Authorities to inspect for violations locally.</p>	<p>12:05 – 12:25 (20 minutes)</p>
<p>Discussion:</p> <p>Please see attached PDF of the presentation.</p> <ul style="list-style-type: none"> • Historical context of SB 587 • All objectives of the Governor’s Public Health Vaping Workgroup have been completed, with the exception of adopting a statewide prohibition on flavored tobacco sales. • Senate Bill 587 delegated roles to different State Agencies: <ul style="list-style-type: none"> ○ Department of Revenue ○ Oregon Health Authority ○ Local Jurisdictions • Program Implementation: • Tobacco Retail License rules are in effect. We are conducting Minimum Legal Sales Age inspections • Next: <ul style="list-style-type: none"> ○ Set up state database to begin inspections for other regulations. ○ Starting next July, we’ll be able to have local public health authorities working with us on inspections. 	
<p>6) General updates – TRAC members</p> <p>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.</p>	<p>12:25 – 12:35pm (10 minutes)</p>
<p>Discussion:</p> <p>Suzanne Hidde, Health and Physical Education Specialist at Oregon Department of Education: Department of Education could play a role for prevention education in health curriculum and other programs at schools to help students perhaps not even start smoking or reduce use of using at an early age.</p>	

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Derek Smith, Multnomah County TPEP Coordinator: While county partners are encouraged not to get in the way, any amount of knowledge or training on any topic to Local Grantees would be incredibly helpful. There is a strong desire to learn and a huge brand new workforce joining. Start training and a TA approach to hopefully come together soon that will be truly value-added would be ideal. Want it to be holistic and inclusive into TA infrastructure efforts.

- Communications TA budget is available, formally bringing in Grantees this month. County and RHECs can access TA resources, Training/Learning for CBOs. Will bring them into TPEP portal and ensure inviting culture.
- Data Collection and Evaluation Teams will have a State Data Systems 101 training soon to speak to Tobacco Policy 101. Currently waiting to hear back from survey that identifies areas to prioritize trainings.

Christina Bodamer, American Heart Association: advocates would like to be looped in the future trainings for CBOs.

7) Opportunity for public comment - Public	12:35 – 12:45 (10 minutes)
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Comment: None offered.	
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8) Wrap-up and future agenda items – All

- TRAC is to review and approve TRAC budget but not rubber stamping required.
- There will be no 2nd TRAC formal meeting in 2022.
- Focus for the next TRAC in 2023 is budget for next Biennia and governance structure.

Meeting Location and attendees

Meeting Location:	Meeting will be held via Zoom. Meeting ID: Please RSVP to TRAC.Mailbox@dhsosha.state.or.us to receive the meeting password
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Attendees:	<input checked="" type="checkbox"/> Gwyn Ashcom – Conference of Local Health Officials <input checked="" type="checkbox"/> Christina Bodamer – American Heart Association <input checked="" type="checkbox"/> Nathan House – 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 type="checkbox"/> Kristen Gilman – Oregon Department of Justice <input type="checkbox"/> David Hopkins – Centers for Disease Control and Prevention
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	<input checked="" type="checkbox"/> Lillie Manvel – TOFCO, Inc. <input checked="" type="checkbox"/> Jennifer Jordan – Oregon Public Health Association <input type="checkbox"/> Carrie Nyssen – American Lung Association <input checked="" type="checkbox"/> Katie Harris – Oregon Assoc. of Hospitals and Health Systems <input type="checkbox"/> Michael Tynan – Centers for Disease Control and Prevention <input type="checkbox"/> TBD – Governor’s Office <input checked="" type="checkbox"/> TBD – Oregon Department of Education (Suzanne Hidde)
Observers:	Abby Welter Allie Nicklas Emily Droge Margaret McNamara Haoua Dogo Gwyn Ashcom Tatiana Dierwechter Derek Smith Emily Reilly Sarah Hood Lily banning Sarah Wylie Sari Hargand Mitchell Kilkenny Hannah Zhang Tory Kurtz Vaida Liutkute Gumarov Lisa Fischer Steven Fiala Karen Ard Rebecca Garza Kamryn Brown Max Madsen