

Joint Meeting
Tobacco Reduction Advisory Committee
Tobacco Evaluation Advisory Committee
 Wednesday, August 24, 2005, 1:00 PM to 4:00 PM
 Portland State Office Building – Room 918

Attending: Rey Agullana, DHS-Office of Mental Health and Addiction Services; Laura Culberson, Tobacco Free Coalition of Oregon; Courtni Dresser, American Cancer Society; Sue Fratt, American Lung Association of Oregon; David Hopkins, Centers for Disease Control and Prevention; Dan Peddycord, Conference of Local Health Officials; Liling Sherry, Northwest Portland Area Indian Health Board; Mike Stark, Program Design and Evaluation Services; Joe Sullivan, Oregon Medical Association; John Valley, American Heart Association

Attending via telephone: David Burns, University of San Diego School of Medicine; David Fleming, Bill and Melinda Gates Foundation; Terry Pechacek, Centers for Disease Control and Prevention

Observers: Andy Dworkin, Oregonian; Diane Laughter, American Lung Association of Oregon; Nancy Nunley, Yamhill County Public Health; Tim Stumm, Oregon Health News; Kristen Wazlaw, OMA; Pam Wilson, PacWest Communications

DHS Staff: Cathryn Cushing, Mike Dahlin, Mel Kohn, Richard Leman, Luci Longoria, Karen Main, Jane Moore, Jill Thompson

Topic	Discussion
1. Welcome and introductions	Jane Moore, DHS, welcomed the group and introductions were made.
2. Tobacco bills – legislative update	<p>John Valley, American Heart Association, provided a brief overview of some tobacco-related bills that were introduced in the 2005 Legislative Session.</p> <ul style="list-style-type: none"> • Master Settlement Agreement funding – HB 2024 was introduced to dedicate 10% of the unsecuritized MSA funding to tobacco prevention and education. HB 2024 received a hearing, but no work session. • Cigarette taxes – HB 2048 was introduced to reinstate the 10 cents per pack cigarette tax that was dedicated to the Oregon Health Plan. HB 2048 did not receive a hearing. • Clean indoor air – SB 544 and its companion house bill, HB 3496 were introduced to remove exemptions to Oregon’s Indoor Clean Air Act. SB 544 received a hearing, but no work session. • Fire-safe cigarettes – SB 738 was introduced to mandate cigarettes sold in Oregon be fire-safe. SB 738 passed the Senate but did not receive a hearing in the House. • TPEP budget – TPEP budget is funded at \$6.9 million for the 2005-2007 biennium.

<p>3. Budget allocation process</p>	<ul style="list-style-type: none"> • Mel Kohn, DHS, provided an overview of the service level and budget allocation process for the 2005-2007 TPEP budget. He thanked the members of TRAC and TEAC for their willingness to provide their expertise in tobacco control to TPEP. These committees provide valuable input to the program and are part of a very important step in the determination of program service levels and budget decisions. • Laura Culberson, TOFCO, asked about the timeline for the decision-making process. Mel Kohn responded that the intent is for TPEP to finalize its budget proposal before the end of September. • John Valley, AHA, asked if the Governor’s Office was invited to the meeting. Mel Kohn responded that yes, Erinn Kelley-Siel with the Governor’s Office is a member of TRAC and was invited to the meeting. Erinn Kelley-Siel did contact the program to indicate that she was unable to attend due to prior engagements. • John Valley, AHA, requested that if substantial changes were made to the TPEP budget after today’s meeting that a TRAC meeting be called to explain and discuss the changes. • Dave Fleming, Gates Foundation, asked if the Legislature included any programmatic or budget boundaries on TPEP in the 2005 Legislative Session. Mel Kohn polled the table and all present agreed that there were no such indications this session. • Joe Sullivan, OMA, asked if TRAC included a representative from health insurers or health systems. Jane Moore responded that since TRAC has not met since October 2003, some turnover in membership has occurred and some key positions need to be refilled. All agreed that a health insurance/health system representative is important to include in the TRAC membership.
<p>4. Tobacco data update</p>	<p>Mel Kohn, DHS, provided an update on Oregon tobacco data.</p> <ul style="list-style-type: none"> • Adult prevalence remains relatively flat at about 20%. • Since TPEP began, consumption has decreased over 42%. • Since the shutdown of the program in 2003, and subsequent start up at a reduced capacity, the average annual decrease in per capita sales has slowed from 5.2 packs per year in 1996-2003 to 1.9 packs per year in 2003-2004. • Approximately 11% of 8th graders and 19% of 11th graders report smoking cigarettes in the past 30 days. • From 1996-2003, Oregon adult smokeless tobacco use prevalence declined from 9.4% to 5.9%. During the same period, 11th grade smokeless tobacco use prevalence decreased from 22% to 10%.

5. TPEP Review	<ul style="list-style-type: none"> • <i>Please see attached Program Review document for funding and service level proposal.</i> • <i>Please see “Recommendations” section of these minutes for TRAC/TEAC recommendations on the Proposed TPEP 2005-2007 Budget and Service Levels.</i>
a) Quit Line	<p>The committee discussed the proposed 2005-2007 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • The committee discussed service levels to the uninsured population. The uninsured population would be eligible, as insured callers are, to receive two-weeks of free nicotine replacement therapy (NRT). It was agreed that supplemental funding from CDC for quit lines should be used to increase services and outreach to the uninsured. • Mike Stark, PDES, inquired about the cost per quit of the proposed service level. Cathryn Cushing, DHS, responded that this information is still being analyzed, but will be available later in the year. • Terry Pechacek, CDC, indicated that CDC funds for quit lines are relatively stable. During the 2005-2007 biennium, Oregon should be able to count on some funding from CDC to support quit line services. Currently, Oregon receives about \$285,000/year from CDC for quit line services (\$570,000/biennium).
b) Public Awareness and Education	<p>The committee discussed the proposed 2005-2007 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • Joe Sullivan, OMA, applauded the program in achieving a balanced budget distribution among media, local programs, and evaluation. • Terry Pechacek, CDC, indicated that media and cessation components are more effective in conjunction with community programs. Unfortunately, there is no evidence to draw off of to determine the best balance between media and community programs. • Laura Culberson, TOFCO, stated that if the balance point between media and local programs is unknown, the components should be relatively equal. • John Valley, AHA, stated for the record that local programs should be a priority. • David Hopkins, CDC, reiterated that paid media is an important component of any comprehensive program. When paid media is cut, the statewide program loses its most visible component. • Dave Fleming, Gates Foundation, asked what proportion of the paid media budget was spent on promoting the Quit Line. Cathryn Cushing, DHS, responded that approximately 75% of the paid media budget went to promotion of the Quit Line. Due to the success of the NRT initiative, paid media may now be used to promote other tobacco prevention messages, such as about the dangers of secondhand smoke.

<p>c) Community-based Programs</p>	<p>The committee discussed the proposed 2005-2007 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • Mike Stark, PDES, asked what proportion of the state’s population would be served if all 14 of the fundable local programs received money. Jill Thompson, DHS, responded that not quite 50% of the population would be served. • Dan Peddycord, CLHO, stated that he was very pleased to see funding increased to such a vitally important component of the program. • Sue Fratt, ALAO, stated that the regional grants are important to building capacity in areas of the state that didn’t apply for program funding. • Laura Culberson, TOFCO, reiterated that local programs are critical to keeping tobacco prevention and education alive at the local level. • Dave Fleming, Gates Foundation, stated that it is critically important to have a strong evaluation of this component. The program should consider identifying specific objectives or activities that would be similar across all local programs and could identify a critical pathway to achieving success.
<p>d) School-based Programs</p>	<p>The committee discussed the proposed 2005-2007 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • Joe Sullivan, OMA, asked about the sustainability of funding school programs. If schools in only 5-7 districts are funded, a small number of students will be reached. What would be the effect on youth smoking rates? Would TPEP keep funding the same schools, or add new schools? Jill Thompson, DHS, responded that TPEP is working closely with Oregon Department of Education (ODE) to determine the best funding design for maximum program effectiveness and sustainability. • Dan Peddycord, CLHO, considered how the school programs might fit with local programs. What are the target age groups? Jill Thompson, DHS, responded that the target age groups are 5th-8th graders per CDC Division of Adolescent and School Health recommendations. • Sue Fratt, ALAO, discussed whether it is best to layer programs in a geographical area (e.g. fund schools only in counties with funding), or if it is better to spread the programs around. • John Valley, AHA, asked if TPEP is working with ODE on tobacco health education standards. Jill Thompson, DHS, responded that TPEP is working with ODE on tobacco health education standards. • Mike Stark, PDES, stated that we are starting to see an increase in smoking among youth, nationally. Therefore, he supports building up Oregon’s school programs. • Courtni Dresser, ACA, and John Valley, AHA, both indicated support for some sort of youth tobacco coalition to provide input to TPEP and a youth presence in the community.

<p>e) Tribal Programs</p>	<p>The committee discussed the proposed 2005-2007 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • David Hopkins, CDC, asked how many people the tribal programs serve. Luci Longoria, DHS, responded that there are approximately 85,000 American Indians in Oregon, with 1/3 living on tribal lands and 2/3 living in urban areas. • Dave Fleming, Gates Foundation, asked how TPEP arrived at the funding amounts. Luci Longoria, DHS, responded that there would be a minimum base of \$20,000/tribe, with some additional funds included on a per capita basis. • Dan Peddycord, CLHO, requested information about the outcomes to date with tribal programs. Luci Longoria, DHS, responded that the tribal programs aim for tribal policy change in tribal facilities and differentiate between commercial tobacco use and traditional tobacco use. • The committee asked about the coordination between tribal programs and urban American Indians. Luci Longoria, DHS, responded that the Native American Rehabilitation Association (NARA) is funded as a specific population network to address tobacco use among urban Indians. NARA does coordinate and provide consultation to tribal programs. • Dave Fleming, Gates Foundation, stated that \$20,000 for a tribe of a few hundred people is not an equitable distribution of funds. This funding allocation is not congruent with a scale of investment in other components or populations. • Dan Peddycord, CLHO, encouraged tribal tobacco programs to seek federal funds as well.
<p>f) Specific Population Programs</p>	<p>The committee discussed the proposed 2005-2007 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • Laura Culberson, TOFCO, stated that money for specific population networks should be proportionate to their percentage of the overall population. • Dan Peddycord, CLHO, asked if the funded networks were in population centers. Luci Longoria, DHS, responded that the selected contractors ended up being in population centers, though they conduct statewide programs. • John Valley, AHA, asked about the diversity in messaging to the specific populations. How separate are these groups from other coalitions, including county coalitions? Luci Longoria, DHS, responded that the contracts with these specific population networks include provisions requiring them to connect with other coalitions and provide consultation to other program components regarding working with specific populations. • Terry Pechacek, CDC, stated that funding from CDC is expected to be level next year. It is important to integrate these specific population networks into county programs. Media and quit line efforts should also be targeted to specific populations.

g) Evaluation and Surveillance	<p>The committee discussed the proposed 2005-2007 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • David Hopkins, CDC, noted that it is absolutely critical that TPEP maintain core surveillance to be able to compare the program outcomes with when the program was fully funded. • Dave Fleming, Gates Foundation, stated that it is important to have “bridging indicators,” a clear line of evidence of what we are trying to do and what the outcomes are. Measure outcomes for each program component so we can target funding for those that are most successful. Move to specific deliverables and milestones for grantees, rather than capacity-building. • David Hopkins, CDC, suggested TPEP look at differences between funded and nonfunded areas of the state.
h) Statewide Leadership and Coordination	<p>The committee discussed the proposed 2005-2007 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • John Valley, AHA, suggested that TPEP produce a report on enforcement of the Indoor Clean Air Act. • Joe Sullivan, OMA, stated that it is important to have staff time dedicated to working with health insurers, employers, and health care providers around tobacco issues. Karen Main, DHS, responded that the 0.3 FTE included in the proposal is dedicated to this specific purpose.

<p>6. Recommendations</p>	<p>Jane Moore polled the members of TRAC and TEAC for a summary of their recommendations. The members all support the Proposed 2005-2007 Service Level with some adjustments to the tribal program component. Individual comments are included here:</p> <ul style="list-style-type: none"> • Courtni Dresser, ACS: kudos to the program for getting the proposed budget out before the meeting. ACS is a proponent of community programs. Would like to see a county with a truly comprehensive program. • John Valley, AHA: continue the dialogue throughout the development of the budget and services. • Dan Peddycord, CLHO: echoes Courtni's comments, approves of the recommendations presented. • Sue Fratt, ALAO: strong supporters of TPEP. • Joe Sullivan, OMA: would like to make a pitch for evaluation of the comprehensive school-based programs. The evaluation may indicate that money should be rolled into county programs with the requirement that community programs work on policy in schools. Staff time should be dedicated to working with employers and insurers. • Laura Culberson, TOFCO: would like to see TRAC reconstituted and restarted. Recommends more money be put into specific population networks. • Mike Stark, PDES: figure out what kind of data you want to measure. Consider whether the right people are at the table. Poor white people have one of the greatest disparities regarding tobacco use. • David Hopkins, CDC: support messages about the dangers of secondhand smoke. If Washington goes smokefree, there is a good chance Oregon will have an initiative. Addressing smokefree casinos would be money well-spent. • Dave Fleming, Gates Foundation: evaluation information is necessary to manage the program. Need to determine what to do. It's the right decision to rebalance the program (comprehensiveness) but we need to pile effort on in geographic communities.
<p>7. Wrap up and next steps</p>	<ul style="list-style-type: none"> • Karen Main, DHS, will send meeting minutes for TRAC and TEAC review and approval. • TPEP will make revisions to the Proposed 2005-2007 Service Level as appropriate, based on recommendations from TRAC and TEAC. This revised proposal will be presented to DHS leadership for approval. • Once DHS leadership approves the TPEP budget, DHS will implement the budget as recommended.