**Tobacco Prevention Meeting Notes**

7/27/21

Grantee Updates:

* **Health Systems - Behavioral Health (BH) Workgroup** gave an update. At the first meeting, they shared where they were each at in the process and approach to their health system strategy relating to behavioral health. Overall, a consensus that BH is overtaxed and spread thin during covid. The group appreciates the sharing aspect and connecting with/learning from organizations working on similar strategy.
* **Healthy Retail Workgroup** gave an update. This group had its second meeting. Helpful resources have been shared and each grantee elaborated on their approach to the strategy.
* **Lane County –** Natalie Taylor ([Natalie.TAYLOR@lanecountyor.gov](mailto:Natalie.TAYLOR@lanecountyor.gov)) shared Lane County’s strategy to develop a training for OHA/HPCDP on county government structure, local community dynamics/politics. They will be reaching out to other TPEP grantees for input on what grantees think is important for state level personnel to know and understand.
* **Clackamas County** –Katie Knutsen ([KKnutsen@clackamas.us](mailto:KKnutsen@clackamas.us)) shared that the Deputy Director is initiating tobacco free campus work again. A cohort worked on tobacco free policy in 2019 and the county admin was a champion before the pandemic. Excited for the conversation to happen again and start to work with different folks from different divisions to push this forward
* **Crook County** – Nadia LeMay ([NLeMay@h.co.crook.or.us](mailto:NLeMay@h.co.crook.or.us)) shared that high school students presented to commissioners on tobacco free spaces. *Nadia would like to connect with other counties to share thoughts or ideas around tobacco free spaces.*
* **Umatilla County** – Kary Tuers ([kary.tuers@umatillacounty.net](mailto:kary.tuers@umatillacounty.net)), the new Community Health Supervisor for Umatilla County Public Health, shared that they have hired a TPEP coordinator Jenee Henderson ([jenee.henderson@umatillacounty.net](mailto:jenee.henderson@umatillacounty.net))
* **Clatsop County** - Julia Hesse ([jhesse@co.clatsop.or.us](mailto:jhesse@co.clatsop.or.us)) shared that they have hired a new coordinator that will be working 80% on TPEP, particularly on youth initiatives!
* **Multnomah County** – Derek Smith ([derek.smith@multco.us](mailto:derek.smith@multco.us)) shared that the County Commissioner is excited about the TRL that passed at the state level.

HPCDP Updates:

* **Period 4 Reports for LPHA are due Friday July 30th** Survey and reporting instructions are contained within the link here: <https://survey.alchemer.com/s3/6406853/TPEP-LPHA-Online-Report-Summary-2019-2021-Period-4>. The Period 4 report covers January 2021- June 2021.
* For **Tribal Grantee Period 4 Reporting**, you should have received an email from your liaison with the reporting template and instructions. If you have not received an email from your liaison, please let them know. If you are unsure you can email Leah Festa at [Leah.Festa2@dhsoha.state.or.us](mailto:Leah.Festa2@dhsoha.state.or.us).
* **Coraggio Health Systems Resources:** Resources have been released on the TPEP Portal of the Smokefree Oregon website. There will be two trainings to go along with these resources. The September 28th tobacco prevention meeting will be repurposed for a training to cover curriculum for the community-based health systems strategy resources. An e-referral training will be scheduled for early-mid October. More details to come soon.
* [Building Relationships for Health Systems Change: Collaboration](https://urldefense.com/v3/__https://smokefreeoregon.com/tpep-resource/pathway-to-collaboration-addressing-tobacco-with-healthcare-and-other-partners/__;!!OxGzbBZ6!K13Dvx4mlC8IWJ6MVRHHDN8yH2qoeVNs4q46TR5JJpRr2DU9hm6BaLoBXl7VhDTHV-WayzDN3uw$): This tool provides a practical guide to learn who and how to approach Healthcare Partners to build engaging coalitions.
* [Tobacco Cessation Strategies: Quit Line e-Referral Guide:](https://urldefense.com/v3/__https://smokefreeoregon.com/tpep-resource/oregon-tobacco-quit-line-e-referral-guide-and-oha-e-referral-project-planning-worksheet/__;!!OxGzbBZ6!K13Dvx4mlC8IWJ6MVRHHDN8yH2qoeVNs4q46TR5JJpRr2DU9hm6BaLoBXl7VhDTHV-WahmcFUUE$) This tool provides information and guidance for TPEP grantees, health systems and clinics to support e-referral implementation to encourage tobacco cessation.
* [Tobacco Cessation Strategies: OHA e-Referral Project Planning Worksheet](https://urldefense.com/v3/__https://smokefreeoregon.com/tpep-resource/oregon-tobacco-quit-line-e-referral-guide-and-oha-e-referral-project-planning-worksheet/__;!!OxGzbBZ6!K13Dvx4mlC8IWJ6MVRHHDN8yH2qoeVNs4q46TR5JJpRr2DU9hm6BaLoBXl7VhDTHV-WahmcFUUE$): This worksheet will help guide you through the planning of your e-referral project.
* [Tobacco Cessation Strategies: Tobacco Cessation Clinical Intervention Resources:](https://urldefense.com/v3/__https://smokefreeoregon.com/tpep-resource/tobacco-cessation-clinical-intervention-resources/__;!!OxGzbBZ6!K13Dvx4mlC8IWJ6MVRHHDN8yH2qoeVNs4q46TR5JJpRr2DU9hm6BaLoBXl7VhDTHV-WaG1QSGOw$) this tool includes local and national resources available for tobacco cessation clinical interventions.
* [Engaging Healthcare Partners in Community-Based Interventions: Partnering with Health Care Smoke Free Policies:](https://urldefense.com/v3/__https://smokefreeoregon.com/tpep-resource/partnering-with-health-care-on-tobacco-work-smoke-free-policies/__;!!OxGzbBZ6!K13Dvx4mlC8IWJ6MVRHHDN8yH2qoeVNs4q46TR5JJpRr2DU9hm6BaLoBXl7VhDTHV-Wao-k0Tfg$) This tool provides a practical guide to strategies for working with Healthcare partners on the development of smoke-free places and LPHA successes.
* [Engaging Healthcare Partners in Community-Based Interventions: Partnering with Health Care Tobacco Mass Reach Communications](https://urldefense.com/v3/__https://smokefreeoregon.com/tpep-resource/partnering-with-health-care-tobacco-mass-reach-communications/__;!!OxGzbBZ6!K13Dvx4mlC8IWJ6MVRHHDN8yH2qoeVNs4q46TR5JJpRr2DU9hm6BaLoBXl7VhDTHV-Wa0j6RSGg$): This tool provides a practical guide of strategies for working with Healthcare partners on mass-reach communications and LPHA successes.
* **Tobacco Retail Licensure**: HPCDP is working closely with the Department of Revenue and the Department of Justice to develop timelines for SB 587 passed in the 2021 Legislative Session. The new statewide TRL goes into effect on January 1, 2022, with rulemaking to be completed before that date. HPCDP is working internally to staff up to support this quickly moving work. The goal is to have a license program up and running and ready for retailers to apply by Dec 1st. The plan is to hold initial rule making sometime in late September. Programs that have local TRL strategies within their 2021-23 Program Plans should plan to work with their Community Program Liaisons to update to another retail strategy.
* **ICAA Enforcement**: Thank you for completing the ICAA survey to gauge overall needs and concerns related to resuming in-person ICAA inspections. Results show that the majority of grantees have the capacity to begin working on ICAA enforcement activities. However, some are concerned about their safety during continuing outbreaks of COVID-19. Additional challenges were identified about how to conduct inspections in-person while working remotely. The most used materials and guidance tools were the ICAA Enforcement toolkit and the ICAA Policies and Procedures Manual and the least used were the training videos.
  + One grantee noted question about inspection of a complaint from 2 years ago. Should we forgive it and start over? A) Yes, this will likely be considered invalid. HPCDP will share information soon about how to proceed with complaints that are older.
  + One grantee started doing in-person TRL inspections and noted that there are a lot of retailers not passing inspections (even the second time around.) Prior to the pandemic, there were typically only one or two retailers that didn’t pass, so this is a big shift in compliance rates.
  + At this point, in-person ICAA inspections are not required. HPCDP plans to share the results of the survey at the August CLHO Prevention and Health Promotion Committee meeting. Next steps and a timeline for implementation will be shared after this discussion.
* **Community Policy Leadership Institutes (CPLI)**: The purpose of the Community Policy Leadership Institutes is to bring together community leaders, local public health authorities and decision makers through a facilitated process to co-lead local policy initiatives primarily focused on reducing and preventing tobacco and alcohol use to address health disparities and achieve better health outcomes. HPCDP worked with representatives from 5 Regional Health Equity Coalitions to develop Community Policy Leadership Institutes, a model for centering equity in local, regional and state policy and decision-making processes. (MORE INFORMATION CAN BE FOUND AT THE END OF THIS DOCUMENT)
  + There will be 4 teams that will have the opportunity to apply for the first cohort. Application will be sent by 7/29/2021 with one month to submit applications.  The first cohort will be launching remotely in late September. If you have applied previously you do not have to resubmit an application, but please email [Leah.Festa2@dhsoha.state.or.us](mailto:Leah.Festa2@dhsoha.state.or.us) to let us know you are still interested.

Breakout Group Discussion – Regional Support Network (RSN)

The Regional Support Network Meetings have been on hold for several months due to pandemic and capacity constraints. These meetings were originally meant for regional peer sharing, learning, and networking. Each RSN is unique, and collaboration varies by region. HPCDP asked grantees to brainstorm about the following questions together in breakout groups:

* Do we want to bring back the Regional Support Network?
* Do we want them to look different?
* What would it look like if it were successful?

The following are just some of the highlights from breakout groups:

* There is strong value in in-person meetings/gatherings
* Peer learning is very helpful but doesn’t necessarily need to be done by region
* Structure could be organized around similar strategies as opposed to regions
* If the meeting is not a requirement, it can be difficult to get county and tribal staff to attend.
* RSN could be retooled.
* Share purpose across the state.
* Some regions are convening on their own.
* Opportunity with Ballot Measure 108.
* Moving them to quarterly meeting and in-person would be nice
* Peer Mentorship is meaningful

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| **Community Policy Leadership Institute Model** |
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| **Objective:** To build capacity to develop and implement local policy changes:   * That improve the health and wellbeing of communities most impacted by structural racism and other oppressions; * by addressing leading risk factors for preventable death and disease (or chronic disease); * with community and local public health partnerships and * applying an equity-focused policy change model. |
| **Outcomes of the model:**   * Improved partnerships between culturally specific grantees, community partners, and counties/state government to co-create and drive policy change together. * Shared understanding and agreement between communities and state/county government on priorities and policy levers to address causes of chronic disease among communities most impacted. * Improved partnerships and community engagement processes to address health disparities in communities. * Established community and state/county government relationships based on learning and collaboration to make long terms changes for community health. * Established partnerships based on shared power for city, county and state policy change between Regional Health Equity Coalitions, Local Public Health Authorities (LPHAs), Oregon Health Authority (OHA), and Community Based Organizations (CBOs) partners.   + Tribal participation can help provide insight regarding the impact of city, county and state policies on tribes and native community members. However, as sovereign nations, tribes have independent decision-making processes and structures. * Improved practice and foundation built for communities advancing future community prioritized policy work. |
| **Core Components (7 sessions):**   * Equity-centered policy change model steps * Value of evidence-based policy strategies – strong focus on how systems impact health differently and unequally * Developing understanding of policy strategies and how they can support community health priorities:   + shifting the focus from individual-based strategies to environmental/system strategies   + using environmental/system strategies to address causes of chronic disease and improving health conditions for communities * Using policy to improve health and wellbeing for communities * Effective communications (Using data as an advocacy tool, ensuring accessibility, etc.) * Strengthening government-to-government, cross-jurisdictional partnerships, and linkages between community leaders and decision makers. * Developing strategies that drive action, result in real change, and are measurable. |
| **Examples of regional team participants include:**   * Regional Health Equity Coalition (RHEC) representation or other health equity partners * Local Board of County Commissioners or staff * Policy partners (i.e. - CCO representative, city planning partners, etc.) * Local Public Health Administrator/ Alcohol and Drug Prevention Education Program (ADPEP) nonprofit Director * Tobacco Prevention Education Program (TPEP) Coordinator, and/ or ADPEP Coordinator * Tribal Health Director, Tribal TPEP and/or Tribal ADPEP * Community partners (i.e. - culturally specific community-based organizations or advocacy organization) * Community member champions |
| **Timeline:**   * Cohort 1: September 2021 - Feb 2022 (Remote) * Cohort 2: February - April 2022 (In-Person TBD) * Cohort 3: September - November 2022 (In-Person TBD) * Cohort 4: February – April 2023 (in-person TBD) |