Ballot Measure 108 Virtual Roundtable

Recommendations Review & Discussion

September 23, 2021, 2:30 – 4:30 PM

Zoom Meeting:

https://www.zoomgov.com/j/1605249933?pwd=R1JvVjNCeVZJOGVGZFNsczZuMWpUZz09

Meeting ID: 160 524 9933
Passcode: 741315

Call in by phone:
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Objectives

Hear from Ballot Measure 108 CBO Advisory Group members about their funding recommendations.

Create space to ask clarifying questions and discuss how we can best work together to reduce tobacco use inequities in Oregon.

Agenda

2:30 – 2:40 **Welcome and introductions -** Cara Biddlecom, OHA-PHD, Deputy Director

Notes

- We welcome Tribal, County and state commercial tobacco prevention and education program staff, national tobacco prevention organizational partners, as well as community-based organization representatives from the BM 108 advisory group.
- Ballot Measure 108 is a once-in-a-generation opportunity to create deep and meaningful change that significantly reduces tobacco use inequities in Oregon.
- We are grateful to the BM 108 Advisors for making recommendations to OHA can lead with race and center community voice in allocating new tobacco tax funding investments.
- OHA convened Tribes and CBOs that reflect communities disproportionately impacted by tobacco use, for a collaborative planning process to make allocation and implementation recommendations.
- OHA first engaged in a formal Tribal Consultation with all nine federally recognized Tribes and the Native American Rehabilitation Association Northwest. This resulted in allocation of 20% of BM 108 prevention revenues to tribal-based practices for commercial tobacco prevention and cessation.
- OHA then convened a 21-member CBO Advisory Group to develop recommendations for how to allocate additional revenue to expand CBO participation in the tobacco prevention and control system. CBO Advisors will share highlights from these recommendations later in the meeting. We thank them for their time and commitment to this process, which reflects OHA's commitment to equity and centering community voice in decision-making.

2:40 – 3:00 **Introduction to community-led process –** Maria Elena Campisteguy, Metropolitan Group and Alyshia Macaysa, Oregon Pacific Islander Coalition

Notes

- Maria Elena Campisteguy shared the definition of 'Community-led process applied to the BM 108 Advisory Group Process. Community-led Process involves building community-level relationships with each other and deeply involving people on the frontlines of an issue, in every aspect of advocacy, engaging them on significant decisions, and centering their voices in the framing of problems and solutions. When this is done authentically and consistently, it creates sustained relationships of trust.
- The Advisors have generated every element of the BM 108 recommendations. A full list of the BM 108 Advisors can be found here.
- Alyshia Macaysa described the Pacific Islander data modernization project collaboration as an example of successful collaboration among community-based organizations, counties, state and leaders of Oregon's diverse Pacific Islander communities. She described the community-led research model and resulting efforts including increased community research capacity, increased community reach, strengthened partnerships and a new representation of the data and Pacific Islander community health framework.

3:00 – 3:30 **Advisors present on recommendations-** Dr. Zeenia Junkeer, Oregon Health Equity Alliance; Michelle Glass – Southern Oregon Health Equity Alliance; and Alyshia Macaysa, Oregon Pacific Islander Coalition

Notes

- Zeenia Junkeer described the core principles guiding recommendations including leading with race, while recognizing intersectional identities; naming and addressing impacts of systemic racism and oppression; transparency; dedicating resources to greatest need and diversifying effective approaches in Oregon to benefit populations who have not benefitted from current tobacco prevention and cessation strategies.
- Zeenia and Alysha addressed process limitations including gaps in data and flawed data collection processes and limited funding available. They shared top-level recommendations including 1) "stay grounded in community assets and strengths" and 2) "address and dismantle root causes of commercial tobacco" and 3) "fund culturally specific strategies centered in community voices and practices." When we start with community strengths to address root causes, it creates the pathway to use culturally specific strategies and approaches centered in community voices.
- Zeenia and Alyshia described some eligible strategies including 1) community-led initiatives that build power for communities most impacted by structural racism; 2) prioritizing/incentivizing collaboration via cross-sector partnerships; 3) building lifelong skills in advocacy for policy change and 4) providing training and capacity of the health care systems to address the intersection of chronic disease and commercial tobacco use (see BM 108 Recommendations for full list, attached to the follow-up email).
- Michelle Glass described the funding model that will prioritize populations, including Black, Indigenous, Native American and Alaska Natives, Latino/a/x, Pacific Islander and/or Asian communities. She described the recommendation to explicitly, but not exclusively, lead with race based on the recognition that racial inequities persist in every system in our state and that within other dimensions of identity —age, class, gender, sexuality, education, class, ability, mental health status, age, citizenship, and geography — there are persistent inequities based on race.
- Michelle shared the recommendation that lead applicants are to be culturally-specific 501c3 organizations based in Oregon or racial justice-focused organizations working with Black, Indigenous, Native American and Alaska Natives, Latino/a/x, Pacific Islander and/or Asian communities. Other eligible lead organizations include organizations primarily benefitting a community disproportionally impacted by tobacco (i.e., people with disabilities, LGBTQ people, people living with mental illness) that can demonstrate they are leading with race and that have a decision-making body (i.e., staff, community leaders) who identify as members of priority communities that will benefit from the work. The BM 108 Advisor recommendations also strongly encourage cross-sector partnerships, including partnerships with county and city governments and other organizations who are not culturally specific. The CBO Advisors recommend that city and county governments not be eligible to apply directly, but can be a member of an applicant's cross-sector partnerships.
- Michelle shared the funding formula that was developed using the framework: *Populations most negatively impacted by commercial tobacco use + gaps in existing culturally and linguistically specific prevention and cessation supports + lack of access to healthcare and insurance, and persistent health disparities.* CBO Advisors recommend that OHA prioritize 80% of allocation towards serving Black/African American/African, Pacific

Islander, Indigenous peoples living in urban areas and/or without access to tribal healthcare, Latino/a/x (special emphasis on limited and non-English speaking; migrant and seasonal workers and other marginalized people), Asian and Southeast Asian and other non-white populations not named by the data. Grants should range between $25k and $750k and that full FTE requests proposed within those ranges should be awarded.

3:30 – 3:50 **Bringing it all together and time for questions –** Ashley Thirstrup, OHA-PHD, Health Promotion and Chronic Disease Prevention

Notes

- Ashley Thirstrup thanked the CBO Advisors for their powerful recommendations and highlighted the recommendation to convene cross-sector learning communities. She described OHA's commitment to supporting cross-sectoral partnerships through learning communities and other opportunities for planning and coordination across partners in the public health system.
- Ashley shared a Tobacco Prevention Partner Map. The model centers community members and highlights the influence and relationships among organizations and partners across the tobacco prevention and public health system. She thanked all the system partners represented at the meeting today. These partners have a long history of contributions to Oregon's comprehensive tobacco prevention and control efforts.
    - In the first layer, the **Community Members and Tribal Members** are at the heart of the public health system. OHA believes that programs and policies should be developed with them, not for them without their input.
    - The second layer includes **Tribal programs, Community Based Organizations and Regional Health Equity Coalitions.** These partners are best positioned to engage directly with Community Members, and to identify and prioritize community needs with government partners in counties and OHA.
        - For over 20 years, Tribal tobacco prevention programs have been at the forefront of the commercial tobacco prevention movement in Oregon. In addition to tribal policy and health systems changes, many programs use tribal based practices for commercial tobacco prevention including efforts for community healing and traditional tobacco education and practices.
        - Since 2008, Regional Health Equity Coalitions have used tobacco prevention funding to mobilize communities towards equitable policy and systems change. RHECs leverage these resources to educate communities about root causes of tobacco health inequities, reaching people who are targeted by tobacco companies. They provide training, elevate community voices and guide government partners on equitable prevention and cessation approaches.
    - The third layer highlights how **Local Public Health Authorities** serve as a crucial bridge between OHA and community-facing organizations. To be effective, they need strong relationships with CBOs in their regions. Local TPEP programs have played a critical role in establishing smokefree places, mobilizing community leaders to pass policies that reduce access to commercial tobacco, and ensuring cessation supports are available to community members. They will be receiving additional new funding to support community partnerships with the new BM 108 grantees to advance equity. We'll be working together to plan for those resources soon.
    - The fourth layer includes the **Oregon Health Authority.** By nature of being a government institution, providing funding and statewide program administration, OHA has the power to wield and cede to others in the public health system. The role of the State TPEP is to support coordination of grant administration, training, statewide cessation supports like the Oregon Quit Line, mass reach health communications, and assessment and evaluation. To effectively support commercial tobacco prevention and cessation, all OHA staff need to have the skills to promote an integrated, equity and community-centered approach.
    - In the outer layer are **Advocacy organizations** like American Heart Association, American Lung Association and American Cancer Society. These all play critical roles in advocating for policy changes in the state and Oregon's communities. They continue to advocate tirelessly for tobacco prevention in Oregon, including to pass what began as House Bill 2270 and became Ballot Measure 108. Higher education, health systems, professional organizations such as the Oregon Public Health Association and Public Health Institute, regional foundations, and many others also contribute to this system.

3:50 – 4:20 Breakout into small group discussion

Notes

Breakout groups discussed:

- Public health direction and role for LPHAs and CBOs
- General capacity considerations for this new work
    1. Is there opportunity to share what CBOs are working on to avoid duplicating efforts?
- Rural community considerations
    1. Is there an opportunity to create funding formulas for rural communities?
- Ideas related to eligible activities
- Ideas of ways to partner with newly funded CBOs.
    1. What does partnership look like?
    2. How can counties support CBOs in applying for funding?
    3. Will LPHAs be notified when a CBO partner in their region applies?
- Indicators of long-term successful collaboration and overall success
    1. How does OHA measure disparities?
    2. Will indicators measure if inequities or disparities are improving?
    3. Are there any lessons learned for this model?

Small groups discussed the following questions:

1. Do you have any clarifying questions about the recommendations presented?
2. How does your agency/organization align with these recommendations?
3. How do you see your agency/organization engaging in the activities described by CBO advisors and in the larger tobacco prevention system in Oregon?
4. How can communication and collaboration across partners in the tobacco prevention and control system best be supported (e.g., via the proposed learning communities)?

4:20 – 4:25 Next steps and adjourn – Rachael Banks, OHA-PHD Director and Cara Biddlecom, OHA-PHD Deputy Director

Notes

- Cara and Rachael expressed gratitude for those attending and discussing the recommendations. They described the deep reflection required for true equity work that calls for rebalance of power. Such work can feel messy and challenging but is critical to meet the goal of eliminating health inequities by 2030.
- They expressed gratitude for this first opportunity to discuss together how we can collaborate on commercial tobacco prevention. OHA looks forward to continuing opportunities for planning across the tobacco prevention system with anticipated funding to become available to system partners by the end of 2021.