

**Washington State Department of Health
Tobacco Disparities Advisory Committee (TDAC)
Meeting Notes
June 13, 2007
9:30am - 2:30pm**

Present: Shirley Aikin, Andrea Caupain, Mark Hottowe, Carol McCormick, Katharine Sacks-Sanders, Ben Sheppard, Shin-Ping Tu
Facilitator: Annette Anderson/CCHCP
Recorder: Sheryl Taylor/TPRC
DOH staff: Paul Davis, Dave Harrelson, Carla Huyck, Terry Reid, Keith Zang
Guests:

Agenda Item	Key Content/Discussion Points	Outcome/Action to be Taken
<p>Welcome and Introductions – small groups & approve minutes Dave Harrelson, Tobacco Program staff</p>	<ul style="list-style-type: none"> • Review of day’s agenda • Review of April meeting minutes and May conference call minutes • Meeting minutes: Shirley suggested a change on page 2 under Chair/Vice Chair which was noted. • Group broke into small groups to discuss a topic: what are the primary barriers for health care services for someone from another cultural group? <p><i>Handouts: Agenda, TTAC (Tobacco Technical Assistance Consortium) CD - ‘Basics of Tobacco Control</i></p>	<p>April meeting and May conference call meeting minutes approved</p>
<p>Select TDAC Chair and Vice-Chair and approve final charter Annette Anderson, Cross Cultural Health Care Program - Facilitator</p>	<ul style="list-style-type: none"> • Mark nominated as chair, Katharine as Vice-Chair. • No other nominations. • Positions are for a 2-year term starting 7/1/07. • No oppositions to either nomination. • Approval of final charter – group spent a couple minutes reviewing. There were 2 typos found & given to Annette to be corrected. Pg 2: meeting process - #3 ‘be’ to be inserted after ‘will’, meeting process – facilitator – has been changed to DOH staff. #6 under meeting process - another change. Changes were noted and will be made. • Group voted and charter has now been approved and will be in effect for the next 2-year term beginning 7/1/07. 	<ul style="list-style-type: none"> • We will send out a revised final charter (incorporating noted changes), conflict resolution steps, and decision-making steps • Charter approved with minor edits – Dave will make final edits and email final charter, consensus and conflict resolution models approved by the members
<p>Strategic Planning – Incorporating</p>	<ul style="list-style-type: none"> • Dave announced that he originally planned for TDAC to continue its discussion of 	

<p>Disparities Activities into the State Strategic Planning Process Dave Harrelson, Tobacco Program Staff</p>	<p>the disparities strategic plan, but that the state tobacco program is going through a long range planning process, and plans to incorporate disparities efforts within all aspects of the plan.</p> <ul style="list-style-type: none"> • He presented a high-level view of the steps the program will follow. He indicated the program does not feel “there’s a whole lot broken,” but new there have been some changes (such as I-901, state smoking ban) since the program began, and addressing health disparities needs to become a greater emphasis of the program • The plan will likely be through 2011 as the new \$50 million approved by the legislature will have the program fully funded through two-biennia. • The planning timeline is still under development, but its anticipated that a draft of the plan will be complete in November so it may be reviewed by TDAC, IAC, and the program’s external evaluation committee and advocate groups. • TDAC members’ will be to provide feedback/input re. the audiences, strategies and goals being addressed in the plan • Dave cautioned members about sharing information from this discussion with others, as the plan will change throughout the process. Sharing information at various points can cause problems in communities. Elements of the plan may be included at one point then removed later. This can lead to misunderstandings and anger. • Terry added that there are three main drivers for this long-range planning process; (1) anticipated full funding through 2011 and (2) new CDC best practices (3) emerging issues. The program also has much more data now re. where the gaps are and where they should be focusing our resources. • CDC will be publishing revised best practices around tobacco prevention late summer/early fall. CDC expects DOH to use the data available and follow best practices. <p><i>Handouts: power point presentation copies.</i></p>	
<p>Tobacco Program Review – Community and Schools Funding Carla Huyck, Paul Davis, and Keith Zang - Tobacco Program Contract Managers</p>	<p>Carla, one of the four community contract managers for the tobacco program educated members on the tobacco program’s community-based funding and how it is distributed and use.</p> <ul style="list-style-type: none"> • Carla reviewed the power point ‘what happens locally with tobacco prevention and control programs’ and provided overall education about how/where tobacco dollars go, how funding is determined, who contractors are, etc. Clarifications were provided & questions answered. • The staff offered TDAC members a chance to review the Workplan Workbook the program provides community contractors annually to help them prepare their workplans (statements of work for their contracts). Staff will set up the workplan and other materials on a website so TDAC members can review if they are interested. we could sent a web link to where the workbook is that Carla’s referred to (it’s huge – so didn’t bring copies). • Shin-Ping asked and Dave spoke to the issue re. lack of good data on some (many) of the cross-cultural groups. It has improved and continues to improve, but has always 	<p>Dave and Sheryl will create a web site to post all TDAC materials and resources so they can be accessed by TDAC members. Members will be emailed the link when the site is ready.</p>

	<p>been an issue. Terry added that we'll be doing a revised BRFSS beginning either this fall or next to include Korean, Vietnamese, and other Asian languages</p> <p><i>Handouts: copy of Carla's power point pres</i></p>	
<p>Cross Cultural Contract work Dave Harrelson, Tobacco Program Staff</p>	<ul style="list-style-type: none"> • Shin-ping asked whether materials on the cross cultural contractors had been sent to the members. Dave replied that he had requested the information from the contractors but that they wanted to present information on their work to TDAC (which will happen at a future meeting) • Dave spent some time on an overview of the cross cultural contractors and the work that each of them are doing. (power point presentation) • Andrea asked about training people in her (or other) social services organizations on BTIS. Dave said that Julie Thompson (tobacco program cessation specialist) is currently talking with Brandie Flood (staff with the African American contractor) about expanding those training services to such social service groups.. • Terry added that BTIS is adaptable and is currently being used in Head Start programs in Pierce County. 	<p>Dave will bring some cross cultural media samples to next meeting so members can see.</p>
<p>Lunch</p>		
<p>Meeting Schedule for 2007/08/Next Meeting</p>	<ul style="list-style-type: none"> • Annette asked if there were any questions at this point – how do people feel about the information provided so far, etc. • Katharine brought up the fact that both the Chair and Vice-Chair are both Anglo. She felt it would be important to have a person of color or different cultural background be represented. Group response was that they felt it would be fine – that they believed everyone in the group would have a voice. • TDAC has been meeting 2nd Wed of every other month. Members asked to continue meeting the 2nd Wednesday of every quarter. Next face-to-face meetings: September 12/2007, December 12/2007, March 12/2008 and June 11/2008 • Meetings will continue to be 9:30 - 2:30 at SeaTac Marriott 	<p>Dave and the Chair and Vice-chair will discuss a conference call schedule and seek member approval.</p>
<p>Process for prioritizing and funding cross cultural and underserved populations and communities for SFY 2009 – Review of options and discussion Dave Harrelson, Tobacco Program Staff</p> <p>Annette Anderson, Cross Cultural Health Care Program - Facilitator</p>	<ul style="list-style-type: none"> • Dave reviewed the staff recommendation regarding the program's community funding to address health disparities. He said the program will not have more money available so it needs to find ways of prioritizing audiences, making local workplans more strategic and focused, and identifying methods for existing resources to be redeployed so there is more money spent on specific activities – not as scattered. • The cross cultural contracts end in June 2008. Dave will be writing RFP (request for Proposal – competitive process) for cross cultural contracts this Fall. Currently all community-based contractors (county, tribe and cross cultural) have the same basic requirements and statements of work. This could change but doing many different types of contracts means separate RFP's and selection processes so this must be considered. • Terry added that the program needs feedback on the staff recommendations. The staff have provided their best thinking, but need TDAC member input as well. He 	

	<p>stated that “There is no roadmap to doing this disparities work; we’re creating it.”</p> <ul style="list-style-type: none"> • Tribal Recommendations – Continue to fund tribes at current levels and NW Portland Area Indian Health Board to provide technical support. Dave discussed the history and status of tribal contracts, including funding differences and how this was decided, the varying performance of tribal contracts, etc.. • Terry asked if it would be a good idea to request matching funds. Members indicated that if this was done it would need to be a requirement for all contractors. It was suggested that whether a tribe had a casino or not should not determine if match was expected. Match funds allow funders to get the maximum for their investment. It also seeks a show of commitment, the first step in the organization finding a way to continue the effort long term. • Members asked how contractors were held accountable and if non-performance could be used to ensure funds were being used. Mark asked how the program evaluates contract compliance and performance. Dave indicated that the program tracks progress using the CATALYST web-based system. Contractors use this system to record their work based on their work plans. • Political issue – The program agreed with the American Indian Health Commission that funds would be available to all tribes the first several years whether they applied or performed as every tribe would not be able to start the work immediately. The program has been flexible and supportive to allow growth. Also, pulling contracts from tribes, even for non-performance, is politically sensitive. • Katharine stated that political relationships are quite different with sovereign nations than with other contractors. • Group voted and agreed to the staff tribal recommendations as a minimum but asked staff to do further study into whether there could be more accountability so funds could be distributed to tribes that performed well. Also to look into whether matching funds or a match of “in-kind” were a good idea across all contractors. • Cross Cultural Recommendations: Continue to fund the current 5 cross cultural communities • most are currently community-based contractors and are doing community-based work, versus statewide work or statewide contractors. • What makes sense for the allocation of the dollars? One African-American contractor that gets \$170 or 3 that get 90, 40 & 40 (as an example). • Suggested that RFP might require different #s of counties to be represented based on the # of high population counties; i.e. 3-4 for African-American and 15 for Latino. • Should we continue to have a single contractor for each ethnic group or should we have multiple contractors – to cover each region. • Shin-Tu suggested it would be a problem for the API community if contract was broken up into several contractors – too young, too many subgroups to represent. Maybe the Coalitions should represent all priority counties to serve. • How do we decide how to allocate funding? How do we decide whether or not to take funding from pregnant women/low SES program and give to another group? 	
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