

TEROC Meeting 4-12-11
D'Onofrio Notes¹

Time Period New MP Will Cover: 2012-2014

- 3 calendar years encompass 2 July-June fiscal years
- Want to avoid need to start work on new MP as soon as this one complete

Mission and Vision

- Reverse statements of vision and mission, i.e., mission first, then vision
- Mission
 - ✓ To reduce/eliminate tobacco-related illness, death, and economic burden
 - ✓ Get tobacco use to nuisance instead of serious issue
- Vision: Tobacco-Free California

Purposes of Master Plan:

- Progress report to legislature
- Help frame direction of tobacco control in California
 - ✓ Be visionaries. Put it out there—where we want tobacco control to end up
 - ✓ Aim high
 - ✓ Here's what we think needs to be done and where we're heading
- A roadmap for CTCP/CDPH, SHKPO/CDE, TRDRP, and voluntary agencies as they work with other organizations.
- People use MP to justify advocacy
- How use MP as advocacy tool for ballot
- To let public know ROI for investments

Audiences for MP:

- MP has been largely targeted to tobacco control community, want to do something else?
- State legislature is first priority. Reach out to legislators and staff?
- Also Federal legislators
- Grassroots leaders--ensure that legislators and their representatives see the MP
- Voluntary agencies.
 - ✓ Allen pointed out that in past, MP was developed in context of budgets, but that other partners (e.g., voluntaries) will use it as a calling to put their resources into this.
- Voters
- Priority populations
- Educators
- Researchers
- Medical groups—people in tobacco control don't talk with them
- What groups can tobacco control advocates talk with more?

¹ Notes taken during meeting and then reorganized by topics related to development of new Master Plan

Process for Developing New Master Plan

- Working notes on new MP in minutes from January 25, 2011 TEROC meeting
- Goals of today's meeting are to discuss directions TEROC might take with new MP and to identify any major changes in it.
- May need more meetings if discuss changes in the new MP
- Look at how document can make impact
- Need to review results of field survey to identify implications for new MP
 - ✓ Zoning issues—intensity of sales
 - ✓ Some recommendations for new objectives
 - ✓ 45 responses from schools out of 183 total
 - ✓ Different evaluation words
 - ✓ Link to CX—CTCP wants communities to set their own benchmarks
- How to engage people who didn't reply to survey, others not involved in Tobacco Control
 - ✓ Focus groups
 - ✓ Feedback on draft MP
- How to portray ourselves (TEROC) in Master Plan?
 - ✓ To the legislature?
 - ✓ To the public?
 - ✓ Approach this as leaders: we have the foresight
- Look to the future
- Keep language simple
- Detail in Appendix or other document?
- Available on line
- What is budgetary implication for report?

Theme: Saving Lives, Saving Money

- **New MP will be first to emphasize economic benefits**
 - ✓ Give the impact of tobacco control a more prominent place in the MP
 - ✓ Prop 99—a promise that's paying dividends
 - ✓ Highlight what we're getting from the investment, tout return on investment
 - ✓ Reductions in disease, deaths, lost productivity, and economic burden
 - ✓ Portray a trajectory that's paying dividends and promises to do more
 - ✓ We're beginning to see an acceleration of the yield
- **Tobacco control saves money** (one of few health initiatives to do so)
 - ✓ Cost-savings—when?
 - Justify economically--smokers use more services
 - Put in vignettes about tobacco control (e.g., ER cost reductions (Allen), savings to individual families
 - Get more bang for the buck if get older smokers to stop vs. preventing kids from starting; however, time frame considered affects “bang.”
 - Costs not just health care; pensions from people who die early result in cost-savings
 - Illustrate what spending for
 - Look at total FTC report (national estimates, allocations to California based on population). CDC original funding guidelines were based on

what California initially had, then Massachusetts, and Oregon, etc. More scrutiny now. Massachusetts is spending more: affects CDC estimates.

- ✓ Cost-effectiveness?
- ✓ Long-term benefits vs. short-term gains (be accurate about this)
- ✓ Examine assumptions that go into the calculation—get down to hard-core nuggets
- ✓ Without Prop 99, deficit in CA would be \$4 billion more in debt (Carol McGruder)
- ✓ If we're saving \$4 billion, where is it going?
- ✓ Savings didn't put money into anyone's pocket
- ✓ Studies on ER usage and hospital admissions
- ✓ Nothing happens if prevention works (CDC)
- ✓ TRDRP has been supporting examination of impact of Prop 99
 - Need more digestible TRDRP economic report
 - What are major findings from TRDRP research
 - Webinar?
- **Funding for tobacco control in California has been decreasing**
 - ✓ No backfill for Prop 99
- **Tobacco control in California is at a juncture—a crossroads**
 - ✓ Status quo not enough (TRDRP message)
 - ✓ Can't save lives and money and continue with status quo
 - ✓ Pay-offs won't continue if we don't take action
 - ✓ If settle for maintaining status quo, prevalence will go up and so will morbidity, mortality, and costs (*need to explain why—e.g., program cut-backs, increased spending by tobacco industry*)
 - ✓ Worst and best case scenarios
 - ✓ If CA Cancer Act passes, 85% goes into general fund
 - Lots of demand for these resources—don't hold your breath
 - Resources from the CA Cancer Act not earmarked
 - Deficit in general fund now, any contributions will be used to help restore balance
- **Tobacco Control in California is will of the people**
 - ✓ Passed Prop 99
 - ✓ Social norm change

Comments about Goals and Objectives

- **Goals now are at program level; need broader goals at economic level**
 - ✓ Reduce disease, productivity, and economic burden
 - ✓ Have to have a vision that goes beyond program level.
 - ✓ Link economic data to TEROG goals/objectives/strategies
- **What do we consider important?**
 - ✓ Eliminate smoking—how to get there
 - ✓ Maintain focus on populations with highest smoking rates
 - ✓ Need leadership at all levels to reduce tobacco use to a nuisance
 - ✓ Tie health and economics together—life, careers, communities transformed
 - ✓ Why Californians passed prop 99—grassroots advocacy for smoke free air

- ✓ Identify signature characteristics of California tobacco control that TEROC wants to retain
- ✓ Identify core principles to follow regardless of lower or funding
- ✓ Preserve the dream, while doing less not more
- ✓ Don't let tobacco control be "out of sight, out of mind"
- ✓ A lot of younger people don't remember what it was like before Prop 99
- **How do you want California to be different in 3 years?**
 - ✓ Tax—increase price, funding source
 - ✓ Index budget to savings. take 1% or ½% of savings as a management fee
 - ✓ Create barriers to tobacco use by kids
- **Resource use, leveraging, connectivity are critical**
 - ✓ What can be done—what reduce? What add?
 - ✓ Everyone seems to think that we have to keep on doing everything—may not be possible with funding cuts
 - ✓ Support the program
 - ✓ If cuts, find other sources
 - Collaborative funding approaches
 - Partnerships
 - Stronger financial contributions
 - Bring in new partners, open doors
 - ✓ If tax passes, would get money to use in 2013—come out with separate plan then
- **Develop principles and criteria for making cuts**
 - ✓ In 2002-2003, CTCP had to reduce its budget by \$61 million due to the loss of MSA funding and also some Prop 99 funding. TEROC at that time verbally communicated 14 criteria to use in making decisions about programs cuts.
 - ✓ April R. will pull out and forward to Michael, Glen, Carol, and Todd.
 - ✓ Creating similar guidelines for CTCP, CDE, and TRDRP for the new Master Plan may be a way in which to handle the dilemma of creating a Master Plan which is forward thinking, yet is grounded in the fact that the Program as a whole might have to shrink considerably in future years.
- **Redo objectives as goals**
 - ✓ Objectives could become strategies
 - ✓ Keep 8% and 10% prevalence goals
 - Useful to CTCP
 - It's where we want to go

Issues that Goals and Objectives in New MP Should or Might Address

- **Number One Objective: Protect Investment Made**
 - ✓ Money to be saved by keeping tobacco control active
 - ✓ Look at economic implications under each heading in draft
 - ✓ Brief California Dept. of Finance
- **Price Matters**
 - ✓ One way to reduce access is to increase price (cheaper is very available)
 - ✓ Tax is good way to raise price

- ✓ Even **GAO (?)** acknowledges that it is difficult to estimate how much a new \$1 pack tax would raise
- ✓ Although reacting to Tobacco Industry pricing strategies is important, TEROC's plan should show that the People are in control, not the Industry
- **Disparities, Equity, Parity**
 - ✓ Need to address diversity/disparities of all types
 - Racial-ethnic
 - Age-group
 - LGBT
 - Socio-economic
 - Geographic
 - Urban-rural
 - ✓ IOM shifting from “health disparities” to “health inequities”
- **Leadership Development**
 - ✓ Ensure some kind of succession and development continuum to have African American and Latinos in tobacco control leadership roles.
 - ✓ Need leadership across continuum if we're going to impact under-served, minority populations.
 - ✓ Help people come together--operationalizing this is critical
 - ✓ Minority communities don't have the resources
 - ✓ How develop the pipeline and keep people involved
 - Need succession planning and workforce development at all levels
 - ✓ From the grassroots to the tree tops
 - ✓ Need Task Force
 - ✓ In CDHS grant application—aim to develop leadership, not just cessation
 - ✓ Increase capacity
 - ✓ Local leaders relate to advocates, legislators
 - ✓ No pipeline for people who want to go into tobacco control
 - ✓ Provide opportunities to network
 - ✓ Encourage programs to have lay people involved
 - ✓ Incorporate youth from priority populations to be involved through schools
- **Share local data**
 - ✓ CSTATS for 10 largest groups
 - ✓ Regional tobacco control data
 - ✓ Some regional or local disease data
 - ✓ In December county-specific prevalence rates released
 - ✓ Grassroots approach ensures that legislators and their representatives see this.
- **Health Systems**
 - ✓ Hard to anticipate where medical care system going
 - ✓ Partnering with health care systems
 - ✓ Power of medical advice
 - ✓ Patient-centered (big buzz word in health care)
 - ✓ Smoke-free MUH is a priority for the American Pediatric Association
 - ✓ Expensive to engage health care sector, can't be funded by Prop 99 alone

- **CDE wants these priorities**
 - ✓ Youth Development
 - ✓ Recognition for evaluation, prevalence of schools in plan
 - ✓ Tobacco-free schools—policy enforcement
- **Use of new media and social media**
- **CDC goal statements (to achieve vision)**
 - ✓ Prevent initiation
 - ✓ CDC emphasizes comprehensive approach
- **Environment**
 - ✓ LEED certified buildings need smoke-free spaces
 - ✓ Mitigation of litter
 - ✓ Guidance on tobacco litter and green environment
 - ✓ Data on costs of litter (Novotny)

Possible Content for 2008-2011 Progress Report (provides springboard for new MP)

- Who are the smokers now?
- What whole program is doing
- **Objective 1: Strengthen the California Tobacco Control Program**
 - ✓ Need to address workplace loopholes
- **Objective 3: Decrease Secondhand Smoke Exposure**
 - ✓ American Academy of Pediatrics has declared smoke-free MUH a priority
- **Objective 4: Increase the availability and utilization of cessation services**
 - ✓ Affordable Care Act grant application from CDHS (April R.)
 - Will focus on smoking cessation and work with Cal. Diabetes Program
 - Looking at use of incentives, e.g., free nicotine replacement therapy, and financial incentives for cessation (NEJM article by Wolf).
 - Lots of work with CMS pop—so trying to do to see how cessation works with MediCal enrollees
 - Usual care vs. NRT mailed directly to home vs. financial incentives, e.g., \$5-\$10 for completing X sessions
 - 600,000 smokers in California's MediCal population
 - Need letter of support--TEROC can do.
 - ✓ Grant application is separate from recommendation (*by whom?*) to Governor that Medi-Cal not cover smoking cessation meds.
 - If they are serious, we need to provide evidence, but recommendation may not be going forward because it also would exclude lots of mental health meds.
 - Lots of money and buzz about this. Legislature into it.
 - Set criteria
 - Is there a link to find out more? Was LA Times Story
- **Objective 5: Limit and regulate tobacco industry products, activities, and influences**
 - ✓ New tobacco products. Some little cigars look like cigarettes except for the paper covering, and so are taxed differently.
 - ✓ Don't let TI manipulate price, you do it—has profound behavioral effect
 - TI will be advertising against prop to raise tax

- TI argues smuggling (*Carol missed comment about BOE*)
- Close loophole on on-line purchase (Todd says that Fed Pack Act neutralized that)
- ✓ Summarize industry's strategies, including costs
- ✓ Where is industry doing its work
- ✓ If want to counter industry, counter what they're doing
- ✓ Industry in communities of color

Next Steps

- Look for potential times to get together, e.g. ½ days to discuss key issues
- TEROC members need to give more direction
- Pat Etem and Kathleen Velazquez will form a working group to provide input on pipeline of leadership development
- Outline of MP major points
- Lay out agenda for next 3 years
- Identify key principles
- Think about what we've heard.