

**Minutes of the  
Tobacco Education and Research Oversight Committee (TEROC)  
The Citizen Hotel  
Plaza Park Ballroom  
926 J Street  
Sacramento, CA 95814  
January 30, 2013**

**MEMBERS PRESENT:**

Dr. Lourdes Baezconde-Garbanati, Dr. Wendel Brunner, Dr. Lawrence Green, Dr. Pamela Ling, Dr. Michael Ong (Chair), Mr. Myron Dean Quon, Dr. Dorothy Rice, Ms. Peggy Uyeda, Dr. Shu-Hong Zhu

**MEMBERS ABSENT:**

Ms. Denise Adams-Simms, Ms. Pat S. Etem, Dr. Alan Henderson

**OTHERS IN ATTENDANCE:**

Kimberly Amazeen, American Lung Association (ALA)  
Dr. Bart Aoki, Tobacco Related Disease Research Program (TRDRP)  
Majel Arnold, Chronic Disease Control Branch (CDCB)  
Melinda Beer, California Tobacco Control Program (CTCP)  
Philip Chen, Department of Finance (DOF)  
Joshua Clemer, American Cancer Society (ACS)  
Dr. Mary Croughan, University of California, Office of the President (UCOP)  
Lindsey Freitas (ALA)  
Eugenio Garcia, CTCP  
Dr. Phillip Gardiner, TRDRP  
Tonia Hagaman, CTCP  
Rich Heintz, Local Lead Agencies (LLA)/Project Director's Association (PDA)  
Tom Herman, California Department of Education (CDE)  
Dr. Jonathan Isler, CTCP  
Jerry Katsumata, CTCP  
Caroline Kurtz, CTCP  
John Lagomarsino, CDE/Coordinated School Health and Safety Office (CSHSO)  
Bruce Lee, DOF  
Linda Lee, CTCP  
Carol McGruder, African American Tobacco Control Leadership Council (AATCLC)  
Jamie Morgan, American Heart Association (AHA)  
Brandon Nunez, DOF  
Valerie Quinn, CTCP  
Alison Ramey, ACS  
April Roeseler, CTCP  
Nadine Roh, CTCP  
Alexandria Simpson, CTCP  
Colleen Stevens, CTCP  
Kate Swartz, University of San Francisco (UCSF)  
Greg Wolfe, CDE/CSHSO

**1. WELCOME, INTRODUCTION, AND OPENING COMMENTS**

TEROC Chair, Dr. Ong, called the meeting to order at 9:41 a.m. TEROC members and guests introduced themselves.

**2. APPROVAL OF MINUTES FROM THE DECEMBER 11, 2012 TEROC MEETING, CORRESPONDENCE, AND ANNOUNCEMENTS**

Acceptance of the December 11, 2012 minutes with amendment moved by Dr. Green, seconded by Ms. Uyeda, abstained by Mr. Quon; motion carried.

The chair reviewed TEROC-related correspondence:

**Incoming Correspondence:**

The Chair reviewed correspondence, including:

- Letter from Darrell Steinberg, Chair of the Senate Rules Committee reappointing Dr. Rice to TEROC through January 1, 2015.
- Letter from Lara Weiss, President, California Conference of Local Directors of Health Education Program Manager, Health Education Division, Humboldt County DHHS, with recommendations on how tobacco funds should be distributed.
- Letter from the California Department of Public Health (CDPH) responding to TEROC's letter to Dr. Ronald Chapman, Director of CDPH.
- E-mail from Alexandria Simpson, Policy Consultant and TEROC Liaison, providing the State Health Officers Report on Tobacco.
  - Attachment: *State Health Officers Report on Tobacco Use and Promotion in California*.

Ms. Stevens made one correction to the *State Health Officers Report on Tobacco Use and Promotion in California*. On page 16, the first sentence previously read, "From 1988 to 2011, the annual number of cigarette packs sold in California dropped by more than 1.5 billion per year, from 2.5 billion to 972,000 packs." The corrected version reads, "From 1988 to 2011, the annual number of cigarette packs sold in California dropped by more than 1.5 billion per year, from 2.5 billion to 972 million packs."

**Outgoing Correspondence:**

- Certificate of Appreciation to Majel Arnold.

**Action Item**

CTCP will provide a set of slides with key facts, charts, and graphics from the *State Health Officers Report on Tobacco Use and Promotion in California* to TEROC Members.

### **3. ENVIRONMENTAL UPDATE**

The Chair highlighted the following recent developments:

#### **TEROC Presentation Guidelines Subcommittee**

The subcommittee met on Monday, January 7, 2013 to establish guidelines for members presenting/speaking on behalf of TEROC at public forums. The subcommittee developed the following guidelines:

- Presentation Requests—Members presenting/speaking on behalf of TEROC at public forums, outside of TEROC Meetings, shall utilize the Master Plan as a guide. Members will utilize a standard set of slides, outlining the Master Plan, to reference in these cases.
- TEROC Speakers Bureau—The Chair shall field initial requests for presentations and will choose from a pool of interested TEROC Members. When choosing a TEROC representative, the Chair will consider the following:
  - Geographic location
  - Area of expertise/Interests/Background
  - Schedule

Dr. Baezconde-Garbanati noted that many TEROC members would be present at the 2013 American Public Health Association (APHA) Meeting. She suggested that TEROC submit an abstract, regarding the Master Plan, in hopes that TEROC would have an opportunity to speak. She volunteered to develop the abstract. Dr. Ling offered to speak with Cynthia Hallet, Executive Director of Americans for Nonsmoker's Rights (ANR); review the abstract; and provide suggestions prior to submission.

Dr. Baezconde-Garbanati moved to increase TEROC's visibility by APHA. Dr. Green seconded the motion. Motion carried unanimously.

Dissemination Subcommittee confirmed:

- Dr. Ling
- Dr. Baezconde-Garbanati
- Dr. Ong

#### **The American Lung Association State of Tobacco Control 2013**

The Chair discussed both the state and federal reports from The American Lung Association *State of Tobacco Control 2013*. The reports track progress on key tobacco control policies at federal and state levels. The reports also assign grades to all states in four key areas — tobacco prevention and control spending, smoke-free air, cigarette tax, and cessation coverage. Grades are based on tobacco control laws and regulations in effect as of January 2, 2012.

Highlights from the national report include:

- California's grade for Tobacco Prevention and Control Program Funding: F
- California's grade for Smoke-free Air: A
- California's grade for Cigarette Tax: D
- Cessation Coverage: F

Highlights from the California report include:

- Forty-five counties raising their overall grades in 2012
- Seventeen municipalities earned an A grade
- Two-thirds of all municipalities earned an F grade in overall tobacco control
- Nine cities improved grades from an F to an A in at least one category

### **Sustaining CTCP's Community Intervention Component in a Declining Revenue Environment Stakeholder Meeting**

CTCP convened a meeting on January 16, 2013 at The California Endowment in Oakland with tobacco control stakeholders to review the method for distributing Proposition 99 Health Education Account funding for statewide and community interventions.

### **Illegal cigarette sales to teens on the rise, report says**

Illegal sales of cigarettes to minors has increased for the first time in three years across California and the use of smokeless tobacco products such as snus is rising among youth, according to a first-of-its-kind report released by California State Public Health Officials in a news briefing on December 13, 2012. This year alone, illegal tobacco sales to minors rose to 8.7 percent from 5.6 percent in 2011.

### **California health officials sound alarm over hookah smoking**

According to a 2011 state tobacco survey published in the *American Journal of Public Health*, Hookah smoking among Californians jumped more than 40 percent between 2005 and 2008. The trend is particularly pronounced among college-age adults, with nearly a quarter of men 18-24 years old reporting they had used hookah at least once.

### **Risk dropped to levels seen in non-smokers**

Smokers are at risk for sudden cardiac death, but quitting can reduce that risk over time to levels seen among those who never smoked, a new study found. According to the study headed by Dr. Roopinder Sandhu of the University of Alberta in Edmonton and colleagues from Brigham & Women's Hospital and the Harvard School of Public Health in Boston, smokers had an elevated risk of sudden cardiac death, although it steadily declined with an increasing duration of cessation, reaching a level of risk within 20 years that was comparable to risk of those who never smoked.

### **California spends less than four cents of every tobacco dollar to reduce tobacco use**

Tobacco prevention advocates are calling on California to spend more on anti-smoking programs. A new report titled, "Broken Promises to our Children" looked nationwide at how states are spending the money from the 1998 master settlement agreement with cigarette companies and from states' tobacco taxes. Campaign for Tobacco-Free Kids, which published the analysis, says states spend a "minuscule portion" of tobacco revenue on cessation and prevention programs. The group estimates California will get \$1.6 billion this year in tobacco revenue, but will spend just \$62 million on smoking prevention and cessation efforts. In its best practices recommendations, the Centers for Disease Control (CDC) says that California should spend about \$440 million on cessation and prevention.

### **Media shareholders tell major studios, "Quit Smoking in Youth-Rated Movies"**

Investors in the nation's largest media companies are filing a wave of shareholder resolutions calling on their corporate boards to implement a recent Surgeon General recommendation by voluntarily giving an R rating to all movies with smoking, or taking equivalent measures to keep smoking out of future productions anticipated to carry a G, PG, or PG-13 rating. Investors felt compelled to file shareholder resolutions after seeing the United States Surgeon General release a landmark report concluding that exposure to on-screen smoking causes children to smoke.

### **Study says more than a third of California cigarettes are smuggled**

According to an updated study by the Michigan-based Mackinac Center for Public Policy, more than a third of cigarettes (36.08 percent) smoked in California have been smuggled from other jurisdictions.

### **Menthol cigarettes face European ban**

The European commission has called for strongly flavored cigarettes to be banned and unveiled draft legislation to impose graphic images of the risks of smoking on all cigarette packaging.

### **Illegal Sales to Minors**

There was discussion around illegal sales to minors. CTCP discussed Synar Amendment activities and tobacco retail licensing (TRL). TERO discussed law enforcement's responsibility of policing illegal sales to minors.

### **Action Items:**

Dr. Baezconde-Garbanati will create an abstract to submit to APHA.

If the abstract is accepted, Alexandria Simpson will create a PowerPoint for the APHA presentation.

#### **4. BUDGET UPDATE, DEPARTMENT OF FINANCE**

Brandon Nunes, Department of Finance (DOF), highlighted the following items from the Proposition 99 accounts in the Governor's proposed 2013–14 Budget:

Mr. Nunes provided an overview of adjustments to the 2012-13 Program Appropriations as compared to the Budget Act of 2012-13.

Adjustments to 2012-13 Appropriations:

##### Revenues

- Slight increase in Proposition 99 Revenue Estimate:
  - Budget Act Estimate: \$267 Million
  - Current Estimate: \$272 Million
- Proposition 10 Backfill Decreased Slightly:
  - Budget Act Estimate: \$12.8 Million
  - Current Estimate: \$11.6 Million

##### Expenditures

- Decreases (\$104,000) in expenditures due to state operations baseline adjustments (employee compensation or “technical changes”)

Governor's Budget 2013-14:

##### Revenues

- Estimated \$8 Million Decrease in Revenues:
  - 2012-13 Revised Estimate: \$272 Million
  - 2013-14 Estimate: \$264 Million
- No Change to Proposition 10 Backfill Estimate of \$11.6 million

##### Expenditures

- An increase of \$2.8 million for the Department of Public Health due to higher available balances in the Fund 0231 Health Education Account
- An increase of \$1.2 million for the Resource Agency departments due to higher available balances in the Fund 0235 Public Resources Account
- An increase of \$1.9 million for the health programs of the Managed Risk Medical Insurance Board (MRMIB) due to caseload demands
- An increase of \$958,000 for the Access for Infants and Mothers (AIM) program
  - \$903,000 for MRMIB
  - Funding was available due to balances in the Fund 0232 Hospital Services, Fund 0233 Physicians' Services, and Fund 0236 Unallocated Accounts, as well as from a shift of funds from the Fund 0232 Hospital Services Account within the Department of Health Care Services
- Reduction of \$1 million from fungible balances for Orthopedic Hospital outpatient care costs in Medi-Cal to support the caseload demands of the AIM program and the MRMIB

- An increase of \$134,000 for the University of California due to available funds in the Fund 0234 Research Account

Big Factors in FY 2012-13 & FY 2013-14:

- Revenues remained rather constant over the two-year period (FY 2012-13 and FY 2013-14)
- The ending balances in FY 2011-12 (aka the beginning balances in FY 2012-13) were up by \$23 million:
  - Estimated at \$16.4 million at 2012 Budget Act
  - “Actuals” at \$39.3 million at 2013 Governor’s Budget
  - These monies flowed through FY 2012-13 into FY 2013-14
  - Portion (\$9.5 million) is carryover for Department of Education

Dr. Green inquired as to whether the money left over, from each department, was placed back into the pool and then reallocated to the departments. Mr. Nunes explained that this is the case for many departments. However, CTCP has multi-year spending; once the funds are encumbered, this gives CTCP three years to utilize the funds.

The Chair introduced Bruce Lee, DOF. Mr. Lee has been out of the office for the past five months; Brandon Nunes and Phil Chen have stepped in to take over for Mr. Lee.

The Chair asked why the Financial Information System of California costs are not evenly distributed across the subaccounts. He wondered why some of the accounts were not assessed charges, particularly the hospital and physicians accounts. The Chair questioned why they were not assessed charges, especially because they receive the bulk of Proposition 99 funds. Mr. Nunes explained that services were assessed if they received state operations charges.

Members discussed the Patient Protection and Affordable Care Act (PP/ACA) and how it relates to the budget. With implementation of the PP/ACA in 2014, TEROC questioned whether they should continue to expect that hospital services and MRMIB will continue to draw upon unallocated funds. Mr. Nunes explained that the special session would be coming up soon and the legislature would give instructions on how healthcare will be implemented in California. The DOF will know more as the special session unfolds.

Members questioned how allocations are determined, particularly in the Fund 0231 Health Education, Fund 0234 Research Account and Fund 0236 Unallocated Accounts. Mr. Nunes explained that the funding for each program is determined by funding sources available to them and the needs of the department.

TEROC suggested a re-evaluation of how the Fund 0236 Unallocated Account is being utilized and asked Mr. Nunes who would be the appropriate party to discuss this with. Mr. Nunes explained that the first point of contact, when making decisions regarding how funds are distributed, is with the department. He thought it would be most appropriate for TEROC to meet with both the department in question and the DOF to discuss specific funding.

Dr. Baezconde-Garbanati noted California earned an F in the State of Tobacco Control 2012 report for failing to adequately fund tobacco prevention and tobacco control programs.

Mr. Nunes, Mr. Lee, TEROC and guests discussed how the unallocated account has historically been used to support programs funded by the general fund as this helps to relieve pressures on the general fund.

Ms. Roeseler was under the impression that the Federal Government would provide funds for the initial expansion of the ACA. Therefore, the General Fund should have a window of time where the pressure would be lifted. Mr. Lee agreed with Ms. Roeseler in that the Federal Government would be providing funds for the initial expansion. However, many of the cost saving measures are unrelated to the ACA. Consequently, not all of the pressure would be lifted from the General Fund.

Dr. Brunner and CTCP stressed how chronic disease and their upstream causes have become much more financially urgent in the midst of healthcare reform and the ACA. Dr. Brunner stressed that there is evidence that tobacco control contributes greatly to savings in healthcare costs. Thus, a portion of the unallocated account should be directed towards tobacco control.

The Chair thanked Mr. Nunes, Mr. Lee, and Mr. Chen for the presentation.

## **5. VOLUNTARY HEALTH AGENCY UPDATE**

Ms. Amazeen, American Lung Association (ALA), Ms. Morgan, American Heart Association (AHA), and Ms. Ramey, American Cancer Society (ACS) presented the voluntary health agency update.

The voluntaries opened up discussion by announcing that session has started and there are several bill ideas floating around, such as multi-unit housing (MUH) policy, smoke free outdoor dining policy, and cigarette debris legislation. The deadline for bill introduction is February 22, 2013.

The special session and implementation of the ACA is in the forefront of legislator's minds, particularly Medi-Cal expansion and worksite wellness programs.

The Chair asked the voluntaries how TEROC could engage legislators to help them better understand what tobacco control can bring to improving healthcare and reducing healthcare costs. The voluntaries suggested distributing the Master Plan to the legislators, drafting a general letter to go with the Master Plan, highlighting how the Master Plan will benefit the Medi-Cal population, educating the new legislators early, and identifying potential champions for tobacco control. The voluntaries are also currently collecting this information in order to engage the legislators.

Ms. Amazeen introduced the American Lung Association *State of Tobacco Control 2013* report. The report tracks progress on key tobacco control policies at the state and federal levels. The report assigns grades to the states in four key areas:

1. Tobacco prevention and control spending
2. Smoke free air
3. Cigarette tax
4. Cessation Coverage

The grades are based on tobacco control laws and regulations in effect as of January 2, 2012.

Dr. Green inquired as to whether the legislature has been made aware of The American Lung Association *State of Tobacco Control 2013* report card. The ALA sent a packet to make them aware of the report

Dr. Green noted that Cessation received an “F” on the report card. Ms. Amazeen reflected upon the fact that several bills have been introduced in regards to cessation. Ms. Ramey also suggested analyzing how cessation is covered within the Health Benefit Exchange and using this as an opportunity to build California’s rating with cessation.

The voluntaries discussed whether or not legislative briefings with TEROC members would be useful. Ms. Morgan thought it would be useful for TEROC to attend budget and health committee meetings and testify. TRDRP offered to help TEROC prepare for the meetings when needed. The voluntaries also offered to notify TEROC when upcoming committee hearings were taking place.

Mr. Quon suggested that TEROC collaborate with Substance Abuse and Mental Health Administration (SAMSA) or other mental health organizations during these hearings to create a greater voice.

## Action Items

The Chair moved to make TEROC Members available, in an official capacity, to discuss tobacco control or the Master Plan at various legislative committee meetings. Dr. Green seconded the motion. Motion carried unanimously.

The voluntaries will notify TEROC of upcoming committee hearings.

The Chair thanked Ms. Amazeen, Ms. Morgan and Ms. Ramey for the presentation.

### 6. UNIVERSITY OF CALIFORNIA, OFFICE OF THE PRESIDENT, RESEARCH GRANTS PROGRAM OFFICE AND TOBACCO-RELATED DISEASE PROGRAM REPORT

Dr. Croughan, Dr. Gardiner and Dr. Aoki presented the University of California, Office of the President, Research Grants Programs Office (RGPO) and Tobacco Related Disease Program (TRDRP) update.

Dr. Aoki began the TRDRP report by providing a brief historical overview of the 2008 reorganization of the RGPO.

Dr. Croughan discussed the impact of the RGPO reorganization. The program set out to find the impact of the reorganization by conducting an evaluation commissioned by California Breast Cancer Research Program (CBCRP). The evaluation comprised of nine mini-studies gathering both qualitative and quantitative data. The findings were that applicants were not significantly impacted by the reorganization.

Dr. Croughan explained that video conferences, rather than in-person meetings, have saved \$350,000-\$400,000 per year across the department due to savings on airfare and hotel. The most encouraging part is the review quality remained the same. The selection process and the comments are just as strong as they were with the in-person meetings. Nonetheless, some individuals still prefer in-person meetings.

Dr. Zhu suggested advantages to giving reviewers the option to either travel to the conference or call-in via teleconference. He thought there may be a greater variety of reviewers if offered this option.

Dr. Croughan continued by discussing the success of program goals. Out of 60 CBCRP goals, 83 percent were met during the evaluation period.

Dr. Aoki discussed the impact of the RGPO reorganization on the TRDRP budget. He revealed that total grant funding had reduced from \$14,725,676.00 in 2007-08 to \$10,707,940.00 in 2011-12. The total amount of applications had fallen from 190 in 2007-08 to 148 in 2011-12.

As part of the monitoring process, the following are data gathered from the external reviewers who participated in the program's 2012 review panels:

- 38.7 percent (41/105) of the 2012 reviewers responded to the post-meeting survey.
- 100 percent agreed or strongly agreed that the expertise needed to review the applications assigned to their panel was represented among committee members.
- 85 percent agreed that their review workload (number of applications assigned) was about right and 10 percent agreed they could have reviewed more applications.
- 98 percent described the match between the applications they were assigned and their expertise as good or excellent.
- 100 percent agreed or strongly agreed that the programmatic goals and review criteria were communicated clearly and effectively.
- 98 percent described the coordination and communication of the logistical aspects of the review meeting as good or excellent.
- 100 percent were satisfied or very satisfied with their experience with the web-based review system used to review and score applications.
- 70 percent felt that the quality of the evaluation of the proposals that resulted from the video conference review was equal to that of in-person participation.
- 67 percent of reviewers who participated in video conference reviews felt that the time savings, reduction of costs and/or convenience of online reviews outweighs or is equivalent to the benefits of an in-person meeting.
- 98 percent strongly agreed or agreed that they were satisfied with their experience as a reviewer.
- 100 percent would definitely or probably be willing to participate again as a reviewer for TRDRP.

Dr. Aoki summarized the status of the reorganization in regards to TRDRP costs, application review, communication/dissemination, and program staff.

The TRDRP Cycle 22 Call for Applications was released on September 5, 2012 and 192 Letters of Intent (LOI) were approved for submission of full applications for the January 24, 2013 due date. Based on the number of LOIs, there is likely to be a 13.5 percent increase in the number of applications over the previous year. The full applications were still pending submission.

Dr. Green and the Chair were interested to know why there have been fewer applications in more recent years. Dr. Aoki explained that the change in research priorities and policies had resulted in fewer applications. They also identified an absence in training this year, as compared to past years.

Members discussed potential explanations as to why there were fewer Community Academic-Research Awards (CARA) and School Academic Research Awards (SARA). Dr. Green suggested that community interest has shifted from tobacco control to obesity. Dr. Ling suggested TRDRP poll the individuals who did and did not follow-through with an application in order to identify barriers.

Due to the projected increase in number of applications and the reduced budget allocation to the Research Account (12.3 percent reduction over previous year), modifications to the program's review structure and procedures are being considered in order to reduce associated expenses. The program is planning to reduce the number of reviewers for career development proposals (i.e., Dissertation and Postdoctoral Fellowships) from three to two and is planning to triage from 25 to 30 percent of applications to allow for a reduced number of review committees and meeting time.

TRDRP will closely monitor the effects of these modifications and will make adjustments, as necessary, in order to maintain the review quality of applications.

The Chair thanked Dr. Croughan, Dr. Gardiner and Dr. Aoki for the presentation.

## **7. CALIFORNIA DEPARTMENT OF EDUCATION REPORT**

Mr. Herman presented the California Department of Education (CDE) update.

The CDE continues to draft a Memorandum of Understanding (MOU) that describes CDE's funding commitment to the SARA grants that will be acceptable to the CDE's Contracts Office.

The CDE originally submitted for approval a standard agreement with UCSF to the CDE's Contracts Office on August 20, 2012. The Coordinated School Health and Safety Office (CSHSO) staff continues to respond to requests from CDE's Contract's Office for clarification and edits required for department approval. Since December 5, 2012, the CSHSO and UCSF staff collaborated to thoroughly revise the contract's scope of work and other contract related documents.

This past October, the CSHSO was very pleased to see how well the County Tobacco Use Prevention Education (TUPE) Coordinators received Carol McGruder's presentation about working with diverse populations. The CSHSO is now working to invite a panel of educators and advocates with expertise in serving the prevention needs of the Lesbian, Gay, Bisexual and Transsexual (LGBT) population to talk to the County TUPE Coordinators about working with diverse populations. Initial steps have included inviting staff from California's Gay-Straight Alliance (GSA) Network and one or more

of the current TUPE grantees with active GSA clubs. The objective is to help County TUPE coordinators to reframe their efforts to prevent tobacco use by LGBT youth using more culturally competent content based on information provided at their next statewide meeting on March 19-20, 2013.

The CSHSO submitted to the CDE's Government Affairs Office (GAO) for review of a legislative proposal to require that all local educational agencies adopt and enforce a tobacco-free school policy regardless if the LEA receives Proposition 99 funding or not. The Superintendent of Public Instruction has added this legislation to his list of legislative priorities for 2013. The CDE has met with the California affiliates of the AHA, ALA, and ACS to discuss legislative language. The CDE GAO has started working with the Legislature to identify an author for the legislation that will amend the Health and Safety Code Section 104420(n)(2) to require all local education agencies (LEAs) to adopt and enforce a tobacco-free campus policy. The success of this effort is critical if tobacco-free school policy is to be required to comprehensively include electronic tobacco products and e-cigarettes in the definition of tobacco. Under current law, the definition of tobacco product does not require the inclusion of e-cigarettes or other electronic nicotine delivery devices. County TUPE Coordinators are reporting a surge in the use of such products by adults and youth.

Dr. Ling asked if it would be helpful for TEROC to write a letter in support of the legislation. CDE thought that a letter from TEROC would be helpful on a later date.

Members inquired as to how smoke-free enforcement can be confirmed at the schools and recommended that existing survey/evaluation tools be utilized to ensure that smoke-free schools are in fact smoke-free. Mr. Herman explained that enforcement would take place through county coordinators and most schools have smoke-free policies in place. The CDE currently has questions regarding smoke-free policies at school on the mandatory survey and will look into evaluating results regarding enforcement of smoke-free campuses.

Cohort G and H TUPE Tier One grantees continue to enforce tobacco-free school policy and collect California Healthy Kid Survey (CHKS) data.

The 2013 Cohort I TUPE Tier One Request for Applications (RFA) was released on September 20, 2012. Applications were due December 7, 2011. The CDE received a total of 25 applications representing 111 local educational agencies. The Cohort I Tier One grant application reading is scheduled to take place in Sacramento on February 5-7, 2013 at the Hawthorne Suites, 321 Bercut Drive, Sacramento, CA 95814.

The Cohorts E, F, G, and H, TUPE Tier Two grantees continued to implement grant activities including the following:

- Meeting CDE expectations regarding project implementation
- Making appropriate use of grant funds
- Monitoring activities and reporting

The 2013 Cohort I TUPE Tier Two RFA was released on October 30, 2012. Tier Two grant applications are due Friday, February 20, 2013. A list of new 2013 Cohort I Tier Two grantees and the grant award amounts will be included in a future agency report submitted to TERO.

On January 9, 2013, the Cohort I Tier Two applicants participated in a webinar to discuss the 2013 RFA. The webinar's objective was to help applicants by providing detailed information about application eligibility, funding, forms, rubric scoring, and application content and format requirements for the Tier Two RFA. Special emphasis was placed on the need for applicants to adopt the framework of a "Quit Machine" as the context for their own tobacco use intervention and cessation efforts consistent with the objectives of the 2012 Master Plan. The webinar providing guidance conducted on Wednesday, January 9, 2013 was recorded and can be viewed at the following recording URL:

<https://cdeevents.webex.com/cdeevents/lr.php?AT=pb&SP=EC&rID=6232232&rKey=744e4d198d75a963>

On January 29, 2013, CDE sent the AO-400 grant award packet to the 26 Cohort E and F Tier Two grantees whose grant term was extended an additional year (2013–14). The AO-400 packet was approved by CDE senior management. Extended grantees will now receive the additional funding needed to support the costs of implementing tobacco-use prevention programs for an additional year ending July 28, 2014.

The County TUPE Coordinators were asked to encourage all TUPE grantees and applicants to begin recommending that current tobacco users (adults and youth) take advantage of a free smartphone application developed by the National Cancer Institute—QuitPal -that supports smokers trying to become smoke-free. This interactive application was developed using proven quit strategies and tools to help change behavior and assist with giving up smoking.

Dr. Brunner noted that funds for tobacco education are decreasing. He suggested that it was time to begin looking at the evaluations that have been conducted throughout the different programs and thinking about a more comprehensive strategy to ensure a continuation of tobacco education.

Dr. Baezconde-Garbanati suggested capitalizing on research that is currently being conducted nationwide.

The Chair thanked Mr. Herman and Mr. Wolfe for the update.

**8. DISCUSSION OF 2012-2014 TEROC MASTER PLAN**

TEROC Members discussed the dissemination of the 2012-2014 TEROC Master Plan.

Wave two of the Master Plan dissemination was distributed as planned. The third, and final, wave will be distributed prior to the May 2013 TEROC Meeting. Mr. Quon will provide his contacts in underserved communities and will create a message to send to these individuals.

Members began strategizing for the 2015 Master Plan. Ideas will be discussed further during the May 2013 TEROC Meeting.

Dr. Green suggested utilizing the current Master Plan to help find a place for tobacco control in the ACA. The members and TEROC guests strategized the most impactful way to demonstrate how smoking and smoking cessation affect Medi-Cal costs.

Ms. Roeseler offered to compile talking points for TEROC regarding how tobacco control fits into the ACA. Specifically, she discussed three areas tobacco control could be integrated with the ACA:

1. Cessation
2. Data Collection
3. Community Health Needs Assessment (including Second Hand Smoke (SHS) and Multi-Unit Housing (MUH))

Dr. Rice wanted to reinforce the idea that Data Collection should be addressed with ACA. She believes this is an important opportunity, which could be lost if not taken advantage of. She recalled that a taskforce was put together during the implementation of Medicare (on a national level). The Medicare data collection guidelines, which were developed by the taskforce, continue to be used today.

Discussion continued regarding a potential meeting with the California Health Benefit Exchange (HBX). Ms. Stevens stressed the importance of having an individual available from TEROC who knows and understands electronic medical records present at the meeting.

**Action Items**

The Chair moved to make TEROC Members available, in an official capacity, to meet with key policy makers with regards to the ACA implementation in California and to highlight the importance of tobacco control and how tobacco

control should be applied. Dr. Green seconded the motion. Motion carried unanimously.

Mr. Quon will provide his contacts for wave three dissemination of the Master Plan; he will also create a message to send to these individuals.

Ms. Stevens and Ms. Roeseler will set-up a meeting between the California Health Benefit Exchange, TEROC and CTCP to discuss tobacco control integration within the Exchange.

Ms. Roeseler will come up with a list of talking points/action items for TEROC regarding the integration of tobacco control within the HBX/ACA.

**9. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, CALIFORNIA TOBACCO CONTROL PROGRAM REPORT**

Ms. Colleen Stevens presented the California Department of Public Health (CDPH), California Tobacco Control Program (CTCP) update.

Ms. Stevens began the presentation by announcing that CTCP convened a meeting on January 16, 2013 at The California Endowment in Oakland with tobacco control stakeholders to review the method for distributing Proposition 99 Health Education Account funding for statewide and community interventions; this meeting was called *Sustaining CTCP's Community Intervention Component in a Declining Revenue Environment Stakeholder Meeting*.

As a result of declining Proposition 99 revenue, the meeting explored whether the current structure of the Competitive Grant and Local Lead Agency (LLA) programs is the most equitable and effective use of funds. The purpose of the meeting was to solicit dialogue on decision-making criteria and possible alternative models to address declining revenue. Representatives at the meeting included:

- California Conference of Local Health Officers (CCLHO)
- California Health Executives Association of California
- Tobacco Education Research Oversight Committee
- LLA Project Director's Association
- American Cancer Society
- American Heart Association
- American Lung Association
- Current funded competitive grantees
- Priority Populations

Karin Hohman, of Strategic Health Concepts, facilitated the meeting. The next steps include an independent summary report that provides sufficient information on the major themes, discussion highlights and stakeholder

recommendations. The report will be shared with the CDPH/CTCP Executive Committee.

Dr. Brunner and the Chair both attended the meeting. Dr. Brunner, who attended on behalf of CCLHO, thanked CDPH and CTCP for the quality of the meeting and thought it helped a great deal in soliciting thought and insight regarding the future of tobacco control. Dr. Brunner went on to discuss the tobacco-like-model and how other agencies have adopted this useful model; however, now is a good time to evaluate the structure of the model due to the declining budget.

Members discussed the importance of collaboration with other departments moving forward; partnerships may be a way to consolidate resources.

CTCP discussed the contracts addressed in TEROC's letter to Dr. Ronald Chapman; the contracts have had substantial movement.

1. 09-11180, A01, American Lung Association of California (ALAC): Recruit/train youth decoys for compliance checks. STATUS: Contract has been awarded to the Boys and Girls Club of America; anticipated execution date is February 1, 2013.
2. 09-11437, A04, University of Southern California (USC): Statewide technical assistance for the development of educational material. STATUS: Fully Executed Contract, December 5, 2012.
3. 12-10047, Florida State University (FSU): Maintenance of existing contract for the Online Tobacco Information System (OTIS). STATUS: Fully Executed Contract, January 18, 2013.
4. 12-10046, University of California, San Diego (UCSD): California Smoker's Cohort. STATUS: Fully executed contract, December 20, 2012.
5. 12-10342, UCSD Smoker's Quitline: Quitline Capacity Enhancements. STATUS: Signed by contractor. January 2013, sent to Department of General Services for final signature.

On Thursday, December 13, 2013, at 10 a.m., CTCP held a telephone news briefing to discuss the findings of the first "State Health Officer's Report on Tobacco Use and Promotion" and released new anti-tobacco ads for the African American, Hispanic, and Asian communities in California.

During the teleconference, Dr. Ron Chapman, State Health Officer and the Director of the CDPH, discussed highlights from the report. Highlights included new data on illegal sales to minors, the disproportionate number of tobacco retailers and advertising in minority and low-income neighborhoods,

the effect of tobacco advertising in retail stores, and troubling tobacco-use trends.

An extensive amount of coverage was received, which included print stories from the Associated Press, Los Angeles Times, Sacramento Bee, San Diego Union Tribune, San Francisco Chronicle, and Reuters. More than 50 online stories were identified and 27 broadcast channels reported on the story with estimated impressions of more than 3.2 million.

Ms. Stevens discussed the Health Equity Summit Request for Proposal (RFP). CTCP requested proposals from qualified individuals or organizations that could provide full services to plan, develop, and facilitate a Health Equity Summit for the purpose of developing a statewide written strategy to decrease tobacco-related disparities in California. Two proposals were scored using a peer review process. An award was made to the highest scoring proposer, Prevention Institute. The tentative agreement term is February 1, 2013 through August 31, 2013. The Health Equity Summit is scheduled to take place in Sacramento in June 2013. Following the summit, Prevention Institute will compile a strategy report based on the input received at the Summit.

An RFP is currently being developed based on the Capacity Building Network Request for Information (RFI) that was released in November 2012. The RFI solicited: 1) input pertaining to developing priority population focused capacity building services and 2) sought to identify potential applicants. An informational meeting took place on November 30, 2012 to clarify any ambiguities regarding the intent of the RFI process and to answer any questions pertaining to the process. Approximately 20 people representing about 10 agencies participated in the informational meeting. Eight responses were received from agencies that have expertise and experience with priority populations and health equity issues.

In response to requests from field partners, a letter to introduce CTCP's retail environment campaign to local health jurisdictions, and to request support, was signed by the leadership of the four state agency campaign partners: Colleen Stevens, CDPH/CTCP; Jacquolyn Duerr, CDPH Safe and Active Communities Branch; Sue Forester, CDPH California Nutrition Network; and Michael Cunningham, Department of Alcohol and Drug Programs. The letter was distributed to County Health Officers, Health Directors, and Environmental Health Directors in December 2012 and was also posted on Partners.

A webpage devoted to the Retail Environment Campaign was created on the Partners password-protected website. All current information about the campaign, as well as campaign goals, the logic model, communications to the field, links to Program Letters, conference and training presentations, and

many additional campaign resources are posted in this central location. Feedback has been very positive.

Members asked how social media is being utilized to get the message out regarding tobacco control and how tobacco control could increase their overall presence beyond what is already being done. Ms. Stevens explained that there are several ways in which tobacco control is utilizing social media including maintaining two Facebook pages: *Finish the Fight against Tobacco* and *TobaccoFreeCA*. CTCP is also currently working on utilizing social media to reach out to the Spanish speaking community via the [TobaccoFreeCA.com/](http://TobaccoFreeCA.com/) website.

The Chair thanked Ms. Stevens for the presentation.

#### **10. PUBLIC COMMENT**

Carol McGruder, Co-Chair Person of the African American Tobacco Control Leadership Council (AATCLC) wanted to thank CTCP for the Priority Populations meeting which took place on November 29, 2012. The meeting was to explore ways to strengthen communication and tobacco-control related issues impacting priority populations in California. The AATCLC is looking forward to working with CTCP in a new capacity; a capacity which will be more inclusive of the priority populations. AATCLC responded to the Capacity Building Network RFI to give some feedback and guidance. AATCLC and other priority population groups strongly feel that they need a “champion” with power and authority within the CTCP-CDPH infrastructure.

Ms. McGruder went on to read a letter sent from the AATCLC to CTCP on January 4, 2013. This letter can be found in the incoming correspondence of the May 2013 TEROC Meeting.

Ms. Adams-Simms moved to adjourn the meeting. The Chair seconded. Motion carried unanimously.

The meeting was adjourned at 4:06 PM.

A TEROC meeting will be scheduled for May 2013 in Sacramento, CA.