

**Minutes of the
Tobacco Education and Research Oversight Committee (TEROC)
Wednesday, June 3, 2015**

Sheraton Grand Sacramento Hotel Downtown
Bondi Room 1230
J Street
Sacramento, CA 95814
(916) 447-1700

Alternate Location:
San Diego Black Health Associates
Large Conference Room
5275 Market Street, Suite C-23
San Diego, CA 92114

MEMBERS PRESENT:

Ms. Denise Adams-Simms (attending from San Diego), Ms. Vicki Bauman, Ms. Pat S. Etem, Dr. Pamela Ling, Dr. Michael Ong (Chair), Mr. Myron Dean Quon, Dr. Wendy Max, Dr. Lourdes Baézconde-Garbanati, and Dr. Alan Henderson (Vice Chair)

MEMBERS ABSENT:

None

OTHERS IN ATTENDANCE:

April Roeseler, California Tobacco Control Program (CTCP)
Beto Jurado, CTCP
Danielle Lopes, CTCP
Darren Yee, CTCP
Dr. Bart Aoki, Tobacco-Related Disease Research Program (TRDRP)/
University of California, Office of the President (UCOP)
Dr. Tracy Richmond-McKnight, TRDRP
Dr. Xueying Zhang, CTCP
Erin Reynoso, CTCP
Francisco Michel, CTCP
Gordon Sloss, California Department of Health Care Services (DHCS)
Jamey Matalka, California Department of Finance (DOF)
Jerry Katsumata, CTCP
John Bacigalupi, DOF
John Lagomarsino, California Department of Education, Coordinated School
Health and Safety Office (CDE/CSHSO)
Julie Lautsch, CTCP
Mandeep Sohi, CTCP
Margarita Garcia, CDE/CSHSO
Mark Starr, California Department of Public Health (CDPH)
Nadine Roh, CTCP

Norval Hickman, TRDRP
Rakian Anderson, TRDRP
Richard Kwong, CTCP
Samantha Pellon, American Lung Association (ALA)
Lindsey Freitas, ALA
Sandra Soria, CTCP
Sarah Planche, CDE/CSHSO
Tim Gibbs, American Cancer Society (ACS)/Cancer Action Network (CAN)
Tracy McKnight, TRDRP
Val Quinn, CTCP
Vikki Ueda, CTCP

1. WELCOME, INTRODUCTION, AND OPENING COMMENTS

The TEROC Chair, Dr. Ong, called the meeting to order at 9:38 a.m. Dr. Ong announced the departure of Alexandria Simpson as the TEROC'S staff support liaison and introduced the new interim TEROC support liaison Vikki Ueda. TEROC members and guests introduced themselves.

2. APPROVAL OF MINUTES, CORRESPONDENCE, AND ANNOUNCEMENTS

Approval of the January 28, 2015 meeting minutes without amendments. Ms. Etem moved to accept the minutes, seconded by Dr. Henderson, motion passed unanimously.

The chair reviewed TEROC-related correspondence:

Outgoing Correspondence:

- TEROC letter to Assembly Member Chris R. Holden expressing the Committee's support position for Assembly Bill 1162, which would require Medi-Cal to include tobacco cessation services as covered benefit.

Dr. Max questioned whether the cessation services are covered under the Affordable Care Act. Dr. Ong clarified that this bill is more specific to services and products.
- TEROC letter to Senator Ed Hernandez expressing the Committee's support position for Senate Bill (SB) 151, which would raise the legal minimum purchase age for all tobacco products from 18 to 21 years of age and prohibit the distribution of free smokeless tobacco product samples to anyone under the age of 21.
- TEROC letter to Senator Mark Leno expressing the Committee's support position for SB 140, which would define electronic cigarettes (e-cigarettes) as tobacco products in state tobacco control laws.

- TEROC letter to Senator Jerry Hill expressing the Committee's Oppose Unless Amended position on SB 24, which would add e-cigarettes, as a separately defined product, to existing tobacco control state laws.

Ms. Etem asked if it was normal to have two competing e-cigarette bills. Dr. Ong confirmed there is the possibility of different bills on the same topic.

Incoming Correspondence:

- A letter from Don Bentley, Stanford Alumni, asking for TEROC support to encourage Stanford University to become a smoke-free/tobacco-free campus.

TEROC stated that the Committee supported similar requests in the past, and that the Committee should have a standing letter for this issue.

- A letter from Maria Reditis, Ph.D, University of California San Francisco and Rachel Barry, University of California San Francisco, to Dr. Michael Ong, Chair of TEROC, seeking TEROC to provide public comment to Gavin Newson's Blue Ribbon Commission on marijuana regulation in California.

Gavin Newson's Blue Ribbon Commission focuses on marijuana policy, including the retail sales of marijuana. TEROC could help inform Blue Ribbon Commission about the lessons learned in tobacco control.

In the past, TEROC has not had a discussion about marijuana. Dr. Ong opened the conversation to the Committee. Dr. Max indicated that where tobacco smoke is banned, marijuana too should be banned, but the question remains, how much do we know about the health effects from marijuana smoke and secondhand smoke? Ms. Roeseler responded that UCSF (Matt Springer) has published on that topic and their findings indicated that secondhand smoke of marijuana is similar to secondhand smoke from tobacco products.

Dr. Ong indicated that marijuana is a new research territory for many states. States are trying to figure out how to grapple with this from a regulatory frame.

Dr. Henderson adds on that across the country the main conversation on the ground is the intersection between e-cigarettes and marijuana.

In summary, TEROC should be proactive instead of reactive to marijuana policy because it is likely the initiative to legalize it for recreational use will be introduced in 2016, and will likely pass. Ms. Etem stated that the Commission wants recommendations from TEROC. Dr. Ong indicated that it is important for the Blue Ribbon Commission to know who TEROC is. Dr.

Ong also indicated that TEROC could invite someone from the Blue Ribbon Committee to attend a TEROC meeting.

Ms. Roeseler indicated the CDPH could write some policy recommendations and then TEROC could create some parallels between tobacco control and marijuana policy (e.g., smoke-free, youth marketing, free samples, and vendor assisted sales).

Action Item

- TEROC to write a letter to Stanford University to urge the University to adopt a tobacco-free campus.

Dr. Baézconde-Garbanati moved that TEROC write a letter urging Stanford to become a 100 percent tobacco-free campus, seconded by Ms. Etem and Ms. Bauman, motion passed unanimously.

TEROC suggested that a prominent student organization and Sean David should be copied on the letter. TEROC also suggested that available resources should be included to help the campus become 100 percent tobacco-free.

Dr. Ong clarified that the motion was for TEROC to write a letter urging Stanford to become a 100 percent tobacco-free campus and to create a standard policy and letter in support of smoke-free/tobacco-free college campuses. The motion passed unanimously.

- TEROC to write a letter to the Blue Ribbon Commission to recommend tobacco-related types of policies to marijuana policy in light of potential legalization of recreational marijuana in California.

Ms. Bauman moved to write a letter to the Blue Ribbon Commission, seconded by Dr. Max, motion passed unanimously.

3. ENVIRONMENTAL UPDATE

TEROC discussed tobacco control issues in the media, including the following news articles and reports:

- **San Francisco baseball venues and athletic fields go tobacco-free, including home of the Giants, AT&T Park.**

<http://www.foxsports.com/mlb/story/san-francisco-mayor-bans-chewing-tobacco-on-playing-fields-including-at-t-park-050815>

- **"Wake Up" CDPH Advertising Campaign**

The campaign runs through June 2015 and includes television, digital ads on websites, radio and social media ads, movie theater ads, and outdoor ads (billboards, at gas stations, in malls.) The campaign website, Still Blowing Smoke, provides additional facts about e-cigarettes, including

health risks, addictiveness, and industry marketing.

<https://www.cdph.ca.gov/Documents/Wake%20Up%20Campaign%20Sample%20Digital-Print%20Ads.pdf>

- **Evaluation of the University of California Tobacco-free Policy, which analyses found that overall, campuses created policies with a high degree of compliance.**
<http://escholarship.org/uc/item/0fq9664r>
- **Marijuana use and heart disease: potential effects of public exposure to secondhand smoke.**
<https://tobacco.ucsf.edu/sites/tobacco.ucsf.edu/files/u9/MSHS%20fact%20sheet%20for%20CA%204-13-15.pdf>
- **Disney bans smoking in future movies.** Disney's policy to prohibit smoking in movies extends to Marvel, Lucas, Pixar and Disney films.
<http://www.theguardian.com/film/2015/mar/13/disney-to-ban-smoking-in-all-future-movies>
- **Crescent City enacts Tobacco and Alcohol Ordinances.** On April 20, 2015, the Crescent City Council held their second reading on two new ordinances restricting the location of new tobacco and alcohol retailers, including e-cigarettes and vape shops.
<http://www.krcrtv.com/north-coast-news/news/crescent-city-council-extends-urgency-zoning-ordinance/32227130>
- **Federal Trade Commission Cigarette Report shows cigarette advertising and promotion expenditures by the largest US cigarette companies rose from \$8.37 billion in 2011 to \$9.17 billion in 2012.**
<https://www.ftc.gov/reports/federal-trade-commission-cigarette-report-2012>
- **Federal Trade Commission Smokeless Tobacco Report shows advertising and promotion by the major smokeless tobacco manufacturers declined from \$444.2 million in 2011 to \$435.7 million in 2012.**
<https://www.ftc.gov/reports/federal-trade-commission-smokeless-tobacco-report-2012>

4. DEPARTMENT OF HEALTH CARE SERVICES REPORT

Gordon Sloss of the California Department of Health Care Services (DHCS) provided information on Medi-Cal Cessation Benefits and Medi-Cal Incentives to Quit Smoking (MIQS) Project.

Mr. Sloss discussed systems transformation, tobacco treatment, and how the Alcohol and Drug Program and Mental Health Services are now part of

DHCS. These systems changes should create some synergy to develop policies around tobacco use and treatment.

Mr. Sloss indicated that the major changes to Medi-Cal occurred in the last year and a half, Medi-Cal went from 7.5 million members to over 12.3 million members as of June 3, 2015. Under the Affordable Care Act (Covered California) about 1 million signed up and about 5 million signed up under Medi-Cal. Half of Medi-Cal members used to be enrolled in Fee-for-Service plans and the other half were enrolled in Managed Care Plans. Now more than 80 percent of the members are in full scope Managed Care Plans, which now allows DHCS to work on quality improvement because DHCS has the infrastructure in place with Managed Care Plans and their provider networks to support quality improvement evaluations.

Mr. Sloss also indicated that Medi-Cal is now the largest health care purchaser, with a budget of \$92 billion this year. He also indicated that the prevalence of smoking among Medi-Cal members is much higher than the general population at 18.7 percent or over 1 million members covered under Medi-Cal.

Mr. Sloss explained that because Medi-Cal is a business, it is guided by quality strategies, which requires the ongoing review of the value and quality of providing healthcare services. To address quality improvement, DHCS has adopted a Quality Strategy, which is updated annually and is modeled after the Institute for Health Improvement's (IHI) triple aims. IHI is a national model for optimizing health systems performance). DHCS is prioritizing two of its aims healthcare experience and population health priorities. Although eliminating health disparities is not a national aim, the last priority for DHCS is to eliminate health disparities by driving more calls to the Helpline.

Mr. Sloss also discussed the Full Court Press for Tobacco and that DHCS was using tobacco as a driving force for prevention. Four Court Press was built around five principles: (1) build external partnerships, (2) develop internal collaborations and commitments, (3) improve the tobacco use treatment both in managed care and fee for service, (4) invest in tobacco treatment projects, and (5) educate plans and members.

Mr. Sloss indicated that when the Office of Health Equity was set up, it required the medical director for DHCS to be on the advisory board to institutionalize that relationship and to generate ongoing conversation about health equity in all DHCS projects and how healthcare is integrated. The grant supported by the Office of Multicultural Health allowed DHCS to open the dialogue for this type of conversation.

Mr. Sloss explained that a small grant with Medi-Cal looking at tobacco treatment to improved Fee-for-Service plans allowed Dr. Neal Kohatsu to get people at DHCS at the table to discuss policies for tobacco treatment with the pharmacy perspective included. Including pharmacy extended the discussion

beyond fraud (Cost) to medical treatment (Quality), which was important as we moved the discussion into the managed care area.

Mr. Sloss indicated that last year DHCS made a splash by sending a policy letter to the Managed Care Plans. The policy letter was based on the 14-006 U.S. Preventive Services Task Force A&B recommendations. The letter was designed to establish a minimum tobacco treatment plan across all managed care plans. The impetus for this letter all started with Chris Anderson from the Quitline (California Smokers' Helpline) who administered an information gathering survey to all the managed care plans to find out what services they provided since over half of their calls came from Medi-Cal members. The findings were used to develop a minimum standard for tobacco treatment. Under the Affordable Care Act, all seven FDA-approved tobacco medications were covered by managed care, but at least one has to be available without treatment authorization request (TAR). Mr. Sloss stated DHCS is working on an implementation strategy by plan that includes TAR.

Mr. Sloss explained that having Mental Health in DHCS creates opportunities to open the dialogue. Lauren Gordon who staffs the Behavioral Health and Tobacco Workgroup has been instrumental in expanding awareness about tobacco and the issues. DHCS joined the Centers for Medicaid and Medicare Services Affinity Group, which has two goals 1) to developing an action plan around behavioral health and tobacco and 2) to work on the data and the tobacco use measures we can use in the managed care plan.

Mr. Sloss indicated MIQS is a five year \$10M grant. The Helpline already has over 44,000 Medi-Cal participants. Only two states achieved their enrollment goals: California and Texas. Early results are promising and a manuscript is going out soon. Modest incentives (up to \$60) led to an increase in engagement with counselors. The Helpline also received tremendous response from MIQS flyers. Managed health care sent out mailings to their members to encourage participation with the MIQS project.

Mr. Sloss discussed engagement with the public and Medi-Cal recipients through MyWelltopia.com (DHCS website). MyWelltopia.com is a comprehensive source for the public, but mainly Medi-Cal members, to connect with credible resources for healthy personal, family, and community development. They are using Facebook to get into social media to connect with members and to promote the Helpline. Text4baby is a Pilot project for mothers in Medi-Cal that intends to improve maternal and infant outcomes by providing moms reminders about breastfeeding, immunization, quitting smoking, etc. Quit4baby is another interactive text messaging program used to help pregnant smoker quit. Quit4baby is separate from Text4baby. DHCS is also very engaged with Million Hearts focusing on hypertension and tobacco control to prevent 1 million heart attacks and strokes in 5 years.

In summary Mr. Sloss' short-term goals are to 1) develop a measure set for Managed Care Plans to collect good data, 2) complete the Behavioral Health

Action Plan, 3) integrate the Helpline into the Delivery System which is a critical next step, 4) figure out how can DHCS support the Helpline financially and to make use the Helpline throughout the system, and 5) continue to look for opportunities to fund prevention programs.

5. DEPARTMENT OF FINANCE REPORT

John Bacigalupi and Jamey Matalka of the California Department of Finance (DOF) provided a Proposition 99 Budget update in regards to the 2015 May Revision to the Governor’s Budget.

Mr. Bacigalupi first discussed past year Technical Corrections to 2013-14 Revenue Transfers and Program Expenditures. Subsequent to the release of the Governor’s Budget, DOF found that some of the revenue transfers to Health Education (0231) and Research (0234) accounts were overstated. To correct double-count of Proposition 10 backfill, Mr. Bacigalupi and Mr. Matalka worked with the DOF to correct the double count which resulted in a reduction of \$8.5 million in Education and \$2.1 million in Research or a total of \$10.6 million.

Revenue Transfers

	<u>Health Education Account Fund</u>	<u>Research Account Fund</u>
Governor’s Budget:	\$59.9 million	\$15.0 million
May Revision:	\$51.4 million	\$12.9 million
Difference:	-\$8.5 million	-\$2.1 million

Mr. Bacigalupi also discussed expenditures which accounted for the adjustment to the Research account to correctly reflect University of California expenditures:

Expenditures

Governor’s Budget:	\$1.9 million
May Revision:	\$4.5 million
Difference:	\$2.6 million

Result of the two technical corrections:

- Ending account balance in the Health Education account (beginning balance in 2014-15) decreased by \$8.5 million.
- Ending account balance in the Research account (beginning balance in 2014-15) decreased by \$4.7 million.

Revenues

- No change from Governor’s Budget for projected revenues (\$244 million net revenue).

- No change from Governor’s Budget for projected Proposition 10 backfill (\$11.4 million).

2015-16 Projected Revenues and Program Expenditures:

Revenues

- No changes in total department expenditures.
- Funding shift in the Unallocated account to reflect California Health Interview Survey (CHIS) planned expenditures for the Department of Public Health (net zero impact).

Expenditures

- Flow-through from projected 2014-15 ending fund balances related to past year technical corrections resulted in the need to decrease planned expenditures in the Health Education and Research accounts.
- Similar to 2014-15, funding shift in the Unallocated account to reflect CHIS projected expenditures for the Department of Public Health (net zero impact).
- No changes to proposed expenditures in other accounts.
- Decreases in projected expenditures from Governor’s Budget by account:

Health Education account:	-\$8.1 million
Department of Education	-\$2.2 million
Department of Public Health	-\$5.9 million
Research account:	-\$2.3 million
University of California	-\$1.6 million
Department of Public Health	-\$0.7 million

- Inclusion of past year (2013-14) carryover in University of California planned expenditures.
- Even with decreases, the Department of Public Health’s Proposition 99 expenditures at the May Revision are \$2.5 million higher than 2014-15 expenditures:

2014-15:	\$48.3 million
2015-16:	\$50.8 million
Difference:	\$2.5 million

General Discussion

Dr. Ong inquired, inquired about the best way to engage in the conversation about the Unallocated account for Prop 99 in future years? The concern is that some programs are no longer needed because of Covered California. This conversation will need to happen with different agencies and the DOF.

Mr. Matalka responded that whenever there is policy that could be changed and benefit others in a better way, it would be looked at in the summer months to gear toward budget year 2016-17 to make changes. He also indicated that these are conversation that should be had initially when the budget is being put together because early information is always good for DOF and their counterparts.

Dr. Ong also brought up the Board of Equalization (BOE) and the Legislative Analyst's Office's recommendations for BOE to cover costs of its Tobacco Licensing Program going forward to prevent further diversions from Prop 99. Going forward, is DOF taking into account the coming years depending on if legislation is put forward to address the issue?

Dr. Ong stated that based on overall revenue projections; there is concern about substitution behavior in terms of other tobacco product use. Dr. Ong inquired whether DOF will look into incorporating electronic cigarettes in to tobacco products.

Mr. Matalka responded that DOF's revenue forecasting staff is working hard on bills to raise the tobacco age and label e-cigarettes as a tobacco product which will change the "who" on the base for revenue.

Ms. Roeseler stated that CDPH's Prop 99 budget has been unstable due to an accounting error, and that she would like to see a stable budget.

Mr. Matalka responded that the Prop 99 numbers are settled. Mr. Bacigalupi indicated that the errors were due to a technical problem during a reconciliation process and that these problems will not happen going forward.

Ms. Roeseler stated there seems to be preferential treatment in terms of assessments against the Health Education and the Research accounts and the Public Resource accounts to fund the Financial Information System for California (FI\$Cal).

Mr. Matalka responded that the Health Education and the Research costs are figured out and there is no preferential treatment. However, Ms. Roeseler countered that other Prop 99 accounts were never charged for FI\$Cal. Mr. Matalka responded that the charges are spread out across the state. DOF will go back and look at this to make sure there is no preferential treatment to medical providers.

The Chair thanked Mr. Matalka and Mr. Bacigalupi for their presentation and are always happy when they can come to TEROC meetings.

6. VOLUNTARY HEALTH AGENCY UPDATE

Tim Gibbs of the American Cancer Society (ACS) and Lindsey Freitas of the American Lung Association presented on behalf of the voluntary health agencies.

Mr. Gibbs began the conversation by discussing Senate Bill (SB) 151 (Hernandez – D, West Covina) which would raise the minimum legal age for tobacco products sales from age 18 to age 21. The bill passed the Senate yesterday with a 29 – 9 vote. SB 151 has not received much resistance from the tobacco industry.

Mr. Gibbs also discussed SB 140 (Leno – D, San Francisco) which would regulate electronic cigarettes (e-cigarettes) as a tobacco product both in terms of where a person can use e-cigarettes, same restrictions as any tobacco product, and would restrict access to youth by applying the same standard for current tobacco product. This bill passed out of the Senate yesterday with 25 – 12 vote.

Mr. Gibbs discussed SB 24 (Hill – D, San Mateo) the competing e-cigarette bill. The voluntary health organizations are opposing SB 24 because it does not define e-cigarettes as a tobacco product. The concern is that the tobacco industry will be able to market e-cigarettes as a safer alternative than traditional cigarettes. SB 24 needed 21 votes to advance; received 20 votes in favor of the bill and was granted reconsideration for another vote either today June 3, 2015 or tomorrow.

Mr. Gibbs also discussed the tobacco tax bills: 1) SB 591 (Pan – D, Sacramento) would increase the cigarette tax by \$2.00 per pack. This bill requires a 2/3 vote and is eligible for a floor vote; however, Mr. Gibbs and Ms. Freitas were not certain if such a vote would occur; and 2) Assembly Bill (AB) 1396 (Bonta – D, Alameda) would appropriate revenues from SB 591's tobacco tax increase to Medi-Cal and tobacco control programs. The bill was referred to the Assembly Appropriations Committee where it is being held in the suspense file, which requires a special vote to get out of the committee.

Mr. Gibbs indicated that AB 1162 (Holden – D, Pasadena) would ensure that tobacco cessation services are covered benefits under the Medi-Cal program.

General Discussion

TEROC's general position on SB 591 and AB 1396 is that it's pretty easy for TEROC to put together a written endorsement that enthusiastically supports raising tobacco tax.

Ms. Etem, Dr. Ling, Ms. Bauman, Mr. Lagomarisino, and Mr. Gibbs discussed the impact of classifying e-cigarettes as tobacco products from the licensing perspective and the drawbacks (e.g., increase in youth online purchase and general sales of e-cigarettes) if SB 24 and SB 140 are passed.

Action Item:

Dr. Ong inquired if members were interested in writing letters. Dr. Henderson motioned that letters should be written to support the two tobacco tax bills: SB

591 and AB 1396 should be written. Ms. Bauman seconded the motion. Motion passed with unanimous vote.

7. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, CALIFORNIA TOBACCO CONTROL PROGRAM REPORT

April Roeseler of the California Tobacco Control Program (CTCP) presented on behalf of the CTCP.

Ms. Roeseler started the discussion with the Electronic Cigarettes (E-Cigarettes) News Briefing and Release of the Statewide Campaign. Dr. Chapman released his State Health Officer's Report on E-Cigarettes and the Health Advisory on January 28, 2015. On March 28, 2015, CTCP released the 14 week e-cigarette ad campaign that had tremendous positive responses. The campaign also experienced some cyber bullying. To address the content attacks, CTCP media unit came up with a strategy to respond to e-cigarette related question per week, supported by citations.

CTCP received approx. \$2.7 million in grant funding from the Centers for Disease Control and Prevention (CDC). The grant is in the first year of the 5-year collaborative grant. The grant supports (funds) 18-19 positions for CTCP.

CTCP released the California Facts & Figures 2015 document on May 2015. This document provides the most recently available data on tobacco use in California and serves as a quick reference for use by individuals or groups working to eliminate tobacco use.

CTCP awarded \$27,695,000 to 35 grantees on February 24, 2015. The awards focused on health equity issues and reduction of tobacco-related disparities. Projects are working on secondhand smoke issues, but a number of them are working on retail environment issues, including flavored tobacco product, tobacco sales and pharmacies. CTCP is also funding the Minimal Smoke-free Homes Intervention in collaboration with Emory University. CTCP funded 6 projects intending to convert smoking homes into nonsmoking homes. Each project is tasked with enrolling at least 500 people per year.

Ms. Roeseler discussed the May 12, 2015 Capitol Information & Education (I&E) Days, where coalition and funded project staff met with legislative members. She also discussed the New TV Ads that CTCP has been doing for both the e-cigarette campaign and the Kids and the Tobacco Predator Ads (looks at how real kids [non-actors] aged 6 years old perceive tobacco and e-cigarette products).

Ms. Roeseler explained that CTCP contracted with California State University, Sacramento (CSUS) for the first time to oversee the training, logistics, and data collection of the 2015 Youth Tobacco Purchase Survey. CTCP hopes to have the data later in the summer.

Ms. Roeseler discussed Meaningful Use as part of Dr. Elisa Tong projects (working with the five UC Medical Schools on promoting electronic health records referrals to the California's Smokers Helpline). Meaningful Use is part of the federal government's initiative to incentivize medical systems to use electronic medical records. CDPH was asked to qualify California Smokers' Helpline as a specialized registry, which in the future could be used to promote healthcare referrals to the California Smokers' Helpline.

Ms. Roeseler explained that on March 23, 2015, CTCP was awarded a two-year competitive grant to launch a flavored tobacco products campaign. The award is for \$650,000 per year and will provide additional resources for training and technical assistance to support the seven local health departments and the six Request for Applications (RFA) 15-100 awarded projects working on flavored tobacco products.

Ms. Roeseler also explained that on April 8, 2015, CTCP convened the Branch Chiefs, policy, and evaluation personnel from CTCP, Chronic Disease Program, Nutrition Education Obesity Prevention Program, Substance Use Disorders and Prevention, Women Infants and Children Program, and the Sexually Transmitted Disease Program to preliminarily scope out development of a joint platform statement that would identify program-specific retail related policy strategies, crossover strategies, and concepts for cross collaboration. CTCP aims to complete statewide training on how to conduct survey's in stores by February 2016.

The contract with the Stanford Prevention Research Center to work on the 2016 Healthy Stores for a Healthy Community (HSHC) Survey and the 2017 California Tobacco Retail Surveillance Study (CTRSS) was executed on March 5, 2015. CTCP will work with Stanford to revise the survey instrument, which focuses on in-store tobacco advertising and marketing, with more in-depth questions about e-cigarettes.

CTCP has made progress in filling positions. Five (5) positions were filled including: 1) Erin Reynoso, she was hired in the Media unit; she came from the American Lung Association; 2) Frank Ruiz, he was hired in the Media unit with a strong background in public relations; 3) Beth Olagues, she was hired in the Health Equity and Local Programs Unit; she came to CTCP from California Youth Advocacy Network; 4) Jena Grosser, she was hired in the Local Program and Advocacy Campaigns Unit; she came from the state of Indiana's tobacco control program; and 5) Tina Fung, she was hired in the Health Equity and Local Programs Unit ; she is a past intern who previously worked for Dr. Eliza Tong.

**8. UNIVERSITY OF CALIFORNIA OFFICE OF THE PRESIDENT
TOBACCO-RELATED DISEASE RESEARCH PROGRAM REPORT**

Drs. Bart Aoki, Norval Hickman and Tracy McKnight of the Tobacco-Related Disease Research Program (TRDRP) presented on behalf of TRDRP.

Dr. McKnight introduced the new summer intern Ms. Anderson.

Dr. Aoki presented information on the Cycle 24 Call for Applications. TRDRP received 147 applications to include approximately 13 Cornelius Hopper Diversity Supplement Award proposals. TRDRP funded 42 proposals focused on electronic cigarettes, policy related research studies, and thirdhand smoke.

Dr. Aoki explained that at the TRDRP Scientific Advisory Committee (SAC) meeting preliminary funding recommendations were made to address the \$1.6M decrease from the Governor's budget from January 2015 to the May 2015 revise. The recommendations included: 1) Fund all projects that are meritorious, 2) Cut the Research Project Awards by 10 percent, and 3) Protect dissertations, postdoctoral fellowships, pilot, and Community Academic Research Award (CARA). These recommendations will allow TRDRP to save about 5.6 percent of the total reductions, while the other percent will be absorbed by the organization.

Dr. Aoki also highlighted some of the new Cycle 24 funded awards to show why it is so important to accommodate the preliminary recommendation. Some of the new projects include the following topics:

- Prevention, which will address:
 - Dual Use of Marijuana and Tobacco
 - Electronic Cigarettes Smoking among Trans-women and men
 - Interactive Mobile Doctor for Asian Smokers
- Cessation, which will address:
 - Quit behaviors among low-income and Latino smokers
 - The overall impact of health reform on smoking and treatment utilization
- Policy, which will address:
 - The impact of Trade Agreements on Domestic Health Regulation, with the possibility of preemption
 - The cost of Smoking for California's Racial/Ethnic Communities
 - Population studies of new tobacco products and cigarettes
- Exposure and early detection, which will focus on:
 - Air pollution, tobacco smoke, and asthma in minority children
 - Cigarette Butt-derived Pollutants in the Coastal Environment
 - Lung Cancer Screening studies
 - Imaging technology for the early detection of oral cancers

Dr. Hickman presented information on the Tobacco Use Prevention Education Program (TUPE) Evaluation. TUPE is a four (4) year collaboratively funded evaluation that is co-funded by CDE, CTCP, and TRDRP. The purpose of the evaluation is to provide an in-depth scientific evaluation of TUPE activities.

Dr. Hickman explained that the grantee, Shu Hong Zhu from the University of California, San Diego (UCSD), who was selected via a collaborative Request for Application (RFA), is leveraging his resources from the California Student

Tobacco Survey surveillance activities. This evaluation will provide some linkages between prevalence in certain environments and highlight activities in TUPE (Tier 1 and Tier 2) schools compared to non-TUPE schools. The primary aims of the evaluation are to: 1) examine the extent of implementation and consistency with best practice in TUPE schools using quantitative and qualitative data, 2) compare TUPE and non-TUPE schools on tobacco control performance and where they are with use of tobacco products, 3) examine the extent of integrating emerging tobacco products into tobacco prevention curriculum, and 4) provide data-driven recommendation for improving the TUPE program and study changes. Surveillance work will begin this year; however, UCSD will go into the field in early 2016.

Dr. Hickman explained, the schools will be randomly selected to ensure; approx. 500 schools (to include TUPE-Tier 1, TUPE-Tier 2, and non-TUPE schools) across the state will be selected.

Mr. Lagomarsino suggested the Center for Disease Control and Prevention Division of Adolescent School Health (DASH) could be a resource to help with data collection.

Lessons learned from the collaboration between the three (3) agencies:

Dr. Hickman indicated the three agencies worked well together to develop ideas and to produce the RFA.

Dr. Hickman also indicated there are fiscal administration challenges to paying the grantee. Dr. Hickman indicated that CDE is working on developing a contact agreement.

Suggestions to improve collaboration and fiscal administration include: 1) developing a document or letter that frames policy recommendations regarding collaborative funding, 2) include exceptions for each individual agency to address individual institution contract policies to ensure the process of paying grantees is not cumbersome, or 3) have an agreement with the California Department of General Services (DGS) on how to pay identifies grantees.

Dr. McKnight highlighted the TRDRP funded Nicotine and the Adolescent Brain research (Dr. Francis Ervine) to show how bio-medical evidence-based research can be used to inform policy. This research showed nicotine exposure may induce epigenetic changes that sensitize the brain to other drugs and prime it for future substance abuse. This research also showed that adolescents exposed to nicotine are more sensitive to the effects of nicotine, display less withdrawal symptoms, tolerate higher doses of nicotine, and it enhances the acquisitions of drugs and alcohol.

Dr. Aoki indicated a Request for Qualification was issued for teams to conduct e-cigarette public policy research. TRDRP hopes to conduct focus groups and

surveys to get more information about how consumers and the general public view e-cigarettes, particularly the regulation and taxation.

TRDRP is in the process of updating and planning a new call for application, which will be issued July 1. TRDRP is currently working at a quarter of its original granting budget, with fewer personnel and administrative costs. We are using the Scientific Advisory Committee Principles for Granting Priorities and Strategies, which indicates that TRDRP will provide grand funding that will: 1) inform California tobacco control policies and programs, 2) support unique and unfunded areas, 3) leverage additional research funding, 4) support the early careers of investigators in tobacco-related research, 5) strengthen community involvement in tobacco control research, and 6) focus on tobacco-related disparities

Dr. Aoki discussed data gathering efforts to inform granting strategies and priorities to include: 1) internal data - application trends, recent grant investments, grant performance and outcomes and 2) external data - external funder priorities and strategies; new TEROC Master Plan; interviews with California grantees and stakeholders.

Dr. Aoki indicated the focus areas for 2016-2021 would include: 1) Training and Career Development in tobacco-related research, 2) High Impact Pilot Studies, and 3) Strategic Research Initiatives to address emerging and critical tobacco-related issues (Community/practice impact in California's disproportionately impacted populations, Tobacco Control Policy Impact, and Emerging and critical tobacco/nicotine-related science).

Mackay California-Pacific Rim Tobacco Policy Scholar Award will be offered as a career development opportunity for mid-career researchers and to build leadership among mid-career researchers to foster scientifically informed and coordinated tobacco control policy and practices in California and the Pacific Rim region.

Action Item:

Ms. Etem moved that TEROC develop a document or write a letter highlighting how to work together collaboratively and administratively for the TUPE grant. Dr. Ong and Ms. Baézconde-Garbanati seconded the motion. Motion passed with a unanimous vote.

Dr. Ong indicated it would be nice for TEROC to write a letter to the three agencies and DGS highlighting the great trail blazing work of the three agencies and to encourage this type of collaborations since CTCP, CDE and TRDRP are funded by the same fund source (Prop 99) and particularly since revenues are declining.

9. CALIFORNIA DEPARTMENT OF EDUCATION REPORT

Margarita Garcia, John Lagomarisino, and Sarah Planche presented on behalf of the California Department of Education (CDE)/ Coordinated School Health and Safety Office (CSHSO).

Ms. Garcia indicated that CDE served as a grant reader for the CTCP Health Equity Grants in February. She also indicated that CDE continued to meet regularly with CTCP and TRDRP in preparing for the Joint Conference. They worked on messages during the breakout sessions to identify the target audiences. The Joint Conference will be at the Sheraton Sacramento on October 27-29, 2015.

CDE convened an Advisory Work Group in-person meeting on the TUPE Competitive Grants Program on May 15, 2015. Approximately 20 research scientists and policy consultants such as Pat Etem and Myron Quon from TERO, Norval Hickman from TRDRP, and Tonia Hagaman from CTCP attended the meeting. The purpose of the meeting was to solicit feedback on improving the competitive grantee process using a Strength Weakness Opportunities and Threat (SWOT) analysis. We are hoping to develop some draft recommendations from the feedback and have our committee members review the recommendations to make sure we captured everything. It is a hope that this will be a quarterly meeting with the next meeting convening in August.

Ms. Garcia also indicated that the advisory committee focused some of the meeting time reviewing the budget. About 80 percent of the funds go out the field. However, in terms of the staff, CDE is at approximately 6.3 PY total staffing.

Mr. Lagomarisino discussed the Cohort K Tier 2 - Funding Award. Of the CDE 29 applications received by CDE, 23 received a qualifying score. However, due to insufficient funds to award grants to all applicants receiving a qualifying score, CDE only awarded funds to the top 18 applicants for a total of \$13,858,460.

Mr. Lagomarisino discussed differences between Tier 1 and Tier 2. Tier 1 is a very simple grant; the only requirements are to enforce policy and to conduct the "healthy kids" survey. It's a \$1,500 a year grant with \$4,500 for the total three (3) years. There is a difference in funding for some of the counties because they combine several districts together, which results in CDE only having to fund one administrative person for the combined districts. Tier 2, is the full comprehensive TUPE education program, including a prevention program, cessation program, intervention program and youth development program, which is funded at \$54 per student.

Mr. Lagomarisino also discussed the Qualify for Free and Reduced Priced Meal (FRPM) program that supports Cohort K grant applicants with >50 percent and >75 percent hardships. The change to FRPM was in response to a letter from 21 rural counties which meant that several districts/applicants

could receive additional points. Although the change did not make a difference for the rural counties, in some cases, it made a difference as to: 1) the amount of funding the applicant received or 2) the additional points led to applicants being funded, resulting in others not being funded. Another factor impacting whether an applicant was funded was whether it fell under the “Qualify as Rural” column: if every single agency within the application was designated as rural education program, then the application automatic received funding. Only one district qualified under this column.

Mr. Lagomarisino explained that training was provided on: 1) grant application expectations and what CDE was looking for. Several of the possible applicants took the time to either 1) come up to Sacramento and look at applications that had been funded, 2) ask CDE questions, or 3) ask to receive copies of the past applications.

Mr. Lagomarisino explained that reducing award funds to support other projects is a conversation CDE will probably have with the Division Director on June 5, 2015. Mr. Lagomarisino has also been wondering if CDE can cut funding per grant to support more grant applications. The option for the applicants could be, instead of funding at \$54 per student would the applicant be willing to accept the grant if we cut it to \$48 per student.

Mr. Lagomarisino explained that rural is determined by the federal designations for frontiers. The codes for rural areas are 41, 42, and 43 which are frontiers. Mr. Lagomarisino also explained that on this RFA CDE indicated that in order for an application to qualify as rural, every single agency in the application had to rural. CDE wants to reach out to the rural population.

Ms. Garcia explained the SWOT analysis was a useful exercise that generated a diverse list of ideas and collaborative brainstorming, revealed the group was disciplined and that everything was jotted down and recorded. The next steps are to distribute the minutes, consolidate suggestions, provide draft recommendations to Work Group members for review and comments, develop responses from the Coordinated School Health and Safety Office to address recommendations, plan for August web-based meeting, and to think about how to improve the RFA.

Ms. Garcia explained that 12 agencies have been selected and notified for Tier 1 Grant Awardees. Mr. Lagomarisino explained that everyone who applied for Tier 1 funding was awarded this round. Ms. Garcia and Mr. Lagomarsino indicated that in this round Southern California did not submit applications, but Mr. Lagomarisino also stated that Southern California agencies are already tied up in a lot of the consortium applications that are being funded. Mr. Lagomarisino also explained that CDE has seen a decline in the Tier 1 application, some of which may be due to the small amount of money awarded.

Ms. Garcia discussed use of the California Smokers' Helpline. She indicated that it is an ongoing activity and Tier 2 grantees are obliged to do cessations and interventions that help support youth to reduce smoking and to encourage them to quit.

Dr Ong asked if there were certain actions TEROC should try to emphasize particularly for sending a letter to the three agencies from your perspectives.

Ms. Garcia explained that she agreed with the contract piece. She also indicated that she thinks CDE is working to establish a contract agreement protocol. Together all three agencies all agree about the mission. It's just getting through the individual departments and how they interpret the contact. The Chair thanked Ms. Garcia and Mr. Lagomarisino for the presentation and the wonderful work they have been doing.

10. STATE BOARD OF EQUALIZATION TOBACCO LICENSING PROGRAM

Dr. Ong discussed updates of the expected outcome status.

Dr. Ong summarized all the different types of recommendation the Board of Equalization (BOE) received from the field to cover costs of administering its Tobacco Licensing Program. TEROC sent BOE concerns and issues about: 1) increasing the charge for license, 2) restitution for the dollars that BOE inappropriately diverted from Prop 99, and 3) recommended BOE expand its Tobacco Licensing Program to include different products, such as e-cigarettes as well.

The Legislative Analyst's Office (LAO) put together their own report in terms of their recommendations for what should be done. LAO's recommendations included: 1) use of excise tax revenue (including Prop 99) should be used for excise tax administration but not for the cigarette and tobacco licensing program, and 2) a temporary increase on licensing fees (annual retailer licensing fees of \$250 instead of the \$100 one-time fee and annual fees paid for by wholesalers and distributors would increase from \$1,000 every year to \$1,250 every year). They also recommended that this would last for at least four years, which would allow for evaluation of the actual impact of increasing the licensing fees and the findings can be used to determine the next best steps. The final thing is that they recommending developing an electronic filing proposal.

Next steps are not very clear; therefore, there are no true next steps to report at this point.

General Discussion

Dr. Ong indicated the voluntary health organizations are aware of the LAO report that came out in late April. It is important to put that report in their cue especially when there is a vote so one of them can support the subsequent bills. It would be the issue of finding a sponsor to take action on the legislative bill.

Ms. Etem recommended it is important to get some legs behind the LAO report. Dr. Ong agreed, but is not sure who we will target it. Dr. Max suggested that it be put on the table for future agenda and just monitor it and decide what TEROC might do in the future? Dr. Ong agreed.

Ms. Roeseler indicated that State agencies will put together their own bill concepts. BOE is probably tasked to put together a legislative concept to address this issue. The Governor's Office is aware of the LAO report because CTCP was contacted and asked from the Governor's Office for our input. Ms. Roeseler also indicated the State Departments have opportunities to put legislative concepts together to address the issues. But ultimately she agreed with Dr. Max to table for the future.

11. PUBLIC COMMENT

No public comment.

The meeting was adjourned at 4:00 PM.

The next TEROC meeting will take place in Oakland on September 29, 2015.