

**Minutes of the  
Tobacco Education and Research Oversight Committee (TEROC)  
Tuesday, September 30, 2014**

Sheraton Gateway Los Angeles Hotel  
Catalina-Clemente Conference Room  
6101 West Century Boulevard  
Los Angeles, CA 90045

Alternate Location:  
Stanislaus County Office of Education  
Vicki Bauman Room  
1100 H Street, Modesto, CA 95354

**MEMBERS PRESENT:**

Ms. Denise Adams-Simms, Dr. Lourdes Baézconde-Garbanati, Ms. Vicki Bauman (teleconferencing from the Modesto location), Dr. Alan Henderson, Dr. Pamela Ling, Dr. Michael Ong (Chair), Mr. Myron Dean Quon, Dr. Dorothy Rice, Dr. Shu-Hong Zhu, Ms. Pat S. Etem

**MEMBERS ABSENT:**

Dr. Wendel Brunner, Dr. Lawrence Green

**OTHERS IN ATTENDANCE:**

Dr. Bart Aoki, Tobacco-Related Disease Research Program (TRDRP)/ University of California, Office of the President (UCOP)  
Dr. Phillip Gardiner, TRDRP/UCOP  
Steven Gallegos, City of Pasadena  
Tim Gibbs, American Cancer Society (ACS)/Cancer Action Network (CAN)  
Marlene Gomez, American Lung Association of California (ALAC)  
Callie Hanft, American Heart Association (AHA)  
Tom Herman, California Department of Education (CDE)/Coordinated School Health and Safety Office (CSHSO)  
Dr. Norval Hickman, TRDRP/UCOP  
Dr. Jonathan Isler, California Tobacco Control Program (CTCP)  
Richard Kwong, CTCP  
John Lagomarsino, CDE/CSHSO  
Monty Messex, Los Angeles County Department of Public Health  
Dr. Wendy Max, University of California, San Francisco (UCSF)  
Greg Oliva, Center for Chronic Disease Prevention and Health Promotion  
Valerie Quinn, CTCP  
April Roeseler, CTCP  
Nadine Roh, CTCP  
Alexandria Simpson, CTCP  
Dr. Hai-Yen Sung, UCSF  
Statice Wilmore, City of Pasadena

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

The TEROC Chair, Dr. Ong, called the meeting to order at 9:40 a.m. TEROC members and guests introduced themselves.

**2. APPROVAL OF MINUTES, CORRESPONDENCE, AND ANNOUNCEMENTS**

Approval of the May 28, 2014 and July 7, 2014 meeting minutes moved by Dr. Henderson, seconded by Ms. Etem; motion passed unanimously.

The chair reviewed TEROC-related correspondence:

**Outgoing Correspondence:**

- TEROC letter to Governor Edmond G. Brown Jr. expressing concern and providing recommendations regarding the Cigarette and Tobacco Products Surtax Fund in the 2014-15 Governor’s Budget Revise.
  
- TEROC letter to Matt Paulin of the California Department of Finance (DOF) expressing concern and providing recommendations regarding the Cigarette and Tobacco Products Surtax Fund in the 2014-15 Governor’s Budget Revise.
  
- TEROC letter to the Honorable Shirley N. Weber, Chair of the Assembly Committee on Budget – Subcommittee 1 Health and Human Services, expressing concern and providing recommendations regarding the Cigarette and Tobacco Products Surtax Fund in the 2014-15 Governor’s Budget Revise.
  
- TEROC letter to the Honorable Ellen Corbett, Chair of the Senate Budget and Fiscal Review Committee – Subcommittee 3 on Health and Human Services, expressing concern and providing recommendations regarding the Cigarette and Tobacco Products Surtax Fund in the 2014-15 Governor’s Budget Revise.
  
- TEROC form letter posted on the TEROC Website to “Whom it May Concern” supporting legislation and regulation banning free sampling of electronic cigarettes (e-cigarettes) and other tobacco products.
  
- TEROC letter to the Redding Rancheria Tribal Council, commending them for the Win-River Resort & Casino’s implementation of a 100 percent smoke-free policy.
  
- TEROC certificate of appreciation awarded to Gary Hayward, Win-River Casino General Manager.

- TEROC response to United States Department of Health and Human Services, Food and Drug Administration (FDA), Docket No. FDA-2014-N-1089, and RIN 0910-AG38 regarding the proposed deeming rule to extend authority to regulate products that meet the definition of “tobacco product” under federal law.
- TEROC certificate of appreciation awarded to Colleen Stevens, past Branch Chief of the CTCP.
- TEROC certificate of appreciation awarded to Lynn Baskett, 2015-2017 TEROC Master Plan consultant.
- TEROC certificate of appreciation awarded to Stephanie Louie, TEROC administrative staff.
- TEROC certificate of appreciation awarded to Shu-Hong Zhu, Ph.D., M.S.
- TEROC certificate of appreciation awarded to Lawrence W. Green, Dr.P.H., ScD. (Hon.).
- TEROC certificate of appreciation awarded to Dorothy Rice, Sc.D. (Hon.).

Dr. Rice expressed her enjoyment in being able to contribute to and work with TEROC for so many years.

Dr. Zhu thanked TEROC. He explained that the resignation comes after deciding to begin evaluation work with CDPH and the California Department of Education (CDE) and felt that it would be a conflict of interest to also serve on TEROC.

Dr. Ong thanked the retiring TEROC members for serving.

**3. CLOSED SESSION PURSUANT TO SECTION 11126(A)(1) OF THE BAGLEY-KEENE OPEN MEETING ACT OF 2004**

Closed session began at 10:00AM and the meeting reconvened publically at 10:37AM.

**4. ENVIRONMENTAL UPDATE**

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

- Reynolds, Lorillard in tobacco merger  
<http://money.cnn.com/2014/07/15/news/companies/tobacco-merger/index.html>
- California lawmakers kill measure to ban sale of e-cigarettes in vending machines

- <http://www.sacbee.com/2014/08/06/6610617/california-lawmakers-kill-measure.html>
- Florida jury awards record \$23 billion against RJ Reynolds  
<http://www.reuters.com/article/2014/07/20/us-usa-tobacco-award-idUSKBN0FO0ZM20140720>
  - California Democrats accepting more campaign cash from tobacco industry  
<http://www.sacbee.com/2014/08/02/6601133/california-democrats-accepting.html>  
[http://www.sacbee.com/2014/08/02/6601133\\_a6602186/california-democrats-accepting.html](http://www.sacbee.com/2014/08/02/6601133_a6602186/california-democrats-accepting.html)  
<http://www.sacbee.com/2014/08/05/6605012/editorial-democrats-choose-tobacco.html>
  - You can afford to quit smoking – federal employees health benefits  
<http://www.prevent.org/data/files/actiontoquit/case%20study,%20opm,%20final,%207-3-14.pdf>
  - Nicotine poisoning in an Infant  
<http://www.nejm.org/doi/full/10.1056/NEJMc1403843>
  - Electronic cigarettes: A policy statement from the American Heart Association (AHA)  
<http://circ.ahajournals.org/content/early/2014/08/22/CIR.0000000000000107.citation>
  - Electronic nicotine delivery systems (ENDS) Report by the World Health Organization (WHO)  
[http://apps.who.int/gb/fctc/PDF/cop6/FCTC\\_COP6\\_10-en.pdf](http://apps.who.int/gb/fctc/PDF/cop6/FCTC_COP6_10-en.pdf)
  - Editorial: Big Tobacco kills sensible e-cig bills  
<http://www.sacbee.com/2014/06/27/6515470/editorial-big-tobacco-kills-sensible.html>
  - San Diego City Council passes measures regulating e-cigarettes  
<http://www.cbs8.com/story/26129911/city-council-passes-measures-regulating-e-cigarettes>
  - Report: California policies to fight tobacco related cancer falling short  
<http://www.californiahealthline.org/articles/2014/8/25/report-calif-policies-to-fight-tobacco-related-cancer-falling-short>

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

Callie Hanft of the American Heart Association (AHA) and Tim Gibbs of the American Cancer Society (ACS) presented on behalf of the voluntary health agencies.

Mr. Gibbs and Ms. Hanft provided an overview of the legislative year and beginning discussion regarding the status of tobacco bills.

### **AB1500 - Prohibiting online sales of e-cigarettes to minors**

The bill would have prohibited a delivery seller, as defined, from selling, delivering, or causing to be delivered e-cigarettes to a person under 18 years of age. The bill would have required the delivery seller to use a method of mailing or shipping that has specified requirements, including the requirement that the person delivering the e-cigarettes not deliver the package without first obtaining the full name, birth date, and residential address of the person signing for the delivery and verifying that information, as specified.

The bill was heard in the Assembly Governmental Organizational Committee, where it stalled, was weakened, and eventually died.

### **SB 648 - Electronic Cigarettes: Restriction of Use and Advertising**

The bill would have prohibited the use of e-cigarettes in all areas where cigarettes are prohibited by state law and extend the prohibitions on the advertising of tobacco products to include the advertising of e-cigarettes. The bill was significantly amended on June 18, 2014 and, despite health advocacy groups' opposition, was unanimously approved by the Assembly Governmental Organization Committee by a vote of 16-0. The bill was heard in the Assembly Appropriations Committee where it failed by a vote of 2-3 (with 12 members choosing not to vote) on August 6, 2014.

### **AB 1819 - Smokefree Home Day Care**

The bill expands the current smoking prohibition in family day care homes to prohibit smoking at all times. Current law only prohibits smoking in family day care homes when children are present. The bill was signed into law by Governor Brown.

### **AB 1839 – Film Tax Credit Extension**

The bill would extend the film tax credit for the production of qualified motion pictures in California. Under current law the tax credit will sunset in 2017. The bill would remove the sunset date and allow this tax credit to continue in perpetuity. Current law does not prohibit film productions that choose to depict smoking from receiving the tax credit, nor does this bill. AB 1839 was approved by the full Assembly on May 28, 2014 and the full Senate, with amendments, on August 29, 2014. The amended bill was sent back to the full Assembly and was approved the same day. The bill has been sent to the Governor for approval.

### **AB 2539 – Certified Farmers’ Markets**

Assembly Bill 2539 would revise current requirements imposed on certified farmers’ markets for meat, poultry and fish products and will prohibit smoking within 25 feet of the common commerce area of certified farmers’ markets. The bill was sent to the Governor for approval.

The ACS-Cancer Action Network (CAN) has launched the *Snuff Tobacco Money out of California Politics* campaign to challenge legislators to “just say no” to Big Tobacco money and expose legislators who accept tobacco funds ([www.notobaccomoney.org](http://www.notobaccomoney.org)).

Dr. Ong asked if the tobacco product definition under California law would be addressed legislatively within the next few legislative sessions. Mr. Gibbs explained that the voluntary organizations are conducting a strategic planning session within the next few days and would certainly discuss the topic. This topic, among many others (including e-cigarettes and a tobacco tax) will be on the agenda.

The Chair thanked Ms. Hanft and Mr. Gibbs for the update.

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

Tom Herman and John Lagomarsino presented on behalf of the California Department of Education (CDE)/ Coordinated School Health and Safety Office (CSHSO).

Mr. Herman began the report by introducing a letter to the Chief Deputy Superintendent of Public Instruction, Richard Zeiger. The letter was signed by 21 County Office of Public Schools Superintendents in which the signers expressed concerns over the current Tier 2 award process. They voiced concerns that the current process placed small rural districts at a competitive and financial disadvantage in applying for grant funding.

CSHO implemented changes based on the recommendations included in the letter:

1. End the practice of having grants read by readers who are competing for the available funds.  
The CSHSO will assemble a cadre of grant readers for the Cohort K funding cycle that will exclude any applicant for the Cohort K funds. This cadre may consist of county offices of education and current district TUPE grantee coordinators, County Offices of Education (COE) nominated district readers, other CDE Educational Program Consultants, and representatives from CTCP and TEROC.
2. Modify the current practice of making funding available strictly on population.

The CSHSO agrees with the premise that grants should consider prevalence of tobacco use. However, the availability of data that would provide an equitable way of considering this status for all applicants is unreliable and would not necessarily achieve the desired results. This is a topic that will be considered by the TUPE Advisory Work Group in late 2014.

3. Reintroduce a base level of funding to the process.  
The practice by the CSHSO of encouraging COEs and districts to consider applying as a consortium was implemented to offset the discontinuance of the past practice of a minimum level of funding. The CSHSO recognizes the disadvantage this may cause for a county such as Alpine County with an average daily attendance of 132 students. The maximum grant amount for which that county would be eligible to apply under the current funding structure is \$7,128. The CSHSO will ask for consideration of this topic by the TUPE Advisory Work Group to propose alternatives that would encourage greater participation by smaller counties or districts.

Existing request for application (RFA) and process:

1. Train readers to properly evaluate consortium applications from rural areas.  
The CSHSO will make adjustments to the readers' training provided prior to the grant evaluation process to address the differences in a single agency application versus a consortium application consisting of multiple agencies. Readers assigned to read consortium applications will include at least two readers with consortium experience on each team of readers.
2. Add rural youth to the list of priority populations.  
The CSHSO proposes setting aside ten percent of the funds available for the Cohort K funding cycle for the purpose of ensuring the funding of rural applications. The amount of the set aside for this funding cycle will be \$800,000 to \$900,000. The determination of an application's rural status will be based on data from the National Center for Educational Statistics' (NCES) Elementary/Secondary Information System. To qualify for rural status, all of the districts within an application must have a locale code of 41 (Rural, Fringe), 42 (Rural, Distant), or 43 (Rural, Remote) as defined by NCES. A list of these agencies will be included in the RFA.
3. Evaluate administrative costs.  
The current RFA already limits funding for administrative personnel to a grant coordinator for the proposed project. The compensation for this position is usually set by collective bargaining agreements, and as such, is beyond the control of the CDE to dictate a set funding level.
4. Refine criteria to account for geographical distances in rural counties.

The CSHSO will review the current language in the RFA and the scoring rubric and make adjustments to allow for the use of parent, student, and staff surveys in lieu of face-to-face focus groups where distances between communities make such activities problematic.

The CSHSO will convene a TUPE Work Group in the fall of 2014. The goal of this convening is to review the current TUPE program and grant process, including the changes referenced in this letter, and to seek recommendations that would shape the ability of the grant to have the greatest impact on the health of all California's youth. The Work Group membership will consist of representatives from rural counties and districts as well as non-rural counties. The disparities and equity of the funding distribution will be addressed as part of the recommendations from the Work Group.

A subcommittee of TEROC members is invited to attend keeping in mind any potential conflicts of interest.

TEROC members discussed the recommendations further. They are looking forward to participating in the workgroup and receiving the report.

CDE announced a new staff member, Sarah Planche, who would be joining CDE from CTCP.

The Chair thanked Mr. Herman and Mr. Lagomarsino for the presentation.

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

Drs. Bart Aoki, Phil Gardiner and Norval Hickman presented on behalf of TRDRP.

Dr. Aoki began the presentation by discussing staff changes within TRDRP. Dr. Gardiner was invited back to the program as a retired annuitant and Tracy Richmond McKnight is new to TRDRP.

Dr. Aoki discussed Cycle 23 New Grant Awards. In addition to the 34 career development award applications and the 6 Cornelius Hopper Diversity Awards Supplement proposals that were submitted, a total of 103 applications were received on the April 21, 2014 submission date for the program's 23rd Cycle. The majority of these applications were for disparities, prevention, cessation, and nicotine dependence, equaling 53 (37 percent), as well as 43 for early diagnosis and pathogenesis (30 percent). The remaining applications consisted of 26 (18 percent) environmental exposure and toxicology research applications, 15 (11 percent) regulatory science and new products research applications, and 7 (4 percent) industry influence and policy research applications.

Of these applications, 32 were recommended for funding by the TRDRP Scientific Advisory Committee (SAC) at its meeting on September 15, 2014. These included: seven research project awards, seven exploratory and developmental awards, five postdoctoral fellowship awards, four dissertation awards, one pilot CARA, one full CARA, one pilot SARA and six thirdhand smoke consortium awards.

Application submissions for e-cigarette research have increased considerably. There were no applications for e-cigarette research only three years ago to 22 applications this round; TRDRP will fund 9. Dr. Aoki noted that this is a significant shift in the type of research being performed. Nearly one-third of the grant dollars are now being focused towards e-cigarette related research.

Dr. Gardiner presented an overview of TRDRP plans to convene an E-Cigarette Tax Policy Research Meeting in the latter part of January, 2015. The purpose of this meeting is to initiate a discussion among tobacco control leaders in California about the issues surrounding the taxing of e-cigarettes and to review the current status of e-cigarette regulation, domestically and internationally, with special emphasis on taxation policies. TRDRP's particular intent is to determine the research needs and questions surrounding e-cigarette taxation, including considering TRDRP allocating funds to support research to answer questions in this regard.

Invitees will include representatives from the CTCP, CDE, TERO and TRDRP e-cigarette grantees. Additionally, the health voluntaries, ACS, AHA, ALA, and ANR will be asked to attend. Key policy researchers and representatives from the priority populations, including, American Indian Alaska Native, African American, Asian Pacific Islanders / Native Hawaiian, Latino, Lesbian Gay Bisexual Transgender (LGBT) Community and Low socioeconomic status (SES) will also be invited. Depending on the outcomes of the meeting, TRDRP will be prepared to issue a request for qualifications (RFQ) for rapid policy research (e.g., modeling, focus groups). Results are expected by June, 2015 for tobacco control stakeholders to use in their policy advocacy work.

Dr. Hickman provided information regarding the joint inter-agency Tobacco use Prevention Education (TUPE) program evaluation. Staff from CTCP, TRDRP, and CDE are moving forward with plans to jointly fund a four-year scientific evaluation of TUPE activities. The purpose would be to generate evaluation findings that result in actionable recommendations to improve youth prevention and school-based education of tobacco products. The Request for Applications (RFA) is being prepared and is targeted for release on October 1, 2014. Applications will be openly solicited and undergo peer review in February, 2015.

Dr. Aoki discussed the UC-Historically Black Colleges and Universities (UC-HBCU) Initiative Collaboration. The history of targeted marketing of tobacco products to the African-American community by the tobacco industry and the higher rates of tobacco-related diseases among African-Americans are well known facts within the tobacco control community. Despite the profoundly negative impact of tobacco products on the quality of life of African-Americans, however, they are woefully underrepresented in the tobacco research community. In an effort to combat this disparity, TRDRP has joined ranks with the UC-HBCU Initiative to facilitate the exposure to and training of African-American undergraduate students in tobacco research. After several meetings with the UC-HBCU program director, Dr. Pamela Jennings, TRDRP agreed to provide \$250,000 in funds and TRDRP staff oversight for successful proposals that involve tobacco studies. The announcement of the funds targeted to tobacco studies will appear in the next UC-HBCU Initiative Call for Proposals, which will occur in October, 2014, with funding announcements occurring in the spring of 2015. TRDRP will also provide assistance with targeting potential applicants within the UC system. Future plans are to foster similar training programs between non-UC tobacco researchers and students at HBCUs and other Minority Serving Institutions (MSIs).

Dr. Baézconde-Garbanati asked if there were plans to go broader with the program. Dr. Aoki, Dr. Hickman, and Dr. Gardiner explained that there is potential for the program to partner with organizations representing other student populations targeted by the tobacco industry and/or be broadened to include partnerships with the California State University (CSU) system.

Ms. Etem asked how diverse the traditional awardees are. She asked if there was a “diversity scorecard” that would disclose the diversity of awardees. Dr. Aoki explained that this is not currently tracked. However, the new database to be launched in January, 2015 will track demographic information. Drs. Gardiner and Hickman noted that there may be a lack of diversity.

Dr. Aoki went on to discuss the California Tobacco Policy Scholars Program. TRDRP and the leadership of Scientific Advisory Committee (SAC) are continuing exploration of the feasibility of initiating a Tobacco Policy Scholars Program aimed at developing a cadre of established tobacco control scientists with the full complement of trans-disciplinary skill sets in science-based policy, health communications, and strategic leadership to enable each fellow to successfully influence the implementation of tobacco control policies in California and the Asia-Pacific region. The initial concept grew out of a keynote address by Judith Mackay at the 2014 Society for Research on Nicotine and Tobacco (SRNT) meetings in Seattle and the discussions of a fund development subcommittee of the SAC. An in-person meeting with Dr. Mackay is planned for November 4, 2014 in San Francisco to review alternate

program and financial models for this type of program and to develop the outlines for an initial prototype focused on California.

Dr. Hickman headed discussion regarding TRDRP's collaborative efforts with CDE and CTCP. The three agencies have agreed to jointly plan a tobacco control conference that includes local program staff, educators, and researchers. Agency goals include: 1) promoting networking and fostering collaborations to strengthen the efforts of all three agencies, 2) enhancing conference attendees' understanding of the science and practice of tobacco control in California, 3) highlighting impactful community research and school activities that have advanced critical tobacco control efforts in California, and 4) identify shared interests among participants to further local efforts. TRDRP and CTCP held two initial planning phone calls in June and July, 2014. CDE joined as a collaborator in August and has been on two planning teleconferences. California State University, Sacramento (CSUS) event planners are looking for available dates for venues that can accommodate up to 650 attendees. Dates are being surveyed in October and November, 2015.

Dr. Aoki finished the TRDRP presentation by providing an overview of the SACs potential overhaul of priorities and/or strategies primarily due to declining resources. TRDRP will conduct surveys to strategically plan where to focus resources in areas that have potential for high impact.

Dr. Ong addressed the resignation of Dr. Steven Beckwith, the UC Vice Present of Research and Graduate Studies. Dr. William Tucker will be the Interim Vice President. The position is anticipated to be filled within the next year. TEROC would be glad to provide input and feedback if needed.

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

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

April Roeseler and Greg Oliva presented the CTCP update.

Mr. Oliva began the CTCP presentation by announcing that after a rigorous recruitment and interview process, Ms. Roeseler was offered CTCP's Branch Chief position and she accepted. Mr. Oliva also announced that the Center for Chronic Disease Prevention and Health Promotion hired a new Deputy Director, Dr. Kevin Sherin.

Ms. Roeseler expressed how excited and energized she is to be the new Branch Chief of CTCP. Having worked in tobacco control for many years, Ms. Roeseler observed that CTCP presently has the strongest collaborative relationship with CDE and TRDRP than ever before.

On August 15, 2014, CTCP released a Request for Proposal (RFP) for the 2014-2017 Phase II San Bernardino Local Lead Agency (LLA) Plan. This RFP is designed to fund one governmental or non-profit agency to function as the LLA for San Bernardino County. San Bernardino County Public Health Department withdrew from being a LLA beginning July 1, 2014 due to the financial constraints associated with the reduction of their allocation to \$150,000 annually. CTCP hopes to fund a new LLA by January, 2015.

On August 1, 2014, CTCP informed the Stanford Prevention Research Center (SPRC) that they were the successful bidder for Solicitation 14-10313 for the CTRES project. This project includes survey development and training for two surveys: (1) the Healthy Stores for a Healthy Communities (HSHC) survey; and (2) the California Tobacco Retail Surveillance Study (CTRSS), formerly the California Tobacco Advertising Survey (CTAS). The contract term for this project is January 1, 2015 – December 31, 2017 and the total award amount is \$1,050,000. The work will support the ongoing *Healthy Stores for Healthy Community (HSHC)* surveillance efforts as well as evaluate point of sales interventions.

CTCP released the data for California's 2014 Youth Tobacco Purchase Survey (YTPS) in August, 2014. The 2014 YTPS is based on a statewide random sample of 737 tobacco retail outlets. The illegal sales rate in 2014 was nine percent. While this is the sixth consecutive year the illegal sales rate has been under 10 percent in California, the overall rate is the highest since 2008. The 2014 rate is a non-statistically significant increase from 2013, when the illegal sales rate was 7.6 percent.

CTCP completed a RFP to procure a public relations agency for California's statewide anti-tobacco media campaign. The contract was awarded to Allison+Partners, a full-service public relation agency headquartered in San Francisco, CA. The intended start date for this contract is January 1, 2015.

CTCP's new multicultural advertising contractor, Duncan/Channon, is conducting a competitive search to identify qualified, full-service advertising agencies to be subcontractors for the Hispanic and Asian advertising in-language campaigns. The previous ethnic media subcontractors were Acento and APartnership. The new in-language advertising subcontractor contracts will begin in October, 2014 and will start running media in early 2015.

On July 17, 2014, CTCP gave a presentation on its "Lost Moments" Advertising Campaign as part of the monthly Centers for Disease Control and Prevention (CDC) media call with states. CDC requested the presentation as a special feature.

The "Lost Moments" advertisements were effective in getting Californian's attention and driving home the message about the toll of tobacco use on

families and role of the tobacco companies. The advertisements were created very economically because they were created with YouTube clips.

CTCP hosted a series of Health Equity Roundtables in June, 2014 to engage more than 50 local tobacco control, health equity, and community-based experts in delving into the strategies identified in the *Advancing Health Equity in Tobacco Control* plan. Participants also helped identify tobacco use, interventions, and evaluation metrics for the development and implementation of a *Tobacco Control Health Equity Report Card* that will ensure accountability and transparency. The ideas, opinions, suggested courses of action, and feedback shared during the Roundtables will advise CTCP as it works toward implementing the *Advancing Health Equity in Tobacco Control* plan and monitoring the State's progress in addressing tobacco-related health equity.

On September 8, 2014, CTCP released the funding opportunity alert for RFA, CTCP 15-100, *Achieving Tobacco-Related Health Equity among California's Diverse Populations*, with the intent to fund approximately 25 to 50 projects to prevent and reduce tobacco use among groups with high rates of tobacco use. The RFA will be released on November 13, 2014, applications are due on January 6, 2015, and the anticipated award date is February 10, 2015.

In May – July, 2014, CTCP conducted studies to assess the effectiveness of its two distinct anti-smoking advertising efforts conducted in Spanish and Asian languages. This was the first time that CTCP had assessed its in-language advertising efforts.

The Spanish language advertisements had very high recognition, with more than 70 percent of Hispanics in Los Angeles recalling the Television advertising (Addictions and Masks) as well as strong overall favorable attitudes about the dangers of tobacco addiction and secondhand smoke.

The Asian languages advertising survey revealed interesting findings with implications for future communications efforts. While awareness of the Asian advertisements was fairly strong across all the groups (58 percent), Chinese respondents had the highest recall (over 80 percent), among Korean respondents about half (58 percent) recalled the spot, but only about 20 percent of Vietnamese respondents recalled the most recognized television commercial. There was a wide range in attitudes as well, with 94 percent of Chinese respondents agreeing that 'secondhand smoke is dangerous' but only 31 percent of Vietnamese respondents agreeing with that statement.

On September 12, 2014, the CDPH, CTCP hosted a three-hour seminar on e-cigarettes in Sacramento with over 200 attendees. The seminar was moderated by Dr. Ron Chapman, CDPH Director, and provided the latest research on this emerging product and public health threat. Dr. Michael Ong,

Chair of TERO, provided an overview of e-cigarettes and was one of the highest rated speakers. Additional expert speakers presented on the following topics: (1) recent rise in nicotine poisonings, particularly among children, (2) effect of nicotine on the brain, (3) chemical toxicity of e-cigarette emissions, and (4) e-cigarette marketing that targets youth. The audience was comprised of CDPH staff, CTCP-funded local health departments, community-based organizations, and other public health partners. The seminar was recorded and is available on the Partners website (for viewing by CTCP-funded projects) and CDPH Intranet (for internal CDPH staff viewing).

ChangeLab Solutions developed *Regulating Toxic Vapor: A Policy Guide to Electronic Smoking Devices* to provide information about the public health concerns related to electronic smoking devices, the steps that have been taken to regulate electronic smoking devices, and what additional measures communities can take to limit access to and the availability of electronic smoking devices.

The 2014 awards for Excellence in Public Health Communication were announced on August 19, 2014 at the National Conference for Health Communication, Marketing and Media in Atlanta. The awards, sponsored by National Public Health Information Coalition (NPHIC) and the Grady College at the University of Georgia, cover 17 categories, with separate awards presented for materials produced in-house by the respective health departments and those out-sourced to advertising and marketing entities.

CTCP took home four awards for the 2014 NPHIC Awards: two gold medals and two bronze medals:

- Gold medals: "Lost Moments" TV ad campaign and Healthy Stores for a Healthy Community Marketing Surveillance Survey Online Training
- Bronze medals: "Lost Moments Video Generator" and *Tobacco and Its Impact in My Community* photo contest

Dr. Baézconde-Garbanati inquired about CTCP vacancies and whether or not the Department is able to move forward. Ms. Roeseler explained that advertising and recruiting is currently being conducted. The State's cumbersome hiring process sometimes slows the process.

Ms. Etem asked if there was a way to introduce upcoming diverse students to CTCP and help them maneuver the state system. Ms. Roeseler explained that CTCP has a wonderful working relationship with UC Davis which can help with recruitment. Ms. Roeseler also expressed interest in looking into finding alternative ways to help new and diverse individuals maneuver the State system.

The Chair thanked Ms. Roeseler and Mr. Oliva for the presentation.

## **9. THE COST OF SMOKING IN CALIFORNIA**

Drs. Wendy Max and Hai-Yen Sung presented *The Cost of Smoking in California, 2009*.

Dr. Gardiner introduced Drs. Max and Sung. He expressed how proud, honored, and thankful he was for working with the team of individuals who produced the report. The content is invaluable to the tobacco control movement.

Dr. Max began the report by providing an overview of *The Cost of Smoking in California, 2009*. This is the third report on the Cost of Smoking in California, the first completed in 1989 (headed by Dr. Rice), second in 1999, and now the third in 2009. Each of the reports reflects the latest data and newest methodology. The cost of smoking is comprised of healthcare expenditures, value of time lost from illness, and mortality costs.

Mortality costs include the number of deaths and the life years lost due to smoking, as well as lost earning and value of lost household production over the years of life lost due to premature death from smoking-related illness. Mortality costs also include adults aged 35+ and for infants exposed in utero to their mother's smoking.

Dr. Max continued by providing some key findings from the report:

- The total cost of smoking is \$18.1 billion
  - \$9.8 billion for healthcare costs
  - \$1.4 billion for lost productivity from illness
  - \$6.8 billion for lost productivity from mortality
  - \$487 for each resident
  - \$4,603 for each smoker
- The total cost of smoking is \$17.46 per pack
  - The healthcare cost is \$9.23 per pack
  - The value of lost productivity from illness and death is \$8.23 per pack
- The cost of smoking is \$21 for every \$1 of cigarette tax revenue generated
- 3.9 million Californians smoke
  - 3.8 adults (13.6 percent)
  - 145,000 adolescents aged 12-17
- 34,363 Californians die of smoking-related diseases every year
  - Including 27 children exposed to their mother smoking while pregnant
- 15 percent of all deaths were attributable to smoking
- The major causes of smoking-attributable deaths in California were:
  - Neoplasms (13,514)
  - Cardiovascular (10,490)
  - Adult Passive Smoking (794)
  - Pediatric (27)

- 587,000 years of potential life is lost due to smoking
  - 354,000 for males
  - 233,000 for females
- 17.1 years are lost per smoking-attributable death
- Most adult smokers are light smokers (who smoke only some days or smoke <10 cigarettes per day)
  - 60 percent of male smokers
  - 61 percent of female smokers
- The number of smoking-attributable deaths decreased by 20% since 1999
- The nominal cost of smoking increased by 15 percent since 1999
- After inflation, the real cost of smoking decreased by 22 percent

Dr. Sung explained how smoking prevalence was estimated for each of the 58 counties in California. The estimates were broken down by:

- Age (adolescents and adults) and gender
- Current, former, and never smokers
- Light (<10 cigarettes per day{CPD}), moderate (10-19 CPD), and heavy (20+ CPD) smokers

Dr. Sung continued by providing the conceptual framework of the cost estimates regarding the impact of smoking on healthcare expenditures. She explained that smoking influences whether or not an individual has or has had smoking-related diseases. Secondly, smoking influences the likelihood of an individual having a smoking-related disease having poor health. In addition, smokers who do not have smoking-related diseases are still more likely to have poor health. Each of these factors relates to healthcare expenditures. Based on this conceptual framework, the team developed a series of epidemiologic equations to capture the impact of smoking to smoking related to diseases, smoking to poor health, and smoking to healthcare expenditures. The model also captured smoking intensity of smoking: light, moderate, and heavy.

Dr. Sung discussed the value of lost productivity and explained how smoking-attributable healthcare expenditures are estimated using an excess cost approach. They compared expenditures of smokers and former-smokers with those of never-smokers. They assumed that smokers and never smokers were equivalent in every way except for smoking status.

Dr. Max described the tables included in the report. There are three sets:

- State level estimates
- Countywide estimates – all 58 counties provided in each table
- County profiles – two pages for each county showing all individual county data

Drs. Sung and Max concluded by expressing that many Californians still smoke and smoking-attributable costs remain high. There is a wide range of

costs among counties. Tax revenues do not come close to covering the costs of smoking. Lastly, California tobacco control programs are having an impact, but there is still work to be done.

The report's epidemiologic model was discussed in detail, addressing TEROC member's comments and questions regarding how the model attends to race and ethnicity. Dr. Max expressed her desire to continue research through TRDRP to research health disparity by county.

Dr. Rice thanked Drs. Sung and Max and commented on how far the model has come in its evolution since 1989. Dr. Rice expressed the importance of the dissemination of the data, particularly to the Legislature.

Mr. Messex expressed concern regarding the use of 2009 data. He thought the public would have issue with the fact that the data was nearly five years old. TEROC and attendees provided input regarding the media packaging of the report to the public to address this concern.

Ms. Wilmore was interested to know if the next report would include other tobacco products. Dr. Max explained that this was being considered currently at a national level and is looking forward to receiving data.

The Chair thanked Drs. Max and Sung for traveling from UCSF to provide a report to TEROC.

#### **10. 2015-2017 TEROC MASTER PLAN**

Ms. Simpson provided a brief status update regarding the Master Plan.

The CTCP TEROC Master Plan Taskforce has been hard at work fine-tuning the plan. *The Cost of Smoking, 2009* data was integrated into the plan with the help of Mary Modayil, CTCP Epidemiologist, and the final content was provided to Gretta Foss-Holland, CTCP Publications Coordinator, to begin the layout design process. Print copies of the Master Plan can be expected in late December, 2014. The Taskforce is also developing an infographic, which will accompany the Master Plan, will provide talking points, and will serve as an executive summary for the TEROC members.

Ms. Etem and Dr. Baézconde-Garbanati discussed the dissemination subcommittee meeting, which took place on July 28, 2014 to outline plans for the dissemination of the 2015-2017 TEROC Master Plan. The following items were considered:

- Fact Sheet/Infograph
- TEROC Presentation/Press Opportunities
  - APHA 2015 – Abstract
  - Joint Conference (with TRDRP, CDE, & CTCP)
  - I&E Days 2015

- Prop 99 Conference Call
- CTCP's 25th Anniversary
- International Conference on Tobacco
- Presentations/Slides
  - To be prepared for TEROC Members
- Distribution list
  - Approximately 500 full Master Plans
  - Add TCORS to the distribution list
  - Add FDA to distribution list
- Distribution Cover Letters
  - Legislators
  - Local Health Officers
  - Local Lead Agencies
  - Local Education Agencies
  - Priority Populations
  - Tobacco Control Advocates

Ms. Roeseler and Mr. Lagomarsino offered to host webinars to introduce local projects to the Master Plan. Ms. Etem thanked Ms. Roeseler and Mr. Lagomarsino.

Dr. Henderson recalled past Master Plan releases and called for an impassioned recommitment to tobacco control. Dr. Ong mentioned that e-cigarettes have helped to reenergize the tobacco control community.

The Chair thanked the subcommittee for the presentation.

#### **11. PUBLIC COMMENT**

No public comment.

Dr. Ong thanked Dr. Rice, Dr. Zhu, and Dr. Green for their service to TEROC.

The Chair moved to adjourn the meeting. The motion passed unanimously.

The meeting was adjourned at 3:30 PM.

The next TEROC meeting will take place in the California Bay Area.