

**Minutes of the  
Tobacco Education and Research Oversight Committee (TEROC)**

Meeting on Monday, November 22, 2010

Los Angeles Airport Marriott Hotel  
5855 West Century Boulevard  
Los Angeles, California 90045

**MEMBERS PRESENT:**

Dr. Lourdes Baezconde-Garbanati, Ms. Pat S. Etem, Dr. Lawrence Green,  
Dr. Pamela Ling, Mr. Naphtali Offen, Dr. Michael Ong (Chair), Dr. Dorothy Rice,  
Ms. Peggy Uyeda, Ms. Kathleen Velazquez, Dr. Valerie Yerger,  
Dr. Shu-Hong Zhu

**MEMBERS ABSENT:**

Dr. Wendel Brunner, Dr. Alan Henderson

**OTHERS IN ATTENDANCE:**

Dr. Bart Aoki, University of California, Office of the President (UCOP), Tobacco-  
Related Disease Research Program (TRDRP)

Glen Baird, California Department of Public Health (CDPH), California Tobacco  
Control Program (CTCP)

Dr. David Cowling, CTCP

Dr. Phil Gardiner, TRDRP

Linda Lee, CTCP

Dr. Donald Lyman, CDPH

Carol McGruder, African American Tobacco Control Leadership Council  
(AATCLC)

Claudette Powers, Coalition for a Smoke-free Long Beach

Peggy Preacely, City of Long Beach Local Lead Agency (LLA)

April Roeseler, CTCP

Zul Surani, University of Southern California

Greg Wolfe, California Department of Education (CDE), Coordinated School  
Health and Safety Office

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

Tobacco Education and Research Oversight Committee (TEROC) Chair  
Michael Ong called the meeting to order at 9:42 a.m.

With the meeting agenda devoted to the 2012 Master Plan, formal TERO  
C business was held over to the next meeting. The Chair indicated an  
emerging issue relating to the National Cancer Institute could be discussed at  
the end of the meeting.

The following achievements by TEROC members were acknowledged:

- Dr. Shu-Hong Zhu, The American Public Health Association's Award for Excellence
- Mr. Naphtali Offen, a Community Activist Award from the American Legacy Foundation
- Dr. Lawrence Green, inducted into the Institute of Medicine

TEROC members and guests introduced themselves.

## **2. MASTER PLAN LEGISLATIVE REQUIREMENT AND CONTENT TRENDS**

Members reviewed the legislative requirement and trends in recent Master Plan content and themes. Discussion ensued on the audiences for the Master Plan; how strategies can be better directed to audiences and agencies; and strategies for incorporating feedback from the CTCP Regional Forums into the Master Plan.

## **3. MASTER PLAN PRODUCTION TIMELINE**

Members reviewed the Draft Master Plan Timeline and two Field Input Surveys used to assist in the preparation of the prior Master Plan. The Chair noted the schedule distributed follows the recent precedent of non-substantial revision of the Master Plan and more meetings would be necessary if members decide more substantive changes are required. He also noted that unless a special election is held, the California Cancer Research Act (CCRA) would be on the ballot in February 2012, soon after the release of the Master Plan.

Discussion ensued on the timing of Field Input Surveys, and the need to link responses to priority populations being served. TEROC has formerly convening Listening Sessions in a number of locations, which was time and resource intensive. However, it allowed opportunities to focus on the unique needs of certain priority populations. Webinars and attending coalition meetings were discussed as supplementary or alternative options. Members raised the importance of reporting back on what has been attempted or achieved for people who may have provided direct input in the past, and hearing the impact of a changed economic climate.

## **4. PROGRESS ON 2009-11 MASTER PLAN: TOBACCO RELATED DISEASE RESEARCH PROGRAM (TRDRP)**

Dr. Bart Aoki and Dr. Phil Gardiner discussed the mission of TRDRP; the relative emphasis in time and resources directed to TRDRP strategies, with a major focus on Investigator-Initiated Grants; recent TRDRP Strategic Research Initiatives; and trends and numbers of Research Awards for each of

the current Master Plan objectives, which are increasing and comprise approximately one-third of the total annual awards. Notable research findings since 2008 have included:

- Culture and Tobacco Among American Indian Adolescents (Baezconde-Garbanati):
  - Having friends or siblings who smoke or who are in the same room or car was associated with recent smoking.
- Disproportionate Cost of Smoking for Communities of Color (Max):
  - African Americans comprise 6.2 percent of the California population, but account for 7.6 percent of smoking attributable deaths.
  - African Americans lose more years of life per death due to smoking attributable causes than other groups (16.3 years versus 12 years).
- Economic Impact of Secondhand Smoke (SHS) for Communities of Color (Max):
  - In-home exposure: children 3.4 percent; adolescents 4.7 percent; adults 6.0 percent.
  - Workplace exposure: 13 percent of Californians are exposed to SHS (Hispanics 19.5 percent; Asian/Pacific Islanders 10.6 percent; African Americans 10.4 percent; Whites 9.9 percent). Men had higher rates of exposure than women.
- Prevalence and Correlates of African American Tobacco Use (Landrine, Adams-Simms):
  - A random, statewide sample of 2,190 African American adults suggests a smoking prevalence rate of 32.6 percent overall (37.2 percent for men, 29.7 percent for women).
- California's Tobacco Control Program and Tobacco-Use Trends/Cost of Smoking (Messer, Pierce):
  - The introduction of California's tobacco control program doubled the rate of decline in cigarette consumption and accelerated the decline of lung cancer rates.
- Evaluation of the 'I Decide' Teen Smoking Cessation Program (Rohrbach):
  - A comparison of quit rates showed no significant differences.
- Association of Outlet Density with Smoking and Pack Price (Henriksen):
  - For each 10 percent increase in the proportion of African American students, the proportion of menthol advertising increased by 5.9 percent; Newport promotions were 42 percent higher; and the cost of Newport was 12 cents lower.

Discussion ensued on how data inform the various tobacco control agencies, and TEROC's need for the most recent, peer-reviewed California studies.

Notable unsolicited small project funding included the Clearing the Air policy advocacy institute and digital data preservation for Americans for Nonsmokers' Rights; a hazard assessment of cigarettes butts; and a program for deaf youth.

Dr. Aoki outlined changes in external forces affecting the operational environment for TRDRP including:

- Continuing declines in Prop 99 revenue.
- Potential for a new state funding entity with the passage of CCRA.
- Uncertainties in federal research support.
- Changing regulatory and policy environment.
- Health care reform.
- Emerging research issues.
- Heightened need to collaborate for progress.

Future directions for TRDRP to respond to these developments were raised, including:

- Partnership and Fund Development:
  - Partnering with private foundations and agencies to fund high priority research.
  - Funding research to inform the public on issues relevant to CCRA.
  - Partnering to restore Cancer Registry funds to TRDRP.
- Applicant Outreach and Development:
  - Intensifying electronic and in-person applicant outreach.
  - Offering planning grant mechanisms for community research awards.
  - Partnering with UCOP's Breast Cancer and HIV/AIDS programs on community engagement.
- Research Grants:
  - Developing evidence in priority areas:
    - Balancing Investigator-Initiated Grants with Strategic Research Initiatives.
    - Seeking broader stakeholder input to identify priorities.
  - Emphasizing biomedical studies that have clinical and tobacco control policy implications (e.g. thirdhand smoke).
- Evaluation and Dissemination:
  - Partnering with CTCP to hold joint Project Directors' and Investigators' meeting.
  - Identifying and expanding methods of research dissemination (e.g. webinars, video, community forums, social media).

The Research Grants Program Office (RGPO) reorganization should enable TRDRP staff to place a greater emphasis on these areas. Implications for the Master Plan could include incorporating strategies such as:

- Developing funding partnerships to expand resources.
- Re-balancing TRDRP's research portfolio through Strategic Research Initiatives addressing Master Plan priorities.
- Targeting biomedical research to ensure the focus is on clinical and policy-relevant studies.

- Strengthening the evaluation of tobacco control-related outcomes for TRDRP research.
- Intensifying the dissemination of TRDRP research findings.

New Objectives or Strategies could also be considered for health care reform issues, including:

- Ensuring new health care systems at the state level maximize services to advance tobacco control.
- Supporting TRDRP research and evaluation of the effects of health care system changes on tobacco control.
- Supporting the development of an evidence base for addressing disparities in access to and utilization of cessation services.

## **5. PROGRESS ON 2009-11 MASTER PLAN: CALIFORNIA DEPARTMENT OF EDUCATION (CDE)**

Greg Wolfe reported on CDE's major progress and challenges in meeting the goals, objectives, and strategies of the current Master Plan.

### *Objective One: Strengthen the California Tobacco Control Program*

Quarterly collaboration meetings were held with CTCP. Assistance was provided to support CTCP's independent evaluation efforts and for a legislative proposal to require all schools to be 100 percent tobacco-free.

### *Objective Two: Eliminate Disparities and Achieve Parity in all Aspects of Tobacco Control*

An increasing focus is being placed on capacity building for Tobacco Use Prevention Education (TUPE) grantees to address priority populations. Research-validated tobacco prevention programs were reviewed by the California Healthy Kids Resource Center (CHKRC) to determine the cultural and linguistic appropriateness of program content. The effectiveness of programs in preventing tobacco use for priority populations is more difficult to establish. No cessation programs, including "I Decide", have been identified by CHKRC as being research-validated, but certain programs are encouraged. CDE is collaborating whenever possible with TRDRP on evaluation studies.

The 2011 TUPE Request for Applications (RFA) will require applicants to implement one or more youth development strategies that effectively engage youth in anti-tobacco advocacy. The RFA will award more points to applicants targeting youth from priority populations for participation in youth development strategies, in response to TEROCC concerns. Applicants will be able to directly provide cessation programs or identify, refer and promote awareness of community cessation resources. Mr. Wolfe confirmed that applicants are not required to perform their own evaluation of direct causal effects of programs offered, but are required to do needs assessments, track local prevalence measures, review program choices and conduct process

evaluation. CDE no longer receives Proposition (Prop) 99 funding for evaluation of in-school TUPE programs, which is conducted by CTCP. Local Education Agencies are encouraged to investigate innovative programs identified by the Tobacco Education Clearinghouse of California, Centers for Disease Control and Prevention (CDC), and CHKRC. Resources are now too limited for CDE to develop new programs, which did occur in the past.

For the California Healthy Kids Survey (CHKS), a table is being added to local school district reports that will disaggregate 30 day tobacco-use prevalence by race and ethnicity. Research identified by TRDRP and CTCP is also disseminated to county and district TUPE coordinators. In the past, CDE was able to convene panels of researchers to identify and disseminate best practices to the field but resources are no longer available.

*Objective Three: Decrease SHS Exposure*

All TUPE applicants are required to have a certified tobacco-free policy, and must be recertified every three years. A new Tier 1 award process, with a reduced applicant burden, will provide small incentive awards and only require grantees to work collaboratively with the County TUPE Coordinator to monitor policy enforcement and to continue to administer the CHKS.

*Objective Four: Increase the Availability and Utilization of Cessation Services*

The California Smokers' Helpline is strongly promoted as a strategy for meeting the requirements of TUPE grants.

*Objective Five: Limit and Regulate Tobacco Industry Products, Activities, and Influence*

All TUPE applicants must be certified as tobacco-free, and grantees must agree not to accept funds, materials, or other support from the tobacco industry or agencies that have received funds from the tobacco industry.

Mr. Wolfe indicated that CDE funding has not been sufficient for a comprehensive school-based tobacco prevention program with a K-12 entitlement since the late 1990s. No funding is provided to K-5 programs, yet these are often identified as critical years for promoting healthy behaviors. Research-validated programs are concentrated in Grades 6-9, with cessation the primary focus in Grades 10-12. Only one-third of school districts now receive funding, and virtually no direct-funded charter schools. The elimination of federal Safe and Drug-free Schools funding has exacerbated the crisis for school prevention programs. More than half the CDE prevention program staff positions have been eliminated in the last sixteen months. TUPE grant funds are declining by approximately \$1 million each year. The impact of CCRA was discussed, which could potentially triple the funding for CDE. However, recommendations for a strategic allocation of increasingly limited CDE funds should also be considered.

Possible new Master Plan strategies were presented, including:

- Promoting youth development strategies that build local capacity to involve youth in anti-tobacco advocacy.
- Promoting expanded local, county, and regional surveillance systems for assessing and reporting data measuring progress toward the Master Plan's smoking prevalence goals for school age youth and priority populations.
- Establishing prevalence goals related to reducing tobacco use by school age youth for each California County.
- Increasing the percentage of tobacco tax revenues allocated to the Health Education Account.

## **6. PUBLIC COMMENT**

Peggy Preacely raised the importance of considering how the Master Plan is used in the field, and how it can assist local health departments and their tobacco control coalitions. She expressed support for changing Master Plan objectives, and including a focus on priority populations. Areas to consider include other tobacco products, such as little cigars, and how products are targeted to certain populations. Survey methodology to best reach certain populations also needs consideration.

## **7. PROGRESS ON 2009-11 MASTER PLAN: CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH)**

April Roeseler discussed the role of the Master Plan for CTCP, including its use for RFAs and Local Lead Agency (LLA) Guidelines. It also influences CDPH legislative proposals that have included addressing the smoke-free workplace loopholes, and assists in analyzing other bills and in applications for federal grants.

Ms. Roeseler outlined recent challenges for CTCP, including contract suspension for seven evaluation contracts in 2008; furloughs; lay off notices; and a current hiring freeze. Funding to local health departments is now 50 percent of the allocation of twenty years ago, and 75 percent of the counties now receive the minimum annual allocation of \$150,000. The number of competitive grants is now less than one-third the total in 1989-90.

### *Objective One: Strengthen the California Tobacco Control Program*

CTCP included an objective in the 2010 CDC Collaborative Grant to increase support for a tobacco tax. An analysis of the health impact of a \$1.50 tobacco tax was prepared but not released, and a CDC "calculator" for these impacts would be valuable. CTCP is also participating in TRDRP's Research Policy Initiative Stakeholder Group analyzing the impact and savings of CTCP.

Other CTCP efforts were highlighted, including:

- Federal grants applied for and received.
- Technical assistance provided.
- Improved relationships with Medi-Cal and CalMEND.
- Legislative outreach through I&E Days and Youth Quest.
- Completion of ten procurements.
- Completion of technology projects.
- Release of evaluation reports and other publications.
- Trainings.
- Recognition awards.

*Objective Two: Eliminate Disparities and Achieve Parity in all Aspects of Tobacco Control*

Ms. Roeseler outlined efforts to incorporate cultural competency & parity standards into the CTCP infrastructure, including:

- Training and webinars.
- Development of a Diversity Review Tool-kit.
- Capacity Building Network Trainers.
- Social Determinants of Health (SDOH) training.
- Efforts by funded projects to:
  - Address SDOH through collaborative partnerships.
  - Increase the diversity of coalitions.
  - Expand the number of culturally diverse organizations funded.
  - Institutionalize culturally competent services.

*Objective Three: Decrease SHS Exposure*

Ms. Roeseler discussed:

- Trends in the total number of SHS policies.
- SHS and asthma advertisements (ads).
- SHS Multi-Unit Housing (MUH) ads.
- Upcoming Regional Forums to close smoke-free workplace loopholes.
- Projects working on American Indian casinos.

*Objective Four: Increase the Availability and Utilization of Cessation Services*

Ms. Roeseler highlighted:

- The California Smokers' Helpline:
  - Serves 32,000 smokers annually (effective and with high satisfaction).
  - New Center for Tobacco Cessation.
  - Additional three years of funding from First Five.
  - Health Care Provider ad campaign: referrals from health care providers now exceed 50 percent of calls to the Helpline.
- Pilot Nicotine Replacement Therapy (NRT) Project.
- Collaborating with Medi-Cal to enhance cessation benefit.
- Behavioral Health Systems Change Initiative.

- Diabetes Program and Helpline partnership.

*Objective Five: Limit and Regulate Tobacco Industry Products, Activities, and Influence*

Ms. Roeseler highlighted:

- The first laws banning tobacco sales in pharmacies in U.S.
- Strong tobacco retail licensing policies.
- Systematic tracking of tobacco industry sponsorship and retail advertising.
- End to USSTC sponsorship of the Professional Bull Riders and Professional Rodeo Cowboy Association.

Ms. Roeseler stressed the need for TEROC to consider the impact of a number of different funding contingencies in considering the future.

Recommendations could include:

- Increasing the effectiveness of efforts addressing the socio-economically disadvantaged.
- Tobacco pricing strategies:
  - Earmarked tobacco tax.
  - Minimum price law.
  - Addressing Indian reservation, Internet, and military tobacco sales.
  - Tobacco mitigation fees.
  - A national tobacco stamp.
- Eliminating exemptions and loopholes in smoke-free local/state/tribal policies.
- Expanding smoke-free MUH policies.
- Expanding outdoor smoke-free policies.
- Eliminating tobacco use from all acute and long term health care facility campuses.
- Increasing tobacco retail density and zoning policies.
- Eliminating tobacco sales where health care services are provided (e.g., drug stores, grocery stores, big box stores).
- Using the tobacco waste issue to leverage policies countering pro-tobacco influences and healthier community campaigns.
- Aggressively monitoring and enforcing the new Food and Drug Administration (FDA) legislation.
- Maximizing the use of FDA marketing restrictions.
- Expanding partners in motivating and promoting cessation.
- Aggressively promoting and encouraging use of cessation benefits.
- Systematizing the use of Electronic Medical Records to promote cessation & SHS protection.
- Closing loopholes on tobacco taxation:
  - Amending tobacco products definition.
  - Creating equity in taxation for cigarettes and other tobacco products.

- Ending movie subsidies for films depicting tobacco.
- Addressing issues that compromise SHS social norm change:
  - E-cigarettes.
  - Marijuana use.
  - Alternative tobacco products.
- Addressing Emerging issues:
  - Thirdhand smoke.
  - Toxicity of tobacco product waste.
  - Prop 23 as a mandate from California voters for environmental control.

Discussion ensued on whether the FDA law gives the ability to states to prohibit certain products, such as filtered cigarettes. Ms. Roeseler indicated such policy change would usually begin with local ordinances prior to state-wide action. Ms. Roeseler confirmed smoking is still permitted in nursing homes as a result of Labor Code exemptions.

Discussion ensued on leveraging health care reform measures for tobacco control. At a federal level, payments to states for Medicaid, for example, could be made dependent on smoke-free laws. Concerns were raised that health care reform funds could be threatened when Congress returns.

If CCRA fails to pass, continued funding declines could lead to a competitive award process for LLAs, allocations based on need, or a per capita distribution. Ms. Roeseler indicated that the RFA for the 37 current competitive grantees required a focus on priority populations in their local efforts, and she could provide data on the populations served.

The Chair thanked Ms. Roeseler for her presentation.

## **8. MEASURING ACHIEVEMENTS – DATA ON KEY TOBACCO USE AND BEHAVIOR INDICATORS**

Dr. David Cowling indicated that in addition to the data he would be presenting today, data from the 2008 California Tobacco Survey (CTS) should be approved and provided to TEROC before the end of the year.

Dr. Cowling provided the following data:

- Per Capita Tobacco Industry spending (2006) outpaced tobacco control expenditure in California by 10:1. Much of the industry spending is now dedicated to price subsidies.
- The inflation adjusted price of a pack of cigarettes has decreased from a high of \$4.92 in 2003, to \$4.29 in 2009.
- The 30-day smoking prevalence for California high school students (Grade 9-12) was 14.6 percent in 2008, while the national rate was 17.2 percent. However, while the national rate has decreased over time, the 2008 rate in

California is higher than in 2004 (13.2 percent). Declining prices in California may have affected this trend.

- Declines in smoking prevalence for California adults have flattened out in the last several years.
- For adult per capita cigarette pack consumption, California was 20 percent below the national average in 1988, and 48 percent below in 2008-09. Dr. Cowling confirmed this data is based on taxable sales, but BOE enforcement efforts and CTS purchase data suggest a decline in tax evasion over time.
- New 2008 CTS data allows estimates on adult smoking prevalence by county, which reveal lower rates in the Bay Area and central and south coasts, and higher rates in rural and Northern areas. Low rates for Madera, Fresno, and Placer counties were noted. For zip codes with less than 100 people per square mile, prevalence is 15.9 percent, and for zip codes with greater than 100 people per square mile it is 10.9 percent.
- Data from 1984-2009 suggest a growing gap in smoking prevalence for adult males and adult females in California, with a larger decline for females. However, the gap is narrower than its peak in 2006-07.
- Smoking prevalence data by race/ethnicity reveals the rate of decline for Hispanic men has been slower than for other groups. Discussion ensued on the Landrine/Adams-Simms study suggesting higher prevalence rates for African Americans than suggested by traditional survey data.
- For smoking prevalence by age groups (1994-2009), Dr. Cowling highlighted the upward trend in smoking by the 18-24 year old group over this period, which has decreased in more recent years. The decline for 25-44 year olds has flattened in recent years.
- CTS data (1996-2008) reveal a significant shift in the age of smoking uptake by young adults over time, with prevalence among 18-20 year olds declining (prevalence is highest for 25 year olds in 2008).
- For prevalence (1996-2009) by socio-economic status (SES) as defined by education and income, the decline for the high SES population has been greater than for low SES populations. Prevalence for middle and low SES populations in California is more comparable than may be anticipated, and may be due to large numbers of non-smoking low SES Hispanic women.
- Dr. Cowling provided a breakdown of smokers in California by gender, race/ethnicity, age, and sexual orientation.
- Dramatic changes have been noted in the distribution of California smokers from 1992 to 2008, with a rise in non-daily smokers from 14.3 percent to 28.1 percent and a decline in the percentage of greater than a pack-a-day smokers from 17.6 percent to 6.8 percent.
- From 1990 to 1999, the percentage of smokers attempting at least one quit attempt in the prior year grew from 49.8 percent to 60.9 percent. There was a decline in this rate from 1999 to 2005, but the 2008 rate increased to 61.9 percent.
- From 1996 to 2008, those with a successful quit attempt (greater than

- 90 days) in the prior year grew from 7.7 percent to 10.8 percent.
- Positive attitudes regarding reducing SHS exposure, restricting the availability of tobacco, countering pro-tobacco influences and regulating tobacco products have increased slightly from 1997 to 2009.
  - From 1970 to 1985, lung and bronchus cancer mortality rates per 100,000 people in California were slightly higher than the rate for the U.S. (minus California). Since 1985, rates in California have been lower than national rates and the difference has become more pronounced over time.

Discussion ensued on plans to transition away from the CTS to other data sources and whether county level data would be available. The California Health Interview Survey (CHIS) and other data modeling methodology are being considered. Consideration is also being given to moving from the CTS surveillance model to following a cohort of smokers over time.

Dr. Cowling was asked whether information on price by neighborhood demographics is available. He indicated the California price data was from a national source and a breakdown is not possible. However, the Tobacco Retailer Advertising Survey has collected information, including price, from a sample of California stores from 2000 to 2008 that could be analyzed.

The Chair thanked Dr. Cowling for his presentation.

In the interests of time, members were directed to the prepared materials on state legislative and national developments.

## **9. DIRECTIONS FOR THE 2012 MASTER PLAN**

Discussion for the direction of the 2012 Master Plan included:

- Tobacco control in California is on a precipice: on one hand there may be a new funding stream to reinvigorate programs, but on the other hand there may be no new tobacco tax. This will require hard choices that may include revamping the mission for tobacco control in California, and a reprioritizing and rethinking of strategies.
- Uncertainty as to how health care reform will proceed, and what funding will be available. However, health care costs will continue to rise, and prevention efforts save dollars and these efforts should be leveraged.
- The good news regarding tobacco control in California should be emphasized, along with the continued need for efforts to sustain the gains achieved and address disparities.
- Opportunities for joining forces with obesity prevention efforts should be considered.
- The current environment can be characterized by “change” – some positive, some critical or negative. However, the mission and vision remain relevant.

- The need to identify the appropriate balance within TRDRP's research agenda.
- Consideration of the FDA law and opportunities for state and local action. Issues could include widening the ban on pharmacy sales and addressing the issue of filters on cigarettes.
- Even if CCRA passes and funding is restored to 1989 levels, it is unlikely that "more of the same" would be the best option. Data and more opportunities for community input can help prioritize strategies. The focus needs to be to restore California to the cutting-edge of tobacco control and develop innovative partnerships.
- CTCP Evaluation Reports may assist in identifying gaps and needs and provide a context for reviewing current Master Plan strategies.
- The need to focus on priority populations without losing the comprehensive nature of programs.
- The need to review and compare current data to that in the last Master Plan to identify changes that may identify needs to be emphasized.
- The need to engage a Master Plan writer.

Members agreed to move forward with a hybrid version of the two surveys used for the last Master Plan to ask for feedback on current Objectives and for input on new Objectives and Strategies. Questions should include what should be the top priorities and what respondents think about the Master Plan overall. Current Strategies linked to each Objective should be viewable in the survey instrument. Legislators and staff should also be invited to respond and be listed as respondent category. Ms. Etem, Dr. Baezconde-Garbanati, Ms. Velazquez, Dr. Ling, and Dr. Zhu expressed interest in being on a sub-committee to identify options for future input through webinars, the TEROC page of the CDPH website, and/or listening tours over the coming year. A majority of members approved the development and release of a survey to the field with a deadline prior to the January 25 meeting.

## **10. NATIONAL CANCER INSTITUTE**

The Chair discussed a proposal by the National Institutes of Health (NIH) Scientific Monitoring Review Board to move the Tobacco Control Research Branch from the National Cancer Institute (NCI) to a new Institute for addiction research. The Society for Research on Nicotine and Tobacco has endorsed the plan. It is likely there will be a period for public comment of 3 to 6 months.

Concerns raised by members included:

- The importance of maintaining the link between tobacco use and cancer.
- Removing the Tobacco Control Research Branch from NCI would suggest that NIH no longer views tobacco control research as a priority for cancer control.

- Any shift in emphasis to clinical science, to the detriment of behavioral science, would jeopardize research and approaches that may have a greater potential influence on public health practices and policies.

Members agreed that opposing the transfer of tobacco use research would not require TEROC to take a position on the merging of the National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism into a new addiction research institute. It was noted that tobacco researchers including Ruth Malone, Stan Glantz, and Wendy Max, have prepared letters expressing similar concerns that reducing tobacco use requires a broad approach including population-based interventions.

#### **Action Item**

Naphtali Offen moved that TEROC write to Secretary Sebelius and Assistant Secretary Koh of the Department of Health and Human Services, and NIH Director Collins, urging that tobacco use research is not moved from NCI to a new addiction research institute. Seconded by Dorothy Rice. Motion carried, with Peggy Uyeda abstaining.

### **11. PUBLIC COMMENT**

Carol McGruder reported that representatives of the African American Tobacco Control Leadership Council (AATCLC) have been in a dialogue with CTCP regarding the restoration of CTCP's ethnic networks. AATCLC requests that TEROC recommends funding is restored for an African American Tobacco Control Advocacy Network. Funding for the networks was discontinued in 2006-07, which prompted efforts by many stakeholders to have the funding restored, which were supported by TEROC. A compromise was reached whereby a RFA was issued with limited funding. AATCLC believes this has resulted in a leadership void and an absence of true advocacy efforts, and a network is vital to be responsive, proactive, and relevant to the community.

AATCLC advocacy efforts have included meeting with the Legislative Black Caucus; a joint press conference with Speaker Emeritus Karen Bass regarding underreporting of African American smoking prevalence; responding to African American groups opposed to an FDA ban on menthol; correspondence to the FDA on regulating menthol; and a webinar on menthol.

AATCLC recommends the restoration of a true advocacy network and plans to formally request TEROC consider it as an agenda item at the January 25, 2011 meeting. Discussion ensued on the need for joint or separate funding for each priority population, and the need to look to past structures in considering priority populations in the new Master Plan. In the past the ethnic networks had a role in convening others working in the field, which may no longer be relevant, so the role of the current 45 competitive

grantees in serving the needs of priority populations should also be considered. Ms. McGruder stated that AATCLC envisages a new network would be a leadership organization responsible for setting its own scope of work and own resources to be proactive and reactive as required.

The Chair thanked Ms. McGruder for her comments.

## **12. ADJOURNMENT**

The meeting was adjourned at 4:19 p.m. Next meeting: January 25, 2011, in Sacramento.