

**Minutes of the
Tobacco Education and Research Oversight Committee (TEROC)**
Meeting on January 29, 2008
Sacramento Hilton Garden Inn
South Natomas
2540 Venture Oaks Way
Sacramento, CA 95833

MEMBERS PRESENT:

Kirk Kleinschmidt, Lourdes Baézconde-Garbanati, Michael Ong, Alan Henderson, Peggy Uyeda, Dorothy Rice, and Pamela Ling

MEMBERS ABSENT:

Wendell Brunner, Michael Velazquez, and Lawrence Green

OTHERS IN ATTENDANCE:

Meredith Rolfe, California Department of Education (CDE)

Neal Kohatsu, Chief, Cancer Control Branch (CCB), California Department of Public Health (CDPH)

Larry Gruder, Tobacco-Related Disease Research Program (TRDRP), University of California (UC)

April Roeseler, Acting Chief, California Tobacco Control Program (CTCP), CDPH

Tonia Hagaman, Chief, Local Programs and Advocacy Campaigns Unit (LPACU), CTCP, CDPH

Greg Oliva, Chief, Strategic Planning and Policy Unit (SPPU), CTCP, CDPH

Charlene Welty, Contactor, CTCP, CDPH

David Cowling, Chief, Evaluation Unit (EU), CTCP, CDPH

Caroline Kurtz, Chief, Local Programs and Priority Populations Unit (LPPPU), CTCP, CDPH

Sharon Cummins, California Smokers' Helpline (Helpline)

Andrea Valdez, California Youth Advocacy Network (CYAN)

Kim Homer-Vagadori, CYAN

Grodon Sloss, CYAN

Rich Heintz, Local Lead Agency (LLA), Project Directors Association

John Lagomarsino, CDE

Shelly Brantley, American Lung Association

Colleen Stevens, Chief, Media Unit (MU), CTCP, CDPH

Jamie Morgan, American Heart Association

Carlene Henriques, Sacramento LLA

Gloria B. Soliz, Coalition of Lavender Americans on Smoking and Health (CLASH)

Peggy Flynn, ETR Associates, Inc.

Shu-Hong Zhu, Helpline

John Francis, SPPU, CTCP, CDPH

1. WELCOME, INTRODUCTIONS, AND OPENING COMMENTS

Tobacco Education and Research Oversight Committee (TEROC) Chairperson Kirk Kleinschmidt called the meeting to order at 9:10 a.m.

Mr. Kleinschmidt asked for all those attending to sign in, and John Francis asked all TEROC members to update their current contact information.

2. APPROVAL OF MINUTES FROM THE SEPTEMBER 11, 2007 MEETING, CORRESPONDENCE, AND ANNOUNCEMENTS

There were no changes required for the minutes of the September 11, 2007, meeting. The minutes were unanimously approved.

Mr. Kleinschmidt discussed three letters of correspondence:

- Letter from TEROC to the Governor urging him to sign Assembly Bill (AB) 1617.
- Letter from TEROC to the Governor urging him to sign Senate Bill (SB) 7.
- Letter from Theresa Boschert to TEROC submitting her resignation from TEROC.

Action Item: A letter of recognition will be written to Theresa Boschert.

Michael Ong disclosed to TEROC that he was awarded a grant from CTCP, and would be the primary investigator for an economic study on smoking in multi-unit housing (MUH) and casinos.

3. ENVIRONMENTAL DEVELOPMENTS

Mr. Kleinschmidt reviewed environmental developments:

- AB 1467, intended to clean up the exemptions of Labor Code 6404.5, was vetoed by the Governor.
- Belmont passed an ordinance to prohibit smoking in indoor and outdoor workplaces, public spaces, such as parks and sports fields, and apartments and condos. Oakland and Calabasas also adopted smoke-free policies.
- Other states have increased taxes on tobacco. Currently, California ranks 30th in the nation.
- Oregon's proposed tobacco tax failed, with the tobacco industry spending \$12 million to defeat the legislation.
- University of California (UC) Regents decided that any research funded by the tobacco industry would need to go through a review committee for approval; rather than a complete ban on tobacco industry funded research.

4. PRESENTATION: TOBACCO USE IN MOVIES

Ms. Andrea Valdez from the California Youth Advocacy Network (CYAN) presented on tobacco use in movies and the public health concern her campaign is trying to address. The presentation also addressed the history and present direction of the campaign, and requested TEROC formally support the Tobacco and Hollywood Campaign.

Ms. Valdez provided the following information:

- The Campaign is trying to address the issue of smoking in films without running into issues of censorship.
- Currently, a significant amount of smoking exists in films. Approximately 75 percent of PG-13 movies and 36 percent of PG and G-rated movies have smoking.
- The Centers for Disease Control and Prevention (CDC) identifies media exposure to tobacco use as a major factor in youth smoking.
- Many studies have been conducted to date with similar responses. One study attributes 38 percent of smoking initiation was attributable to viewing smoking in

movies. (Sargent et. al., Pediatrics 2004: 114:149-156). Another study concluded that 35 percent of smoking initiation was attributable to smoking in movies (Titus-Ernstoff, et. al., Pediatrics 2008: 121:15-21.)

- On May 10, 2007, the Motion Picture Association of America (MPAA) included smoking as a factor in the process of rating films. Following the decision, Disney, Universal, and Hallmark released new policies for smoking in films. However, the policies still fail to prohibit smoking in movies targeted to youth and families.
- The Campaign has the following strategies:
 - Rate new smoking movies “R”
 - Certify no “pay-offs”
 - Show a strong anti-tobacco advertisement (ad) before showing the film
 - Stop identifying tobacco brands or brand imagery in the background of any movie scene in films.

The Campaign requests TEROC’s support of its strategies. Support would demonstrate the commitment of stakeholders to continue addressing this issue.

Ms. Valdez answered questions from the Committee and the public:

- Question (Q): Is there research to show there would not be a negative economic impact on profits as a result of Hollywood adopting these strategies?
 - There was no research published to date. Nevertheless, many educational attempts have been made with Hollywood, and many requests have been made in the past for Hollywood to remove smoking in youth-rated films. While they have not studied the negative impacts of rating smoking, studies have not reported negative impacts as it relates to rating films by language, violence, etc.
- Q: Are there sample letters of support for the Tobacco and Hollywood Campaign?
 - Yes, sample letters can be found online (www.cyanonline.org), and people can contact Andrea at CYAN.
- Q: Could the California Department of Education (CDE) obtain a copy of the presentation and use Ms. Valdez as a contact in order to better reach out to schools and include them in the campaign?
 - Yes, the campaign is presently working with 20 different local health departments and CYAN would be happy to incorporate Tobacco Use Prevention Education (TUPE) in this process as well. People can contact Ms. Valdez to obtain the Campaign toolkit.
- Q: Has CYAN worked with Friday Night Live (FNL)?
 - Yes, the Campaign has received a letter of support, but wants to coordinate with FNL more in the future.
- Q: Have any Attorneys General supported these efforts?
 - Yes, Attorney General Bill Lockyer had. However, the current Attorney General, Edmond Brown has not been supportive and has not provided a response. Nevertheless, the Attorneys General are in the process of monitoring the new policies that have been adopted by Hollywood and will continue to follow up.
- Q: Have you contacted members of legislature?
 - The Campaign has not, as the strategy is not legislative due to First Amendment Constitutional constraints. But, Ms. Valdez recognized they could do more to educate legislators and keep them aware of the issue.

Mr. Kleinschmidt acknowledged that the current 2006-08 TEROC Master Plan has supported strategies to remove smoking from youth-rated films, and have taken a position that supports the Tobacco and Hollywood Campaign.

- Q: Does the policy also include theatre and include DVD anti-smoking ads?
 - Yes, this has been incorporated.
- Q: Would you like for TEROC to write a letter of support?
 - Yes.

Action Item: TEROC will work with staff to develop and write a letter of support and will utilize language from the current 2006-08 Master Plan and express their ongoing support. The letter will be addressed and sent to Ms. Valdez.

Mr. Kleinschmidt thanked Ms. Valdez for her presentation.

5. CONFIRMATION OF NEXT TOBACCO EDUCATION AND RESEARCH OVERSIGHT COMMITTEE GENERAL MEETING

As staff from the Department of Finance (DOF) were preparing for their presentation, Mr. Kleinschmidt led a brief conversation with TEROC members to confirm their next regularly scheduled meeting on May 20, 2008.

6. DEPARTMENT OF FINANCE, PROPOSITION 99 BUDGET UPDATE, AND GOVERNORS BUDGET 2008-2009

Ms. Rebecca Lee from the California DOF presented on the Governor's 2008-09 Budget. The purpose of her presentation was to cover the adjustments to 2007 Program Appropriations as compared to the Budget Act of 2007, the Governor's 2008-09 Budget, and answer any questions from TEROC.

- The Proposition (Prop) 99 Revenue estimate decreased. The Budget Act estimate was \$337 million, and the current estimate is \$327 million.
- The Prop 10 Backfill estimate increased. The Budget Act estimate was \$14.3 million, and the current estimate is \$15.2 million. These calculations are calculated by the Board of Equalization (BOE) and based on an econometric model that uses data on population, employment, cigarette prices, taxes, the California consumer price index, and income.
- The adjustments to the 2007 appropriations are as follows:
 - Increase funding by \$12 million for Expanded Access to Primary Care authorized in Chapters 261 and 489, Statutes of 2007.
 - Decrease funding by \$10 million for Major Risk Medical Insurance Program authorized in Chapter 261, Statutes of 2007.
 - Increase CDE appropriation by \$860,000 due to carryover of unspent funds and baseline increases for state administration.
- The revenues from the Governor's Budget have an estimated \$8 million increase. The revised 2007-08 estimate is \$327 million, and the 2008-09 estimate is \$335 million. Prop 10 backfill was not estimated to change.
- The expenditures from the Governor's 2008-09 Budget show an increase in the BOE fee from \$6.7 million in 2007-08, to \$7.4 million in 2008-09. The change is a result of BOE's increased ability to better collect the taxes, and continuation of previous efforts. Additionally, there will be an increase in funding by \$7.9 million for the Access for Infants and Mothers (AIM) program.

- The Governor's 2008-09 expenditures will also have across-the-board funding decreases in the Hospital Services, Physician Services, and Unallocated Accounts. The decrease is due to a decrease in 2007-08 revenues, and increased expenditures in AIM.
- Ms. Lee shared that she had accepted a new position and that for further information, they could contact Jay Kapoor.

Ms. Lee answered questions from the Committee and the public:

- Q: With revenue decreasing, how is the Prop 10 backfill affected?
 - Decreasing revenues are not directly related to changes in Prop 10 backfill. This would be difficult to measure. Prop 10 is mostly affected by decreases in consumption.

Action Item: TEROC will invite BOE to present to TEROC on their operations.

- Q: Why is there a \$10 million reserve in the Health Education Account?
 - Without a specific appropriation, these funds will remain unspent. It should also be noted that because Prop 99 revenues are declining, the fund balance will likely continue to naturally decline, as it is a decreased funding source. In the future, this could continue to affect the balance and actual decreases could be seen more widely.

7. HEALTH CARE REFORM AND TOBACCO – ASSEMBLY BILL 1X1

Mr. Kleinschmidt acknowledged that the Healthcare Reform bill AB 1x1 which proposed a tax on tobacco failed on Monday, January 28, 2008. He also noted that the *Sacramento Bee* reported on the tobacco tax being an integral part of funding the Healthcare Reform proposal.

Dr. Kohatsu presented on the failed Healthcare Reform initiative. Though Healthcare Reform failed and is a setback, there was an important emphasis of prevention (tobacco control) as well as healthcare in general. Dr. Kohatsu highlighted that Healthcare Reform focused on smoking cessation, specifically that there was more that could be done by better using existing resources in both the public and private sector. The intent of the proposal included provisions to:

- Increase capacity and awareness of California Smokers' Helpline (Helpline)
- Provide tobacco cessation pharmacotherapy to Helpline users
- Expand awareness of existing cessation benefits through the largest ten public and private health insurance providers and evaluate their usage

Dr. Kohatsu did not specifically address components of the initiative, but reiterated the Governor's commitment to Healthcare Reform and to prevention and wellness related to tobacco, diabetes, and obesity. He was uncertain of future legislative steps to address Healthcare Reform.

Mr. Kleinschmidt noted that the Healthcare Reform package intended to place a tax of \$1.75 on each pack of cigarettes, and intended to backfill Prop 99 and Prop 10 funding. Additionally, Mr. Kleinschmidt stated that TEROC discussed Healthcare Reform during the January 28, 2008, Master Plan meeting. The Committee recognizes that Healthcare Reform will continue to be a significant issue as it relates to a tobacco tax. There should be further discussion when writing the future master plan for TEROC to decide how to address cost containment and paying for the expansion of healthcare.

8. LEGISLATIVE AND TOBACCO POLICY UPDATE

Ms. Jamie Morgan, from the American Heart Association (AHA), provided a legislative update and handout on the tobacco-related state legislation. She began by sharing that AHA never took a position on the Healthcare Reform initiative and potential tobacco tax, but continued to advocate for an earmark to fund tobacco control.

Ms. Morgan highlighted the following legislation:

- SB 7 (Oropeza), prohibited smoking in cars with minors (less than 18 years of age). The bill passed and was signed by the Governor.
- SB 624 (Padilla), allowed local law enforcement jurisdiction to enforce Stop Tobacco Access to Kids Enforcement (STAKE) Act and increased STAKE Act fines. The bill passed and was signed by the Governor.
- AB 1617 (DeSaulnier), prohibited Internet sales by restricting distribution of tobacco products by mail. The bill passed the legislature, but was vetoed for a second time by the Governor. The bill will likely not be pursued in the current year.
- Current year proposed legislation will likely address: smoke-free state beaches and parks; a mitigation fee for tobacco litter cleanup; and raising Retailer Licensing fees at the state level. There is concern that this could impede local efforts to adopt strong tobacco retailer licenses.

Ms. Morgan answered questions from the committee and the public.

- Q: Do you have any perspective on the tobacco tax and Initiative in the future?
 - Ms. Morgan stated that the voluntary organizations will continue to consider and support a tobacco tax. However, this does not mean they will annually pursue a tobacco tax. Additionally, Ms. Morgan felt that the legislature has embraced the idea of a tobacco tax, but is not sure when or how it will be addressed.
- Q: How do people respond to having an earmark?
 - Ms. Morgan stated that it is difficult to discuss an earmark for tobacco control funding when talking about the large costs of healthcare. While a tobacco tax will continue to be an uphill battle, AHA will continue to take a strong position and support an earmark.

Mr. Kleinschmidt, Dr. Henderson, and Dr. Ling addressed the need to explore messaging ideas as it is related to tobacco tax earmarks. Prevention effects the bottom line, and an earmark for tobacco control will result in healthcare cost savings. Ms. Morgan welcomed any new messaging ideas and suggestions, and stated that the voluntary organizations would appreciate dialogue from TEROC.

Lastly, Mr. Kleinschmidt noted the need to have an additional discussion concerning the overall cost of tobacco and the price subsidies, as they relate to tobacco industry tactics to lower the overall cost of tobacco.

Action Item: TEROC will hear more from the voluntaries regarding new tobacco-related state legislation at their next meeting.

9. LESBIAN, GAY, BISEXUAL, AND TRANSGENDER PARTICIPATION IN THE CALIFORNIA SMOKERS' HELPLINE

Dr. Shu-Hong Zhu reported back to TEROCC concerning the two studies conducted by the Helpline concerning Lesbian, Gay, Bisexual, and Transgender (LGBT) callers. The purpose of the two studies was to answer the following questions:

1. Do LGBT's call the Helpline?
2. Do LGBT's use the counseling service?
3. Are the LGBT's satisfied with the service?
4. What is the quit rate?
5. Should the Helpline ask the sexual orientation question at intake?

The first study assessed the participation of LGBT in the Helpline by evaluating utilization, quit rate, and satisfaction (questions 1-4). The second study assessed the benefit of adding the sexual orientation question at intake (question 5).

Study 1

- The first study randomly sampled 1,731 participants who completed an extended follow-up interview seven months after they first called the Helpline. Data was collected from October 1, 2003 to July 31, 2004.
- Subjects were asked, "Which of the following best describes how you think of yourself: heterosexual, gay, lesbian, bisexual, or transgender?"
- 71.2 percent of LGBT callers, compared to 68.9 percent of heterosexual callers chose telephone counseling services; and 85.6 percent of LGBT callers, equal to heterosexual callers (85.6 percent), were satisfied with the services provided.
- Differences in quit rates (30-day abstinence rate at 7 months) between LGBT and heterosexual callers were not statistically significant.

Study 2

- The second study sampled 23,866 adult callers between March 20, 2006 to January 8, 2007, in both English and Spanish.
- Pros and Cons:
 - A potential benefit of adding the question may be to demonstrate the sensitivity of the program to the LGBT community, and to provide a more comfortable counseling environment for LGBT callers. Additionally, a question could increase LGBT callers comfort level, and increase referrals from community-based organizations.
 - Potential risks include increasing intake time and losing potential clients, resulting in an overall impact on Helpline services.
 - Questions could potentially be problematic with certain groups, such as military, law enforcement, and teens (note: teens were not included within the study).
- Half of the participants were randomly assigned to be asked the following question at intake: "Do you consider yourself to be: (a) heterosexual/straight, (b) gay or lesbian, (c) bisexual, or (d) other?" The study recorded the answer (or refusal to answer), comments made by caller, other demographics, intake time, and the rate of accepting counseling.
- 1.8 percent of callers refused to answer.
- 83.0 percent of those questioned, compared to 83.6 percent of those not questioned at intake accepted counseling.

- Of the recorded comments, 103 were negative, 1,354 were neutral, and 721 were positive. The negative comment rate was highest among those refusing to answer the intake question (13 percent). Additionally, those refusing to answer were most likely to have felt uncomfortable by the question.
- The negative comments over the course of the year can add up to reduce the total number of callers the Helpline can assist.

Conclusions

- LGBT's are well represented among Helpline callers, and many callers are referred by their friends.
- LGBT's are equally likely to choose counseling and to receive the counseling as heterosexuals.
- LGBT's and heterosexuals are equally satisfied with the service.
- LGBTs' quit rate is comparable to heterosexuals.
- Results concur with the Helpline studies of other priority populations.
- LGBT's are a diverse group, and asking a question at intake appears to please some and displease others. This is true among LGBT's as well as heterosexuals.
- The Helpline is serving the LGBT population well, and asking the additional question has no detectable positive benefit on quitline service on average. Additionally, individual LGBT's as well as heterosexuals have different reactions to the question (positive/negative), and the total number of negative comments amount to hundreds per year.

Recommendation

- Given the conclusions and the principle of "First, do no harm," the Helpline recommends to not add the intake question. Additionally, the representation of LGBTs among Helpline callers can be assessed periodically through evaluation, if there is concern that the reach of Helpline to this population has changed.

Dr. Zhu answered questions from the committee and the public:

- Q: Have LGBT cessation campaigns driven calls to the Helpline?
 - The Helpline has not monitored this, but knows that campaigns will increase calls.
- Q: Do you know what other quitlines are concluding?
 - Other quitlines have not used a dataset such as this to make their decision. Some have tried to assess the question based on the low refusal rate, and believe that the refusal rate is sufficient for making the decision to ask the question at intake. However, they have not conducted a comprehensive assessment.
- Q: What about the positive comments that were recorded?
 - Coding for "positive" and "neutral" comments were not that standardized but related to the quality of interaction between the caller and the counselor. Those conducting intake with a client having a good connection were more likely to record a comment as being "positive" as compared to "neutral." This did not equate to their support of adding a question. Actually, very few said "I am really glad you asked that question." But, the Helpline sought to be extremely conservative when recording negative comments as they can have a significant impact on the program.

- Q: If those who opted for counseling are the same for those who were asked, what is your concern for adding or including the question? What are you specifically most concerned about? Is the major concern the image that the Helpline portrays?
 - First, the Helpline wanted to know if the caller will benefit from adding the question. They also want to know if there will be any positive impact.
 - The data does not show that adding the question actually has a positive impact. While there was no difference, there is strong evidence that a sizable group feel negative towards answering the question. This is a concern, because the Helpline is responsible for providing a service, and it needs to think about the whole program.
 - If there is no positive impact (e.g., “did not help”) then it is not necessary to include the question. Though the results show a higher ratio of positive comments, we can not conclude that there is greater support for including the question. However, the results show that the intake question has a potential to receive negative comments. Such negative comments have potential to greatly impact the program. The Helpline needs to make sure there is a “First, do no harm” approach.
- Q: What is the rate of negative comments when the question is not asked?
 - Dr. Zhu said he can check, but did not know.
- Q: Does inclusion of the intake question increase the likelihood of increasing Helpline referral?
 - Possibly. If anything, the Helpline has served a larger number of the LGBT community, and provides many services.
- Q: Would you be able to conduct an analysis of the youth callers?
 - Dr. Zhu said, no, the Helpline excluded youth because of research protocol.

Public Comment/Question: Gloria B. Soliz, Coalition of Lavender Americans on Smoking and Health (CLASH), facilitator of “The Last Drag.”

- Q: In the past, TEROC voted to support inclusion of the LGBT demographic question. If the question were about the inclusion of question for people of color or language, this would be embarrassing. It would be embarrassing to actually have a study about a community, and to ask whether or not there should be a demographic question to find out whether or not a community is being served. Ms. Soliz asked if a question about being Hispanic or speaking Spanish embarrassed callers, would the Helpline remove the question from intake, or would they keep the question because they would not be able to continue serving a specific community. She stated that this was a “non-question.”
- Q: Ms. Soliz asked was the study randomized and who paid for it? Who is conducting it? Were callers even asked if they could be included in the study? She stated, “This is mind boggling and embarrassing.” The Helpline is supposed to serve Californians. She was thankful that California surveys ask questions of sexual orientation to find out the rate of smoking within the LGBT community. Because of their higher smoking rates, more services should be provided. Since the question is not being asked at intake by the Helpline, how do they know how many people are being served? And, if they are hard to reach, then how do we know whether or not the question can be discussed, just because people don’t want to answer the question? Why should it be any different to ask the question

to LGBT people when we are providing them services? Where was the expertise from the LGBT community and LGBT medical community?

Mr. Kleinschmidt acknowledged and appreciated Ms. Soliz's comments and passion. His main concern is the purpose of providing other demographic questions. Does this question focus more on the research component than a specific service? If the Helpline is about service, what is the purpose of adding the intake question?

- Dr. Zhu responded that they do not use demographics to link the services. They are using residence to link the services.
- Q: Mr. Kleinschmidt asked, "What is the purpose of demographic questions?"
 - The difference between asking other demographic questions and one regarding sexual orientation is that people are more familiar with being asked other demographic questions.
 - April Roeseler clarified: When we were first approached to add the question, CTCP asked, "What would be the purpose of adding the question?" The answer provided by the LGBT community was not about tracking demographics, but whether or not the question would create a more comfortable, conducive environment for which to provide the services. The study Dr. Zhu presented was not used to track a specific demographic.
- Q: Are you asking the sexual orientation question when providing counseling (e.g., after intake)?
 - Not always. It is a question that might come up, but is not required to be asked.

Dr. Zhu also wanted to comment that the Helpline has many LGBT staff through all ranks (e.g., counselors, evaluators, managers, and researchers). He did not feel that it was fair to say that the Helpline does not have the expertise of the staff and their research capabilities. He wanted to assure that the LGBT views were very well represented. Dr. Zhu understands the concern from the LGBT community and LGBT smokers, and that the diversity within the demographic is widespread. Not all are happy to be asked the question, especially on their first call (screening). If they were LGBT, the caller might have a tendency to say "no." But, when the caller reaches counseling services, they might reveal that they are, in fact, LGBT. We do not have evidence that asking the question at intake will help. The Helpline can ask during counseling and follow up, but they do not have evidence to justify insisting on asking the question at intake. The Helpline can approach the question during evaluation to find whether or not the population is being served.

- Q: Ms. Soliz questioned whether or not California is serving LGBT folks. She believed that issues of time were not appropriate for not including the question at intake, and believed that the only thing the study shows is that LGBT callers were confident enough and proud enough to state their orientation and address the question at intake. The study did not prove whether those they are questioning are, in fact, being served. As far as those contributing to the research and services at the Helpline who are LGBT, it would be helpful to know their names, their credentials, etc., to provide counseling services to the LGBT community.

Mr. Kleinschmidt stated that though he was not "anti demographic data," the discussion did bring up the question of whether or not to recommend removing intake demographic data questions altogether. Racial and ethnic demographic questions reflect a social

construct, and the diversity within California continues to increase. While the Committee will not take a vote on this, if the Helpline wanted to even the playing field and provide more time for quality services, they could consider dropping the demographic questions.

Dr. Baézconde-Garbanati believed they should really consider this question specifically and not question the other demographic data collection.

A member of the public commented that the demographics and other demographic data help in the delivery of services. If there is a question whether it is helpful to collect this demographic data, the answer is, "yes." However, perhaps it would be best to ask during the point of counseling, and not intake.

Mr. Kleinschmidt responded that the importance of collecting this data really is a question of whether the data is used for research or for providing a service. If the LGBT are actively calling the Helpline at the same rate as the general population, then the service question is answered and data is the only question at hand. Mr. Kleinschmidt recommended going back to the previous TEROC recommendation to collect data and monitor changes.

Dr. Zhu added a conceptual clarification that the study did not ask whether or not to ask the LGBT question, but whether it should occur at intake. The Helpline can and will ask the question, but not during intake. Typically, the question is asked during the counseling stage of cessation services. If the question is asked during the counseling stage, it is dependent on the caller and counselor. They do not push the question. However, the protocol is not rigid and the question should not be mandated. Dr. Zhu restated that the purpose of the studies was to test whether or not they should include the question at intake. Based on the two studies, he thought the data were very strong. However, they did not research other demographic intake questions. Dr. Zhu shared that some Helpline staff also wanted to ask the question at intake.

Dr. Zhu stated that LGBTs are still being served and that the Helpline can still ask the question at the end of services.

Ms. Soliz commented that this is a quality of care issue and the Helpline should ask the question at intake.

Mr. Kleinschmidt thanked Dr. Zhu for a thorough presentation, and recessed for an hour lunch.

10. UNIVERSITY OF CALIFORNIA – TOBACCO-RELATED DISEASE RESEARCH PROGRAM REPORT

Dr. Gruder presented the report. He referred the Committee to the printed report.

- Research grant applications were due January 17, 2008. Grant applications will be evaluated in the spring, and awards will begin July 1, 2008. The applications received by Tobacco-Related Disease Research Program (TRDRP) were down from past years. Dr. Gruder said this was good because there will be fewer applications to review, but, it is bad because there are fewer applications to choose from. At this point, Dr. Gruder could not speak to the quality of the applications.

- The TRDRP funding allocation is down by 12 percent this next year. The difference was due to a one-time appropriation from the Unrestricted Reserve in the Prop 99 Research Account. Funding distribution amounts (e.g., research versus other) are not known at this time.
- The 2007 Biennial Conference took place October 8-9, 2007, in Sacramento. Notable speakers included Dr. David Kessler and former California Attorney General Bill Lockyer.
- TRDRP will conduct Community Academic Research Award (CARA) and School Academic Research Award (SARA) planning meetings in the future. They have the option to either increase the number of awards, or strengthen the quality of them. Dr. Gruder said it was difficult to establish a relationship, trust, and to address other non-research issues. TRDRP needs to find ways to better facilitate the granting process.
- Q: Dr. Baézconde-Garbanati asked how can TRDRP share with the field the value of the research and encourage the communities to participate in the research?
 - Dr. Gruder said that one issue is money and the caps on the budgets. TRDRP could change the requirements, but this would impact the number of awards funded and the value of the research conducted.
- TRDRP asked DOF to seek funding from other Prop 99 funding sources. However, this is not expected by the Governor's plan.
- UC will be making budget cuts, but TRDRP will not be affected. However, TRDRP has been asked to cut other, non-research administration costs, in order to increase research funding. Dr. Gruder said it was difficult to know when the most prudent changes should be taken.
- The input gathered by TRDRP during the fall of 2007 was given to the Scientific Advisory Committee (SAC) in December. Their discussions are being informed by the input received from program stakeholders. SAC will recommend changes in the spring (2008). Changes will be announced publicly in the summer of 2008 and affect the July 2009 grants. Dr. Gruder shared that the changes will not likely be dramatic, but anticipates there will be a noticeable change.
- Two new members of SAC include Dr. Marilyn Newhoff and Dr. Sara Courtneidge.
- Due to budget issues, UC has placed a hiring freeze. At this time, there is a need for approval for filling any new position. TRDRP is under great pressure for all programs, and is left with vacancies of highly skilled/educated people.
- UC is also restructuring the Office of the President. The restructuring will likely result in fewer small units. At this time, TRDRP has been moved organizationally to the new Office of Research and Graduate Studies, and housed with other statewide research grant programs. Dr. Gruder did not know how these changes will impact TRDRP.
- The President announced his resignation and the Regents are recruiting for his successor.
- Q: Dr. Ong asked with regards to direction, will you be running into the same problem of funding one grant per research area per year?
 - Yes, TRDRP is looking for ways to avoid only funding one or two grants per area, but we do not believe we will have the same structure.
- Q: Dr. Baézconde-Garbanati asked is your community position still in SAC along with two other vacancies that you have?

- Yes, it is harder and harder to find people willing to sit on SAC who are not applying for funding.

Dr. Ling stated that the CARA/SARA conversations were difficult, and thinks it is good that TRDRP is joining other research groups, as this will provide the opportunity to share and learn from other programs. Dr. Gruder agreed, but said the timing was bad, and a number of resources are still missing. Dr. Ling further applauded TRDRPs efforts to solicit feedback and learn about the CARA/SARA work and how this could improve and inform the research process.

Dr. Baézconde-Garbanati stated that it would be good to consider what TRDRP could do with a translational program. A translational program would research how to translate research and communicate the importance to the field.

11. CALIFORNIA DEPARTMENT OF EDUCATION REPORT

Ms. Rolfe presented the CDE report, referring to the report in the meeting packets.

- CDE met with CTCP Friday, January 25, 2008, and discussed the local education agency and local lead agency (LLA) grants, as well as utilizing and distributing CTCP smoke-free cars materials.
- John Lagomarsino attended the TRDRP conference in October 2007.
- AB 647 was signed last July. The legislation implements two key points of the TUPE recommendations made by the TUPE Taskforce in 2005. AB 647 changes the grade levels and funding mechanisms for TUPE programs in California schools.
- An advisory committee (12-15 members) will convene in March 2008 to discuss the Request for Applications (RFA) process for distributing funds under the new provisions, beginning with the 2009 fiscal year.
- Ms. Rolfe stated that CDE will no longer fund entitlement projects and there will be one pot of money for the competitive grant process. With this change, CDE is addressing issues related to getting money to the smaller, rural schools.

Dr. Baézconde-Garbanati suggested, and Mr. Kleinschmidt recommended someone from CYAN or other youth-related agency be a part of the advisory committee.

Mr. Kleinschmidt recommended talking with Ms. Roeseler from CTCP for guidance.

- As part of the new funding changes, Ms. Rolfe shared that cessation will also be included within granting for 11th and 12th graders.
- 2006-07 Categorical Program Monitoring (CPM) is continuing to conduct site visits at selected districts. One component of the visit is to verify compliance with Health and Safety Code laws. Visits will occur in 62 districts and 16 counties this year.
- American Indian Education Center TUPE Grants have funding available to implement supplemental prevention education, intervention and cessation programs, and youth development programs directed at the reduction of commercial tobacco-use among American Indian youth. Five grants of \$40,000 each will be awarded.
- Two letters of congratulations are being sent to schools adopting tobacco-free policies. The first letter is one congratulating schools who have recertified and informing the school on their eligibility to apply for funds. The second letter was sent

to schools that have not been recertified, explaining the recertification process and the funding eligibility requirement.

- The evaluation of the *I Decide* Youth Tobacco Cessation Program by the University of Southern California (USC) is progressing. The first phase of the evaluation is scheduled to be completed by February 28, 2009.
- The proposed amendment to prohibit the acceptance of tobacco industry funding or tobacco prevention materials as a condition of accepting Prop 99 funds was not forwarded for inclusion with AB 647. The provision will be included in the grant assurances for 2009 and later grants.
- The RFA for the 2008-11 TUPE Competitive Grants was posted on January 11, 2008. Applications are due to CDE on February 11, 2008. Reading and scoring of applications will occur on February 26-29, 2008, in Sacramento.
- New curricula for research and evaluation of materials are certified and available for utilization.
- Q: Dr. Ling asked what does your RFA look like?
 - The high school RFA addresses three populations utilizing the Memorandum of Information chart, addressing pre-cessation and cessation. Ms. Rolfe explained that it will address the general high school student population, the at-risk population, and current tobacco users.
 - The middle school RFA focuses completely on prevention.
- Dr. Ling also recommended CDE coordinate more with CYAN. The smoke-free movies project would be a good area to collaborate.
 - Ms. Rolfe agreed.

12. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) REPORT

Dr. Kohatsu presented, referring to the report in the meeting packet.

- Dr. Kohatsu began by highlighting CTCP staffing changes. These included:
 - Ms. Roeseler has been appointed Acting Section Chief.
 - Robin Shimizu was promoted in CDPH.
 - Nadine Roh and Bhumi Bhutani were hired.
 - Caroline Kurtz, Thea Perrino, and John Francis accepted promotions.
- The Youth Tobacco Purchase Survey (YTPS) 2007 rate decreased from 13.2 to 10.7 percent. The rate was not statistically significant.
- Many CTCP staff presented at the National Conference on Tobacco or Health in October 2007 on a broad range of tobacco control topics.
- The Tobacco Education Clearinghouse of California (TECC) will be modifying their Scope of Work (SOW) to remove its materials development objective. A new contract will be solicited and begin January 2009.
- In September 2007, CDPH issued a moratorium on promotional items based on the discovery of lead in promotional lunch bags that another CDPH program had distributed throughout the state. The moratorium was updated in October 2007 for paper educational items that were not intended for children under the age of six. The moratorium is still ongoing with lead and consumer products and has limited CTCP and items they use to continue to work. More information will be released in coming weeks.
- One hundred percent of the SOW for LLAs were approved in 6 ½ months, compared to the 17 months taken 3 years ago. Dr. Kohatsu said this reflected a commitment to quality improvement in CTCP.

- A Funding Shortfall Application (FSA) is being released on January 30, 2008. Forty currently-funded agencies will be able to enter the competitive bid process for granting. CTCP anticipates funding 24 grants on July 1, 2008.

Mr. Kleinschmidt asked for further clarification. Ms. Hagaman stated that due to the funding shortfall, CTCP would be focusing on the amount and type of grants that will be awarded. As such, new restrictive parameters will require agencies to address specific target areas. Ms. Roeseler included that the FSA is a renewal of funding. The three-year commitment has been met, and CTCP only has enough funding for 24 grants for a two-year extension.

- Q: Who will be reviewers in the process?
 - CTCP staff, LLA representatives, evaluation experts from CTCP, and the Tobacco Control Evaluation Center. Granted agencies will not be participating. The competitive process will be measured by the agencies' quality of application.
- Dr. Kohatsu continued and shared that the Media Unit's "Be a Reel Hero Contest" closed on January 10, 2008. CTCP received 40 entries and is currently conducting an internal and external judging process. The winner will be announced March 2008 and aired on California television. Dr. Kohastu noted that the ads will not be bound by talent restrictions from the Screen Actors Guild. Videos may be used in other media, such as YouTube.
- Four media awards were received by CTCP. CTCP media campaigns continue to receive high praise.
- Q: Dr. Baézconde-Garbanati asked with the new media, are there plans in the future for new methods of reaching newer audiences?
 - Ms. Colleen Stevens replied, yes. The "Be a Reel Hero" Contest has been the first step in alternative media.
- The African American Tobacco Control Conference will be held on September 26, 2008, at the Los Angeles Airport Hilton Hotel, and will be held in conjunction with the California Black Health Network's (CBHN) 30-Year Anniversary.
- The Rural Tobacco Control Conference will take place September 3-4, 2008, at the Embassy Suites in South Lake Tahoe.
- The Capacity Building Network (CBN) was launched on January 15, 2008. The CBN will serve as a centralized source of technical assistance (TA) and training. The CBN is currently in the process of determining contracting procedures and also in negotiations with an evaluator. An agency will independently evaluate the implementation, services, and impact of the CBN. Additionally, a needs assessment is being conducted for service delivery and the direction the CBN will be taking. The CBN intends to find services that will best provide TA and training at no cost to LLAs and competitive grants at no cost to them.
- The Smoke-free Cars with Minors Law was implemented in January 2008. CTCP has developed a number of materials. Ms. Hagaman included that the Department of Motor Vehicles (DMV) will be asking a question on the driving exam and that posters are being placed at DMV offices statewide. Additionally, all outside agencies have been very receptive to the law. The implementation has occurred without funding, and the materials are being translated.
- A press conference on Smoke-free cars and the 10-year anniversary of Smoke-free bars occurred on January 3, 2008. CTCP will be evaluating the impact of the law and believes the law will have implications in other areas for smoke-free policies.

- CTCP is establishing a Smoking Cessation Center to provide TA to the field to support cessation efforts. The program will not only help Prop 99 agencies, but also others throughout California.
- The California Diabetes Program in collaboration with the Helpline has expanded the Do you cAARd? Campaign to educate other health care providers on the “Ask, Advise, Refer” protocol for tobacco cessation. In January 2007, the American Association of Diabetes Educators (AADE) accredited the program for one continuing education unit for nurses, pharmacists, and dietitians.
- Q: Where does the funding for this program come from?
 - The program was funded originally through CDC.
- Q: If the program partners with other groups, could they offset some of the decreases in funding?
 - The program is limited by the amount of funding, but would like to collaborate with other health risk and behavior programs.
- On January 22, 2008, CTCP assisted the Helpline in hosting an informative meeting with the Vietnamese media in Westminster, CA.
- Dr. Kohatsu discussed the upcoming media buy and the limited funding for media activities.
- Q: Mr. Kleinschmidt asked can you think of a way to present the effect of the media campaign, the costs, and inflation relative to tobacco industry spending, and the overall impact on tobacco control? What did media funding provide in 1990 and now?
 - Ms. Stevens said she will work with Dr. Cowling and try to report at the next meeting.
- A subcontractor for the Technical Assistance Legal Center has begun to plan a two-day Pricing Strategies Summit that will be held May 29-30, 2008. The Pricing Summit will discuss strategies that may mitigate the impact of tobacco industry price strategies that reduce the cost of cigarettes (e.g., two-for-one, buy downs, etc.). The summit is “invitation only.”
- CDPH is in the process of elevating CTCP from a section to a branch level program with a potential effective date of July 1, 2008.
- CDPH has heard rumors of staff hiring freezes, but nothing has been confirmed.

13. PUBLIC QUESTIONS AND COMMENTS

Mr. Kleinschmidt concluded the regular scheduled agenda and opened the meeting to public questions and comments. None were made.

Mr. Kleinschmidt adjourned the meeting and reminded the members that the next general meeting was set for May 20, 2008.