

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

Meeting on May 17, 2007
Hilton Garden Inn Sacramento/South Natomas
2540 Venture Oaks Way
Sacramento, CA 95833

MEMBERS PRESENT:

Lourdes Baézconde-Garbanati, Wendell Brunner, Lawrence Green, Alan Henderson, Kirk Kleinschmidt, Pamela Ling, Michael Ong, Dorothy Rice, Michael Velazquez, and Peggy Uyeda

MEMBERS ABSENT:

Theresa Boschert

OTHERS IN ATTENDANCE:

David Cowling, Chief, Evaluation Unit, Tobacco Control Section (TCS), California Department of Health Services (CDHS)
Bob Curry, Marin Tobacco Disease Control Program
Ken DaRosa, Department of Finance (DOF)
Narinder Dhaliwal, California Clean Air Project
Justin Garrett, Center for Tobacco Policy and Organizing (CTPO), American Lung Association of California (ALAC)
Timothy Gibbs, American Cancer Society
Trina Gonzales, California Health and Human Services Agency (CHHSA)
Larry Gruder, Tobacco Related Disease Research Program, University of California
Carlene Henriques, Sacramento County Local Lead Agency
Miki Hong, University of California, San Francisco
John Lagomarsino, California Department of Education (CDE)
Neal Kohatsu, Chief, Cancer Control Branch, CDHS
Rebecca Lee, DOF
Ruth Liu, Associate Secretary for Health Policy, CHHSA
Tana Lepule, Chair, Asian Pacific Islander Tobacco Education Partnership Advisory Committee
Cathy Medina, Chief, Contracts Management Unit, TCS, CDHS
Greg Oliva, Chief, Strategic Planning and Policy Unit, TCS, CDHS
Immauri Patterson, African American Tobacco Education Partnership
April Roeseler, Chief, Local Programs and Evaluation, TCS, CDHS
Meredith Rolfe, CDE
Robin Shimizu, Assistant Chief, TCS, CDHS
Gordon Sloss, California Youth Advocacy Network
Colleen Stevens, Chief, Media Unit, TCS, CDHS
Kimberly Weich Reusché, CTPO, ALAC

1. WELCOME, INTRODUCTIONS, AND OPENING COMMENTS

Tobacco Education and Research Oversight Committee (TEROC) Chairperson Kirk Kleinschmidt called the meeting to order at 9:50 a.m. He welcomed the new and existing members. The new members are: Wendell Brunner, Lawrence Green, Pamela Ling, Michael Ong, and Michael Velazquez who have taken the place of Ron Arias, Susanne Hildebrand-Zanki, Stella Aguinaga Bialous, Bruce Allen, and Rod Lew, respectively. Members introduced themselves.

The Chairperson discussed some minor agenda changes. We are expecting a few individuals from the California Health and Human Services Agency (CHHSA) to discuss the Governor's health care reform cessation proposal. They will be here between 10:30 a.m. and 11:00 a.m. Additionally, someone from the Department of Finance (DOF) will be coming to discuss the budget.

2. NEW MEMBER ORIENTATION

Each of the three agencies provided a brief overview (with handouts) of their programs.

California Department of Education (CDE) – Meredith Rolfe

- The Tobacco Use Prevention Education (TUPE) Program is funded from Proposition (Prop) 99 just as the other agencies are.
- Total goal is to reduce or eliminate youth tobacco use.
- Structure is based on the "Principles of Effectiveness" (POE) which come from the Federal Government and the *No Child Left Behind Act*. The POE are:
 - Conduct Needs Assessment. Utilize the California Healthy Kids Survey (CHKS), the California Student Survey, and the Communities of Excellence data.
 - Set Measurable Goals and Objectives. Each District or local educational agency (LEA) must set goals and objectives that are put into annual reports.
 - Implement Effective Research-Based Programs. CDE has put together a list of research-based programs; waivers can be requested for programs not on the list.
 - Analysis of the Data, Program Evaluation, and Use of the Results.
 - Consultation with parents and community members.
 - General Technical Assistance (TA) for POE. County Offices of Education are funded by TUPE to provide TA.
- CHKS is required of all districts accepting state TUPE or federal Safe and Drug-Free Schools and Communities funding.
 - Provides school and district level data.
 - Data are used to drive program selection and program improvement.
- In addition to POE, TUPE has guidelines.
 - Tobacco-Free School Policies. Every school that accepts funding must be tobacco-free. We are now recertifying each district to ensure that they are tobacco-free.
 - TUPE Instruction Grade Levels. The grades are 4-8.
 - Teacher Training.
 - Community Involvement.
 - Cessation Support.
 - Promote Youth Development. It runs through the entire program and has been shown to be effective in getting kids to not start smoking.

- TUPE works on readiness for cessation. Youth need to learn why they should start thinking about cessation if they have started smoking. Cessation only works for youth who have self-referred.
- TUPE has three different funding mechanisms:
 - Entitlement for grades four through eight.
 - Middle school competitive grant.
 - High school competitive grant.
 - Assembly Bill (AB) 647 would make changes in the funding process. It attempts to place funding in one competitive grant.
 - To receive funding, schools are not allowed to accept funding or materials from the tobacco industry. It is not written into the entitlement, but is with the grants.
- TUPE works with the Tobacco Related-Disease Research Program (TRDRP) on a School Academic Research Award grant. They are evaluating a youth cessation program right now.
- 30-day smoking rates for youth have been declining since 1997, so we feel like we are doing the right thing.
- Questions:
 - There seems to be an upturn in prevalence in 2005-06 for 7th and 11th graders. Do you know why? Ms. Rolfe said that it is not a trend yet, but we are certainly watching.
 - What encouragement is there to innovate or adapt the programs, especially for different populations? Ms. Rolfe stated they are doing it, but TUPE recommends using the curricula with fidelity. Otherwise, they are no longer effective. There is very little leeway to adapt programs. TUPE also provides information on effective programs for particular populations.

California Department of Health Services (CDHS) – Neal Kohatsu

- The Tobacco Control Section's (TCS) mission is to improve the health of all Californians by reducing illness and premature death attributable to the use of tobacco products. Through leadership, experience, and research, TCS empowers statewide and local health agencies to promote health and quality of life by advocating social norms that create a tobacco-free environment.
- TCS is funded out of the Health Education Account (HEA) at approximately \$60 million with about 60-70 staff depending on the ability to fill vacancies. Members have an organizational chart in their packets. TCS has been in business approaching 20 years and has developed an international reputation and leadership and the program has been one of the architects of the Centers for Disease Control and Prevention's (CDC) Best Practices for Comprehensive Tobacco Control Programs. The Governor has used the program as a model for attacking the obesity problem.
- TCS uses a social norm change approach. We are trying to create a physical, social, and policy environment where tobacco becomes less desirable, less acceptable, and less accessible.
- The focus on social norm change leads to the desired outcome of prevention and cessation.
- We are interested in youth behavior related to tobacco, however, using the social norm change approach we do not address youth directly, but try to effect the environment where kids grow up in, and so we must modify the adult world to have an impact on youth tobacco use.
- The program strategies can be boiled down into four major areas:
 - Reducing exposure to secondhand smoke (SHS);

- Countering pro-tobacco influences;
- Reducing availability of tobacco products through retail and social sources; and
- Providing cessation services.
- The corresponding outcomes are: decreasing tobacco consumption; decreasing tobacco use prevalence; decreasing youth uptake of tobacco; and, decreasing exposure to SHS.
- The interventions involve media (the most visible portion of the program), but media works with policy development and is a coordinated approach that brings about social norm change.
- The TCS infrastructure is integrated. Evaluation and surveillance helps us to learn what is working and not working. The Media Campaign is also an integral component, along with priority population partnerships, local health departments, the statewide youth advocacy network, and various special centers that provide TA.
- The budget is in the \$60 million range but there have been fluctuations over time. The major fluctuations reflect redirection of funds and the corresponding lawsuit to get the funding back in the mid-90s. Funding is distributed among the media campaign, local programs, and evaluation.
- Ultimately, the program is about taking on big tobacco and reducing disease and disability.

University of California (UC) – Larry Gruder

- TRDRP is one of the Prop 99-funded programs.
- Following the passage of Prop 99, the Legislature asked the UC to establish and manage “a comprehensive grant program to support research efforts...related to the prevention, causes, and treatment of tobacco-related diseases.” The UC provides overall direction and coordination of the research program and staffs a Scientific Advisory Committee (SAC) and review panels that assess the scientific merit of the applications. In addition, the UC conducts periodic program evaluation.
- The mission of the program is to fund the most scientifically meritorious research that promises to advance knowledge and thereby reduce the human and economic costs of tobacco-related disease for Californians.
- Funding comes from the Prop 99 Research Account (RA), which receives five percent of the Prop 99 tobacco tax revenue.
- Since being established in 1989, TRDRP has awarded \$365 million in more than 1,100 grants to 814 scientists at 72 California institutions.
- TRDRP has a \$14.5 million budget in fiscal year (FY) 2006-07.
- Annual appropriations have a similar dip in funding due to the redirection of funds to health services and the voluntary health organizations sued the Administration to return the funds. Appropriations were constant at about \$20 million per year, but dipped when the reserves ran out based on lower cigarette consumption. However, the FY 2007-08 May Revision includes a \$2 million increase from its reserve.
- TRDRP receives advice and oversight from two bodies:
 - The SAC is appointed by UC to advise on program priorities and budget, and participates in periodic program evaluation.
 - TERO also advises on the assessment of the overall effectiveness of the program, and makes recommendations about the types of programs funded.
- We are often asked about the benefits of the program. We believe that significant progress on the tobacco-caused health problems will be made only through scientific research and the program builds California’s research capacity by: leveraging federal and private research funds; attracting and retaining faculty; and, enhancing education

and training. The program also contributes to California's economy, especially by reducing health care costs.

- TRDRP is charged to disseminate the findings of its research and it achieves this through several mechanisms:
 - The biennial investigators' conferences (the next taking place October 7-8, 2007, in Sacramento).
 - Through publications which include annual reports to the Legislature, annual compendia of new awards, newsletters, and special issues of journals, and through invited and submitted presentations at conferences.
- TRDRP has leveraged significant federal and private funds:
 - An early and modest investment in the UC, San Francisco's (UCSF) Tobacco Control Archives helped them win a \$15 million grant from the American Legacy Foundation.
 - Prior funding to a University of Southern California (USC)-SRI collaboration and to UC, Irvine, helped them win two of the seven Transdisciplinary Tobacco Use Research Centers funded nationwide by the National Cancer Institute (NCI).
 - The UC Los Angeles (UCLA) lung cancer program was designated by NCI as one of the only six Specialized Programs in Research Excellence (SPORE). At least six SPORE members had received TRDRP grants.
- Questions
 - Lawrence Green congratulated TRDRP on their funding increase but asked that he reword his presentation so that progress in tobacco control was not perceived to be solely achieved through scientific research. Dr. Gruder acknowledged the comment as a point well taken. He also thanked TEROC for its support in advocating for the freeing up of reserve funds in the RA.

3. BUDGET UPDATE

The Chairperson postponed the TEROC overview to allow for the budget update. He welcomed and thanked Rebecca Lee and Ken DaRosa from DOF to discuss the FY 2007-08 budget.

Ms. Lee referred to her handouts and charts and stated she would first review the May Revision revenues and expenditures.

- There are adjustments to 2006 appropriations. There is a Prop 99 revenue estimate decrease from \$339 million to \$333 million. There is no change in the Prop 10 backfill as the current estimate is \$14.3 million. There are no changes in expenditures for current year. Ms. Lee went on to display a chart that reflected no changes between the January budget and the May Revision for FY 2007-08.
- Question: The Chairperson asked where the State Administration funding was located. Ms. Lee stated that page 6 of the packet showed the funding for TCS State Administration in the HEA (\$2.7 million) but the Unallocated Account (UA) line item for State Administration is not broken down for TCS State Administration specifically; it is for the entire Department. The Chairperson also asked Ms. Lee to describe the budget process for the new members. Ms. Lee stated that we come out with our cost estimate during the January budget and we get revenue estimates from Prop 99 revenues. The projected revenues for the May Revision are \$333 million and there is a Board of Equalization (BOE) fee that gets taken off of the top. All of the money is grouped into one account and then it gets divided out to the six sub accounts. There are set

percentages in legislation for each of the six accounts. In the Governor's budget we take expenditures from the past year, which in this case is FY 2005-06 and from there we get remaining balances which get rolled over into our FY 2006-07 expenditure plan. What we did was fund the programs in FY 2007-08 at their set level. At May Revision, we update revenues and know that we can continue funding at the same level.

- Question:
 - Does the BOE fee include their efforts in enforcement in making sure that the tax is paid? Ms. Lee stated yes. The jump in the fee from FY 2006-07 to FY 2007-08 (\$4.9 million to \$6.6. million) reflects enforcement actions.
 - Can programs rollover funds? Ms. Lee stated that when she referred to carryover balance, she was referring to what programs have in unspent funds that are then carried over into the next year.
 - Is the State Administration funding in the UA still divided amongst programs in both the California Department of Public Health (CDPH) and California Department of Health Care Services (CDHCS) and does TCS still receive its share? Ms. Lee stated yes and we will go over that later.
- For the May Revision 2007-08 revenues, there is an estimated \$4 million increase in revenues, (from \$333 million to \$337 million). This is still a \$6 million decrease from the Governor's budget projection of \$343 million. There is no change to the Prop 10 backfill estimate (\$14.3 million).
- Question: Why is there a \$4 million increase? Is there an increase in consumption? Ms. Lee stated that there are a number of factors, including the population estimate for 18-64 year olds, the general proportion of tobacco tax cash receipts, and the total taxable packs of cigarettes sold in FY 2005-06. It is also due to better collection of the tobacco taxes.
- On the expenditure side, we have a one-time increase of \$2 million for UC in the RA. We also have an \$8.4 million decrease in the Access for Infants and Mothers (AIM) program which is being supported by an \$8.3 million General Fund backfill to fully fund this program. There are also some very minor increases to state operations for both CDPH and CDHCS. It is primarily clean-up due to the split of the Departments.
- Question: What accounts for the Governor's overestimates of revenue in the earlier budget versions? Ms. Lee stated that they use the best available information they have in November. Some of what changed the estimates were a decrease in tobacco tax cash receipts compared to November last year, lower taxable packs compared to FY 2005-06, and a small downward adjustment in the 18-64 year old population. They continue to evaluate data. The Chairperson thanked Ms. Lee for presenting to TERO.

Governor's Health Care Reform Cessation Proposal

The Chairperson welcomed Trina Gonzales and Ruth Liu from CHHSA. Ms. Gonzales introduced herself as an Assistant Secretary at CHHSA. She has the assignment to work with public health and emergency medical services. She deferred to Ruth Liu, the Assistant Secretary for Health Policy, otherwise known as one of the "four pillars" in the Governor's Office on Health Care Reform.

Ms. Liu stated that it was a pleasure to meet with TERO and in acknowledging that she had a limited scope of time she wanted to review the key principles of the health care reform proposal and to spend more time on the tobacco component. When the Governor convened the group to work on a health care reform proposal, he wanted to ensure that there was a concept of shared responsibility and shared benefits. In the past, previous efforts focused on single payer or "pay or play" approaches. That was not the concept he

had in mind. He wanted everyone to share in the benefits to make health reform a reality and that there are roles for all sectors. Everyone will contribute – employers, hospitals, providers, and there will be an increase in MediCal reimbursement rates. Insurers will have to contribute too and there will be market reforms to ensure access to affordable coverage.

But this is not just a “coverage” proposal; it is also focused on prevention, to create a healthier California. There will be multiple components in prevention, health, and wellness:

- Healthy Actions
 - Will incentivize individuals to engage in healthy behaviors.
 - It will require insurers to offer products for purchase to provide incentives to customers. For instance, if a smoker enrolls in a cessation program then they should receive a reward for making that decision.
- Diabetes (screening and management)
 - The goal is to improve health outcomes and translate the MediCal experience to private providers.
- Patient safety
 - The goal is to reduce the costs of unnecessary medical events.
 - It will require better reporting by facilities.
 - It will also require “E-prescribing” by 2010 which will help eliminate poor writing and drug contraindications).
- Obesity
 - The incidence of obesity is rising and resulting in increases in Type II diabetes.
 - The obesity program will utilize the tobacco control model and replicate it by creating broad public education and awareness, community grants to create healthy environments, and healthier school lunches and physical education.
- Smoking cessation
 - The Governor has called for \$11 million for cessation services – an increase in access to the California Smokers’ Helpline (CSH) and to nicotine replacement therapy (NRT).
 - The Governor recognizes that we have done a tremendous job in tobacco control and encourages more of it.
- Questions:
 - Does the cessation proposal include youth? Ms. Liu stated that we have not targeted specific populations, but there are services for youth through the CSH.
 - The funding for the proposals are not in the current budget so has there been negotiation with the legislature and are they receptive? Ms. Liu stated that the funding will not be in the FY 2007-08 budget. The process is to first gain consensus from the community and stakeholders and then build in costs in future budgets. The Governor is committed to broad reform. He wants a healthier California. We want consensus on the reform proposal by the end of the year.
 - What is the role of insurers? Are there any limits on their administrative costs? Ms. Liu stated yes, we think it is appropriate that 85 cents of every dollar is spent on patient care with only 15 percent being spent on administration/profit.
 - Should we anticipate that if the tobacco component gets included, will it be with existing money? Ms. Liu stated no. The cessation proposal will be funded with \$11 million from the General Fund. We cannot say with certainty that the money will be there. The Governor is committed to the health promotion and wellness components. People know that smoking is a cost driver, so it needs to be addressed.

- How will low-income populations be incorporated? Ms. Liu stated that we are thinking about how to incorporate the Healthy Actions component into the MediCal program. It probably will not be a financial reward, but rather non-financial rewards. We want to make sure that all people have the incentive to do the right thing.
- The Governor has bitten off a huge chunk here. Is there any thought on new revenues because we know price has a significant impact (tobacco tax). A tobacco tax could raise revenues for the programs. Ms. Liu stated that we don't like the "T" word. Right now a tobacco tax is not being considered to fund the program. When we contemplated the financing, health care costs will increase but at a slower rate, but the financing would grow. Two of the measures are a payroll fee (growth over time) and physicians and hospitals (grow with health care costs). We tried to focus on growing revenue streams, not static or declining streams.
- Could the proposal include menu content or food labeling? Ms. Liu stated yes, that it is being contemplated as an opportunity for consumers to make better decisions.
- Have details been worked out yet on how NRT will be made available? We know that NRT is cost-effective compared to other modalities. Are any of the \$11 million dedicated to other tobacco control activities? Ms. Liu stated that the monies are all for cessation and evaluation.
- The Nutrition Network is an effective program. Will you be taking advantage of their strides? Ms. Liu stated yes, we will take advantage of existing resources but we are still drilling down on the best approaches. All current activities are under consideration for fit with the Governor's proposal.
- There is a concern with NRT and the ability to pay among the working poor. If the only resource is the 1-800 number then how does that address the priority populations? Ms. Liu stated that we are not just focused on the MediCal population, but a broad-based approach. Diabetes is MediCal focused. There will be subsidies for the lower income. The product that exists for the working poor is fairly comprehensive and we are trying to fit in the Healthy Actions products for the working poor.

The Chairperson thanked Ms. Gonzales and Ms. Liu and stated that they had TEROC's support for the cessation component. Cessation is a part of our Master Plan (MP). Ms. Liu stated that we need all of the support we can get. We do have momentum in Sacramento and we have a good combination of health care, wellness, and prevention.

TEROC Overview – Kirk Kleinschmidt

The Chairperson thanked Lourdes Baézconde-Garbanati for her work a few years ago in putting together the slide presentation. We took excerpts from a presentation prepared for the 2002 National Conference on Tobacco OR Health held in San Francisco. The Chairperson reviewed some of the orientation materials for new members, including the enabling legislation that was passed after Prop 99. The mandate for TEROC is located in this legislation and it provides us with the authority to provide oversight and advice to the three funded agencies.

- One of our primary roles has been to develop a MP. The latest version covers 2006-08. Next year will begin the process for writing the next MP (in preparation for the new 2009-11 plan).
Question:
 - Are the MP different from one another? The Chairperson stated that the last one was not that different from the previous, but prior to that, there were 13

objectives/priorities. We are now down to five objectives. We have already tried to make it more measurable in terms of agency reports so that agencies could be more responsive to the MP. The MP also creates three-year budgets and program funding recommendations, which included increasing the tobacco tax by \$1.50. We also review what has been accomplished in the previous three years. We held regional hearings to prepare the 2000-02 plan to invite comment and it was a very useful process.

- There were important budget fights in the mid-1990s. The Wilson Administration diverted funding and there were lawsuits that were successful in restoring the funding. Part of the reason why we have high level support from the Administration is because they know how the constituency fights for the program. TEROC serves as a bridge between the programs funded, the voluntary health organizations, the Legislature, etc.
- The Media Campaign has gone through some ups and downs historically. TEROC has been an advocate on messaging, the approval process, and how quickly advertisements (ads) can be approved. We send letters to the Administration about stepping it up. We have a Media Campaign update at our meetings where new ads and/or placements are shared.
- TEROC meetings have also been forums for concerns from the field. TEROC provides a stakeholder forum to express concerns and an avenue for communication for a community serious about the program. It continues to serve as a forum for budget, media, and programmatic concerns.
- Finally, TEROC supports and increases collaboration between the agencies.
- The most recent MP covers 2006-08 and is subtitled "Confronting a Relentless Adversary: a Plan for Success."
 - The smoking prevalence goal was set at ten percent for adults and eight percent for high school students by 2008. We recognized that under existing funding, achieving these rates might not be possible and that is why we propose additional funding to meet the goal.
 - The biggest problem we have is the perception that the problem is solved. It is a consequence of our success, so why do more? Our message is that the instigator (the tobacco industry) has not stopped and remains creative and reinvents itself. So, how do we counter the disease vector?
 - California is no longer a funding leader and we do not reach the CDC funding guidelines.
 - The plan has five objectives with one recognition being that we need to do more in disparities and we can make a unique contribution in California.
 - Our program must remain comprehensive and integrated (policy change, cessation, school-based, evaluation and surveillance, media, etc.).
 - We need to expose the industry practices and we need to keep an eye on them.
 - We need to focus and expand our research and learn new and effective approaches.
 - We need to fund programs based on research (e.g., example of cost benefit of CSH).
 - We need to continue to address priority populations and which groups do we need to reach – those with high smoking rates and disproportionately targeted by the tobacco industry.

- TEROC challenges include who listens. We get DOF and the Administration to attend our meetings.
- Who needs to listen to TEROC?
 - Programs, the Legislature, and the research community.
- A challenge for TEROC given its limited authority is the creative tension on being “advisory.” The ultimate decision making is with the agencies.
- TEROC has taken positions on issues on budget, media, advocacy.
 - In the 2000-03 plan, CDE put together Task Force recommendations to improve their program. TEROC supported them. There were 11 principles, two of them were to make the program more competitive and less grade focused (i.e., focus where the science says to spend the money).
- Lessons learned for TEROC
 - We are always watching the budget and even if it looks alright there are issues such as the reserve for TRDRP, and they received more money for FY 2007-08.
 - We should ask difficult questions.
 - We strive for a collegial approach.
- Alan Henderson added some background on enabling legislation battles. The funding needed to go to CDE and CDHS, but schools and health educators had not spoken together so we created the Oversight Committee. The legislation included TEOC (the Research component had not been added to TEROC at that time) and local health department coalitions. In recent years, we try to make the agencies work closer together. Community Academic Research Awards and School Academic Research Awards are examples involving the UC working with the community and schools. The Tobacco Control Program is well established but we need to look at this as a marathon and not a sprint. We have to look at this as generational because we may be winning now but if we do not win each generational battle, then we will ultimately lose. We should honor the past members with a certificate. The Chairperson will work with staff on that.

Member background:

- Dr. Henderson worked on the Prop 99 enabling legislation and helped establish the Oversight Committee. He has served as Chair of the Long Beach Coalition and helped develop three local ordinances. He has been very active with the American Cancer Society (ACS) and has served as Past President at the ACS California Division during the Prop 10 campaign.
- Dr. Baézconde-Garbanati worked at the grassroots level to get Prop 99 passed. She has worked in tobacco control since 1982, first at UCLA and now at USC. She helped develop the Ethnic Networks. She has been on TEROC since 1998. TEROC has been instrumental as a forum for the constituencies. Many states have wonderful programs, but not all have a TEROC. We have maintained the momentum. She has also been appointed to the United States Surgeon General’s Committee on Smoking and Health.
- Peggy Uyeda acknowledged herself as bridge between local schools and CDE. She helps schools and districts implement programs.
- Michael Velazquez stated he was here to represent underserved populations. He works with low-income kids with cancer. He deals with the social factors that lead to cancer. Are we capable of dealing with issues that lead kids to smoke? Most of the Hispanic/Latino population comes from Mexico and Central America. They do not have a voice. If people had the education, they would not choose to take seconds off of their life by smoking.

- Pamela Ling stated she was with the faculty at the UCSF Department of Medicine. She has conducted research on the tobacco industry for the past seven to eight years, mostly on industry documents. She examines how they target communities and how we counter them. She is also a practicing physician.
- Michael Ong stated he was a practicing physician at UCLA and studied the economic effect of tobacco taxation. He also studies the economics of SHS and also conducts international work on tobacco control in China.
- Dr. Green stated he has mostly conducted Federal Government work. He has taught at the University of British Columbia. He went from Vancouver to CDC. He was acting director of the Office on Smoking and Health during the release of the CDC Best Practices report. We got into trouble calling it “Best Practices” because it was not a randomized clinical trial. However, California and Massachusetts had head turning experiences and other states paid attention. He is a native Californian and has been invited to be on the TRDRP SAC too.
- Dorothy Rice stated she has research background. She published the first cost of smoking report in 1986, which led to a lot of wonderful things including being part of Attorney’s General (AG) Master Settlement Agreement (MSA). When she first came aboard on TEROC, there were few experts. After Lester Breslow left, somehow the committee did not operate as well, and people represented different aspects of tobacco control. We do have influence. She welcomed the new people and stated that they will contribute.
- Kirk Kleinschmidt stated he was a child of Prop 99. He moved to California in 1988 and Prop 99 was on his first election ballot. He joined the American Heart Association (AHA) and was there for 15 years. He worked on local issues as he Chaired the Alameda Coalition and the San Francisco Coalition and worked on San Francisco ordinances. He worked on statewide ballots (AB 13, overturn AB 13, Prop 10). He also worked on local advertising bans and divestment. He was appointed in 2001. He is now with the California Institute for Regenerative Medicine (CIRM) now, and remains involved with Americans for Nonsmokers’ Rights (ANR).

4. APPROVAL OF MINUTES, REVIEW OF CORRESPONDENCE, AND ANNOUNCEMENTS

The minutes of the January 23, 2007, TEROC meeting were unanimously approved without edits. The Chairperson discussed the incoming and outgoing correspondence found in member packets. It includes:

- Letters of appreciation to past members.
- A letter to the Governor supporting the releasing of TRDRP reserve funds.
- A letter to Superintendent O’Connell in support of AB 647.
- A response to Sacramento Bee columnist Dan Walters on his article on smuggling. The response did appear in the Sacramento Bee.
- A letter to the UC Regents in support of a policy that prohibits accepting tobacco industry research funding and a thank you to Regent’s Blum and Moores for their leadership.
- A letter to House Speaker Pelosi thanking her for making more sections of the United States Capitol smoke-free.

The Chairperson reviewed environmental developments:

- Thirty-one AGs have requested that the Motion Picture Association of America (MPAA) act on the smoking in the movies issue. Stan Glantz has led the way on this issue and TEROC has incorporated his smoke-free movies campaign components into the MP.

After Jack Valenti died (the President of the MPAA), the new President, Dan Glickman came up with a policy that recognized the problem, but many people did not feel it went far enough.

- The UC faculty voted 43-4 against taking up the policy that would prohibit accepting tobacco industry research funding.
- There is a new study on SHS exposure in outdoor environments from Stanford. Many California communities are increasing restrictions on smoking in outdoor areas and TERO has supported those efforts.
- There is new Federal Trade Commission data on tobacco industry marketing expenditures for 2004 and 2005. The tobacco industry is spending about \$13 billion, which is down from previous years but still a huge amount of money. Price discounts continue to increase (74 percent of the total amount). The smokeless tobacco budget is increasing too.

5. LEGISLATIVE UPDATE

Tim Gibbs with ACS presented the status on tobacco-related legislation.

- AB 647 has passed the Assembly by a 72-0 vote. AB 647 changes how the TUPE program distributes its funding.
- AB 1467, which is sponsored by ACS, closes some loopholes in the existing smoke-free workplace law, including eliminating owner-operated bars and clarifying the definition of tobacco retailers. Establishments such as Hookah bars used the law's loopholes. AB 1467 passed the Assembly floor.
- AB 1585 would prohibit some levels of free tobacco product sampling. It passed the Assembly floor.
- AB 1617 would prohibit Internet sales and redefine bidi cigarettes to ensure that all products marketed as bidis are sold in adult-only venues. It passed the Assembly Appropriations Committee and will soon be heard on the Assembly Floor. A similar version of this bill was vetoed by the Governor last year.
- Senate Bill (SB) 4 would prohibit smoking in state parks and beaches. It is a two-year bill.
- SB 7 would prohibit smoking in cars when minors are present. It is similar to previous versions introduced by both Assemblymembers Koretz and Firebaugh. It is in suspense right now.
- SB 24 is a tobacco mitigation fee on combustible tobacco products. It will be a two-year bill.
- SB 554 would change the definition of cigarettes to any product that contains nicotine and burned is considered a cigarette. It is sponsored by the AGs Office and BOE. It would tax "little cigars" as if they were cigarettes.
- SB 624 amends the Stop Tobacco Access to Kids Enforcement (STAKE) Act to be enforced by enforcement agencies other than CDHS and would increase penalties for selling to minors.
- SB 625 amends the Cigarette and Tobacco Products Licensing Act by requiring a reinstatement fee should a retailer's license expire without renewal.
- SB 950 would require tobacco companies to report ingredients. Massachusetts has a reporting requirement and if the Food and Drug Administration (FDA) bill passes, there would be new reporting requirements.
- SB 655 was going to repeal the ban on tobacco in prisons and now just penalizes smokers in county jails.

- Questions:
 - Are any of these bills preemptive? Mr. Gibbs replied no and that ACS does not support preemption.

The Chairperson stated that TEROC has consistently taken positions on bills that support our MP. The following bills were seen as potentially being supported by TEROC: AB 647, AB 1467, AB 1617, SB 7, and SB 554.

Questions/Discussion:

- We take positions but offer no amendments? The Chairperson replied yes.
- SB 554, in changing the definition of what are defined as cigarettes, would actually result in reducing Prop 99 revenue by \$800,000.
- SB 624 deals with the STAKE Act which has been effective in reducing tobacco sales to minors, so should we support this bill too? However, there are provisions in the bill that would require police officers to return to the store after a sale. This could lead to potential confrontation between the retailer, officer, and the youth decoy.
- Perhaps the letters of support we write to the Legislator should reflect how some components of the bills are good, while others are bad. This brought up concerns that we should not quibble on issues with each bill, and only support the ones that have no identifiable faults.
- The Chairperson then stated that we would write letters of support for AB 647, AB 1467, AB 1617, SB 7, and SB 554. All members were in favor.

6. UNIVERSITY OF CALIFORNIA – TOBACCO RELATED DISEASE RESEARCH PROGRAM (TRDRP) REPORT

Dr. Gruder presented the report.

- He stated that their grant proposals have been peer reviewed and he expected to award about \$13.5 million, maybe a little more, maybe a lot more. As was discussed during the morning, we anticipate an additional \$2 million. However, the \$2 million is not available until the budget is passed. The SAC has historically wanted to spend extra funds while it has been available. The number of grants is down, but still high. There are a high number of outstanding proposals. The Committee will meet in June and will make decisions.
- TRDRP's Cornelius Hopper Awards provide \$15,000 to provide training to students (undergraduate, graduate, and post-doctorates) interested in working on tobacco issues. The SAC will recommend funding from the seven to eight applications we received this year.
- The TRDRP Strategic Planning process will be launched at the October 8-9, 2007, Conference in Sacramento. It will be an opportunity to let us know the field's thoughts on future program directions. The stimulus behind the planning is the gradual decline in the budget. We want to determine how the program can continue to have an impact with declining revenue. In the next seven to ten years we cannot stay the same and be effective. We have a broad mandate on all tobacco-related disease, policy, cessation, etc. We could narrow the focus – prioritize by disease or by grant category. Seventy percent of our expenditure is on big research grants. Dr. Gruder will be framing questions for TEROC and get them on a meeting agenda. The plan is to implement any changes in the call for applications for the FY 2008-09 funding cycle. It will not be the next call, but the following one. The Chairperson asked if TRDRP was entertaining more

radical ideas like changing the enabling legislation? Dr. Gruder stated that we have not ruled anything in or anything out. The preference is to leave legislation out because we now have flexibility. What is important is to determine how we can make a difference. We wanted our planning to be similar to the CIRM strategic planning process.

- The Keynote speakers for the October conference are David Kessler and Bill Lockyer. TCS is organizing one of the sessions. Registration is free. Please register now.
- TRDRP also funds conference grants and has supported three conferences including: the Asian American and Pacific Islander Scientific Conference; the ANR Policy and Advocacy Institute; and, a Satellite meeting to the Society for Neuroscience's Annual Meeting.
- The April 2007 issue of TRDRP's newsletter "Burning Issues" is available on their website, www.trdrp.org.
- Dr. Gruder's written report also listed some of the professional activities of the TRDRP staff and presentations they have made at recent conferences.
- Dr. Francisco Buchting resigned from TRDRP last month to take a position at Education, Training, and Research Associates.
- Dr. Gruder provided an update on their progress in identifying a new Director. We have been recruiting but it has been a slow process. This is not a job that folks think about. We have thought about changing the nature of the job, perhaps making it a part-time job for a faculty member. There are some active candidates, but he is not optimistic about any of them taking over.
- Question: Research by nature has a limited funding cycle and in working with communities there is limited funding. How do you keep the research sustainable? Dr. Gruder stated that we need to be more creative and with funding declines we need to collaborate with other funding agencies. Foundations do this all the time. We need to try to work with other funders.

7. CALIFORNIA DEPARTMENT OF HEALTH SERVICES REPORT

Dr. Kohatsu presented the report:

- We will be releasing new prevalence data next week. He turned it over to Colleen Stevens and David Cowling to present the new data. Adult smoking prevalence in California for 2006 is 13.3 percent, down from 14.0 in 2005. Smoking among women is at 9.1 percent. For men, it is 17.5 percent. Some of the differential comes from the fact that Asian Pacific Islander and Hispanic/Latino women smoke much less than African-American and white women. We are only releasing adult data at this time. We measure youth smoking prevalence every two years. The latest youth smoking prevalence indicates an increase from 13.2 percent (2004) to 15.4 percent (2006) for high school youth. We understand from other western states that their youth smoking rates are increasing as well and there is a national trend of increasing smoking prevalence among youth. Dr. Green asked about adult data age breakdowns? David Cowling stated that the young adult sample size is not very big; the 18-24 year old sample is small and hard to reach. It went from 18 percent to 19.4 in 2006. It is the highest prevalence among age groups. The 25-44 year old group is declining (12.3 percent), 45-64 year olds (15.1 percent), 65+ (7.8 percent). According to the Substance Abuse and Mental Health Services Administration data, California has the lowest prevalence among those 12 and older. California also has the lowest prevalence among the 25 year-olds and older population. But for the 18-24 year old population, we have much higher prevalence than Utah. Dr. Green asked if TCS is coordinating a press

release regarding this data with the Federal Government? Ms. Stevens stated that we asked to get a quote from CDC regarding the data, but they said it was too complicated to get approval.

- TCS supports Information and Education (I & E) visits for its funded contractors to visit state legislators. It is a unique opportunity. Kimberly Weich Reusché from the Center for Tobacco Policy and Organizing at the American Lung Association (the I & E visit organizer) provided an update. The event is organized under the Coalition to Protect All Californians from Tobacco (PACT). We will have 120 participants this year. Legislators and staff invited to present at the pre-training and other events include Alex Padilla, Mark DeSaulnier, Jenny Oropeza, Karen Bass, and Kathy Dresslar. A novel idea introduced last year was to use the MP as an advocacy tool. We get legislators to sign the PACT resolution which indicates their support for TEROC's five MP objectives.
- Dr. Kohatsu provided an overview of the recent priority population applications. TCS is working on three large procurements. The Priority Populations Interventions were submitted in March. Twenty-one applications were submitted and 11 were funded. Many focus on smoke-free multiunit housing. Dr. Baézconde-Garbanati's new contract will focus on smoke-free Indian casinos. The San Francisco Study Center will focus on getting tobacco out of pharmacies. We are still waiting for applications for the Capacity Building Center. Finally, local lead agencies submitted new three-year plans in April. We just spent the last two days reviewing them. Overall, we will have 70 new contracts to finalize by July 1, 2007.

Question:

- Is there any sense of the breakdown of the low Socio-economic Status populations in the Priority Population Interventions? April Roeseler stated that we were not sure what the secondary populations were for each applicant; however, there were applicants focusing on low SES populations.
- Is the Capacity Building Center more complex than anticipated? Ms. Roeseler stated that we have not had any applications submitted yet. The application process is going to be rigorous; it will include four stages.
- Was the addendum to make sure that potential grantees were aware of the detail required? Ms. Roeseler stated that the addendum was in response to the need for more time for applicants to put their teams together.
- How much funding could the Priority Population Intervention applicants ask for? Ms. Roeseler stated they could ask for up to \$600,000 for three years. We do not have that much to fund all awardees at \$600,000 each, so we trimmed their budgets and provided suggestions for where they could trim out certain activities or costs.
- Over the last two weeks we have uploaded all of our ads to tobaccofreeca.gov. We also uploaded a Helpline video on how to make the service more user friendly. We are also trying to complete a Lesbian, Gay, Bisexual, and Transgender postcard and the "Syringe" ad too. Print ads are not downloadable.

Question:

- Are there any new ads? Where are we on the conceptual side? Ms. Stevens stated that we have stockpiled ads and have not even released some ads that are complete. We are in very good shape, but we are working on new concepts.
- Is the approval process moving smoothly? Ms. Stevens stated that there has been positive change and tobacco ads are a model in the Department.
- Robin Shimizu discussed TCS staffing patterns. She reported that we took a Contract Manager position to create a new staff person to focus exclusively on personnel. We have also filled some vacancies and there have been promotions. Cathy Medina was

promoted to chief of the Contract Management Unit. Greg Oliva was promoted to a Health Program Specialist II.

Question:

- Has the split between Departments had any effect on TCS? Ms. Shimizu stated that it is still unclear in terms of the transition. We will be CDPH on July 1, 2007. We cannot predict internal workload changes. We are far enough down in the new Department that we are not affected by staffing. New positions are being created, so we do not yet know about any cuts to our support budget. However, we are being active and vigilant on the budget. Our 14 vacancies would seem ripe for the taking. In July, there will be a freeze on personnel activities because Personnel is splitting up between the two Departments. We will continue to get positions filled. Dr. Kohatsu stated that the Deputy and Assistant Deputy Directors for the new "Centers" are being advertised right now. How quickly we get up to speed is unknown. It will likely take longer than one month. There are approximately 3,000 people in each Department.
- Does TCS still have an acting Chief? Ms. Roeseler stated that there is no Chief position. Dr. Kohatsu expected that with a new Deputy Director and with only two divisions under that Deputy, there is going to be some input from that person.
- Can we get more detail at the next meeting? Yes, TCS staff will provide a copy of the CDPH organization chart.

8. CALIFORNIA DEPARTMENT OF EDUCATION REPORT

Ms. Rolfe presented the report.

- Objective 1 – Strengthen the California Tobacco Control Program
 - We met in March with TCS and will meet again in June and compare notes on what we are doing.
 - Of the 11 Task Force recommendations, two required a legislative change and they are now in AB 647. The recent amendments can be made through regulations and should not slow down the bill in the legislature. The effective date for the change in legislation will be July 1, 2009. This will be the first time for TUPE regulations, so we will need a new Request for Applications (RFA). The program will be combined to form one competitive grant for grades 6-12. As we get closer, we will let you know what the new RFA will look like.
 - We will report at the next meeting on Categorical Monitoring.
- Objective 2 – Eliminate disparities and achieve parity in all aspects of tobacco control
 - There are 32 American Indian centers in California, and not all are located on reservations. Kids go to school there and there are other activities. The Centers are reapplying for their grants.
 - Once a new grant is established for the 32 new centers, there will be an application for TUPE funding.
- Objective 3 – Decrease exposure to SHS
 - We are in the process of recertifying the tobacco-free campuses and will finish the process on June 30.
- Objective 4 – Increase availability of cessation assistance
 - We are working on a TRDRP grant with Luanne Rohrbach to conduct an evaluation of the *I Decide Youth Tobacco Cessation Program*.
- Objective 5 – Limit and regulate the products, activities, and influences of the tobacco industry

- AB 647 will require that anyone who accepts TUPE funding cannot accept funding from the tobacco industry.
- Other activities
 - We have announced the awards for the TUPE Grades six through eight. Fourteen applications were received and 12 passed.
 - Thirty-seven applications were received for grades 9-12 and 15 agencies were selected. There were seven appeals; five of those were denied.
 - Funding for the 2006-07 TUPE grades four through eight Entitlement program will be released by the end of the month.
 - We will be releasing the FY 2008-11 competitive grant applications in September.
 - We will hold a TUPE Grantees conference in October 2007.
 - Ms. Rolfe expressed concern that TUPE abstracts submitted to the National Conference on Tobacco OR Health are never accepted as oral presentations even though our program is known as the best. Mr. Oliva stated that the problem could be that because California is the only state that does have a well-funded, school-based program; the abstract reviewers cannot relate to the concepts presented and question their replicability to the nation. The key in future abstracts may be to focus on how these programs are replicable for other states.

9. PUBLIC QUESTIONS AND COMMENTS

Immauri Patterson, African American Tobacco Education Partnership. Mr. Patterson thanked TEROC for its commitment to priority populations and appreciated their involvement and he also thanked Sandra Shewry, the Director of CDHS, for holding a forum where priority population stakeholders could make recommendations on how TCS funds priority population efforts.

Carlene Henriques, Sacramento Local Lead Agency. Ms. Henriques continued to express concern about the process for funding priority populations. Now that the RFA has been delayed, it puts us into the void of serving priority populations. It also furthers their marginalization. It was first scheduled for a November release and now January. There will be no TA for six months. And they will not be ready to hit the ground running on January 1, 2007, it could be another three to six month void. She continued to express her concern that marginalized peoples will continue to be marginalized. Some of the suggested resources are not viable and are staffed by an entirely Caucasian staff (no offense to Caucasians). Another concern is the rising youth prevalence. How will we reach those youth populations, especially priority population youth. Her third concern is how we gather prevalence data. Telephone surveys are not always accurate, unless you are sending "text" messages to 18-24 year olds. We need to look at being more creative with data collection. In the field we have the need to deliver services and we may not have a TA service for 12 months. We need a viable plan to help us. The Chairperson asked if there was an interim plan. Ms. Henriques did not know. She stated that suggestions have been provided, including gap funding and an interim contractor. We implement our new programs starting July 1, 2007, and if we have not done that priority population work in the past, how can we help them. But we need resources to meet the priority population needs. There has not been any significant plan to address this.

Tana Lepule, Asian Pacific Islander Tobacco Education Partnership Advisory Committee chair and with the Union of Pan Asian Communities. He stated he was here as a Pacific

Islander, an undeserved community. He echoed Ms. Henriques' concerns. There is a gap for those who need the TA, especially among those that are newly funded. Questions:

- Do the new LLA plans focus on Priority Populations? Are they building on existing work or new directions? Ms. Roeseler stated it was hard to answer because we just reviewed the LLA plans. We did require the LLAs to assess a cultural competency asset and create an objective. What we saw in the plans were: improving and enhancing outreach; improving materials; capacity building; and, TA for communities to apply for additional funding. She added that she does not believe that the situation is as dire as Ms. Henriques makes it sound. We have the Tobacco Education Clearinghouse of California, we have national resources, we have the Tobacco Technical Assistance Consortium, and the LLAs can use their own funding to identify resources. Rome was not built in a day, and this will take time too. We have culturally diverse staff that can be utilized. We have our electronic communications systems, such as PARTNERS, where our contractors can provide peer-to-peer assistance. The California tobacco control community has been generous in helping each other. The Chairperson appreciated being sensitized to the community's concerns. Mr. Velazquez stated that this is a real problem and it never goes away. As funding dries up and goes away, how do you maintain services? The Federal Government provides less money and states have less money too. He would welcome the opportunity to support TCS' work.

Dr. Green discussed the California Environmental Protection Agency finding that SHS contributes to breast cancer. This finding is not in the Surgeon General's report; California stands alone. He cannot think of anything more invigorating for tobacco control to work with the breast cancer community. Dr. Brunner added that he had not reviewed the literature. He wondered if it looks like it is politically contrived to link the issues; perhaps not. But he would want to be convinced that it is not political. Dr. Gruder stated that one of the scientific sessions at the TRDRP October conference focuses on this issue.

Members wondered if they should write a letter of support for the Governor's cessation proposal. Dr. Rice believed that endorsing the cessation proposal could come across as endorsing the entire health care reform proposal. Members ultimately felt that it was premature to endorse the cessation proposal.

The next meeting will be Tuesday, September 11, 2007, in Oakland. An agenda item will be to look at the MP development. Members also scheduled meetings for January 29, 2008 and May 20, 2008. Both will take place in Sacramento in order to have DOF present on the budget.

The meeting was adjourned at 3:42 p.m.