

**Minutes of the
Tobacco Education and Research Oversight Committee (TEROC)
Thursday, December 15, 2016**

Location:
Hilton Los Angeles Airport
La Jolla Ballroom
5711 West Century Boulevard
Los Angeles, CA 90045
TEL: 310-410-4000

MEMBERS PRESENT:

Dr. Michael Ong (Chair), Dr. Alan Henderson (Vice Chair), Dr. Claradina Soto, Dr. Mark Starr, Dr. Pamela Ling, Dr. Wendy Max, Dr. Lourdes Baézconde-Garbanati, Mr. Richard Barnes, Ms. Debra Kelley, Ms. Patricia Etem, and Ms. Mary Baum.

MEMBERS ABSENT:

Dr. Robert Oldham and Ms. Vicki Bauman.

OTHERS IN ATTENDANCE:

April Roeseler, California Department of Public Health (CDPH),/California Tobacco Control Program (CTCP)

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

Dr. Catrina Chambers, CTCP

Dr. Norval Hickman, TRDRP

Dr. Phillip Gardiner, TRDRP, African American Tobacco Control Leadership Council (AATCLC)

Dr. Xueying Zhang, CTCP

Francisco Michel, CTCP

Lindsey Freitas, American Lung Association (ALA)

Nadine Roh, CTCP

Richard Kwong, CTCP

Rosa Barahona, University of Southern California (USC)

Daniel Soto, USC

Dr. Jennifer Unger, USC

Sarah Planche, California Department of Education (CDE)

Tim Gibbs, American Cancer Society/Cancer Action Network (ACS/CAN)

Tom Herman, CDE

Tonia Hagaman, CTCP

Julie Lautsch, CTCP

Lynn Baskett, Consultant

Changhyun Sung, UC Davis

Rod Lew, APPEAL/ADEPT

Carol McGruder, AATCLC/ADEPT

Jane Steinberg, USC

Eric Batch, American Heart Association (AHA)

Statice Wilmore, City of Pasadena Tobacco Control Program

1. WELCOME, INTRODUCTION

The TEROC Chair, Dr. Ong, called the meeting to order at 9:43 a.m. TEROC members and guests introduced themselves.

2. APPROVAL OF MINUTES, CORRESPONDENCE, AND ANNOUNCEMENTS

Dr. Baézconde-Garbanati moved to accept the September 29, 2016 and October 17, 2016 minutes without revisions, seconded by Ms. Kelley. Motion passed with unanimously.

The chair reviewed TEROC-related correspondence:

Outgoing Correspondence:

- November 10, 2016, letter to the California Public Employees Retirement System (CalPERS) Board of Administration urging CalPERS to continue to divest from the tobacco industry.
- November 21, 2016, letter to President Barack Obama supporting the African American Tobacco Control Leadership Council in urging the current administration to ban all flavors, including menthol, from all tobacco products.

Incoming Correspondence:

- December 12, 2016 letter from Advocacy Data Dissemination to Achieve Equity for Priority Populations on Tobacco (ADEPT) requesting that TEROC recommend to CTCP that it allocate funds to establish statewide, community-led, advocacy institutes for each of the major priority populations.
- December 13, 2016 email from Dr. Michael Fiore, University of Wisconsin, to P01 Advisors requesting submission of comments to the National Committee for Quality Assurance (NCQA) on their tobacco performance measure.

General Discussion:

Ms. Carol McGruder and Mr. Rod Lew presented on ADEPT's letter to TEROC.

Dr. Baézconde-Garbanati asked Ms. McGruder and Mr. Lew to elaborate on ADEPT's request for a meeting between TEROC, CTCP, and appropriate organizations with American Indian Tribes.

Ms. McGruder responded that there is a need to engage the Native American population and to address past shortcomings of tobacco control as related to this priority population. Ms. McGruder added that there is a strong need to build infrastructure and the capacity of Native American organizations to address commercial tobacco use.

Ms. Etem expressed her support for an equity subcommittee to address the needs of populations disproportionately impacted by tobacco use.

Ms. McGruder added that ADEPT feels that CDPH's Office of Health Equity (OHE) needs to be involved in the process.

Ms. Baum pointed out that ADEPT's letter did not include immigrant populations among the priority populations listed. In addition, these populations are heavily impacted by tobacco use, such as hookah, and tobacco marketing. Ms. Baum asked whether immigrants would be included in equity efforts.

Mr. Lew responded that the list of priority populations included in the letter was not all-inclusive and that one of the purposes of discussions with TEROC is to identify the populations that need to be addressed.

Dr. Baézconde-Garbanati asked Ms. Roeseler and Dr. Aoki whether the priority populations identified in the ADEPT letter align with CTCP's and TRDRP's priority populations. Both indicated that the priority populations aligned with their respective programs.

Ms. Baum stated that there are many immigrant community groups that are interested in tobacco control but that do not have the capacity to write applications for funding. She suggested that some of the new funding that will become available from the new tax should be used to build the capacity of these groups to apply for grants.

Ms. McGruder indicated that ADEPT has discussed this issue and one possible solution would be to fund these community organizations through the Local Lead Agencies (LLAs) to facilitate the process. She added that The LOOP is conducting trainings to help build the capacity of groups that have expertise with tobacco control but not with the application and reporting procedures of the state.

Dr. Ling stated that it would be helpful to TEROC to know who the members of ADEPT are. Since the letter to TEROC came from the ADEPT leadership, it is not possible to determine what priority populations are involved in the group. A list of the membership would be helpful.

Ms. Baum shared the Substance Abuse and Mental Health Services Administration (SAMHSA) has a funding mechanism, called a mentoring grant, that allows an existing funded agency to partner with another agency for two years to fully support them and help them through the grant application process. Ms. Baum suggested that this is a mechanism that should be explored in funding smaller coalitions.

Dr. Max stated that TEROC should revisit the definition of priority populations during the development of the 2018-2020 Master Plan. She added that the Master Plan should also include recommendations on how to make it easier for agencies not currently funded to apply for CTCP grants.

Ms. Kelley suggested that TEROC review the experience of the old ethnic networks to determine what worked well and what did not work. This would inform TEROC's deliberations on how to address priority populations.

Ms. McGruder stated that CTCP indicated Proposition 56 will result in the addition of approximately 20 new positions. Ms. McGruder indicated that it will be important to ensure that newly hired staff reflect a focus on health equity and people of color. This would include helping potential applicants navigate the civil service application process. Ms. McGruder added that ADEPT has discussed this issue with OHE and that they are interested in being involved in the process.

Mr. Barnes addressed the letter to CalPERS and stated that the latest indication was that CalPERS would continue with its policy of divestiture from tobacco. However, he indicated that the CalPERS staff recommendation was to reinvest in tobacco and that the Board would need to have a strong rationale for not following that recommendation. Mr. Barnes added that a group of tobacco control advocates would be present at the December 19, 216 CalPERS meeting where divestiture would be addressed, including Dr. Stan Glantz.

Dr. Ling indicated that she would attend the CalPERS meeting to advocate for divestiture. Ms. Freitas stated that anyone who wants to testify at the meeting should register online, although it was unlikely that CalPERS would turn away individuals who did not register. She added that if many people registered to speak, it would send a strong message to the board.

Action Items:

- Delegate Dr. Ling to testify on behalf of TEROC at the CalPERS Board meeting. Moved by Dr. Henderson; seconded by Ms. Etem. Passed unanimously.

3. ENVIRONMENTAL UPDATE

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

- **Pasadena will spend \$1.5M to combat smoking among teens, African Americans.**
<http://www.pasadenastarnews.com/health/20161116/pasadena-will-spend-15m-to-combat-smoking-among-teens-african-americans>
- **Menthol Cigarette use rising in U.S., especially among young**
<http://www.medpagetoday.com/pulmonology/smoking/60826>
- **Reverend Al Sharpton's talk on banning menthols draws debate over policing, tobacco companies.**
<https://oaklandnorth.net/2016/11/16/rev-al-sharptons-talk-on-banning-menthols-draws-debate-over-policing-tobacco-companies/>
- **Surgeon General's Report: E-cigarette Use Among Youth and Young Adults.**
<http://e-cigarettes.surgeongeneral.gov/>

- Philip Morris sees \$1.2 billion boost from cigarette alternative.
<http://mobile.reuters.com/article/idUSKBN13P0LU>
<http://www.bloomberg.com/news/articles/2016-09-29/philip-morris-sees-1-2-billion-boost-from-cigarette-alternative>
- Report: FDA not doing enough to regulate e-cigarettes.
<http://philadelphia.cbslocal.com/2016/10/04/report-fda-not-doing-enough-regulate-e-cigarettes/>
<http://jamanetwork.com/journals/jamapediatrics/fullarticle/2556206>
- Teens who vape are 10 times more likely to smoke cigarettes.
nydailynews.com/life-style/health/teens-vape-10-times-smoke-cigarettes-article-1.2864892
<http://jamanetwork.com/journals/jama/article-abstract/2579858>
- California approves tax increase on cigarettes.
<http://www.reuters.com/article/us-usa-election-tobacco-idUSKBN1340PT>
- Proposition 56 results map-by county.
<http://vote.sos.ca.gov/returns/maps/ballot-measures/prop/56/>
- Editorial: Vote yes on Proposition 56 to raise California's too-low tobacco tax.
<http://www.latimes.com/opinion/editorials/la-ed-proposition-56-20160926-snap-story.html>
- No safe level of smoking: Even low-intensity smokers are at increased risk of earlier death.
<https://www.nih.gov/news-events/news-releases/no-safe-level-smoking-even-low-intensity-smokers-are-increased-risk-earlier-death>
<http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/258812>
- Department of Housing and Urban Development releases rule instituting smoke-free public housing.
http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2016/HUDNo_16-184
- Toxins linger in homes long after smokers quit.
[http://www.nytimes.com/2016/10/04/well/live/toxins-linger-in-homes-long-after-smokers-quit.html? _r=0](http://www.nytimes.com/2016/10/04/well/live/toxins-linger-in-homes-long-after-smokers-quit.html?_r=0)
<http://tobaccocontrol.bmjjournals.org/content/early/2016/09/20/tobaccocontrol-2016-053119.full.pdf+html>
- More campuses have smoking bans– but do they work?
<http://college.usatoday.com/2016/10/06/more-campuses-have-smoking-bans-but-do-they-work/>

- **Comprehensive tobacco prevention and cessation services for Medi-Cal beneficiaries.**
<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-014.pdf>
- **Trump to withdraw from Trans-Pacific Partnership on first day in office.**
<https://www.theguardian.com/us-news/2016/nov/21/donald-trump-100-days-plans-video-trans-pacific-partnership-withdraw>
- **U.S. Supreme Court declines to hear tobacco arbitration dispute.**
<http://www.reuters.com/article/us-usa-court-tobacco-idUSKCN12B1P7>
- **The real reason Big Tobacco is getting even bigger.**
https://www.washingtonpost.com/news/wonk/wp/2016/10/21/the-real-reason-big-tobacco-is-getting-even-bigger/?utm_term=.679637a5be9f
- **If California's 21-and-up smoking law is a success, other states may follow suit.**
<http://www.latimes.com/local/california/la-me-ls-smoking-law-20160927-snap-story.html>
- **Big Tobacco: What would a recreational marijuana market in California look like?**
<http://www.latimes.com/business/la-fi-marijuana-market-20161110-story.html>
- **Could legalizing pot diminish California's gains against smoking?**
<http://khn.org/news/could-legalizing-pot-diminish-californias-gains-against-smoking/>

General Discussion:

Dr. Baézconde-Garbanati pointed out that even though Proposition 56 passed, TEROC needs to keep a cautious vigilance to protect the integrity of the funding for tobacco control.

Ms. Kelley indicated that the voluntary health agencies will be prepared to fight any attempts to divert tobacco control funding and avoid what occurred in the 1990s.

Dr. Ong reported that Dr. Baézconde-Garbanati submitted an abstract to the annual meeting of the Society for Research on Nicotine and Tobacco (SRNT) in Florence, Italy. The title of the proposed presentation is “Resurrecting a Giant: Getting California Back on Track.”

Dr. Ong discussed an invitation received from Dr. Fiore to submit comments on the NCQA tobacco performance measures, which proposes to remove a question that assesses whether smokers report that their health system advise

them to quit. He inquired whether TEROC wants to make comments, which are due December 16, 2016, on this issue. No TEROC action was taken.

Ms. McGruder stated the City of Chicago's policy to restrict menthol and flavored tobacco products 500 feet from schools is in the process of being rolled back since Chicago believes its Tobacco 21 sales law will sufficiently protect young people from menthol/flavored tobacco. The most recent policy compromise is to maintain the buffer zone around high schools only. Chicago's original menthol/flavored tobacco product buffer zone policy took 562 tobacco retailers offline, but the recent policy compromise reduces the figure to 162. However, Chicago is funding community engagement to increase policy awareness.

Dr. Gardiner stated the City of Oakland will introduce a resolution to ban menthol tobacco products on January 10, 2017.

4. Proposition 56 Update/Voluntary Health Agency Update

Mr. Eric Batch of the American Heart Association, Mr. Tim Gibbs of the American Cancer Society/Cancer Action Network (ACS/CAN), and Ms. Lindsey Freitas of the American Lung Association (ALA) presented on behalf of the voluntary agencies.

General Discussion:

- Dr. Henderson provided a historical context on the passage of Proposition 99 and Proposition 10, both of which won by small margins. However, Proposition 56's passed with 64% "Yes" votes, a remarkable achievement for California.
- Mr. Gibbs' summary comments:
 - There would not have been a Proposition 56 without Proposition 29, the last initiative to increase the tobacco tax that failed in 2012.
 - The Save Lives California Coalition raised over \$33 million, more than previous tax increase campaigns, compared to the tobacco industry spending \$71 million.
 - Proposition 56 monies directed to Medi-Cal will be used to increase provider rates.
 - Tom Steyer was a key financial supporter of the Proposition 56 campaign, donating over \$10 million.
- Dr. Aoki recommended TEROC should have questions regarding Proposition 56 revenues for the Department of Finance and the Board of Equalization at the February 2017 TEROC meeting.
- Mr. Batch summarized the campaigns strategies and tactics that contributed to their success.
- Ms. Freitas summary comments:
 - Proposition 56 does not require subsequent legislation to be implemented.
 - The Democratic Party now represents a supermajority at the Capitol.
 - Assembly Bill 62 (Wood) was introduced to require public housing agencies to implement a policy prohibiting smoking a tobacco

product in public housing units and interior areas. This bill codifies the United States Department of Housing and Urban Developments Smoke-free Public Housing Rule in California. It aligns its “tobacco product” and “smoking” definitions to align with other state smoke-free laws, which include electronic smoking devices.

5. Do Californians support restricting menthol and/or flavorings in tobacco?

Dr. Jennifer Unger from USC delivered a presentation entitled, “Californians’ Support for E-Cigarette Regulations.” Summary highlights include:

Objective of the study by Dr. Unger and colleagues:

- Understand California adults’ support for various policies:
 - Restricting use of e-cigarettes where cigarette smoking is not allowed
 - Taxing e-cigarettes and vaping products
 - Regulating and licensing stores that sell e-cigarettes and vaping products
 - Restricting flavors and menthol

Methods:

- Quantitative data from two Field Polls
 - September/October 2015, September 2016
 - Independent, non-partisan survey of California public opinion
 - 1000 respondents per poll
 - Representative sample of registered voters statewide
 - CATI (Computer-Assisted Telephone Interviewing) survey, landlines and cell phones, English/Spanish
- Qualitative data from focus groups of demographic groups with low policy support

Conclusions from first Field Poll:

- Most Californians believe that e-cigarettes contribute to nicotine dependence among youth.
- High support for most policies (smoke-free air, tax, retailer licensing), which are now law.
- Weaker support for restricting flavors.
- Compared with supporters, opposers and swing voters have lower education (some college), are politically conservative, and smoke.

Next Field Poll – Assess support for banning menthol and/or other flavorings:

- Main themes
 - Adults, but not youth should have the right to vape and use flavors.
 - Unaware that flavors attract youth.
 - Unsure how to reduce appeal to youth without infringing on adults’ rights.
 - Unclear about the health effects of flavorings.
 - Vaping near children should be banned.

- No need for more regulations because vapers are already respectful of others.
 - Businesses should decide whether to allow vaping inside.
 - E-cigarettes should be taxed, but only if the money goes to health programs.
 - Licensing retailers is a good way to prevent counterfeit products.
 - Government shouldn't be a nanny state.
 - Don't legislate morality.
 - Low trust in FDA and public health agencies.
- Conclusions:
 - Californians were already in favor of applying smoke-free air laws, taxes, and retailer licensing to e-cigarettes in 2015.
 - Support for banning flavors and menthol remains lower.
 - Nearly 40% of Californians are policy opposers or swing voters who still need to be convinced.
- Potential arguments in favor of policies:
 - Protect children from harmful chemicals.
 - Restrict advertising to youth.
 - Licensing, enforcement, and warning labels protect the public from counterfeit products.
 - The tax money will go to health programs, health research, and health education.

General Discussion

- Regarding the focus groups, Ms. Kelley inquired whether people were aware that cigarettes used to have sweet flavorings but were banned due to being attractive to youth. Dr. Unger and Mr. Soto stated this issue did not come up at the focus groups.
- Dr. Ling summary comments:
 - Inquired whether all flavored tobacco products were discussed in the focus groups, since it seemed most of their discussions focused on flavored e-cigarettes. Dr. Unger responded the purpose of the project was to look at Californians' attitudes on e-cigarettes, and not other tobacco products.
 - Suggested that Dr. Unger compare her data to that of the California Adult Tobacco Survey, which asks policy questions. Dr. Unger concurred.
- Dr. Starr inquired whether there was awareness of occupational health hazards for workers in vape shops among focus group participants. Dr. Unger replied participants believed workers should protect themselves (e.g., not spill nicotine) but likely thought workers are already protecting themselves.
- TEROC members discussed concerns with marijuana legalization and suggested inviting the head of the Bureau of Marijuana Control to present of marijuana regulation in California at a future TEROC meeting.

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

Ms. April Roeseler and Ms. Tonia Hagaman presented on behalf of CTCP.

Ms. Roeseler reported:

- LLAs are working on new one-year plans, which are due January 12, 2017. In December 2016, CTCP staff and CTCP statewide grantees will have hosted seven technical assistance sessions for LLAs in the development of their plans.
- The CTCP Media Unit worked with Bob Gordon and Linda Aragon during October-November 2016 for a public relations campaign on National LGBT Month. Mr. Gordon and Ms. Aragon wrote op-eds, and Mr. Gordon appeared on the radio. The campaign resulted in more than 15 placements in LGBT media outlets. In addition, a “radio news release” featuring a prerecorded interview with Mr. Gordon aired 116 times across 30 radio stations in major markets throughout California.
- On November 30, 2016, CDPH submitted CTCP’s grant application to the Centers for Disease Control and Prevention (CDC) for the National State-Based Tobacco Control Programs. The grant application is for continuation funding for Year 3 of the grant covering the period of 3/29/2017 through 3/28/2018. CTCP applied for the maximum funding available, a total of \$2,710,387. There are two components to this continuing grant application, including the Core Component, which implements a state-based tobacco control program using an evidence-based, comprehensive approach. The second component is the Competitive Component, which seeks to advance evidence-based tobacco control through developing, implementing, and evaluating innovative and promising practices.

Ms. Hagaman reported on Proposition 56 implementation:

- The Proposition 56 vision in fiscal year 2017/18 is to build infrastructure, one priority of which is to support statewide grantees and increase their capacity.
- CTCP is also planning to quickly fund regional priority population projects.
- CTCP wants to directly fund Tribes who are willing to implement evidence-based tobacco control interventions. Dr. Soto’s project will pursue these interventions.
- In fiscal year 2018/19, CTCP will fund two large priority population procurements; one procurement will solicit grants from experienced agencies and the other procurement will solicit grants from agencies that are new to tobacco control.
- Ms. Hagaman also stated that CTCP’s ongoing behavioral health initiative, which includes goals to establish tobacco-free behavioral health campuses and support linkages to cessation treatment would be expanded to include direct funding to behavioral health agencies.

Ms. Roeseler reported on Proposition 56 implementation:

- CTCP plans to go out with a media procurement in the first half of 2017, make the award early in fiscal year 2017/18, and have a contract in place by October 2017.

General Discussion:

Dr. Henderson inquired about the status of filling CTCP staff vacancies. Ms. Roeseler replied that recruitment is progressing slowly due to challenges candidates have with the state hiring process (e.g., taking exams, ensuring list eligibility, applying for a job multiple times, etc.). Ms. Roeseler announced the promotions of Francisco Michel to the CDPH Safe and Active Communities Branch; and Catrina Chambers to the CTCP Evaluation Unit, which created two Policy Analyst vacancies at CTCP.

Dr. Henderson inquired whether all 61 LLAs currently have resources to effectively use the new resources that will be provided to them as a result of Proposition 56. Ms. Hagaman replied “Yes,” and that LLAs have inquired about the timing and amount of funding they will receive. CTCP will work with LLAs who requested advice on how to spend their monies.

Ms. Etem inquired whether CTCP is planning a community-based cessation strategy/team to address diverse communities. Ms. Roeseler concurred that California should re-think its cessation strategy, and stated that CTCP has been subsidizing health plans because the California Smokers’ Helpline (CSH) is a free service. Health plans should pay for the treatment nicotine addiction, the CSH should be the safety net for treatment. More systems change work is needed to facilitate hospitals and clinics taking on the role of treating nicotine dependence. Ms. Roeseler recommended further conversations with key persons to address this issue. Dr. Ong recommended leveraging health plans’ resources for cessation.

Dr. Baézconde-Garbanati commented a USC investigator Kayla de la Haye has been doing home health visits and raised concerns that babies are being exposed to smoking. Dr. Baézconde-Garbanati inquired what CTCP anticipates with CDC grant in light of the new federal Administration. Ms. Roeseler stated federal funds fund 20-21 CTCP positions; if the federal contracts amounts are reduced, it will impact CTCP staffing paid for by federal funding sources.

Dr. Baézconde-Garbanati inquired whether a reserve pot of monies could be set aside for rapid response to unanticipated issues. Ms. Roeseler replied that Proposition 56 provides multi-year spending authority up to three years beyond appropriation.

Ms. Etem inquired regarding Proposition 56’s auditing requirement. Ms. Roeseler confirmed the State Auditor is required to do an audit of any agencies receiving Proposition 56 monies biennially, and CTCP will track Propositions 99 and 56 monies separately. Ms. Roeseler recommended TEROC do a “meet and greet” with CDPH and Health and Human Services Agency (HSSA) leadership regarding Proposition 56 implementation.

In light of ADEPT's letter to TEROC, Dr. Gardiner suggested TEROC meet with ADEPT, CTCP, and the CDPH Office of Health Equity (OHE) regarding health equity approaches. Ms. Roeseler stated CTCP is working on a staff hiring marketing plan with exam information and a listserv. Dr. Ong supported Ms. Roeseler's suggestion that TEROC meet with CDPH and HHSA leadership to address hiring issues, and stated there may be a waiver to the state human resources process.

Ms. Etem emphasized the importance of having a recruiting pipeline, such as from colleges, and this issue should be in the next TEROC master plan. Ms. McGruder spoke with OHE about the staff pipeline issue, recommended further discussions for solutions should occur, and inquired whether OHE staff can work in CTCP. Dr. Soto inquired whether CTCP would fund capacity building efforts, identifying new partners to apply for grants, streamline applications, Online Tobacco Information System (OTIS) training, and reaching Tribes which are largely in rural communities. Ms. Hagaman replied the vision for regional projects is that they be "experienced" in tobacco control (e.g., former local grantee, or ethnic network) which CTCP hopes will provide the capacity building support Dr. Soto requested, and agreed that outreach to Tribes is important, which should be done in-person.

Dr. Henderson moved to reach out to OHE to enter into a dialogue regarding priority population issues. Motion seconded by Dr. Soto; passed unanimously.

Dr. Henderson moved to write letters to leadership from each of the three state tobacco control agencies stating TEROC's intention to work with them on speedy implementation of Proposition 56. Motion seconded by Dr. Baézconde-Garbanati; passed unanimously, with one abstention from Dr. Starr.

Action Items:

- Write letter to OHE to enter into a dialogue regarding priority population issues.
- Write letters to leadership from each of the three state tobacco control agencies stating TEROC's intention to work with them on speedy implementation of Proposition 56: CDPH Director Dr. Karen Smith/HHSA Secretary Diana Dooley, State Superintendent of Education Tom Torlakson, and UC President Janet Napolitano.

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

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

Dr. Aoki reported on TRDRP's current Cycle 26 funding cycle:

- Total Letters of Intent (LOIs) received = 176 [September 13, 2016]
- LOIs accepted = 168 [October 3, 2016]
- LOIs Rejected = 8 (based on non-responsiveness to the Call)

- Applications received 144 [December 8, 2016] broken down among the following research priorities:

Research priority	Applications		% of Total 2016-17 Applications
	2015- 16	2016- 17	
Environmental Exposure and Toxicology	15	<u>23</u>	16%
Early Diagnosis of Tobacco-Related Cancer	19	<u>35</u>	24%
Cardiopulmonary Disease	19	<u>22</u>	15%
Neuroscience of Nicotine Addiction and Treatment	20	<u>26</u>	18%
State and Local Tobacco Control Policy Research	18	<u>18</u>	13%
Tobacco-Related Health Disparities	16	<u>20</u>	14%

Peer reviews for Cycle 26 are scheduled throughout the months of February and early March 2017. Planned study sections:

1. Health Disparities and Policy Research (in person meeting)
2. Tobacco-Related Cancer (videoconference)
3. Cardiopulmonary Disease (videoconference)
4. Environmental Exposure & Toxicology (videoconference)
5. Neuroscience of Nicotine Addiction (videoconference)

Dr. Aoki stated TRDRP's intent to invest Proposition 56 funds wisely, and is analyzing its requirements in comparison to Proposition 99. The scope of research is much broader under Proposition 56 ("***all types of cancer, cardiovascular and lung disease, oral disease, and tobacco-related diseases***") than it is under Proposition 99 ("***tobacco-related diseases***"). The Scientific Advisory Committee (SAC) and TRDRP are still considering the full implications of the reframing of TRDRP's research scope expansion. TRDRP is aiming to keep Proposition 99 monies separate from Proposition 56 monies for tracking purposes. Dr. Aoki acknowledged SAC and TEROC are responsible for overseeing activities funded by both propositions. Drs. Ong and Aoki stated the expanded scope of research provided by Proposition 56 allows for research into non-tobacco smoke products and marijuana use's relationship with cancer, respectively. However, Dr. Gardiner stated TRDRP could receive numerous applications for cancer research not related to smoking. More deliberations are needed to prioritize projects.

Dr. Aoki provided further Proposition 56 requirements:

- For grantees, limits funded projects, investigators and entities to those located “**entirely within California**” (vs. Proposition 99 which allows for more flexibility)
- Administrative costs capped at 5% (defined by State Auditor)
- Requires biennial audits
- Requires annual online publication of funds received and expenditures made

Dr. Aoki shared near-term options for expending Proposition 56 revenue discussed with SAC:

1. Increase grant award caps
 - a. Due to limited and declining funds of Proposition 99, TRDRP has been consistently leaving meritorious applications as unfunded
 - b. Per the Biomedical Research and Development Price Index. (BRDPI) the cost of research has gone up, but not TRDRP's award caps for direct cost.
 - c. By increasing grant caps and extending the term, TRDRP will be able to fund meritorious grants that would previously have been unfunded due to paucity of funds, and commit an additional \$11.25 million.
2. Re-initiate recently discontinued award types
 - a. Re-introduce Dissertation award.
 - b. Expand Postdoctoral award (to meet National Institutes of Health levels with 100% effort).
 - c. Re-introduce Early Career Award.
3. Expand existing research priorities
 - a. Current TRDRP research priorities have potential for expansion to incorporate and highlight Proposition 56-oriented priorities.

Dr. Aoki highlighted longer term planning and prioritizing processes including: stakeholders' input (July to December 2017); capacity landscape assessment (July to December 2017); priority setting (December 2017 to April 2018); develop new call and requests for applications (RFAs) (April to July 2018); call/RFAs released (July 2018).

General Discussion:

Ms. Etem inquired how much of TRDRP's funding is dedicated to health equity. Dr. Aoki stated TRDRP's currently allocates approximately 30% to health equity research, but Proposition 56 does not require a minimum allocation be invested for health equity (unlike Proposition 56 monies distributed to CTCP and CDE). However, Dr. Aoki stated health equity is the highest priority for TRDRP. Dr. Aoki also stated Robin Corelli, from UCSF, is the newest SAC member.

Ms. Etem inquired about TRDRP's pipeline of researchers. Dr. Gardiner stated TRDRP's intention to expand the pipeline. Dr. Aoki followed that TRDRP plans to expand its staffing levels, including filling its Cancer Neuroscience Program Officer vacancy in addition to more analyst support to review applications.

Dr. Baézconde-Garbanati inquired whether TRDRP would consider a request for expansion of current two-year grants (that are in year one). Dr. Gardiner replied TRDRP currently has no-cost time extensions for a year, but has not considered a non-competitive renewal (i.e., a supplement). However, Drs. Aoki and Gardiner stated TRDRP will continue to discuss this option.

Dr. Max inquired about the expected timing of state agencies receiving Proposition 56 monies. Dr. Gardiner replied the first distribution of Proposition 56 funds would occur in September 2017.

Regarding TRDRP's current funding cycle, Ms. Kelley commented some principal investigators (PIs) contacted her regarding TEROC's desire for the PIs to work with certain communities. One of the PIs attended Ms. Kelley's tobacco control coalition meeting, and she appreciated the opportunity to connect potential researchers with community-based advocates.

Ms. Etem inquired about coordination and collaboration between CTCP, CDE and TRDRP, and possibly joint-funded work, resulting from Proposition 56. Dr. Aoki replied TRDRP will ensure their research initiatives are aligned with CTCP priorities, and looks forward to more joint work, such as a joint conference. Mr. Herman stated CDE is interested in looking at the "overlap" of youth risk behaviors, including dual use of tobacco, alcohol and other substances and linking it with school climate and engagement issues (improve attendance rate, particularly among low socioeconomic status students (SES)). More research can be focused in this area, and CDE would like to increase their involvement and financing of it.

Dr. Baézconde-Garbanati commented about Proposition 56's "translational, medical research" requirement. She recalled when more, smaller technical assistance meetings occurred with more investigators and community practitioners, which were good because it provided for a two-way dialogue between community needs and researchers' work. Dr. Baézconde-Garbanati commended TRDRP for their community engagement work.

Dr. Zhang commented regarding the California Student Tobacco Survey: she is looking at oversampling low SES and African-American communities. Dr. Zhang is also considering funding a longitudinal analysis to track youth tobacco use from teens to young adults, and assess how California's Tobacco 21 law will impact behavior change.

8. California Department of Education Report

Mr. Tom Herman and Ms. Sarah Planche presented on behalf of CDE.

Mr. Herman reported:

- A new grant to CDE from Proposition 47 will provide funding to decrease drop-out rates and chronic absenteeism, and increase student engagement. CDE is interested in surveying students before and after the grant period.
- CDE's planned interventions using Proposition 56 monies include:

- Increase local assistance funding by \$20 million (from the current level of \$42 million annually). CDE is looking at increasing the number of grantees and restoring funding to the CDC's recommended level of \$52 per student (vs. \$30-40 per student currently).
- CDE anticipates hiring two School Health Education Consultants or, Education Program Consultants; one Office Technician.
- CDE plans to increase monitoring/site-visits of grantees and technical assistance, combined with targeted outreach to low SES districts and continuation settings to comply with Proposition 56's mandate to dedicate at least 15% of CDE funds to reducing disparities among priority populations.
- CDE plans to increase funding to American Indian Education Centers (restore to an estimated \$200,000 per year or more) from previously reduced levels.
- If TRDRP restores their School Academic Research Awards (SARAs), CDE is interested in research to change youth perceptions and behavior around tobacco and marijuana. Regarding Proposition 64, CDE expects funding from the California Department of Health Care Services (DHCS) through a Memorandum of Understanding (MOU) between the two agencies. CDE and DHCS have met to initiate this effort.
- CDE previously received meritorious grant applications that could have been funded but were not due to funding levels. Rather than going out with a new RFA, CDE could ask these previous applicants to update their budgets and plans in order to fund them.

General Discussion:

Ms. Baum inquired where would youth enrolled in a county alcohol and drug treatment facility fall within CDE's purview. San Diego County has pushed for school-based treatment, but there is a lack tobacco cessation support. These youth do not go to regular schools; rather some go to continuation school, others take online classes. Mr. Herman was not certain, unless the youth are enrolled in a community day school (last step prior to incarceration). In addition, students in individual online programs are very difficult to reach.

Dr. Baézconde-Garbanati asked about what successful grant applications look like to CDE. Also does CDE envision including marijuana as part of grantees' scopes of work? Mr. Herman replied that he would like TEROC's feedback on the second inquiry regarding marijuana use. Dr. Baézconde-Garbanati further inquired about CDE updating school curricula that are outdated (they do not include e-cigarettes or marijuana). Dr. Ong commented at least 15% of Proposition 56 funds to CDE are required to be awarded to accelerate and monitor the reduction of tobacco-related disparities; and suggested CDE incorporate Dr. Bonnie Halpern-Felsher's tobacco prevention toolkit into the curricula in order to address e-cigarettes, since youth have the highest rates of use of these products.

Dr. Henderson inquired, with Proposition 56, what broader opportunities are available for LLAs and other public health agencies (public and private), schools, and research resources to address disparities at the local level. Ms. Roeseler responded she is hoping with the increase in LLA funding to restore and reinvigorate youth coalitions. Dr. Henderson followed the goal is to improve communities' capacity. Having people engaged from the school, public health and research perspective will support this large undertaking, since there are over 1,000 school districts.

In light of Proposition 56's 5% cap on administrative costs and CDE's plans to add staff, Ms. Etem commented it is helpful to have diverse staff that reflects the school populations.

Dr. Soto inquired how often trainings and presentations occur to school district staff on new products, including e-cigarettes and marijuana. Mr. Herman answered the trainings are currently occurring by CDE grantees through County Offices of Education by CDE grantees. CDE meets twice per year with the 58 county coordinators and will encourage more trainings in this area.

9. Public comment

Lynn Baskett requested TEROC to review their master plan development meeting agenda for December 16, 2017 and the discussion questions within. Ms. Baskett discussed her summary of the field input survey.

Dr. Ong adjourned the meeting.