

**Tobacco Education and Research Oversight Committee (TEROC)
Meeting Minutes**

**Friday, February 14, 2020
8:30am – 3:30pm**

Location

UC Davis Continuing and Professional Education
One Capitol Mall
Sacramento, CA 95814

Members present: Dr. Michael Ong (chair), Ms. Patricia Etem, Dr. Mariaelena González, Mr. Jim Keddy, Dr. Wendy Max, Dr. Claradina Soto, Dr. Mark Starr

Members who joined via teleconference: Ms. Mary Baum, Dr. Pamela Ling

Others in attendance:

Chris Anderson, facilitator/writer	Francisco Michel, California Department of Education, Tobacco Use Prevention Education (TUPE)
Daniel Barraca, California Tobacco Control Program (CTCP)	Mayra Miranda, CTCP
Deborah Colosi, Tobacco Related Disease Research Program (TRDRP)	Lou Moerner, community advocate
Ginny Delaney, TRDRP	Sarah Planche, TUPE
Uta Grieshammer, TRDRP	Tracy Richmond-McKnight, TRDRP
Norval Hickman, TRDRP	April Roeseler, CTCP
Humberto Jurado, CTCP	Nadine Roh, CTCP
Rod Lew, Alliance for Data Dissemination to Achieve Equity (ADEPT)	Gordon Sloss, CTCP
Kristen Mar, CTCP	Rebecca Williams, CTCP
Carol McGruder, African American Tobacco Control Leadership Council (AATCLC), ADEPT	Jenny Wong, CTCP

Others who joined via teleconference: None

1. Welcome and Introductions

The TEROC chair, Dr. Michael Ong, called the meeting to order. Members and guests introduced themselves.

2. Agenda

Mr. Chris Anderson, the facilitator/writer, reviewed the meeting agenda.

3. Key Takeaways from Dec. 3, 2019 TEROC Meeting and General Plan Structure

The Plan writer summarized key takeaways from the December 2019 TEROC meeting:

Format

- Keep the Plan concise.
- Develop a more interactive, fully electronic version, not just a pdf with links. It could be organized like a website, with the most important content front and center. It should be readable on any device.
- While there may be print and online versions, there should not be two different sets of objectives and strategies as with the current Plan.
- If there is a technical supplement, it should be a place online to park items that relate to the Plan (e.g., data, one-pagers, policy statements, progress, etc.)

Structure

- Streamline or relocate less important material to the back.
- Add an executive summary.
- Identify core values that cut across objectives and consider articulating them in the Plan.
- Goals and objectives should indicate the direction of change and be measurable, but need not have numbers attached. Objectives should be broad and open-ended.
- TEROC opted for the same basic structure as in the current Plan, with a new Objective 7. Instead of research, it will be about the “triangulum” of cigarettes, electronic cigarettes (e-cigarettes), and cannabis.

Themes

- TEROC and its agencies should take the lead on addressing public health concerns, for example cannabis.
- The Plan should address the wide, rapidly evolving range of products and electronic devices.
- It should also maintain a strong focus on disparities, many of which still center on cigarettes.

Target audience/dissemination

- There was strong interest in expanding readership to include a wide range of people with a professional stake in tobacco or cannabis control.
- The Plan is not intended for the general public, but could be broken down for them or mediated by community groups, coalition members, etc.
- To be successful in reaching this wider audience, a more robust dissemination plan is needed.
- We can aid dissemination by developing collateral materials and resources to help readers understand and use the Plan (e.g., a webinar, 1-pagers).

The committee discussed a proposed general structure for the Plan.

- Members liked the streamlined structure, the idea of having the Plan include a narrative flow, and the idea of breaking some content out into boxes (e.g., vision, mission, goals).
- The Plan could feature additional sidebars with personal, compelling stories (e.g., a youth who has been victimized by industry, statistics from the vaping epidemic). The California Tobacco Control Program (CTCP) is collecting such stories from pediatricians and the California Department of Education (CDE) has stories from youth. Stories could also feature young researchers or interns to highlight empowerment.
- There was still some concern that the ten pages dedicated to the Executive Summary and Introduction could be a barrier to someone reading the Objectives. On the other hand, the Executive Summary may be the only thing some people read. It should include all of the

important messages from the Plan. The Introduction is also important to set the stage for the rest of the Plan. If any section gets more pages, it should be Objectives. Overall, length may not matter as much as organization and completeness.

- The Executive Summary should be downloadable as a separate PDF.

4. Web Version and Dissemination

The writer summarized results of a February 2, 2020 meeting with CTCP staff to discuss development of a web-based version of the Plan.

- CTCP can develop a website using existing resources and should be able to launch it at the same time as the print version.
- There are two basic options:
 1. Build the site off the existing TEROC pages on the California Department of Public Health (CDPH) website. This would be technically easy, but content is subject to CDPH approval and the website would be basic.
 2. Acquire a new uniform resource locator (URL) and build a new website. This takes more design work, but is still feasible. It would not require CDPH approval, and could still be linked to CDPH pages.
- CTCP's Media Unit hires agencies to develop websites but they do not have the bandwidth to shepherd a project like this. Hiring agencies is also very expensive.
- The internal CTCP team can provide a very attractive, functional site if built from the CDPH website or if a new URL is used.
- A minimum of 11 web pages are needed to house the various sections.
- The site would be developed with a content management system so the writer can directly upload finished text and make additional changes as needed.
- Adding links for internal navigation or to external content is straightforward.
- Graphics, videos, and other content can be easily incorporated.
- The designer who will lay out the print version will work with the web designer to achieve a similar look and feel between the two versions.
- TEROC would have access to Google Analytics which measures how much traffic the site gets, how people get there, which pages they visit, how long they stay, etc.
- The downside with a website is that it would require maintenance. After the site is launched, TEROC staff will need to take over the maintenance to answer queries, update information, fix broken links, etc.

The committee discussed making the site interactive, attractive, user-friendly, and navigable, with links and downloadable content. The priority is getting the basic content online in a reasonably user-friendly format.

The committee then discussed infographics for the Plan.

- These could range from simple charts and graphs to more elaborate infographics requiring professional design. Gretta Foss-Holland at CTCP will lay out the print version and can develop infographics for both versions.
- Charts and graphs could be presented more effectively. Graphics like the CTCP "waterfall chart" of prevalence data could be improved with an infographic treatment. The Centers for Disease Control and Prevention (CDC) was cited as doing a good job in this area.

- Members liked the idea of developing as many as one infographic per objective to illustrate strategies, with the caveat that we should select just the most important concepts for illustration.
- Larger infographics may be suitable as dissemination materials, or as downloadable companion pieces from the web-based Plan. They may or may not be included in the print version.
- Icons can help orient readers to content.
- The Plan could also include an infographic logic model.

Next, the committee discussed dissemination of the Plan:

- Mayra Miranda summarized how the current Plan was disseminated.
 - CTCP started with the list of recipients for the 2015-17 Plan and added other recipients suggested by staff, a dissemination subcommittee, and all TEROC members. The list included local lead agencies (LLAs), grantees, tobacco control allies, the Governor and legislators.
 - Some recipients received a digital copy and others received a print version. Problems delayed printing, so the digital version was released first.
- Print copies may reach fewer people.
- Other dissemination materials may be needed, such as a recorded webinar, videos of TEROC members talking about various themes, 10-minute podcasts, 1-pagers, etc.
- The CTCP Coordinating Centers should be consulted about who should receive the Plan, ideas about dissemination, and creation of the collateral materials themselves.
- Coordinate with The Loop, the University of California, San Francisco priority population statewide technical assistance project, on development of a recorded webinar. Promote the webinar when disseminating the Plan. CTCP can also produce podcasts.
- Dr. Claradina Soto motioned to create a dissemination subcommittee, and to allow the Chair to appoint up to two members, and Ms. Pat Etem seconded the motion. The motion passed unanimously.

5. Environmental Context and Plan Title

The committee then reviewed the themes of the current Plan and discussed what the main themes of the new Plan should be.

- CTCP is producing a history of tobacco control for the Program's 30th anniversary and the Plan could link to it.
- Suggested themes for 2021-23 included:
 - Triangulum
 - Health equity
 - Endgame
 - The evolving product landscape
 - Youth addiction and the lack of cessation evidence and services
 - CTCP will hold a cessation summit in 2020 to address this and other topics. It will result in an updated Quit Plan that could be cited by the TEROC Plan.
 - Youth are the future and should be borne in mind for the framing of the document, even if youth cessation itself is not a major theme.

Past titles were reviewed and several considerations for selecting a new title were weighed.

- “Toward a Tobacco-Free California” was established by TEROC early and used in every Plan except the current one. It is unclear why this was discontinued.
- Most past titles had a second part that suggested a central theme from the environmental context of their time (e.g., Endangered Investment or Countering New Threats).
- A title can be either positive or negative. Both work, but negative titles usually get more attention.
- The title can be straightforward or metaphorical. Certain phrases may be over-used or clichéd.

Several possible titles were considered.

- On the theme of health equity/disparities:
 - Bringing Everyone Along
 - Leaving No One Behind
 - Help Where It’s Needed
- On the theme of the triangulum and novel products:
 - Tobacco, Vaping and Cannabis
 - Tobacco and Related Threats
 - One Step Back, Two Steps Forward
 - A New Epidemic
 - Sea Change
- On the theme of countering the industry:
 - Lessons Learned
 - Familiar Foes
 - Once Bitten, Twice Shy
 - Old Wolf, New Sheepskin
- On more general themes:
 - Building Capacity
 - Renewing the Movement
 - Rising to the Challenge
 - The Next Generation
 - Recommitting to the Mission
 - Recommitting to... A Tobacco-Free California

Comments from members and guests:

- “Old Wolf, New Sheepskin” stood out as a strong and evocative title.
 - It expresses the threats posed by the cannabis and vaping industries, which are endangering the progress California has made to denormalize tobacco use.
 - The “wolf” could also represent the rapidly evolving and proliferating products themselves.
 - Cannabis is popularly considered a health product despite the harm it causes.
 - This title may also suggest disparities, as industries exploit vulnerable populations.
- Re-normalization is not just a future threat, but a current reality. Many populations, e.g., lesbian, gay, bi-sexual, transgender, queer (LGBTQ), never reached a point where tobacco use was denormalized.

6. Core Values

The committee then discussed the core values that should inform TEROC's Plan.

- These were discussed in the December 2019 meeting as overarching priorities that cut across objectives.
- Suggested changes:
 - Add equity (or call it out more clearly) and empowerment.
 - Add youth leadership and development, or something that implies that youth are the future.
 - Delete “training and technical assistance,” which is a specific activity. The associated value may be information sharing, or promotion of expertise and leadership development.
 - “Evidence-based” should be “evidence-based and evidence-informed.”
 - Merge the first two values into “strategic alliances and collaborations.”
 - Delete “performance monitoring,” which is bureaucratic and generic to all organizations.
- There were different thoughts about how these values could be used.
 - Originally, the values were guiding principles or funding priorities in tight budgetary times.
 - They may help orient people new to the field.
 - Even if not listed, clarity can help the writer insure that core values inform the Plan.
 - They can be a way to describe how we approach tobacco control. We push for cooperation or synergy, equity, cultural humility or co-learning, local leadership, fighting the industry, and evidence.
- There was discussion about whether the listed items really represent core values.
 - They read more like strategies. Core values should be deeper; they are things that make people passionate about tobacco control. Examples include health equity, health for all, leadership, grassroots policy change, changing people's world or the social structure, reducing industry influence.
 - They could be things that are never quite achieved but that nevertheless drive people to work toward a goal.
 - Typically, there are not so many core values, i.e., there are usually three to five, or at maximum seven.
- Other thoughts:
 - The main core value has been social norm change. It drives everything California has done, including why we work at the local level and why we work with different communities.
 - Concerning equity, what we want to change is not just that certain populations smoke at higher rates. We want to address the underlying reasons for those disparities, e.g., gay men are more likely to smoke because of stigma, mental health, discrimination, etc. Tobacco is the tip of the iceberg in public health, a way to get at the bigger change that we want to see.

The committee then reviewed the proposed objectives one by one, based on the December 2019 TEROC meeting and subcommittee calls in January and February 2020.

7. Objective 1: Build Capacity

Mr. Anderson presented the suggested new Objective 1: *Build Capacity for Tobacco Control*. Members and guests discussed the following strategies for Objective 1.

1. *Develop, implement, and evaluate plans to improve the diversity pipeline in tobacco control.*
 - Use metrics that show continuity through the pipeline.
 - Diversity of expertise is as important as racial/ethnic diversity.
 - Consulting experts in diversity development would help with this strategy.
2. *Plan for turnover and succession by developing leaders at all levels of the tobacco control movement.*
3. *Strengthen partnerships among state, regional, local and tribal entities involved in tobacco control to improve training, technical assistance, coordination and collaboration.*
 - Enforcement could be addressed here as part of capacity. The goal is to partner with enforcement agencies so they educate and do not simply cite violators.
4. *Strengthen and diversify coalitions by engaging both traditional and nontraditional allies, including Proposition 10 and Proposition 56 grantees.*
5. *Ensure that tobacco tax revenues are used as intended.*
 - This is more about maintaining capacity than building it. It could be moved if it fits better elsewhere. It should be stated that it is a goal of TEROCC to make sure this happens.
6. *Protect state and local authority from federal encroachment.*
 - An “early warning system” is needed to counter federal actions that could negatively impact California (e.g., federal policy that pre-empts state policy, the Environmental Protection Agency reclassifying nicotine so it is no longer a hazardous waste).
 - This strategy could be moved if it fits better somewhere else.

Other general comments about Objective 1:

- An additional strategy would be to index tobacco taxes to the Consumer Price Index (CPI).
 - This would provide an annual impetus to consumers either to quit tobacco use or not to start.
 - It would also help address the problem of declining revenue.
- Another possible addition is to spell out other critical capacity issues and infrastructure needs that agencies may have. Examples:
 - The Tobacco Related Disease Research Program (TRDRP) may need additional personnel to monitor metrics on closing the diversity gap.
 - Rural school districts need technical assistance from CDE to obtain funding.

8. Objective 2 (Disparities)

Mr. Anderson presented the suggested new Objective 2: *Eliminate Tobacco-Related Disparities*. Members and guests discussed the following strategies for Objective 2.

1. *Adopt and enforce tobacco control policies that promote health equity.*
2. *Identify and prioritize populations experiencing tobacco-related disparities, based on demographic, socioeconomic, geographic and other relevant characteristics.*

- There is often a need to go beyond the state-designated priority populations and work with subgroups or “disproportionately impacted communities.” These could be defined by ethnicity or even by a zip code.
3. *Target priority populations with culturally relevant interventions to reduce tobacco-related disparities, considering the unique characteristics of each community.*
 - Avoid the word “target.”
 4. *Prioritize research on reducing tobacco-related disparities.*
 5. *Institutionalize health equity in all tobacco control programs by including representatives of target populations in all stages of decision-making.*
 - Communities should be full partners in designing interventions to address their needs.
 - Change “target populations” to “priority populations.”
 6. *Build and sustain capacity for addressing disparities through consistent orientation of new personnel and other training and leadership development opportunities.*
 - With turnover, capacity will be lost unless new staff receive diversity training.
 - This could be moved to Objective 1 (Capacity).
 7. *Close tobacco policy exemptions that disproportionately affect communities of color, such as the sale of menthol and other flavored products.*
 - The flavor ban is in Objective 7 (Triangulum).
 - These exemptions may also affect other populations, e.g., LGBTQ, and should be as inclusive as possible. This could be changed to priority populations.
 8. *Improve enforcement of tobacco policy by addressing social norms in communities where compliance is seen as optional.*
 - For example, retailers in Koreatown or rural communities may not comply for cultural reasons.
 - This may require a focus on social norm change, not just enforcement. For example, in the LGBTQ community there is a history of violation of bodily autonomy that makes people view tobacco as a personal choice.
 - The goal is self-compliance because the norms have changed, not external enforcement. Enforcement could be moved to Objective 1 (Capacity).
 9. *Monitor and mitigate unintended consequences of enforcement that could worsen social injustice, such as excessive fines, incarceration and eviction.*
 - Enforcement is needed, but should not go overboard.
 - Many consequences, while unintended, can reasonably be anticipated and should be tracked.
 10. *Ensure capacity among tobacco cessation treatment providers to provide culturally appropriate services to a diverse clientele.*
 - The California Smokers’ Helpline (Helpline) regularly receives help from CTCP Coordinating Centers to develop and maintain their capacity to serve a diverse clientele. Other cessation providers should get the same help.

Other general comments about Objective 2:

- If populations have been disproportionately impacted by tobacco, they should be disproportionately funded. This may fit in strategy 2 above.
- There should be an effort to make sure the whole tobacco control program is “walking the talk” on equity. Everyone should receive training on equity.

- There should be “no wrong door.” All programs should welcome priority populations and if unable to serve them should help connect them to more targeted programs. This may fit in strategy 6 above.

Alliance for Data Dissemination to Achieve Equity (ADEPT) representatives provided comments on equity:

- Context:
 - ADEPT focuses on racial/ethnic and LGBTQ populations because of targeting by the tobacco industry and institutionalized racism, homophobia, and transphobia. This should be stated in the Plan.
 - Disparities differ from equity. ADEPT defines health equity around systems change and building community power. It goes beyond simply funding groups to do work and is about shifting the movement to drive progress. There is little evidence around this definition so it is important to have good measurements and benchmarks.
 - Health equity should be a policy goal and perhaps the primary goal. This may require a paradigm shift. We may need to borrow ideas from other fields.
 - Demographics are changing. Tobacco control leaders will need to come from minority communities, and we need to prepare for that.
- Recommendations:
 - Each agency should have a strategic plan on equity with benchmarks for each population.
 - Schools and communities that have the greatest need also have the least capacity to respond to funding opportunities, and need additional help.
 - LLAs or Coordinating Centers could disseminate funds to schools in their communities.
 - CDE could help low-performing schools through the funding process.
 - Pre-set assemblies, messaging, expertise, etc., could be brought to non-Tobacco Use Prevention Education (TUPE) schools.
 - Non-responsive grant applicants could be given additional help to succeed.
 - TRDRP should cultivate community researchers and lower the bar so that candidates who might not have considered applying receive extra mentorship and can succeed.
 - TEROc should create clear accountability for agencies to make progress in these areas.
 - Tobacco control should beware of excessive enforcement and of criminalizing youth and parents around cannabis. Also consider the fear and stress this can cause in families with undocumented members.
 - African American parents have many stressors and may not have the capacity to focus on tobacco.

Committee members and guests continued the discussion of equity.

- Support for qualified college students of color should not be subject to county policies dictating that tobacco control work be done for class credit.
- Prevalence goals should be unique to each population.
- Concerning the terms “disparities” vs. “equity”:
 - Disparities may be experienced by members of non-priority populations, e.g., white men.

- “Disparities” suggests health differences between groups, whereas “equity” is about attaining the same optimal health for all.
- Equity means supporting the building of power and influence among priority populations that have been underserved in the past, either in Objective 1 or 2.
- Be explicit about groups that have been targeted by industry or differentially impacted.
- All of society and not just the industry has “targeted” these groups, e.g., law enforcement. Non- priority populations have always benefited from tobacco control efforts. The new Plan should prioritize those for whom this is not true.
- The draft strategies are a mix of disparities and equity. Equity is the broader category and disparities is a subset. Disparities strategies sometimes amount to a “band-aid” approach.
- Disparities are measures of the impacts of health inequities. Health equity strategies address these disparities. As long as equity is a key theme informing the whole Plan and is woven through all the objectives, it makes sense to have one objective that focuses on disparities.
- Clearly define the equity strategies throughout the objectives. The use of a different font color was brought up.
- Dr. Mark Starr is Acting Deputy for the Office of Health Equity at the CDPH and can offer staff in this area to help.

9. Objective 3 (People & Environment)

Mr. Anderson presented the suggested new Objective 3: *Minimize Secondary Effects of Tobacco and Cannabis Use on People and the Environment*. Members and guests discussed the following strategies for Objective 3.

1. *Regulate secondhand smoke, aerosol and other emissions from tobacco and cannabis products as toxic air contaminants.*
2. *Research ways to mitigate thirdhand exposure to tobacco and cannabis emissions.*
3. *Close loopholes in and improve enforcement of policies designed to prevent secondhand and thirdhand exposure in workplaces, outdoor public spaces and multi-unit housing.*
 - See the infographic on clean indoor air laws on CTCP’s website for current loopholes.
 - Create separate sub-strategies by location category.
4. *Improve enforcement of policies designed to protect the environment from littering and other improper waste disposal, prioritizing upstream solutions.*
 - The desire here is to address this on the systems level, not by penalizing individuals.
 - Say, “Develop and enforce policies...”
5. *Assess the environmental effects of non-biodegradable product components entering the waste stream and develop methods to mitigate, such as prohibiting filters and single-use products.*
 - A good example of this is plastic straws.
6. *Collaborate with tribal and military leaders to prevent exposure and environmental harms from tobacco and cannabis on tribal lands and military bases.*
 - Jurisdictional differences require coordination and collaboration.
 - The other objectives address tribal lands and military bases minimally.

Other general comments about Objective 3:

- Extended producer responsibility was left out because of concerns about getting this concept right. Even so, members thought it should be called out explicitly in Strategy 4. CTCP needs to figure out how to monetize the costs and may need research assistance on avoiding unintended consequences.
- It is easier to ban the sale than the manufacture of something, but even so it can still be bought online.

10. Objective 4 (Youth)

Mr. Anderson presented the suggested new Objective 4: *Protect Youth from Initiating Tobacco Use and Empower Them in Tobacco and Cannabis Control*. Members and guests discussed the following strategies for Objective 4.

1. *Encourage community-based partnerships between Local Lead Agencies (LLA) and Local Educational Agencies (LEA) to prevent youth initiation of smoking, vaping and cannabis use.*
 - Counties that are making the most progress are already doing this.
2. *Ensure that all schools receiving TUPE funding have tobacco-free policies and follow best practices for implementing them, including providing adequate enforcement, educating students and parents and referring users for treatment.*
 - All TUPE schools already have a tobacco-free policy in place. The next level is to make sure they follow best practices related to that policy.
 - Helpline referrals are low and should be strengthened. Youth need more of a push to access the services that are available to them.
3. *Assess ways to ensure and enforce tobacco-free policies in non-TUPE-funded, private and charter schools.*
 - CDE currently has little capacity to ensure compliance beyond TUPE grantees.
4. *Engage and empower youth to take meaningful roles in tobacco control activities, from participating in enforcement and peer-to-peer training to advocating for policy.*
5. *Build and sustain the capacity to provide training and technical assistance to districts, schools, teachers, students and parents to prevent youth use of tobacco, e-cigarettes and cannabis.*
6. *Reach out to youth with the highest rates of product use, including homeless and foster children, students in alternate education settings, justice-involved youth and those with co-occurring disorders.*
 - Add LGBTQ and racial/ethnic youth.
 - Clarify that the purpose of “reaching out” is to engage and offer appropriate resources.
7. *Embed prevention programs for tobacco use with other high-risk behavior interventions.*
 - This has to do with drug and alcohol treatment and other behavioral health programs.
 - The industry has sometimes tried to kill tobacco treatment by folding it in with other programs, so “integrate” may be better than “embed.” New partnerships should be pursued.
 - Other high-risk behaviors are skipping class and chronic absenteeism.
8. *Counter industry practices that target youth with specialized product offerings and predatory marketing.*

- There is a similar strategy in Objective 6.

11. Objective 5 (Cessation)

Mr. Anderson presented the suggested new Objective 5: *Motivate and Help Tobacco Users to Quit*. Members and guests discussed the following strategies for Objective 5.

1. *Ensure comprehensive, barrier-free coverage of all evidence-based treatments for tobacco cessation in all health insurance plans, particularly in Medi-Cal, the largest insurer of smokers in California.*
2. *Ensure that health systems and providers consistently intervene on tobacco use and help patients access evidence-based cessation treatment.*
 - Call out behavioral health providers and centers, which should be doing at least as well as primary care providers.
 - Electronic health records (EHRs) do not currently do a good job of recording e-cigarette use.
 - Sometimes changes are made to EHRs that break the connection to the Helpline.
 - Health information exchanges (HIEs) could mass-refer patients to the Helpline.
 - Call out oral/dental health providers and pharmacists. The latter should be able to furnish all seven Food and Drug Administration (FDA) approved medications. The American Medical Association (AMA) has been a barrier to this.
 - Pediatricians should receive better education about providing medications to minors. This could be modeled on Rx for Change, a clinician assisted tobacco cessation curriculum.
 - The Helpline should be able to prescribe/furnish medications, including for minors.
3. *Address tobacco-related disparities by expanding access to culturally appropriate cessation services for members of priority populations.*
4. *Provide access to vaping cessation services for youth, young adults and others, based on the best available and emerging evidence; assess such services for acceptability, reach and efficacy.*
 - There is a similar strategy in Objective 2.
 - There is little evidence of effective cessation services either for youth or for vaping. However, there is demand for service, so programs need to offer something.
 - In some cases, e.g., with the Helpline, access is good but utilization should be improved.
5. *Normalize cessation on the population level by using traditional and social media to motivate quit attempts.*
 - This complements the overall de-normalization strategy. Most smokers make multiple attempts before quitting for good, and should receive frequent messages to keep trying.
 - There is a desire to spur additional “free” quitting (i.e., beyond what CTCP funds), through unaided quit attempts and interventions by health care and behavioral health providers.

Other general comments about Objective 5:

- Health plans, systems, and providers remain the top priority in this objective.

- Be clear about research needs, which include youth cessation, vaping cessation, cannabis cessation, and methods of assessing product use.

12. Objective 6 (Industry)

Mr. Anderson presented the suggested new Objective 6: *Counter Industries Engaged in the Manufacture, Sale, Marketing and Distribution of Tobacco, E-cigarettes and Cannabis*. Members and guests discussed the following strategies for Objective 6.

1. *Expose and eliminate industry spending on lobbying, sponsorships, partnerships, and other efforts to influence policy or curry public favor.*
2. *Increase adoption and strengthen enforcement of policies that regulate the marketing, sale and distribution of tobacco products, particularly online where there are fewer federal constraints on advertising.*
 - A state bill in the pipeline would give the state more authority to regulate online sales.
 - The first amendment limits CTCP's scope to regulate marketing. Viable approaches include:
 - Warnings at the point of sale.
 - Content-neutral advertising restrictions.
 - Limits on couponing.
 - Buffer zones around schools where flavored products cannot be sold.
 - FDA regulations are just minimum levels. Local jurisdictions can regulate the time, place, and manner of advertising.
3. *Restrict predatory marketing practices, especially the sale of menthol and flavored tobacco products that target youth and other priority populations.*
 - Exposing predatory marketing practices has great power to change attitudes toward the industry.
4. *Denormalize the tobacco, vaping and cannabis industries by exposing their efforts to manipulate consumers and deceive the public.*
5. *Limit industry's role in decision making related to the regulation of tobacco, vaping and cannabis.*
6. *Influence allied industries not to participate in the advertising, sale or delivery of tobacco products.*
 - Examples include pharmacies, other retailers, delivery companies, and social media platforms.
7. *Advocate for the U.S. to join the Framework Convention on Tobacco Control and other international trade agreements that would increase regulation of tobacco.*
 - International trade agreements that promote tobacco sales should be opposed.
 - This can include human rights treaties as well. TERO or grantees can file shadow reports under human rights treaties reporting how groups or the federal government are violating human rights.

Other general comments about Objective 6:

- Include cannabis wherever appropriate. Not all measures that have been put in place for tobacco have been put in place for cannabis, e.g., age barriers for access to online sites are not rigorous.

13. Objective 7 (Triangulum)

Mr. Anderson presented the suggested new Objective 7: *Develop a Public Health Framework for Reducing Tobacco, E-cigarette and Cannabis Use*. Members and guests discussed the following strategies for Objective 7.

1. *Ensure that existing public health protections concerning cannabis are maintained in the event of a reorganization of oversight responsibilities.*
 - Substitute “maintained and improved after the re-organization.” Even with no additional funding, these protections could be improved, e.g., an oversight body like TEROC could be created and better addressing youth access.
2. *Advocate for creation of a new, robust cannabis prevention program within CDPH to create a public health focus on cannabis, analogous to what CTCP has done for tobacco.*
 - This could be funded through Proposition 64 or with revenue from the new e-cigarette tax.
3. *Communicate to stakeholders that under existing law, all products with nicotine, except for FDA-approved cessation medications, and all vaping devices are considered tobacco products; that cannabis is subject to the same secondhand and thirdhand exposure restrictions as tobacco; and that agency staff and grantees can and should address cannabis use when educating youth and the public about tobacco.*
4. *Apply tobacco control lessons learned to denormalize non-medical cannabis, such as the power of education, counter-advertising and restrictions to change social norms and the need for surveillance and evaluation to track progress.*
5. *Prohibit menthol and other flavors in all tobacco, vaping and inhaled cannabis products.*
6. *Restrict cannabis advertising.*
 - States are pre-empted by federal law for tobacco but not for cannabis.
7. *Research the health consequences of the exclusive, combined and co-use of new tobacco products and cannabis, and educate youth, parents and the public on the findings of such research.*

Other general comments about Objective 7:

- Clarify that the “triangulum” is about cigarettes, e-cigarettes, and cannabis.
- Group the strategies pertaining only to cannabis and indicate, “Apply lessons learned from tobacco” for all.
- Clarify who is to advocate for a robust public health framework for cannabis. Is it just TEROC or agencies? Wherever there is overlap, all grantees can address it.
- Additional research may be needed on the crossover between tobacco and cannabis (e.g., single use leading to co-use).
- Include a preamble to set the stage about the connections between products.
- Research the intersections between industries and the increasing corporatization of the cannabis industry (under Objective 6: Countering Industry).
- Verify that research strategies in the current objective were relocated elsewhere. One, “Prioritize local and state policy research,” seems overly broad and may not be needed.

14. Next Steps

There will be at least one round of subcommittee meetings before the next TEROC meeting in June 2020.

15. Public Questions and Comments

None remaining, as comments were taken throughout the meeting.

16. Adjourn

The chair adjourned the meeting at 2:30pm.