

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

Meeting on Monday, September 24, 2012

Hilton Oakland Airport  
One Hegenberger Road  
Oakland, CA 94621

**MEMBERS PRESENT:**

Ms. Denise Adam-Simms, Dr. Lourdes Baezconde-Garbanati, Dr. Wendel Brunner, Ms. Pat S. Etem, Dr. Lawrence Green, Dr. Michael Ong (Chair), Mr. Myron Dean Quon, Dr. Dorothy Rice, Ms. Peggy Uyeda, Dr. Shu-Hong Zhu

**MEMBERS ABSENT:**

Dr. Alan Henderson, Dr. Pamela Ling

**OTHERS IN ATTENDANCE:**

Kimberly Amazeen, American Lung Association (ALA)  
Dr. Bart Aoki, University of California, Office of the President (UCOP),  
Tobacco-Related Disease Research Program (TRDRP)  
Majel Arnold, California Tobacco Control Program (CTCP)  
Bob Curry, Local Lead Agency (LLA), Marin County  
Dr. Phillip Gardiner, TRDRP  
Rich Heintz, Local Lead Agency Project Director's Association (LLA PDA)  
Tom Herman, California Department of Education (CDE)  
Lisa Houston, Health Education Consultant, Break Free Alliance (BFA)/Health  
Education Council (HEC)  
Dr. Jonathan Isler, CTCP  
John Lagomarsino, CDE/Coordinated School Health and Safety Office (CSHSO)  
Linda Lee, CTCP  
Carol McGruder, African American Tobacco Control Leadership Council  
(AATCLC)  
Terry Mock, American Heart Association (AHA)  
April Roeseler, CTCP  
Nadine Roh, CTCP  
Alexandria Simpson, CTCP  
Derek Smith, LLA, San Mateo County  
Colleen Stevens, CTCP  
Greg Wolfe, CDE/CSHSO

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

TEROC Chair, Dr. Ong, called the meeting to order at 9:45 a.m. TEROC members and guests introduced themselves.

## **2. APPROVAL OF MINUTES FROM MAY 22, 2012 TEROC MEETING, CORRESPONDENCE, AND ANNOUNCEMENTS**

Acceptance of Minutes moved by Ms. Rice, seconded by Ms. Etem, motion carried.

### **Incoming Correspondence:**

The Chair reviewed correspondence, including:

- E-Mail from Kathryn Duke to Dr. Ong regarding tobacco tax campaign question, dated May 25, 2012.
- Email from Carol McGruder, African American Tobacco Control Leadership Council (AATCLC), dated July 24, 2012.
- Letter from Speaker John Perez's Office introducing Myron Quon as a new TEROC member and replacing Naphtali Offen, dated September 12, 2012. Dr. Ong formally welcomed Mr. Quon to TEROC and there was brief discussion regarding the new appointment. Mr. Quon presented a brief bio as an introduction to TEROC members and guests.

### **Outgoing Correspondence:**

- E-mail to Audrey Bazos and Bruce Lee, Department of Finance, dated May 23, 2012.
- Letter to Assembly Member Henry Perea regarding Assembly Bill 2026, dated May 31, 2012.
- Letter to Attorney General Kamala Harris, California Department of Justice, concerning a lack of participation in the National Association of Attorney Generals collaboration to eliminate tobacco depictions in youth-related movies. The TEROC letter was dated August 20, 2012.
- Certificate of Appreciation to Naphtali Offen.

## **3. ENVIRONMENTAL UPDATE**

The Chair highlighted the following recent developments:

- **Failure of California Proposition (Prop) 29 Tobacco Tax for Cancer Research Act**  
TEROC is facing a new low-funding environment and will strategize on how to move forward with the execution of the 2012-2014 TEROC Master Plan, *Saving Lives, Saving Money* with the resources available.
- **The TEROC Master Plan, *Saving Lives, Saving Money* was released and is ready to be disseminated.**  
Discussion was based on efforts to successfully execute the 2012-2014 TEROC Master Plan with the limited funds available due to the failure of Prop 29, the Cancer Research Act, on the June 5, 2012 ballot.

Members strategized and identified representatives who should receive the Master Plan and how to disseminate it for maximum impact. Getting the message out to state and local legislators, along with appointing

agencies and different health entities, such as the Health Benefit Exchange, will be essential to successfully executing the Master Plan. Because of the disparities noted in the Master Plan, Ms. Etem suggested that it would be particularly important to target the individual caucus groups to create awareness. The message would be tailored for each individual group and would pertain to the issues within the Master Plan that are most relevant to them. Ms. Etem and Dr. Ong suggested the agenda be altered, deferring the Master Plan discussion to the end of the meeting to allow guest speakers the opportunity to present. TEROC members and guest speakers were all in favor of deferring the 1:00 PM – 1:30 PM agenda item to the end of the day, therefore reorganizing the agenda.

- **National Conference on Tobacco or Health (NCTOH)**

Dr. Baezconde-Garbanati noted the importance of the NCTOH, which took place on Wednesday, August 15, 2012. Tobacco control advocates and researchers met in Kansas City, MO for a conference. Professionals exchanged valuable ideas with colleagues.

- **Tobacco Industry joining forces**

There was a discussion regarding the tobacco industry working jointly with the food industry, such as the sugar sweetened beverage industry. These industries are concerned that the type of regulatory oversight given to the tobacco industry may be applied to their industries and are collaborating with the tobacco industry to learn from their experiences. Dr. Baezconde-Garbanati reiterated the importance of being aware of the potential harm this kind of partnership could cause.

#### **4. PROJECT DIRECTORS ASSOCIATION DISCUSSION OF LOCAL LEAD AGENCYS (LLAs)**

Derek Smith and Bob Curry presented the successes from California's LLAs.

LLA Project Directors Association was established to assist the county tobacco programs in providing efficient, proven practices across the state. They provide support to new program directors, share information, tools, and best practices. They also work with CTCP to share information quickly, answer local questions and brainstorm.

Mr. Curry discussed the LLA collaboration that has taken place all across California. A mentorship program, for example, has been set-up so that the LLAs who are more experienced can mentor the less experienced LLAs. Another way the Project Directors Association is able to encourage collaboration is the statewide release of LLA survey information. This information has led to helpful discussion amongst the LLAs.

A total of 44 out of 61 LLAs responded to a survey of top achievements in the contract period 2007-2010. The survey found 451 important achievements in a wide range of tobacco control activities. Top achievement categories were:

reducing tobacco smoke in multi-unit housing, creating smoke-free outdoor areas, tobacco retail licensing, groundbreaking community work, and emerging trends in tobacco control.

Achievements vary widely between LLAs, often due to the different political climates in various cities and counties. More liberal communities, in general, are more likely to embrace cutting-edge tobacco control efforts, while other communities are more resistant.

Mr. Smith emphasized the wonderful work that has been done at both the state and local levels to help save lives. He went on to outline the implementation of local policies promoting smoke-free outdoor areas such as parks, fairs, swimming pools, hospital campuses, and beaches.

Discussion continued regarding tobacco retail licensing. A total of 70 youth access policies were passed, during this LLA reporting period, enacting zoning policies, ordinances and conditional use permits to help reduce the sale of tobacco to youth.

Mr. Smith highlighted a particularly exciting achievement coming out of San Francisco; the city adopted the first ban on tobacco sales in pharmacies in 2008 and survived a legal challenge to the ordinance by Philip Morris. In 2010, San Francisco expanded the ban to grocery and big box stores with pharmacies and survived a legal challenge from large entities such as Safeway and Walgreens.

Currently, LLAs are working on building and maintaining diverse coalitions. The local coalitions are essential to tobacco control by engaging in local tobacco control solutions and helping to provide tobacco education, prevention, and cessation resources to local communities.

There are several emerging trends in local tobacco control. These trends include: ordinances in multi-unit housing, tobacco retail licensing, smoke-free health and government campuses; as well as rapid changes in the retail environment's tobacco policies.

The Chair thanked Derek Smith and Bob Curry for their presentation.

##### **5. VOLUNTARY HEALTH AGENCY UPDATE**

Kimberly Amazeen, American Lung Association (ALA) and Terry Mock, American Heart Association (AHA) provided an update on voluntary health agency activities and the status of legislation for this legislative session.

Kimberly Amazeen led the discussion regarding the legislative session which ended on August 31, 2012. All bills that were passed by this deadline will

now be sent to the Governor who will have until September 30, 2012 to take action on the legislation.

Kimberly provided an update on the status of tobacco related bills:

**AB 1301:** Increasing Penalties for Selling Tobacco to Minors (Hill – D, South San Francisco): This bill would make changes to the Cigarette and Tobacco Products Licensing Act to increase penalties for violations of the Stop Tobacco Access to Kids Enforcement (STAKE) Act and Penal Code Section 308 (which both prohibit sale and distribution of tobacco products to minors). Under current law, the penalties for violations start with a warning letter for the first violation and increase to a revocation of the state tobacco retailer license only after the eighth violation within two years. This bill would increase penalties for violations, require that all violations are subject to a fine which increases based on how many violations have occurred within a five year period. For the third and fourth violations within a five year period, the Board of Equalization would be required to revoke the license. The bill was sent to the Governor for his signature. The Governor will have 30 days to sign the bill into law, veto the bill, or allow the bill to become law without his signature. This bill was approved by the full Senate on August 20, 2012 by a vote of 32-5 and by the full Assembly on August 22, 2012 by a vote of 60-18.

**AB 2026:** Extending the Tax Credit for Films (Fuentes – D, Los Angeles): This bill would extend the film tax credit for the production of qualified motion pictures in California. Under the current law the tax credit will sunset in 2015. Based on amendments taken on August 13, 2012, this sunset date would be extended until 2017. Current law does not prohibit film productions that choose to depict smoking from receiving the tax credit, nor does this bill.

On August 29, 2012 this bill was approved unanimously by the Senate Appropriations Committee. On August 31 it was approved by the full Senate by a vote of 33-2 and the full Assembly by a vote of 69-5. The bill was sent to the Governor for final approval.

**AB 217:** Modifying the Exemption for Smoking in Long-Term Health Care Facilities (Carter – D, Dialto): This bill would close a loophole in existing state law that allows for smoking areas inside long-term care facilities. This bill modifies the statewide smoke free workplace law (Labor Code 6404.5) and prohibits patient smoking areas from being located inside. It requires all smoking areas to be outdoors in a courtyard, patio or other outdoor areas that can be monitored by staff and must be in an area where smoke does not enter the facility or patient rooms. The ability of a long-term health facility to choose to prohibit smoking outside will continue.

The bill was approved by the full Senate on August 20, 2012 by a vote of 29-8 and was approved by the full Assembly on August 22, 2012 by a vote of 52-26. This bill was sent to the Governor for signature.

**AB 1500:** Adjusts the Corporate Tax Calculation to a Single Sales Factor (Perez, J. – D Los Angeles): This bill would have closed a loophole in the corporate tax code that allows multi-state corporations to pay less in taxes than they should otherwise pay. The bill to tighten corporate tax formulas would have generated approximately \$1 billion, mostly from companies based out of the state, and would have been used to provide scholarships to middle class students. On the last day of the legislative session it was reported that an exemption for Altria (Phillip Morris USA, Inc.), and possibly other out-of-state firms, was being discussed which would have excluded them from paying the higher taxes by granting them an agricultural exemption. These amendments were never accepted into the bill, and this bill failed to obtain the votes necessary to pass out of the Senate.

The Chair thanked Kimberly Amazeen and Terry Mock for the presentation.

## 6. **CALIFORNIA DEPARTMENT OF EDUCATION REPORT**

Tom Herman and Greg Wolfe presented the California Department of Education (CDE) update.

CDE and Tobacco-Related Disease Research Program (TRDRP) met to discuss formalizing CDE's funding commitment to the School Academic Research Award (SARA) grants. CDE also proposed to expand fiscal support for schools participating as research sites for SARA grants. As a result, the Coordinated School Health and Safety Office (CSHSO) developed a written Memorandum of Understand (MOU), in consultation with the CDE's Contract's Office, to describe CDE's SARA funding commitments. In turn, the MOU will support an ongoing process to enter into a standard agreement each year with TRDRP to allocate Tobacco Use Prevention Education (TUPE) funding to SARA grantees as needed. CDE also identified school-based tobacco control research priorities to be included in TRDRP's 22<sup>nd</sup> Call for Participatory Research Awards. The priorities include the shared causes and risks of smoking both tobacco and marijuana and the unique risk and protective factors among the priority population.

CDE is also entering into a standard agreement with the University of California, San Francisco, to provide \$300,000.00 of TUPE funding to support the cost for schools participating in the 2012 SARA grant that will develop, test, and implement a toolkit containing youth development modules applied to school-based tobacco control and education efforts.

The toolkit will include:

- A module for tobacco educators on the principles of youth development.
- Modules for implementing youth development strategies and best practices in the schools.
- A module for parents, aimed at providing information about school tobacco policies, school tobacco control efforts, and messages that parents can use to reinforce and append school messages.

CSHSO revised the next 2013 Cohort I TUPE Tier 2 Request for Approval (RFA) to require future TUPE grantees to implement tobacco use intervention and cessation strategies that boost the number and frequency of quit attempts by priority populations and youth most at risk to use tobacco. The RFA will remind applicants to be alert for differences among the quit attempt rates of disparate populations.

CSHSO is also preparing a modified Tobacco-free Schools Tool Kit for publication. Publication was delayed when staff identified Toolkit content already posted on the CDE web pages requiring additional coordination of information from new and already existing resources.

CSHSO staff is currently completing the recertification of Local Education Authorities (LEAs) whose tobacco-free certification expired on July 30, 2012. With the return of all school and California Office of Education (COE) staff from the summer break, emails have been sent to verify the accuracy of the current Tobacco-Free School District list. All work should be completed and an up to date list posted by October 15, 2012 on the CDE's Tobacco-Free School District Certification Web page at <http://www.cde.ca.gov/ls/he/at/tobaccofreecert.asp>.

Currently, 54 of 58 COEs have been recertified through 2015. In addition, 692 school districts are certified as tobacco-free. This represents 81 percent of the total school districts in California. The local educational agencies most challenged by the certification process are the direct-funded charter schools. There are now 719 direct-funded charter schools in California. Of this total, only 36 are certified; this represents 5 percent of the total.

The lack of certification does not exhaustively determine an LEA's tobacco-free status. Many LEAs have adopted tobacco-free policies, but are not interested in pursuing tobacco-free certification. The certification process requires the review of more than just the policy and enforcement procedures. For many, the requirements to be tobacco-free certified serve as a disincentive. Requirements include posting signage at every entrance, providing cessation resources for tobacco-users, and subjecting policy enforcement to external review.

2009-2013 Cohort E, 2010-2013 Cohort F, and 2011-2014 Cohort G TUPE grantees continued to implement grant activities including the following:

- Meeting CDE expectations regarding project implementation
- Making appropriate use of grant funds
- Monitoring activities and budget expenditures
- Submitting progress reports

Approximately half of the Cohort E and F Tier 2 grantees were selected by the CDE to extend their grant term by one year (July 1, 2013-June 30, 2014). The grant extension award is based on \$18.00 per student average daily attendance. This calculation uses the same formula that will award maximum funding of \$54.00 per student to the 2013 Cohort I applicants for a full three-year grant term. This means that Cohort E or F grantees accepting the extension are at no fiscal disadvantage for doing so.

The Chair thanked Tom Herman and Greg Wolfe for the update.

## **7. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH), CALIFORNIA TOBACCO CONTROL PROGRAM (CTCP) REPORT**

Colleen Stevens presented the CTCP update.

CTCP conducted a statewide training on September 13-14, 2012 entitled “Healthy Retailers, Healthy Communities: Integrating Alcohol, Tobacco, and Healthy Food Strategies”. Over 200 advocates from tobacco, nutrition, alcohol prevention, and other public health programs attended.

CTCP staff conducted outreach to the Department of Alcohol and Drug programs and attended their annual meeting and three regional meetings in order to promote the conference and their engagement in CTCP’s new retail environment campaign. The campaign was also promoted at the 2012 National Synar Workshop and the 2012 National Conference on Tobacco or Health (NCOTH) in Kansas City.

The 2013-2017 LLA Comprehensive Tobacco Control Plan Guidelines are in the process of being reviewed and approved. The guidelines are expected to be released in early October 2012. The LLA Guideline Trainings will be conducted online on October 9-10. The two day online webinars will cover information on 2013-2017 plan and budget requirements and provide trainings on developing their plans. The LLA plans are due on December 3, 2012.

The Governor’s May Revise of the 2012-13 Budget made a significant reduction to the LLA budget appropriation which negatively impacted 13 local health departments. Overall, the proportion of local health departments receiving the base allocation of \$150,000 per year increased from 79 percent to 85 percent. To implement these reductions, LLAs were eligible to adjust their scope of work and budget effective July 1, 2012 to address the budget reduction.

Agencies funded under competitive grant CTCP RFA 10-100 Local Tobacco Control Interventions, were eligible to apply for a two-year grant extension and augmentation plan to cover the period from July 1, 2013 – June 30, 2015. There were 35 out of 37 grantees that completed the submission process on time and these extensions are currently being processed.

CTCP is scheduled to release a Request for Information (RFI) during December 2012 for the following purpose:

- To notify the public (including current/previously funded tobacco control agencies) of the intent to release a Capacity Building Network (CBN) Request for Proposal (RFP).
- To canvas the field and identify potentially eligible single-source agencies/applicants with the capacity for providing CBN services.
- To provide a description of anticipated program services including objective, and work statement.
- To assess applicant interest.
- To solicit input pertaining to the best practices regarding CBN services and method of services.

CBN released a Cultural Competency Self-Assessment Review Toolkit on September 24, 2012. The toolkit is being disseminated for electronic download through Partners and Tobacco Education Clearinghouse of California (TECC) websites. The purpose of this toolkit is to support CTCP's funded projects to assess and enhance their capacity to provide culturally competent services.

CTCP is in the formative stages of planning a Health Equity Summit slated for 2013. Similar to prior CTCP sponsored summits conducted, a diverse group of community, state, and national experts will be convened to advance collaborative thinking around strategies to address tobacco-related health inequities in California. As planning progresses, more information about the format, purpose, and agenda will be available.

CTCP is working with Dr. Tom Novotny and his team at San Diego State University Research Foundation on a Tobacco Waste Reduction Toolkit. This toolkit provides tobacco waste information and tools for tobacco control efforts and advocacy groups. The toolkit focuses on strategies for community engagement and new partnerships and includes special components for college campus clean-ups, geographical information systems (GIS) mapping, and social media. Sample materials for community education and raising awareness of tobacco waste are provided in the toolkit.

The Centers for Disease Control and Prevention (CDC) awarded 10 Community Transformation Grant (CTG) awards in California. Nine of the awards are dedicated to large counties and one to an Indian health project.

CTCP provides a 25 percent full time equivalent (FTE) position to function as a liaison between the Public Health Institute (PHI) and the 12 intervention counties in strategic direction one (tobacco-free living).

Four Behavioral Health Regional trainings took place during June in Shasta County, Sonoma County, Santa Cruz County, and San Diego County. The trainings provided an opportunity for CTCP to build new partnerships with behavioral health agencies. The purpose of these trainings was to train CTCP-funded projects, local tobacco control coalitions, County Mental Health and Alcohol and Drug Departments, and behavioral health facility administrators and providers on the special cessation needs and opportunities for cessation among persons with mental illness and/or substance abuse disorders. The trainings were designed to advance smoke free policies within mental health facilities, make system changes in the treatment of nicotine dependence within the mental health and substance abuse treatment fields, and create successful working partnerships between county-level tobacco control and mental health programs to achieve sustainable outcomes. The trainings also were designed to facilitate the creation of partnerships between governmental and non-governmental organizations that set policy, articulate standards, and influence the culture and practice of behavioral health treatment. CTCP completed a Behavioral Health Fact Sheet in June 2012. This fact sheet addresses de-normalizing tobacco use in the mental health and substance abuse setting.

A Medi-Cal Incentive Quit Smoking (MIQS) flyer was distributed to Medi-Cal beneficiaries during this report period. Medi-Cal members smoke at higher rates than the general population and are at high risk for developing chronic diseases caused or exacerbated by smoking, such as diabetes and heart disease. The MIQS Program seeks to reverse these trends and motivate quit attempts by offering a \$20 gift card to Medi-Cal beneficiaries who call the California Smokers' Helpline at 1-800-NO-BUTTS and enroll in its free telephone-based support services. The flyer is available in multiple languages and it provides explicit instructions on what t Medi-Cal beneficiaries need to do in order to be eligible for the get the gift card.

On August 1, 2012, the CDC, Office on Smoking and Health (OSH), awarded CTCP \$2.7 million for quitline capacity enhancements in support of OSH's cessation media campaign. The CDC award will fund an interagency agreement between CTCP and the University of California, San Diego (UCSD) Smoker's Helpline. UCSD will add additional counseling staff with a focus on non-English language services. The one-year project period runs through July 31, 2013.

The U.S. Food and Drug Administration (FDA) is expected to announce grant awards in January 2013 for communication and education projects in support

of the Tobacco Control Act. CTCP submitted a \$10.5 million, four-year grant application.

The CDC announced that it is changing its telephone data collection to include cell phone users. The new methodology will cause a rise in adult prevalence rates throughout the nation. 2012 is to be considered the new "baseline" year.

400,000 Medi-Cal Quit Smoking posters will be printed and posted in areas where Medi-Cal patients will have access. The posters will be aimed towards helping these patients learn how Medi-Cal covered medications can help them quit smoking.

TEROC members inquired about the delay in the processing of CTCP contracts. CTCP provided information about the significant challenges experienced in the approval of grants and contracts due to Department changes in the review and approval of these documents. Dr. Lawrence Green moved for a letter to be written and for meeting to be scheduled with the CDPH Director, Dr. Ronald Chapman. Dr. Lourdes Baezconde-Garbanati seconded the motion; the motion carried unanimously.

#### **Action Item**

A letter from TEROC to Dr. Ronald Chapman, Director of CDPH will be written which outlines issues regarding delays in the approval of CTCP contracts. The letter will also include a request for a meeting between Dr. Michael Ong, Chairperson of TEROC and Dr. Ronald Chapman.

The Chair thanked Colleen Stevens for her presentation.

#### **8. UNIVERSITY OF CALIFORNIA, OFFICE OF THE PRESIDENT (UCOP), RESEARCH GRANTS PROGRAM OFFICE (RGPO) AND TRDRP REPORT**

Dr. Bart Aoki presented the TRDRP update.

TRDRP began the discussion by presenting the TRDRP Budget Realities for FY 2012-2013:

- \$1,566,000.00 (-12.4 percent) decrease from the previous year
- \$10,857,940 in new grant commitments (22.3 percent funding rate)
- \$255,000.00 reduction in projected operating costs

The discussion continued with the projections for upcoming fiscal years:

- Projects 5 percent annual reduction to TRDRP budget
- Projects \$9,101,749 (15 percent reduction) in new grant commitments in FY 2013-2014
- Projects \$8,191,574 (10 percent reduction) in new grant commitments in FY 2014-2015.

- Incorporates 25 percent indirect cost reimbursement allowed for UC grantees.

Dr. Aoki went on to discuss the background on a change to indirect rates as it applies to TRDRP grants beginning in Fiscal Year 2012-13, the new policy will allow UC campuses to request up to 25% in indirect costs. He stressed that State support of UC campuses has fallen to 11 percent of the total UC Budget and 41 percent of the UC core Budget. UCOP no longer receives a portion of the indirect costs collected by UC campuses. Thus, there is no longer a direct self-interest favoring UC campuses. Assembly Bill 20 establishes standard contract provisions for research contracts between the UC and the State of California (state), including standard indirect cost rate.

Dr. Aoki presented the increased funds for SARA. CDE's contribution to the Full SARA has increased; school partners are now eligible for up to \$100,000.00 annually. CDE's contribution to the Pilot SARA has increased; school partners are now eligible for up to \$30,000.00 annually.

TRDRP now administers the California Cancer Research Fund. The California Cancer Research Fund is allocated to the Regents of the University of California for conducting research on the causes and treatments for cancer, expanding community-based education on cancer, and providing culturally sensitive and appropriate prevention and awareness activities targeted toward communities that are disproportionately at risk or afflicted by cancer. Based on a Strategic Visioning Committee's recommendation in 2013, TRDRP invites applications in the area of lung cancer early detection in disproportionately impacted California groups. This constitutes an expansion of TRDRP Research Priority 2. The projected two year revenue would be approximately \$900,000.00.

Dr. Aoki continued by discussing several changes to TRDRP's Research Priorities. Research Priority Four now includes the promotion of health equity and the area of nicotine dependence and neuroscience. The retail environment is highlighted as an area where research is needed in both Research Priority Four and Research Priority Five. The impact of trade agreements on regulation is highlighted as an area where research is needed in Research Priorities one, three, and five. CDE's research priorities are incorporated or specified.

The annual cap for the Research Project Award, full community academic-research award (CARA) and Full SARA mechanisms has been lowered to \$125,000 from \$175,000.00. The total direct cost cap is now \$375,000.00 with a maximum duration of three years. The annual cap for the Exploratory/Developmental Research Award Pilot CARA and Pilot SARA mechanisms has been lowered to \$100,000.00 from \$125,000.00. The maximum duration is two years for a total direct cost cap of \$200,000.00.

TRDRP has begun exploring establishing new and creative funding partnerships with other organizations to serve as a “multiplier” by increasing current levels of TRDRP grant-making. TRDRP is looking for resources to help fund the applications scoring in the “outstanding” or “excellent” range that have been left on the table. There are an increasing number of high scoring applications without funding and TRDRP is working on closing this gap.

TRDRP has created parameters regarding potential partnerships.

TRDRP will **not** create a partnership if it:

- Places TRDRP in direct competition with our grantees for resources.
- Creates an unmanageable conflict of interest or compromises the funded research.
- Taxes administrative resources or adds costs to the program.

TRDRP will create a partnership if it:

- Is consistent with the program’s mandates.
- Will advance TRDRP research priorities and/or tobacco control in California.
- Will utilize TRDRP’s existing grant review and management processes.

There was discussion around pros and cons of potential partnerships. Dr.

Ong suggested looking into potential partnerships with:

1. Gordon and Betty Moore Foundation
2. California Healthcare Foundation
3. UC Center for Health Quality and Innovation

The Chair thanked Dr. Aoki for his presentation.

#### **9. CONTINUED DISCUSSION OF 2012-2014 TEROC MASTER PLAN (MP)**

TEROC Members continued discussion regarding dissemination of the 2012-2014 TEROC Master Plan. Conversation turned to healthcare reform, where there may be an opportunity to help raise the visibility of tobacco control. The members thought it wise to take advantage of the next special legislative session, as well as the Healthcare Reform Act, Health Benefit Exchange and Healthy California initiatives, to raise awareness of tobacco control issues. Members also discussed developing a strategic message to go out to the legislature and individual caucus groups in order to most effectively convey the framework of the Master Plan.

#### **Action Items**

The 2012-2014 TEROC Master Plan Sub-Committee was referenced during the discussion. The members include Dr. Ong, Ms. Etem and Dr. Baezconde-Garbanati. The three-person committee will convene and create a message to go with the Master Plan, perhaps in form of a one page fact

sheet. The committee will also decide the most strategic avenue to disseminating the Master Plan.

A set of slides will be developed, containing graphs and charts from the Master Plan, for TEROC Members to utilize while in the community.

**10. PUBLIC COMMENT**

No Public Comment.

The meeting was adjourned at 4:00 PM.

A TEROC meeting will be scheduled in December 2012 in the Los Angeles area.