

**Minutes of the  
Tobacco Education and Research Oversight Committee (TEROC)  
Tuesday, February 2, 2016**

Location:  
Residence Inn  
1121 15th Street  
Sacramento, CA 95814

**MEMBERS PRESENT:**

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

**MEMBERS ABSENT: None.**

**OTHERS IN ATTENDANCE:**

April Roeseler, California Department of Public Health (CDPH)/California Tobacco Control Program (CTCP)  
Barbara Taylor, Department of Finance (DOF)  
Callie Hanft, American Heart Association (AHA)  
Chris Cooper, California Rural Indian Health Board  
Darren Yee, CTCP  
Diane Nguyen, California Department of Education, Coordinated School Health and Safety Office (CDE/CSHSO)  
Dr. Bart Aoki, Tobacco-Related Disease Research Program (TRDRP)/University of California, Office of the President (UCOP)  
Dr. Catrina Chambers, CTCP  
Dr. Mary Croughan, University of California Office of the President  
Dr. Tracy Richmond McKnight, TRDRP  
Dr. Xueying Zhang, CTCP  
Elizabeth Escalante, Stanislaus County Office of Education  
Francisco Michel, CTCP  
Frank Ruiz, CTCP  
Greg Austin, WestEd  
Greg Oliva, CDPH  
Jamey Matalka, DOF  
Jenny Wong, CTCP  
Jerry Katsumata, CTCP  
John Lagomarsino, California Department of Education (CDE)  
John Yi, American Lung Association (ALA)  
Kevin Clark, CDPH  
Koffi Kouassi, DOF  
Lindsey Freitas, ALA  
Margarita Garcia, CDE  
Nadine Roh, CTCP  
Richard Kwong, CTCP  
Robin Enggono, CDPH  
Sarah Planche, CDE  
Sandra Soria, CTCP

Tim Gibbs, American Cancer Society (ACS)/Cancer Action Network (CAN)  
Tom Herman, California Department of Education, Coordinated School Health and Safety Office (CDE/CSHSO)  
Tonia Hagaman, CTCP  
Valerie Quinn, CTCP

**1. WELCOME, INTRODUCTION**

The TEROC Chair, Dr. Ong, called the meeting to order at 9:40 a.m. TEROC members and guests introduced themselves.

**2. APPROVAL OF MINUTES, CORRESPONDENCE, AND ANNOUNCEMENTS**

Approval of the December 8, 2015 meeting minutes with the following comments:

Dr. Ong asked if there were any updates from the subcommittees on work conducted since the December 8<sup>th</sup> meeting.

Ms. Kelley reported on behalf of the College Campus subcommittee. She indicated that: 1) the subcommittee met via conference call January 28, 2016; 2) she, others from San Diego State University (SDSU), and Ms. Kim Homer-Vagadori from the California Youth Advocacy Network (CYAN) met with Robert Schulz (Associate Vice President of Real-estate, Planning and Development; and Chair of SDSU's Smoke and Tobacco-Free policy) at SDSU on December 2015 to express their concerns about SDSU's smoke-free campus policy; and 3) she is working with California State University San Marcos (CSUSM) to develop a smoke-free campus policy that intends to utilize SDSU's "social enforcement" model. She reported that while the subcommittee applauds CSUSM for developing a smoke-free campus policy, use of "social enforcement" has not been very effective and the policy includes a 2½ year lag in implementation.

Ms. Kelley indicated that the primary issues identified during the conference call meeting was the lack of enforcement and the need to identify best practices for enforcing smoke-free campus policies. She suggested that reliance on "social enforcement" creates unintended consequences, including nonsmokers feeling like the University does not value their health or well-being, and nonsmokers believing the University should enforce its' policy instead of delegating responsibility to the students, staff, and faculty.

Ms. Kelley also indicated the subcommittee talked about what the best approach would be to introduce best practices for enforcement because generally universities are not learning from each other's mistakes and they appear to be reinventing the wheel. The subcommittee focused its conversation on the smoke-free policy at California State University (CSU) because they are at the beginning stages of policy development. She reported the subcommittee would like to identify some best practices particularly around enforcing the policy and that since Ms. Homer-Vagadori has been working with CSU, she would be a key person to advise the group. Ms. Kelley closed by saying the subcommittee will continue to work on identifying effective smoke-free campus policy enforcement.

She also posed the question, "How does TEROC feel about making a stronger statement about enforcement or anything the subcommittee develops?"

Dr. Ong responded by highlighting his December 7, 2015 meeting with University of California President Janet Napolitano to discuss the University of California's (UC) smoke-free campus policies. He indicated the UC acknowledges that enforcement is an issue. He reported that while the initial thrust of the policy had been educational, this stage has reached its limits. Dr. Ong further reported that additional approaches need be implemented even though the UC Office of the President (UCOP) Policy Department has been reluctant to get engaged. Dr. Ong indicated there are likely a couple of takeaways as a result of this meeting which include engagement of the UCOP Policy Department and Ms. Napolitano explicitly stated she would be happy to have a shared experience with the CSU system as well as the community colleges.

Dr. Ong went on to say that in terms of TEROC doing something collaboratively with the CSU or community college systems, the UC would be in a better position in a few months to provide feedback about what they are doing to address enforcement issues.

Dr. Baézconde-Garbanati suggested the committee meet with individuals in charge of enforcement at the campuses to garner buy-in. She further indicated that forming these partnerships early is vital because it takes additional effort to enforce campus policies.

Ms. Etem suggested contacting Ms. Statrice Wilmore, from the Pasadena Tobacco Control Program, as she has done fantastic work with Pasadena City College.

Ms. Kelley responded that she planned to contact Ms. Wilmore. She indicated the subcommittee is very interested in having her be a part of the group and believes her experience adds value and can inform the group.

Dr. Ong indicated that another issue discussed with President Napolitano, is the problem with issuing fines. The legislature explicitly gave public university systems the authority to issue fines. However, UC Santa Cruz may be the only campus that went through the process of including the fine structure in its written policies. Even though the fine is only \$100.00, when you include all the other administrative costs the fine increases to \$400.00. The cost may have given some campuses pause in deciding whether to issue fines to students for every incident. This is an issue that some campuses may be struggling with in deciding how to best implement enforcement mechanisms. Dr. Ong indicated that Ms. Homer-Vagadori would be the best person to work with on this issue.

Dr. Henderson stated that another concern is that campuses will not issue transcripts, diplomas, or certificates when students fail to pay for fines.

Dr. Max asked whether there is some requirement that states fines have to cover all administrative costs and whether TEROC could recommend that fines be set at a reasonable level. She indicated that a police department may not want to enforce a fine of \$400.00, but would be more willing to enforce a \$50.00 fine.

Dr. Ong responded he was not sure about the specifics of how UC Santa Cruz came up with the \$100.00, but \$400.00 was the amount it cost to enforce and process the fines.

Ms. Kelley indicated that the subcommittee is recommending a targeted approach to enforcement. Such enforcement would include broader enforcement at the beginning followed by random, but comprehensive enforcement. This would facilitate compliance throughout because potential violators would not know when enforcement would happen. The message to campuses is to invest resources in enforcement initially which will allow social enforcement to be effective long term.

Dr. Baézconde-Garbanati asked whether there was an e-cigarette component to the best practices.

Ms. Kelley indicated that there will be an e-cigarette component in the recommended best practices for enforcement.

Dr. Henderson moved to accept the minutes, seconded by Dr. Baézconde-Garbanati. Motion passed unanimously.

The chair reviewed TEROC-related correspondence:

**Incoming Correspondence:**

- January 4, 2016 letter from Toni G. Atkins, Speaker of the Assembly, to Dr. Karen Smith, CDPH Director, appointing Ms. Mary Baum to serve on TEROC. Ms. Baum’s effective date of appointment was January 4, 2016 and the expiration date is January 1, 2018.
- January 20, 2016 letter from Kevin de León, President pro Tempore of the Senate, informing Dr. Michael Ong of the reappointment to TEROC of Dr. Pamela Ling by the Senate Rules Committee. Dr. Ling’s effective date of appointment was January 20, 2016 and the expiration date is January 1, 2018.

**Outgoing Correspondence:**

- December 8, 2015 TEROC memo to California Department of Public Health, University of California, and the California Department of Education on TEROC’s position on Electronic Smoking Devices.
- December 21, 2015 TEROC letter to Assembly Speaker Toni Atkins expressing the Committee’s support for the Special Session Tobacco-Related Bills.
- December 21, 2015 TEROC letter to Senate President Pro Tempore Kevin de León expressing the Committee’s support for the Special Session Tobacco-Related Bills.
- January 19, 2016 TEROC letter to U.S. Department of Housing and Urban Development providing a response to Docket No. FR 5597-P-02 instituting smoke-free public housing.
- January 25 TEROC letter to Senate President Pro Tempore Kevin de León expressing the Committee’s support for the *Cigarette Tax to*

*Fund Healthcare, Tobacco Use Prevention, Research and Law Enforcement Initiative (15-0081).*

- January 25 TEROC letter to Assembly Speaker Toni Atkins expressing the Committee's support for the *Cigarette Tax to Fund Healthcare, Tobacco Use Prevention, Research and Law Enforcement Initiative (15-0081)*

### **3. ENVIRONMENTAL UPDATE**

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

- **Bill Requiring Childproof Packs for Liquid Nicotine Heads to President's Desk.** <http://consumerist.com/2016/01/12/bill-requiring-childproof-packs-for-liquid-nicotine-heads-to-presidents-desk/>
- **Senators Want Federal Trade Commission (FTC) to Investigate Electronic Cigarette Flavors.** <http://www.multichannel.com/news/congress/sens-want-ftc-investigate-e-cig-flavors/396153>
- **Cigarettes Getting Even More Expensive in San Francisco.** <http://www.sfweekly.com/thesnitch/2015/12/18/cigarettes-getting-even-more-expensive-in-sf-because-you-are-filthy>
- **Smoking-Related Health Care Costs In California Average \$182K Per User.** <http://www.californiahealthline.org/articles/2016/1/20/smokingrelated-health-care-costs-in-calif-average-182k-per-user> Data available at <https://wallethub.com/edu/the-financial-cost-of-smoking-by-state/9520/>
- **E-cigarettes Linked to Incurable 'Popcorn Lung' Disease.** <http://www.10news.com/news/national/e-cigarettes-linked-to-incurable-popcorn-lung-disease?autoplay=true>
- **Use of Electronic Cigarettes May Not Be Any Safer Than Smoking Tobacco Cigarettes.** <http://www.oncologynurseadvisor.com/lung-cancer/use-of-electronic-cigarettes-not-safer-tobacco-cigarettes/article/463820/>
- **Teen Burns Leg After Electronic Cigarette Explodes in Pants Pocket.** <http://www.ocregister.com/articles/fire-698533-teen-cigarette.html>
- **Biotech Company Seeks Food and Drug Administration (FDA) Approval for Very Low Nicotine Cigarettes.** [http://www.journalnow.com/business/business\\_news/local/biotech-company-seeks-fda-approval-for-very-low-nicotine-cigarettes/article\\_ce3e1e91-852d-5709-b562-599e673800e4.html](http://www.journalnow.com/business/business_news/local/biotech-company-seeks-fda-approval-for-very-low-nicotine-cigarettes/article_ce3e1e91-852d-5709-b562-599e673800e4.html)
- **U.K. Approves E-Cigarette Prescriptions to Help People Quit Smoking.** [http://www.huffingtonpost.com/entry/uk-approves-e-cigarette-prescriptions-as-a-way-to-quit-smoking\\_us\\_568aa26be4b014efe0dafd38](http://www.huffingtonpost.com/entry/uk-approves-e-cigarette-prescriptions-as-a-way-to-quit-smoking_us_568aa26be4b014efe0dafd38)

- **Electronic Cigarette, As Used, Aren't Helping Smokers Quit, Study Shows.** <https://www.ucsf.edu/news/2016/01/401311/e-cigarettes-used-arent-helping-smokers-quit-study-shows>
- **Nearly 70 percent of Teens Exposed to E-Cig Ads.** <http://time.com/4167511/nearly-70-of-teens-exposed-to-e-cig-ads/>
- **One Hookah Tobacco Smoking Session Delivers 25 Times the Tar of a Single Cigarette.** [http://www.eurekalert.org/pub\\_releases/2016-01/uops-oh011116.php](http://www.eurekalert.org/pub_releases/2016-01/uops-oh011116.php)
- **Three Biggest Reasons Tobacco Giants Eye Lucrative \$50 Billion Marijuana Market.** <http://dailycaller.com/2016/01/04/tobacco-giants-eye-lucrative-50-billion-marijuana-market/#ixzz3wxrDBj3Y>
- **High School Seniors Now Prefer Marijuana to Cigarettes.** <http://time.com/4149430/marijuana-pot-high-school-cigarettes>
- **Major Trade Group Supports Trans Pacific Partnership (TPP).** <http://thehill.com/policy/finance/264068-major-trade-group-supports-tpp>
- **Manufacturers Group Backs Trans-Pacific Partnership (TPP).** <http://www.usnews.com/news/articles/2016/01/05/obama-trade-deal-secures-major-endorsement-from-national-manufacturers-association>
- **Article Published on Smoke-Free Policy Adoption at Win-River Resort and Casino.** <http://www.mdpi.com/1660-4601/13/1/143/html>

### **General Discussion**

Dr. Ong opened the floor for discussion about any environmental updates and additional questions for the TEROC subcommittees.

Dr. Starr asked whether it is well documented in the research that smoking tobacco actually extends the effects of marijuana.

Dr. Chambers responded research shows that smoking marijuana along with traditional cigarettes prolongs and has been shown to intensify the tetrahydrocannabinol (THC) induced “high.” She went on to highlight that research also shows that smoking marijuana acts as a reverse gateway to smoking traditional cigarettes because marijuana users become addicted to nicotine as they seek to replicate the extended effect of being “high” from smoking marijuana.

Dr. Ong indicated that TEROC would look to TRDRP to support research in this area because marijuana has not been a topic for active study or funding. He indicated that TEROC needs more information to further define the overlap of marijuana and tobacco use.

Ms. Etem inquired about the Departmental guidelines for establishing some type of infrastructure to address the convergence between tobacco, marijuana, and e-cigarettes, especially when Departmental funding is linked to tobacco.

Dr. Ong indicated that since all of the agencies advised by TEROC are funded by Proposition 99, which is really about tobacco use, any examination of electronic cigarettes, which has not been updated by the state, could possibly be included in the definition of cigarettes, which is a gray area. He also indicated that the public health issue of marijuana could fall under the interplay between marijuana and tobacco use.

Ms. Roeseler added that CTCP has reviewed the literature regarding e-cigarettes. She highlighted the enabling legislation for CTCP, which charges CTCP prevent and reduce the use of tobacco products. She indicated that since there is research showing children who use e-cigarettes are more likely to smoke cigarettes, CTCP is using its Proposition 99 funds on to educate the public about e-cigarettes. In terms of marijuana, CTCP is currently learning about marijuana issues that have potential impact on tobacco control.

Ms. Roeseler also indicated that for many years CTCP has conducted surveys that include questions on smoking behaviors. The questions about “smoking” use have generally been interpreted by respondents to refer to tobacco. However, in recent years respondents have begun to ask to what substances the questions refer. CTCP is looking at its survey instruments to explore the wording of questions to ensure clarity.

Mr. Herman added that there are clearly overlapping issues with electronic cigarettes and tobacco products, especially since electronic cigarettes use among high school students has tripled. He indicated the issue of marijuana is less clear. CDE looks to TEROC for guidance on this issue, but it is unclear how funds could be used on marijuana-related issues given the limitations on the use of Prop 99 funds. Mr. Herman indicated that CDE’s grantees are often eager to include marijuana in their tobacco control efforts, but CDE has been reluctant to allow grantees to use Prop 99 funds for marijuana interventions or cessation. He also indicated CDE wants to hear more about the topic of marijuana and is interested in understanding the crossover in using e-cigarettes because they are illegal to possess on campus (i.e., e-cigarettes are considered paraphernalia on school sites), anything can be put in these devices, and students are using them to smoke marijuana.

Ms. Bauman stated that her office is often asked what the schools can do about marijuana. She confirmed Mr. Herman’s statement that students are using e-cigarettes to smoke hash oil. However, when the topic of marijuana comes up, there are limitations to providing education because Proposition 99 funds are for tobacco education and prevention. Ms. Bauman indicated that partner agencies provide marijuana education free of charge.

Dr. Oldham indicated that at the county level, capacity building funds from grants allow the community to discuss the regulatory structure for retailer licensing and cultivation of marijuana. He indicated that counties are scrambling to address this issue because the regulatory structure was ambiguous. He added that cautionary tales from the tobacco, alcohol, and e-cigarette experiences should be used to encourage county officials to be cautious while developing regulations.

Dr. Starr highlighted recent laws on regulating medical cannabis and the charge to CDPH to oversee manufacturing and testing scheduled to take effect on January 1, 2018. However, the legislation does not provide direction for CDPH to look at the broader health, safety, and nutrition aspects. He indicated that CDPH will wait on the outcome of the initiatives on the ballot to see which provisions are applicable to internal educational programs.

Dr. Ong indicated that as part of TEROC's directives, we see e-cigarettes as a tobacco product. TEROC also wrote a letter to the Blue Ribbon Commission on Marijuana Policy (BRC) recommending the agencies work collaboratively with the BRC explicitly around the intersection between tobacco and marijuana. He indicated that the safest area for agencies to work on marijuana, if they are Proposition 99 funded, is at the intersection between marijuana and tobacco.

Mr. Lagomarsino indicated that in light of marijuana use, it is important that Proposition 99 funds are not eroded and directed toward the prevention of and education about marijuana use. He suggested that TEROC could submit a request to the legislature to encourage that funding be made available to conduct marijuana education.

Mr. Kwong reported President Obama signed the Child Nicotine Poisoning Prevention Act, which requires child resistant packaging on liquid nicotine.

**Action Items:**

- Write a letter to Vice President Biden and the Food and Drug Administration about the cancer moonshot initiative. The focus should be to highlight the link between cancer and tobacco use, and that tobacco control is equally important as biomedical research because reductions in tobacco use reduce prevalence of tobacco-related cancers.

Dr. Richmond-McKnight suggested that TEROC should contact someone at the Tobacco Control Research Branch within the National Cancer Institute to inform them of the submission of the letter to Vice President Biden.

Dr. Ling also suggested that emphasis should be placed on supporting research on tobacco control to supplement existing treatment.

Dr. Baézconde-Garbanati suggested the letter should be copied to the Center for Tobacco Products. She also suggested that a sentence or two be added regarding the comprehensive nature of the California Tobacco Program, how and why it has made a difference, and to acknowledge utilizing the findings from Tobacco Center of Regulatory Science research on prevention.

Dr. Ong indicated it is important to highlight in the letter the reduction in the incidence of lung cancer in California and tobacco control's major role in that reduction.

Dr. Henderson moved that TEROC write a letter regarding the cancer moonshot initiative, seconded by Dr. Baézconde-Garbanati. Motion passed unanimously.

#### **4. DEPARTMENT OF FINANCE REPORT**

Barbara Taylor, Koffi Kouassi, and Jamey Matalka of the California Department of Finance (DOF) provided a Proposition 99 Budget update on the 2016-17 Governors' Budget.

Ms. Taylor first discussed the revenues and expenditures on the Proposition 99 budget. She indicated there were two themes across the budget numbers including 1) that revenues for 2014-15 were flat and there is no solid data showing why that happened and 2) there is a fund balance saving that could result in a onetime roll forward of the increased balance to the 2016-17 budget.

##### Actual Revenues and Expenditures

- Actual revenue increased by \$13.8 million compared to the estimate from the 2015 Budget Act:
  - 2015 Budget Act: \$254.1 Million
  - 2016-17 Governor's Budget: \$267.9 Million
- Actual program expenditures decreased by \$20.4 million compared to the estimate from the 2015 Budget Act:
  - 2015 Budget Act: \$271.7 Million
  - 2016-17 Governor's Budget: \$251.2 Million

Ms. Taylor highlighted that the expenditure change is a decrease of \$31.8 million between the hospital services account and the unallocated account. She also highlighted a change in the UC Research expenditures of \$24.5 million, which included \$14.3 million in carryover from prior years. Ms. Taylor reported there was a decrease of \$1.2 million from California Department of Public Health, primarily from state administration.

Ms. Taylor reported that collectively the decreased expenditures resulted in a \$38 million increase for a total actual balance of \$84.6 million that can be rolled over to the 2016-17 budget. She indicated that while the end balances from the 2015-16 budget can be rolled forward into the next fiscal year, the full amounts cannot be used. She indicated a portion of those monies are withheld to cover reductions in future years, loss of revenues, and to show DOF has prudent fund balances at the end of each year.

##### Projected 2015-16 Revenues and Expenditures

- Estimated revenue increased by \$15.1 million:
  - Estimate at 2015 Budget Act: \$247.2 Million
  - Estimate at 2016-17 Governor's Budget: \$262.3 Million
- Proposition 10 Backfill increased by \$1.1 million:
  - Estimate at 2015 Budget Act: \$11.4 Million
  - Estimate at 2016-17 Governor's Budget: \$12.5 Million

Ms. Taylor reported there were only minor changes to the 2015-16 expenditures based on statewide baseline adjustments such as employee compensation and retirement. She also indicated there was one exception, the University of

California, which reduced their expenditures from \$16.9 million in the 2016 budget Act to \$12.47 million in the 2016 budget Act.

### Projected 2016-17 Revenues and Program Expenditures

Ms. Taylor reported revenues are estimated to decrease \$7.3 million as compared to the revised estimates for 2015-16:

- 2015-16 Revised Estimate:       \$262.3 Million
  - 2016-17 Estimate:                \$255.0 Million
- Proposition 10 backfill will remain consistent with the 2015-16 estimates at \$12.5 million.

Ms. Taylor indicated the rolling fund balances have offered opportunities for an overall increase in expenditures of \$37.0 million from the 2015-16 revised budget to the 2016-17 estimated budget. She indicated this would be a onetime expenditure increase for various accounts, including:

- Health Education Account:       \$5.4 Million
- Hospital Services Account:       \$15.1 Million
- Physicians' Services Account:    \$2.6 Million
- Research Account:                \$3.4 Million
- Unallocated Account:             \$10.6 Million

Ms. Taylor indicated specific changes to the California Department of Public Health include an increase of \$6.7 million for tobacco prevention to include:

- Health Education Account increased by \$4.8 Million
- Research Account increased by \$1.1 Million
- Unallocated Account increased by \$853,000

Ms. Taylor reported the revenue projections for both current year and budget year will be updated in the 2016 May Revision. She indicated any decrease in projected revenues at that time may require reversing the proposed increases in expenditures for 2016-17.

### **General Discussion**

Dr. Ong inquired about projections versus the actual revenues from tobacco use.

Ms. Taylor responded the actual use of tobacco products fell flat with a very slight decrease compared to the overall decrease in tobacco use over time. DOF's forecasting unit is not sure why this happened because it was only seen for a very short term in the 2014-15 year and a few months during the 2015-16 year. She further indicated there is not enough data to explain why this happened.

Dr. Max inquired about the concept of backfill.

Mr. Matala indicated backfill is a calculation by DOF's forecasting unit of the decrease in Proposition 99 funds caused by the lower consumption of tobacco and that resulted from the Proposition 10 tobacco tax. He also indicated some backfill goes back in to the Proposition 99 account from other departments due to the reductions in tobacco use from tax increases.

Dr. Ong added the tobacco tax increase was expected to result in a reduction in tobacco use, which in turn would reduce the amount of Proposition 99 funding each year. He further indicated that Proposition 10 included explicit provisions indicating they would backfill Proposition 99 the needed dollar amount to compensate for the loss in revenues.

Dr. Aoki inquired about University revenues and expenditures over time. He indicated the University's budget office is working with DOF to ensure the reported expenditures were accurate because in the year-to-year budgets the amount fluctuates quite a bit. He indicated it was unclear whether certain years the actual allocations are reflected or in certain years the allocations and expenditures are reflected. Clarifying this reporting is important especially for grant funding between years and to ensure that funds are not inappropriately reported as carryover from year to year.

Dr. Croughan further indicated the University is concerned that the numbers are not matching. She indicated that the work between DOF and the University's budget office is a good step forward to resolving this issue so it is clear for the future.

Dr. Baézconde-Garbanati inquired about the negative amount on the University Research Account budget that resulted in a 26.3% decrease in research funding and a 26.3% increase in the Breast Cancer Early Detection budget. She also inquired whether the University research budget was losing its funding.

Mr. Matalka indicated that this was a coincidence. He further explained the table was a proposed expenditure plan and that all the proposed expenses may not be supported given the actual amount of monies DOF will have to roll forward into the 2016-17 budget. He also indicated the University research budget is not losing 26.3% of its budget, rather it is being reduced because there is possibly unallocated funding in their account.

Dr. Aoki inquired about the projected \$2.3 million increase in revenue to the University of California if the proposed increases in revenue hold. He indicated the University wanted to be clear about the projection numbers before they allocated funding to grants.

Ms. Taylor responded there is a projected \$2.3 million increase in revenue to the University research budget if the projected increases in revenues hold for the 2016-17 years.

Mr. Lagomarsino inquired about the concept of pro-rata and how it is calculated.

Mr. Matalka responded a pro-rata amount is charged to every fund that has State operations. It is a percentage and the amount is calculated by the financial unit.

##### **5. CALIFORNIA HEALTHY KIDS SURVEY: 2013-2015**

Greg Austin of the WestEd Health and Human Development Program

Mr. Austin started with a systems overview of the California Healthy Kids Survey (CHKS), which includes a staff, parent, and student survey. He indicated the

modular survey of a district representative sample is largely funded by Tobacco-Use Prevention and Education (TUPE) program funds to capture the whole child perspective. He reported that districts generally administer the survey at least once every two years. Mr. Austin indicated that while there was a decline in districts administering the survey from 2011-2013 due to budget cuts, there was a resurgence in 2013-15:

- 802 districts (83% of Local Education Administrations (LEA) = 90% enrollment) administering the survey;
- Within that two year period 5.5K schools, 1M students and 100K staff were surveyed; and
- A rise of 100 LEAs, 1.3K schools, 200K students from the previous two year period.

Mr. Austin attributed the rise in participation to new Local Control and Accountability Plans, which require assessment of the school climate. He indicated the survey couched school climate in such a way that addresses the health perspective as well and entices participation in administering the survey. He also reported that financial incentives were provided to administer the CHKS with a supplemental Alcohol and Other Drug Module to counter the decline in administering the survey.

Mr. Austin indicated school reports, are available on request on line at <http://chks.wested.org/reports> for \$50.00. The data is also available online using a query to create lifetime and current school tobacco use trends by district, county, grade, and demographic characteristics to generate graphs and charts.

Mr. Austin reported that 2011-15 biennial State results showed the decline in cigarette smoking continues across all grades, but particularly among 11<sup>th</sup> graders. He indicated that one interesting aspect about the new data was that 7<sup>th</sup> grade students were three times more likely to report using e-cigarettes than traditional cigarettes. He reported that marijuana use has gone down among California students. However, kids are twice as likely to smoke marijuana as they are to smoke traditional cigarettes.

Mr. Austin reported that while traditional cigarette smoking had been low on school properties, a further decline was captured from the data. However, the proportion using e-cigarettes on school property is slightly higher.

Mr. Austin reported that some of the factors that may attribute to the decline in smoking cigarettes are that the perception of harm associated with smoking increased, and the ability of students to obtain cigarettes decreased.

### **General Discussion**

Dr. Max inquired whether questions would be added to the survey about the exposure of children to secondhand smoke.

Mr. Austin responded that the question has not come up. However, questions about secondhand smoke could be asked on the parent survey.

Mr. Henderson inquired about flavored tobacco products, particularly menthol and flavored e-cigarettes.

Mr. Austin responded the survey is about to go through revisions to ensure emerging trends are captured. He also indicated discussions are underway on how questions are prioritized. He noted that input from TEROC about questions to include in the survey would be welcomed.

Ms. Baum inquired about how to request individual school data.

Mr. Austin responded that individuals requesting information about a specific school or district are typically directed to request the data through that district. Individuals can request the entire dataset with school level indicators; however, the requestor has to sign a memorandum of understanding that the school name cannot be mentioned in any of the documents produced.

Dr. Baézconde-Garbanati inquired about the level of participation among the districts with high risk populations. She also inquired about how the Department is using the data to inform decision-making and program planning specific to the TUPE program.

Mr. Austin responded that most districts voluntarily participate and that there is no particular pattern on which do not, although changes in leadership at the districts can account for this in many cases.

Ms. Bauman added high risk schools are participating and if they are TUPE funded they are required to participate. She also indicated that when Title IV funding was eliminated district participation decreased; however, now a lot of the districts are administering the survey regardless of TUPE funding and they are using their own dollars to administer the survey.

Dr. Ling inquired about the inclusion of high risk students from continuation schools.

Mr. Austin responded there is a requirement to have a representative sample of students from the continuation schools participate in the survey. He indicated that the concern is that many of the students that use tobacco may not be in school the day the survey is administered, which may not fully capture tobacco use at alternative schools.

Ms. Bauman added many of the grants administering the survey include alternative schools. She indicated the grantees are seeing a huge turnaround among this population in tobacco use a result of educational programs.

Dr. Ling inquired about opportunities for community collaboration.

Mr. Austin responded schools are provided a guidebook that encourages collaboration and communication with the community about needs and how they can partner.

Dr. Zhang inquired about the types of funded schools (TUPE vs Non-TUPE) that administer the survey.

Mr. Lagomarsino responded that approximately 40% of TUPE-funded schools are required to administer the survey, but more than this minimum number of schools do so.

Mr. Austin responded that 83% of school districts collect data including TUPE and Non-TUPE funded schools.

## **6. VOLUNTARY HEALTH AGENCY UPDATE**

Ms. Lindsey Freitas of the American Lung Association, Ms. Callie Hanft of the American Heart Association, and Mr. Tim Gibbs of the American Cancer Society-Cancer Action Network reported on behalf of the voluntary health agencies.

Ms. Freitas provided an update on the 2015 Special Session on Health Care. She indicated the bills considered during the Special Session would accomplish the following: close several smoke-free workplace law loopholes; prohibit tobacco use on all K-12 school campuses; allow local jurisdictions to tax tobacco products; change the one-time \$100 state tobacco retailer license fee to an annual fee of \$265; regulate electronic cigarettes as a tobacco product; and increase the minimum age of sale for tobacco to 21. She also indicated that during the Special Session, two tobacco tax bills were considered, as well as an ombudsman bill that included an increase in the tobacco tax to fund for developmental disabilities programs, and a fix for the state's managed care organization (MCO) tax structure which failed to comply with new federal requirements that such a tax be broad-based and not limited narrowly to Medi-Cal plans.

Ms. Freitas reported the Special Session had not yet closed and the voluntary health agencies expected that the bills would be brought up and voted on shortly in the Assembly. Ms. Freitas stated that any Special Session bills that became law would take effect 90 days after the close of the session. She further indicated a non-tobacco related bill, the assisted suicide law, had already passed in the Special Session and she indicated there was pressure on the Legislature from the assisted suicide advocates to close the session so the assisted suicide law could be implemented.

Ms. Hanft reported that Senate Bill (SB) 24 (Hill), which would have defined electronic cigarettes as a distinct product separate from tobacco products, and which had been opposed by the voluntary health agencies, had died in the Senate. She indicated the bill was amended into a different subject area and cannot be re-amended back to address e-cigarettes. Mrs. Hanft also provided information on Assembly Bill (AB) 1696, which focused on cessation services for Medi-Cal patients. She indicated that AB 1696 is a reintroduction of a bill from last year (AB 1162) that was vetoed by the Governor in October 2015, in part because of concern about adding cost pressures to Medi-Cal without a fix to the MCO tax. She shared that the voluntary health agencies are hopeful that the Governor would sign AB 1696 since the MCO tax issue has been resolved.

Ms. Hanft reported the voluntary health agencies are also following AB 1594 (McCarty). The bill would mirror the tobacco-free campus policy that has been adopted by the UC. The UC adopted their policy in 2014, but it does not apply to the other public universities in the state. She indicated AB 1594 would cover the

CSU system as well as the state's community colleges. She further reported the bill was single-referred to the Higher Education Committee and will not go before the Governmental Organization Committee, where many tobacco bills die. She indicated that the voluntary health organizations, including ALA, AHA, and ACS, have not yet taken a position on AB 1594, but will once the Special Session bills have been acted upon.

Ms. Freitas added that ALA has some potential issues with how the bill defines tobacco products, but that the author's office has reached out to ALA to get their input on revising the bill language. She also indicated the voluntary health agencies did not ask TEROC to take a position on the bill.

Mr. Gibbs added that if SB 5 X2 is passed and the issues with the definitions for smoking and tobacco products will be addressed.

Mr. Gibbs provided an update on the Tobacco Tax Ballot Initiative. He shared that the initiative was launched with a press conference at McClatchy High School in Sacramento. He indicated signature gathering began during the first week of January 2016 and included both paid and volunteer gatherers. He indicated signature gathering was going well. He reported the organizers felt optimistic about qualifying the initiative for the fall election. He shared that fundraising is also going well, with \$7 million in the initiative's coffer. He indicated the Saving Lives California coalition has received \$3 million from the Service Employees International Union (SEIU) and \$1 million each from the California Medical Association (CMA), the California Dental Association (CDA), the California Hospital Association (CHA) and philanthropist Tom Steyer.

He indicated signature gathering was expected to occur until the first week of April and encouraged TEROC members to participate. He also provided the website for the campaign ([www.savelivescalifornia.org](http://www.savelivescalifornia.org)).

### **General Discussion**

Ms. Freitas reported on CalPERS cessation benefits. She indicated there is an opportunity for TEROC to encourage the CalPERS board to take action to ensure that CalPERS members have access to comprehensive cessation benefits through the health care plans they provide. She indicated the voluntary health agencies request that TEROC submit a letter to CalPERS asking them to provide the cessation services that are consistent with the U.S. Preventive Services Task Force's Final Recommendation Statement: *Tobacco Smoking Cessation in Adults and Pregnant Women: Behavioral and Pharmacotherapy Interventions*.

Ms. Freitas indicated that currently there is wide variability in the cessation benefits offered by each CalPERS health plan and that it would be optimal to have comprehensive cessation benefits available consistently across plans. She also indicated the voluntary health agencies advocate for cessation services that are consistent with the U.S. Preventive Services Task Force's Final Recommendation Statement: *Tobacco Smoking Cessation in Adults and Pregnant Women: Behavioral and Pharmacotherapy Interventions*. She reported that CalPERS is considering revisiting the cessation services currently available and the voluntary health agencies want to raise awareness about the issue of inconsistency in the type of cessation benefits offered through the CalPERS

plans. Ms. Freitas indicated a letter from TEROC would be helpful to spark the attention of the board before they start to meet about cessation benefits. She also indicated that the letter from TEROC should be sent to all members. Dr. Ong inquired about whether the voluntary health agencies have taken a position on the marijuana initiative.

Ms. Hanft responded the AHA does not have a position on marijuana nationally.

Mr. Gibbs indicated that ACS is unlikely to take a position on any ballot initiative before it qualifies, and is unlikely to take a position at all on a marijuana initiative.

Ms. Freitas indicated that the same is true for ALA.

Dr. Henderson inquired about whether there was anything that TEROC could do to support passage of the Special Session bills.

Ms. Freitas indicated that TEROC had already submitted a letter of support for the entire Special Session tobacco bills package and that delivery of the letter had been timed for best effect.

**Action Items:**

- Write a letter to CalPERS recommending health plans to provide comprehensive cessation services consistent with the U.S. Preventive Services Task Force's Final Recommendation Statement: *Tobacco Smoking Cessation in Adults and Pregnant Women: Behavioral and Pharmacotherapy Interventions* and to send the letter to all the Board members.

Dr. Oldham moved. Seconded by Dr. Henderson. Motion passed unanimously.

**7. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, CALIFORNIA TOBACCO CONTROL PROGRAM REPORT**

April Roeseler of the California Tobacco Control Program (CTCP) presented on behalf of CTCP.

Ms. Roeseler reported that CTCP is preparing for the new Local Lead Agency (LLA) guidelines. The LLA's current three-year plans end June 30, 2017. CTCP is in an awkward period of time because the guidelines will be released in Fall 2016 for new work plans that would start July 1, 2017, but the level of funding could vary widely depending on whether there is a tobacco tax initiative is on the Fall ballot and whether or not it passes. In anticipation of this type of ambiguity, CTCP will issue Fall 2016 LLA Guidelines for a one year period (July 1, 2017- June 30, 2018) based on the current projected tax revenue. The LLAs will still conduct their Communities of Excellence needs assessments and will use the data for the bridge year and a subsequent three year plan. The Phase II three-year plan (July 1, 2018 – June 30, 2021) will be developed when the level of projected revenues for that time period is known. This proposal was communicated to the LLA Project Directors Association on January 11, 2016 and they support this strategy.

Ms. Roeseler indicated that CTCP has offered several webinars addressing achieving health equity, including two from The Loop in December 2015, “Exploring Tobacco Control Engagement with the LGBT Communities” and “Advocacy 101: From Vision Board to Implementation.” ChangeLab Solutions and Our Voices conducted a webinar in January 2016 on “Comprehensive Tobacco Control Policies in Hispanic Communities.”

Ms. Roeseler stated that in January 2016, Ms. Hagaman, Chief of Community and Statewide Projects, and Ms. Wong, Chief for Local Programs and Health Equity Unit met with Dr. Nolfo from the Office of Health Equity (OHE) to discuss the “Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity.” CTCP offered to provide examples of tobacco control program activities that illustrate different ways that state and local programs can utilize the Plan to help address its mission of promoting equitable social, economic, and environmental conditions to achieve optimal physical health, mental health, and well-being for all. OHE was appreciative of the offer and CTCP will be sharing some descriptions and materials. Ongoing discussions about intersections between CTCP activities and the Plan are anticipated.

Ms. Roeseler reported that CTCP has created several new educational materials to address the loopholes in California’s Smoke-free Workplace Law, which has numerous exceptions. These educational materials included an Evergreen Article and a Sample Letter to the Editor about California’s smoke-free workplace law. She indicated that the Centers for Tobacco Control and Prevention (CDC) has been pressing California because the state’s clean indoor laws do not meet CDC’s criteria for requiring 100% smoke-free workplaces. The educational materials produced by CTCP staff could be used by others to educate legislators about the issue of smoking in workplaces and the need to close workplace loopholes.

Ms. Roeseler indicated that the California Youth Advocacy Network hosted a webinar showcasing tobacco-free enforcement approaches relevant to college campuses. The focus of the webinar was preventing youth and young adults from beginning to use tobacco.

Ms. Roeseler stated that in terms of increasing the number of Californians who use the California Smokers’ Helpline, the CDPH Immunization Branch consulted with CTCP to develop an educational flyer that highlights that smoking increases the risk for pneumonia. This flyer, which is available in English and Spanish, is intended for use at health fairs, schools, and other public venues.

Ms. Roeseler indicated the CTCP report includes information on the LLA costs reports, two procurements that are in the development process, and a new Clearinghouse solicitation. Ms. Roeseler also reported that CTCP has made progress in filling vacancies. In January 2016, Dr. Linlin Li joined CTCP’s Evaluation Unit as a statistician along with Mr. Tam Vuong as a Research Scientist. In December 2015, Ms. Hana Blatter joined CTCP and will be the subject matter expert on Tobacco Waste in the Local Programs and Advocacy Campaigns Unit. In other staffing news Ms. Jasdeep Sandhar accepted the Staff Services Manager I position, effective February 1, 2016, and Ms. Linda Dornseif accepted the Health Program Manager I position, effective March 1, 2016.

## **General Discussion**

Ms. Bauman inquired about how closely CTCP works with mental health directors on cessation education given that mental health patients have a higher prevalence of smoking.

Ms. Roeseler responded that over the past four years CTCP has offered behavioral health trainings across California. She indicated that through those trainings CTCP is able to bring together local health departments, alcohol and drug directors, mental health directors, the California Smokers' Helpline, ChangeLab Solutions, and Dr. Chad Morris, a behavioral health expert from the University of Colorado. Ms. Roeseler indicated that these trainings cover how smoke-free environments can be created, policies can be passed, and cessation services can be offered to help people quit.

She indicated the California Smokers' Helpline has also been reaching out to mental health providers and has been advertising and promoting their services for many years. Ms. Roeseler reported that CTCP had a site visit from the California Smokers' Helpline a few weeks ago and they indicated that callers today are older than in the past, are primarily low income, and disproportionately represent individuals with mental disorders (e.g., anxiety, depression, and substance abuse).

Dr. Oldham mentioned that he has been to one of the behavioral health training workshops and it was very valuable and consistent with the National Council for Behavioral Health track, which focused on the issue of smoking in mental health facilities and among mental health patients. The population identified in the CDPH OHE Portrait of Promise is particularly important given the large health disparity in smoking among these communities. He indicated that he is also willing to participate in any way around the issue of mental health and smoking, because this issue has been an obstacle for passing smoke-free policies.

Ms. Bauman requested that Dr. Oldham send her any information he may have so she can share it with the mental health director in her county.

Dr. Baézconde-Garbanati asked if there are plans to do another joint program conference, activities or events in the future.

Ms. Roeseler responded there are plans to conduct another joint program conference in either 2019 or 2020. CDPH will also conduct a CTCP Project Directors' Meeting in 2017.

Dr. Soto inquired about health equity efforts and whether priority populations are going to include the American Indian population, since they have some of the highest rates of smoking. She further indicated that in terms of mental health, the Yurok tribe in northern California recently declared a state of emergency because they experienced seven suicides within the past year and their membership is only 150. Ms. Soto indicated a lot of work needs to be done in these communities to combat mental health and smoking.

Ms. Roeseler responded CTCP is working with the OHE to ensure all priority populations are being addressed. Ms. Roeseler stated that CTCP recognizes the American Indian community needs additional work to combat smoking. She further indicated that CTCP is open to discussions about how to do address these issues and how to encourage priority population agencies to apply for funding.

Dr. Soto indicated that often grassroots organizations do not have the capacity to apply for larger grants or to go through the procurement process. She highlighted the need for intensive training or opportunities for collaboration to facilitate the application process. She suggested that capacity building is needed with the smaller grassroots organizations that are familiar with and have the trust of the communities to ensure they have access to funding to support tobacco control.

Ms. Etem suggested that the City of Glendale should be included in the conversation about behavioral health.

Ms. Roeseler reported that the California Smokers' Helpline is the only quitline in the nation that has been designated as a meaningful use registry. She indicated the Helpline is working with the five UC medical systems to receive referrals to the quitline. Information about the partnership is on CDPH's website and other agencies are requesting information about how they can join the partnership to refer their patients to the Helpline. A potential funding opportunity may become available in next year's budget that would allow the Helpline to scale up the program to include referrals from more providers.

Ms. Planche added the Helpline also has factsheets on behavioral health and treatment of addictions. She indicated that the Helpline conducted a media campaign and that printable materials on tobacco cessation are available on their website.

#### **8. California Department of Education Report**

Mr. Tom Herman, Mr. John Lagomarsino, and Ms. Sarah Planche presented on behalf of the California Department of Education/Coordinated School Health and Safety Office (CDE/CSHSO).

Mr. Herman began the report with an update on the contract between CDE and the University of California Office of the President (UCOP) to co-fund the evaluation of the CDE TUPE program. Mr. Lagomarsino reported that a conference call was held on January 27<sup>th</sup> with Dr. Norval Hickman from TRDRP and Dr. Shu-Hong Zhu from University of California San Diego (UCSD). There were some minor scope of work and budget issues that were discussed and CDE is waiting for revisions from Dr. Zhu.

Mr. Herman indicated CSHSO continues its work on Project CAL-Well through a \$1.9 million per year grant for five-year grant sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The project is part of "Now is the Time" Advancing Wellness and Resilience in Education and it focuses on mental health efforts in schools. Mr. Herman reported tobacco use is a primary marker for behavioral health concerns among students. Therefore, the CSHSO staff is offering youth mental health training to administrators and school

staff to help them learn the signs of mental health distress and how to provide help, support, and resources. The training is intended for non-mental health professionals. He highlighted Ms. Planche as one of the trainers.

Ms. Planche indicated that the training offers another opportunity to highlight the association between tobacco use and other health issues among youth and the interaction of tobacco use with other behavioral health concerns.

Mr. Herman reported that CDE's TUPE program in the Los Angeles County Office of Education (LACOE) had its second annual Youth Advocacy Leadership Conference on January 12, 2016. He indicated the purpose of the programs and the subsequent conference is to work with students on communicating with city councils, creating video messages, developing photo-documentation and print media, and reaching target populations. He indicated that approximately 250 middle and high school students attended the conference which took place at the California Endowment Center. He reported that some of the presenters included the California Youth Advocacy Network, Friday Night Live, and LACOE staff presented information on skills-building and strategies for effective education and advocacy.

Mr. Herman highlighted the Marijuana Prevention Summit for Educators that took place on January 7, 2016 at the Orange County Department of Education. He indicated the summit included 160 participants. Mr. Herman added that presentations were provided on the following topics: ensuring clear policies in prevention efforts, youth development activities, research-based programs, and intervention and cessation plans. Mr. Herman indicated that the impetus for this summit was an interest in the intersection between tobacco and marijuana that was generated by the Joining Forces conference. Mr. Herman stated that this was another example of cross-agency collaboration that has been encouraged by the success of the Joining Forces conference.

Mr. Herman shared that CDE continues to maintain a monthly call with its county TUPE coordinators. The technical assistance trainer for the California Healthy Kids Survey (CHKS), Duerr Evaluation, sits on these calls to provide updates, share resources, and announce upcoming trainings regarding the CHKS. He also indicated the California Healthy Kids Resource Center (CHKRC), which serves as the CSHSO materials warehouse and resource center, also joins the calls to provide updates and announcements. CHKRC maintains a library on research-based activities that have been shown to be effective in preventing drug and alcohol use, violence, bullying, etc.

Mr. Herman reported that CSHSO's 58 county technical assistance providers have all completed their annual evaluation reports. Mr. Herman also added that CSHSO previously received 14 applications for the Cohort L Tier 1 TUPE grant. He indicated the Tier 1 grants are the least complex grants with the primary requirement of having a tobacco-free LEA and implementing the CHKS. He also indicated the CSHSO staff reviewed and scored the applications during the first week of December 2015.

Mr. Herman reported the letters of intent for the Cohort L Tier 2 Request for Applications were received by January 8, 2016. He indicated CDE received 27 applications, requesting a total amount of \$13.5 million.

Mr. Lagomarsino added that if all applications achieve a passing score, there would be a funding shortfall of \$13.5 million since only \$10 million is available to fund the grants.

Mr. Herman further added that if the tobacco tax initiative is placed on the November 2016 ballot and passes, additional funds would be available for Tier 2 applications, including the possibility of a return to funding for all LEAs.

Mr. Herman reported on the Alternative to Suspension (ALT) program and the “No on Tobacco” facilitator training which was conducted on January 20, 2016 at the Kern County Office of Education. He indicated the training for the “No on Tobacco” program was conducted by the American Lung Association. Mr. Herman also indicated the ALT program is an option to students who face suspension for violating the school tobacco-use policy. He added that the program supports Local Control Accountability Plan. Mr. Herman shared there are focused efforts at CDE to reduce suspension rates because the students who are suspended may be the most in need of help from the adults at their school because a 5-day suspension for a tobacco use violation disconnects the youth from the help they may need. He reported that CDE is also examining the disproportionate number of minority students who are suspended compared to their white counterparts.

Mr. Herman shared that Proposition 46 (AB 527) has provided funding that can be used support CDE’s effort to improve school climate and increase graduation rates and reduce incidents of violence.

Mr. Herman shared information on the Safe and Supportive Schools Grant. He indicated the program has led to decreases in violence and in alcohol use during the last 30 days. He reported the focus of the program is on improving relationship on campus and improving the school climate.

Mr. Herman reported that the Superintendent of Public Instruction, Tom Torlakson, issued a news release opposing the use of e-cigarettes by youth.

Ms. Planche thanked the American Lung Association for inviting CDE to the press conference to launch the tobacco tax initiative. She indicated Superintendent Torlakson was able to attend and give remarks to the media.

Mr. Herman reported that Youth Risk Behavior Survey (YRBS) data will provide weighted data on youth risk behavior in California. He also pointed out this will be the first time the California YRBS data can be compared to other states, specifically the weighted tobacco use data.

### **General Discussion**

Dr. Ong inquired if there was anything that TEROC could do to assist with the execution of the contract.

Mr. Herman thanked Dr. Ong for the support from TEROC, but indicated there was not more TEROC could do. He also indicated the issue was a matter of waiting for the process to finalize.

Ms. Etem inquired about how the delay in the execution the grant impacted the other agencies involved.

Mr. Herman responded that UCSD started to receive funds from CDPH and UCOP to begin the work outline in the grant. He added that the original start date of October 1, 2015 had been maintained in the CDE contract.

Mr. Lagomarsino pointed out this was the first time this type of collaborative funding had been attempted and this presented challenges for the CDE budget office.

Ms. Bauman pointed out that these training are also being conducted in Stanislaus County through local Prevention and Early Intervention monies. She recommended that Ms. Planche contact other county offices of education to ensure trainings are not duplicative.

Dr. Ong suggested that CSHSO reach out to CDPH and its OHE to inquire about opportunities to collaborate on the issue of behavioral health and tobacco use and to suggest the inclusion of more tobacco content in their behavioral health materials and training.

Ms. Planche indicated she would reach out to Ms. Roeseler and Ms. Hagaman to discuss collaboration opportunities.

Mr. Herman clarified the training is not tobacco-focused and that it is funded through another program at CDE, but CDE would still encourage the developer of the trainings to incorporate information on tobacco use and its intersection with behavioral health.

Dr. Baézconde -Garbanati inquired about whether agencies would need to re-apply for funding in the event that the tax initiative passes, given that it would be a short time-frame.

Mr. Herman responded it would be theoretically possible to stop the funding cycle mid-stream and to have agencies reapply. However, this had not been determined yet.

Dr. Starr inquired about whether the ALT training is offered statewide.

Mr. Herman responded that it is not offered statewide by CDE.

Dr. Starr followed up with an inquiry about whether the ALT training was offered elsewhere in Kern County.

Mr. Herman responded that it has been offered at other times, but not by CDE. He further indicated other efforts have been used that require the principals to

use other means of altering behavior prior to suspension the student for violating rules.

Ms. Bauman added there is a program called Positive Behavior Intervention Support that has a component promoting in-school suspension over keeping students out of the schools.

Ms. Kelley shared that the ALA conducted a training for Poway Unified School District and that the training focused on exploring behavior and why kids smoke or use other drugs.

Dr. Baezconde-Garbanati inquired about whether trainings were provided in a “gender-sensitive way” that was inclusive of LGBT.

Ms. Planche responded that the American Lung Association conducted the training and that she would follow up with them to get specific information about how this was addressed and pass the information on to TEROC members.

Dr. Ling inquired about the inclusion of diversity and low-income status as a consideration in the evaluation of the grant applications.

Mr. Herman responded that a total of 10 points were available to applicants from low socioeconomic status districts. He added that \$1 million was set aside for rural school districts and that applications can come from individual districts or from consortia of districts.

#### **9. UNIVERSITY OF CALIFORNIA OFFICE OF THE PRESIDENT TOBACCO-RELATED DISEASE RESEARCH PROGRAM REPORT**

Dr. Bart Aoki and Dr. Tracy Richmond-McKnight presented on behalf of the Tobacco-Related Disease Research Program (TRDRP).

Dr. Aoki reported that applications for the TRDRP Cycle 25 applications were received in February and March of 2016 and the application were being sent out to reviewers. Dr. Aoki added that the community practice awards were expanded to include health centers and behavioral health centers. He indicated the notification of awards will take place in May 2016, with a start date in July 2016. Dr. Aoki pointed out that the applications for e-cigarette research have grown exponentially, with 26 applications submitted in 2016 compared to zero in 2012. He also reported that a total of 110 applications were received in the 11 research categories.

Dr. Aoki reported that Dr. Shu-Hong Zhu, principal investigator for the TUPE Evaluation grant held the first community advisory board meeting for the project and plans to present to TEROC at the June 9<sup>th</sup> meeting.

Dr. Aoki informed the committee that a live webcast will be conducted on May 26, 2016 that will address marijuana and e-cigarettes. He highlighted the presenters and topics to include Kelvin Choi Ph.D., National Institute of Minority Health and Health Disparities: Risk-continuum categorization of product use among U.S. youth tobacco users; Susan Weiss, PhD, National Institute on Drug Abuse: Biological and neurological effects of nicotine and marijuana; Suzaynn Schick,

PhD, University of California San Francisco: Status of science on exposure to smoked and aerosolized tobacco and marijuana; Mary Rezk-Hanna, NP, University of California Los Angeles: Toxicological footprint of smoked and aerosolized hookahs; and Kenneth Warner, PhD, University of Michigan: Implications of disruptive changes for research and tobacco control.

Dr. Aoki added that on February 1, 2016 there was a UC system-wide task force meeting on the intersection of e-cigarettes and marijuana, and that President Napolitano has a personal interest in this topic. He indicated that President Napolitano expressed interest in this research area.

Dr. Aoki reported on plans for disseminating policy-relevant research. He indicated a plan was in progress which would include gathering information about the: *Cost of Smoking for California's racial/ethnic communities*, Principal Investigator: Wendy Max, UCSF; and *Economic impact of tobacco taxes on African Americans*, Principal Investigator: Hai-Yen Sung, UCSF that would be included in the dissemination of policy-relevant research. He further indicated dissemination is scheduled to be completed during summer of 2016.

Dr. Aoki reported on pending recommendations from the Scientific Advisory Committee (SAC) on the economic and health impact of California cigarette taxes (e.g., the 2016 update) and a series of white papers on tobacco-related health disparities in California's priority populations. He indicated the White Papers will be written by teams to include a researcher, community leader, and a policy-maker. He further indicated the white papers will share the collected data, provide evidence-based solutions proposals, and if additional funding is available the proposal will be used to inform policy-makers about tobacco-related disparities.

Dr. Aoki indicated that TRDRP hoped to have updated modeling data available in September 2016 for a coordinated release in Southern California, similar to how the *Cost of Smoking* report that was released and how it promoted results of the economic and health impact of cigarette taxes. He indicated the release would also include one or two White Papers on health disparities. He shared that the future plans also include supporting the release of new data in peer-reviewed journals.

Dr. Aoki reported that UCOP's Research Grants Program Office (RGPO) has been developing communication vehicles. He indicated the RGPO released an e-newsletter to approximately 8,500 recipients in January 2016 which highlighted state-funded research conducted through the RGPO. He shared that one of the programs highlighted was the TRDRP research. He also reported the RGPO has also created a program YouTube channel, which will be populated throughout the year and will be highlighted in the RGPO e-newsletter. He indicated the YouTube content would include cost of smoking data, highlight the promise of early detection of cancer, and highlight the presence of smoking images in video games.

Dr. Aoki also reported that there is new content on the TRDRP website including presentations from the Joining Forces conference.

Dr. Richmond-McKnight reported that in 2014 a strategic plan was developed, which included conducting stakeholder and SAC meetings. This process led to a recommendation to develop a targeted initiative on e-cigarettes and other new products that did not duplicate efforts undertaken by the Tobacco Centers of Regulatory Science (TCORS). Dr. Richmond-McKnight indicated that the potential topics identified included nicotine studies in humans, and co-use of nicotine and other drugs (marijuana, alcohol, etc.) that focused on the developing brain.

She indicated that at the same time the strategic plan was being developed, the National Institutes of Health (NIH) released its Adolescent Brain Cognitive Development (ABCD) Research Initiative. She reported the ABCD is a National, multisite, prospective, longitudinal study of the neurodevelopmental and behavioral effects of substance use, including nicotine, alcohol, marijuana, and opioids. She indicated the initiative is enrolling 10,000 substance-naïve children (9-10 year-olds) and will follow them for 10 years with regular bio-specimen collection, neuroimaging every two years, and behavioral assessments. She further indicated the grants to support the ABCD research were awarded in October 2015.

Dr. Richmond-McKnight described the complex organizational structure of the ABCD Consortium, which includes research sites and coordinating centers. She reported the coordinating centers coordinate the entire grant; they do not conduct participant recruitment or research. She indicated that both coordinating centers were awarded to UCSD. She further indicated there are eleven other research sites throughout the U.S., including a large number at California universities. Dr. Richmond-McKnight stated that adding California-specific aims/projects was explored, but it was determined that this would disrupt the consortium cohesion, and the idea was abandoned.

Dr. Richmond-McKnight discussed the evolution of the TRDRP New Tobacco Products (NTP) Initiative: Impact of NTPs on the developing brain. She reported that some of the questions addressed through the initiative included: What is the goal of the NTP Initiative?; Where are the current gaps in research?; and Are we already addressing the need?

Dr. Richmond-McKnight reported that TRDRP did internal research on funded projects and publications associated with NTPs. She reported the research found that TRDRP is one of the primary entities funding research on NTP, supporting approximately 21 projects, the National Institutes on Drug Abuse (NIDA) supporting 8 projects, the National Cancer Institute (NCI) supporting 6 projects, the National Heart, Lung and Blood Institute (NHLBI) and the National Institute on Child Health and Human Development (NICHD) each supporting 2 projects, and the Tobacco Centers of Regulatory Science (TCORS) supporting 5 projects. She indicated the funding amounts provided by TRDRP is very competitive, at \$6.2 million compared to \$6.6 million for NIDA. She further indicated that TRDRP funds biomedical sciences, toxicology, social/behavioral sciences, neurosciences and policy.

Dr. Richmond-McKnight pointed out that the social/behavioral sciences category has the fewest number of projects and smallest dollar amount (\$1,874,032) of all

four categories and therefore could be a potential area of focus for the new TRDRP initiative. She added that because TRDRP received 26 applications with NTP as a research topic during the current cycle TRDRP decided that development of the NTP initiative should be placed on hold until the current funding cycle is completed.

Dr. Richmond-McKnight also gave an update on the collaboration between the UC and Historically Black Colleges and Universities, known as the UC-HBCU Initiative. The goal of the initiative is to improve the representation of African-Americans in UC graduate programs, particularly Ph.D. programs, by investing in relationships and efforts between UC faculty and HBCUs. The initiative utilizes two grant mechanisms: summer internship grants for one-to-two years and Pathways grants for three years.

Dr. Richmond-McKnight indicated that in 2015, TRDRP circulated an announcement regarding the UC-HBCU initiative to TRDRP investigators at UC campuses. She reported that unfortunately no tobacco-related proposals were submitted. She added that in 2016 TRDRP has taken a more hands-on approach, including offering proposal development support to potential applicants, including: providing advice on program/project design, facilitating connections with faculty, staff, and resources at HBCUs, and informing applicants about existing resources at their home institutions. Dr. Richmond-McKnight stated that this more intensive approach, which started in November 2015, has resulted in two applications being in progress for 2016 and one for 2017.

Dr. Aoki added that there are plans in place to expand the initiative to include Hispanic Serving Institutions and Tribal Colleges and Universities. He added that TRDRP is providing funding for successful grants for tobacco-related research.

Dr. Aoki provided due dates for applications as well as dates for upcoming events, including:

- Community Practice-Based Research Planning Awards Applications due: February 24, 2016
- TRDRP Application Reviews: February-March 2016
- UC-HBCU Applications due: March 15, 2016
- New Paradigm Webcast: May 26, 2016

### **General Discussion**

Dr. Max inquired about how TRDRP defines NTPs.

Dr. Richmond-McKnight responded that NTPs include e-cigarettes, hookahs, little cigars and cigarillos, and emerging tobacco products, such as heat-not-burn cigarettes and nicotine inhalers. She added that she sometimes refers to these products as “new nicotine products” which may be a more inclusive term to use.

Dr. Max inquired about the decrease in TRDRP applications and funding over the years and what they believed attributed to that decline.

Dr. Aoki responded that this can be attributed to declining funding levels. A second reason is the announcement of new priority mechanisms, including eliminating funding for dissertation proposals.

Dr. Richmond-McKnight added that a third reason is that awards are being funded for fewer years.

Ms. Etem inquired about the TRDRPs goal in terms of building a pipeline with the UC-HBCU initiative.

Dr. Richmond-McKnight responded that the aim is to have at least one Pathways award funded and have the scholar work with an addiction center or a tobacco center of excellence where they can learn early in their academic careers how to conduct tobacco research. She further indicated the goal of TRDRP is to diversify the tobacco research field by attracting students from HBCUs and other minority-serving institutions into doctoral programs on UC campuses.

Dr. Ling pointed out that she did not think that the NCI large investment in policy shown on the "Grants in New Tobacco Products: CA" chart was the Legacy Tobacco Documents Library. She added that although the Library is receiving funding from NCI, she did not believe that is as much funding as shown on the chart. Dr. Ling indicated that the policy awards shown on the chart might be a part of the State Community Tobacco Control Initiative.

Dr. Aoki concurred and added that The State Community Tobacco Control Initiative would possibly be ending soon.

Dr. Ling stated that the initiative would be ending in July 2016, and that this would mean that funding for policy work would be decreasing. Dr. Ling suggested that TRDRP take this into account in its future funding decisions.

#### **10. Public comment**

There were no public comments.

The meeting was adjourned at 3:06 pm.