

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

Meeting on January 23, 2007
California Department of Education
1430 N Street
Sacramento, CA

MEMBERS PRESENT:

Bruce Allen, Lourdes Baézconde-Garbanati, Theresa Boschert, Alan Henderson, Susanne Hildebrand-Zanki, Kirk Kleinschmidt, Dorothy Rice, Stella Aguinaga Bialous, and Peggy Uyeda

MEMBERS ABSENT:

Gregory Franklin and Rod Lew

OTHERS IN ATTENDANCE:

Frank Albert, BUILT
Eric Astacaan, Assembly Speaker's Office
Kimberly Bankston-Lee, Community and African American Tobacco Education Partnership (AATEP) member
Nancy Barrera, Office of Legal Services, California Department of Health Services (CDHS)
Rosa Barahona, University of Southern California, Keck School of Medicine, Hispanic/Latino Tobacco Education Partnership (H/LTEP)
Francisco Buchting, Coalition of Lavender Americans on Smoking and Health (CLASH)
David Cowling, Chief, Evaluation Unit, Tobacco Control Section (TCS), CDHS
Ken DaRosa, Department of Finance (DOF)
Shirley Dellenback, Chief, Library and Information Services Unit, TCS, CDHS
Narinder Dhaliwal, California Clean Air Project
Kathleen Dong, Budgets, CDHS
Roger Dunstan, Senate Health Committee
Edgar Ednacot, Asian American and Pacific Islanders Partnership (AAPI)
Steve Forsberg, Legislative and Governmental Affairs, CDHS
Justin Garrett, Center for Tobacco Policy and Organizing (CTPO), American Lung Association of California (ALAC)
Timothy Gibbs, American Cancer Society
Bob Gordon, California Lesbian, Gay, Bisexual, and Transgender Tobacco Education Partnership
Tobacco Education Partnership
Larry Gruder, Tobacco Related Disease Research Program, University of California
Tonia Hagaman, Chief, Local Programs and Special Projects Unit, TCS, CDHS
Lindy Harrington, Budgets, CDHS
Colleen Haydon, California Youth Advocacy Network (CYAN)
Carlene Henriques, Sacramento County Local Lead Agency
Dean Hoaglin, American Indian Tobacco Education Partnership (AITEP)
Kim Homer Vagadori, CYAN
Myesha Jackson, Senator Darrell Steinberg

Dian Kiser, Resources and Education Supporting People Everywhere Controlling Tobacco (RESPECT) - American Lung Association (ALA)
John Lagomarsino, California Department of Education (CDE)
Rebecca Lee, DOF
Donald Lyman, Chief, Chronic Disease and Injury Control Division, CDHS
Carolyn Martin, Consultant, RESPECT
Carol McGruder, URSA Institute – C.U.S. Project and AATEP Advisory Committee member
Francisco Michel, Program Consultant, Local Programs and Priority Populations Unit (LPPPU), TCS, CDHS
Jamie Morgan, American Heart Association
Joe Munso, California Health and Human Services Agency
Greg Oliva, Chief, Strategic Planning and Policy Unit, TCS, CDHS
Immauri Patterson, AATEP
Cecilia Portugal, H/LTEP
Steven Rickards, CLASH
Andréa C. Rios, H/LTEP
April Roeseler, Chief, Local Programs and Evaluation, TCS, CDHS
Meredith Rolfe, CDE
Raul Salazar, AITEP
Robin Shimizu, Assistant Chief, TCS, CDHS
Sharla E. Smith, CDE
Colleen Stevens, Chief, Media Unit, TCS, CDHS
Kimberly Weich Reusché, CTPO, ALAC
Elizabeth Winward, Program Consultant, LPPPU, TCS, CDHS
Greg Wolfe, CDE

1. WELCOME, INTRODUCTIONS, AND OPENING COMMENTS

Tobacco Education and Research Oversight Committee (TEROC) Chairperson Kirk Kleinschmidt called the meeting to order at 10:35 a.m. He informed the group that there had been two resignations to TEROc – Ron Arias and Deborah Sanchez and that Greg Franklin would not be able to attend today's meeting. Each of the Committee members introduced themselves. Members of the audience also introduced themselves and identified their affiliations. The Chairperson informed the members that Superintendent O'Connell would not be able to attend today's meeting. Through consensus of the members, the next meetings were scheduled for May 17, 2007, in Sacramento and September 11, 2007, in a location to be determined.

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

The minutes of the November 14, 2006, TEROc meeting were unanimously approved without edits. The Chairperson discussed the incoming and outgoing correspondence found in member packets. One piece that was inadvertently left out was distributed to members. It was dated December 13, 2006, from Neal D. Kohatsu, MD, MPH, Chief, Cancer Control Branch, California Department of Health Services (CDHS), to Kirk Kleinschmidt regarding the Helpline question that was discussed at the November 2006 meeting. Other letters included: one from the Gay and Lesbian Medical Association (GLMA), Ron Arias' resignation, a couple of letters from the Priority Population Partnerships umbrella group to Secretary Belshé dated December 19, 2006, one from the Asian Pacific Islander American Health Forum dated December 20, 2006, to Secretary Belshe, a letter to Superintendent O'Connell supporting the Task Force recommendations and an invitation to today's meeting,

a letter from Dr. Kohatsu to Mr. Kleinschmidt regarding conflict of interest dated December 28, 2006, a letter from the Smoke-free Marin Coalition dated January 10, 2007, on underserved populations, a letter acknowledging Bill Ruppert's service to TEROC, thank you letters to last meeting's presenters, and three letters to the current Presidents of the voluntaries thanking them for their leadership efforts on Proposition (Prop) 86. Dr. Hildebrand-Zanki requested that members receive the letters in advance of the meeting.

There were no announcements.

The Chairperson reviewed the environmental developments.

- The change of political leaders in Washington D.C. has resulted in parts of the Capitol going smoke-free. The Chairperson asked members if TEROC could send a letter of acknowledgement to Speaker Pelosi encouraging her to go further in creating a smoke-free Capitol. The members agreed.
- There was confirmation from Harvard University that nicotine levels are going up in cigarettes. This is a follow-up from a Massachusetts Health Department study that made the same findings last summer. This is perhaps taking place as people are smoking less, the industry is looking to put more nicotine in cigarettes to maintain addiction.
- With the November elections, a few more cities and states became smoke-free. According to the Americans for Nonsmokers' Rights database, 53 percent of the United States population lives in a smoke-free city or state. Nationwide, there are 116 local comprehensive smoke-free ordinances. In May 2007, Arizona will be smoke-free and in September 2007, Houston will be smoke-free.
- The University of California (UC) Regents debated last week. The idea is to adopt a policy not to take tobacco money for research. TEROC has supported this policy and sent letters to the Regents indicating our support. It is particularly significant that we now have two new proponents of the policy – Richard Blum and John Moores who are well respected in their various communities and quite influential. The Chairperson would like to send a letter to Mr. Blum and Mr. Moores acknowledging their work and asking if there is anything TEROC can do to support the policy. The members agreed.

3. Follow-up on CLASH Discussion Item from November 14, 2006 Meeting

The Chairperson reminded members that TEROC received a letter from the GLMA prior to the November 14, 2006, meeting. The letter precipitated a long discussion regarding asking a sexual orientation question during California Smokers' Helpline (CSH) intake. TEROC discussed it and passed two points that were brought to CDHS staff attention by Coalition of Lavender Americans on Smoking and Health (CLASH). Subsequently, the letter that the Chairperson referenced earlier dated December 13, 2006, from Dr. Kohatsu was a response to the TEROC vote. Dr. Kohatsu pointed out that the process was not handled well and that the issues should not have been voted on because they were not on the agenda. The Chairperson took partial responsibility. However, even though the Chairperson did not fully agree with Dr. Kohatsu's position, he wanted to entertain the idea of another vote of the two points to follow proper meeting etiquette. He asked if there were any concerns. Dr. Hildebrand-Zanki asked if another vote will count now that it is on the agenda. The Chairperson stated yes. Mr. Kleinschmidt repeated the motions from the November 14, 2006, minutes.

- 1) Recommend to the Tobacco Control Section (TCS) that the CSH begin to provide a minimum standard of care to the Lesbian, Gay, Bisexual, Transgender (LGBT) community by adding one sexual orientation question during its intake. (Unanimous vote in favor on November 14, 2006).
- 2) Stop the randomized control trial (RCT) and replace it with a standard pre- and post-program evaluation that is the norm in our business. (Vote was 5-4 in favor on November 14, 2006).

Dr. Hildebrand-Zanki moved that we vote again on the two questions. The first motion is to ask the question at intake. Theresa Boschert seconded the motion. There was no further discussion. All were in favor, and the motion passed. The second question is to stop the RCT and replace it with an evaluation study. Ms. Boschert seconded the motion. Lourdes Baézconde-Garbanati asked if the trial is still taking place. The Chairperson asked TCS staff. April Roeseler stated that all data collection including the follow-up has been completed. The Chairperson then questioned whether the request is moot, and perhaps this is a vote of conscience. The motion passed 5-4 (Those in favor – Ms. Boschert, Peggy Uyeda, Dorothy Rice, Dr. Baézconde-Garbanati, and Mr. Kleinschmidt; those opposed – Dr. Hildebrand-Zanki, Stella Aguinaga Bialous, Bruce Allen, and Alan Henderson).

4. TEROC Member Conflict of Interest – Law and Procedure

The Chairperson introduced Donald O. Lyman, M.D., from CDHS. Dr. Lyman introduced himself and then introduced Nancy Barrera, with the Department's Office of Legal Services (OLS). He stated questions had been raised as to some procedural matters with TEROC and that Ms. Barrera was here to present some procedural items for member consideration.

Ms. Barrera stated that TCS had asked for a brief presentation on conflict of interest. She reviewed the Conflict of Interest (COI) law in California. The Political Reform Act is the COI law in California. The Fair Political Practices Commission (FPPC) administers the Political Reform Act. The Commission provides telephone or written advice to public officials or their representatives concerning their duties under the Act and you can access their website www.fppc.ca.gov for additional information. The Act applies to public officials, who are defined as "Every member, officer, employee or consultant of a state or local government agency." (Government Code Section 82048.). This is a very broad definition and does encompass TEROC members. TEROC members are "officials" as you are appointed by the Governor, the Legislature, the Directors of various departments, some of you are employees of local or state government agencies, and you are all consultants by definition, as you provide advice and recommendations to the three agencies. For all purposes in regard to the Political Reform Act, TEROC members are public officials. COI rules apply generally in three instances. The first does not apply to TEROC members because you are advisory and do not make governmental decisions. However, you do participate in making governmental decisions by providing advice to TCS and you also influence governmental decisions by communicating with TCS which is a governmental decision maker.

When participating in government decisions, a public official may not take any part in a governmental decision in which the official has a conflict of interest, which is the bottom line. Additionally, a public official has a conflict of interest if it is reasonably foreseeable that the decision will have a material financial effect on the official or on a member of his/her family. Finally, the financial effect on an official's economic interest must be distinguishable from the financial effect of the decision on the public generally. This is factually based on a

case-by-case basis. Dr. Hildebrand-Zanki asked for elaboration. Ms. Barrera stated that the effect will have to be on the person and family directly. For example, a loan at a commercial institution where anyone can apply for a loan will not be considered a conflict because it affects the public in general and not just the official.

Financial or economic interests include a business entity, for example, with a direct or indirect investment worth \$2,000 or more, or a director, officer, partner, trustee, employee, or person with a position of management. It also includes: real property (interest worth \$2,000 or more); sources of income from employment (spouse income too); sources of gifts to the public official worth \$250 or more within 12 months of the decision making; and, personal financial effects (increase or decrease in income, expenses, assets or liabilities of official or immediate family).

Ms. Barrera stated that if you suspect a possible conflict of interest in participating in making a governmental decision, then you should contact TCS immediately. TCS will then work with OLS or FPPC. The OLS is legal counsel to TCS and ultimately to the Director and not to TEROC members. Finally, Ms. Barrera strongly recommends that members review the online training at the Office of the Attorney General's website (<http://ag.ca.gov/ethics>). The training is about an hour to an hour and a half and it is a good overview of general COI rules, for instance, the need to fill out a statement of economic interest form. Whenever in doubt about COI rules, please contact TCS. That concludes my presentation. Thanks for your time and good luck with your efforts to reduce tobacco use in California.

Questions for Ms. Barrera: Dr. Henderson stated that we may have members that are contractors. Ms. Barrera stated if members are taking salary from TCS then yes, that would be a conflict. However, each situation is reviewed on a case-by-case basis and if you believe there is a possibility of a conflict, please contact TCS.

The Chairperson stated that his work with a different state agency holds a huge distinction between an entity that makes advisory statements versus decision making, and that we are under the impression that the statement of economic interest is not required for people that are under advisory capacity. Ms. Barrera stated that the statement of economic interest forms are covered in a section of Government Code and that TEROC members are technically still public officials as consultants. The Chairperson stated that he used to be with a different advisory group for CDHS, and therefore, do the same rules apply to any CDHS advisory group? Ms. Barrera stated that she was not familiar with other groups and only researched the enabling legislation for TCS. The Chairperson thanked Ms. Barrera and stated that this information should be part of the orientation of new members.

Dr. Allen stated that Prop 99 enabling legislation requires that a member of TEROC should come from CDHS. How does that square with the COI rules to have a staff member of CDHS be a member of TEROC? Ms. Barrera stated that COI is determined on a case-by-case basis depending on the conflict. It would need to be addressed with TCS. Dr. Allen asked if this also applies to University of California (UC) and California Department of Education (CDE). Ms. Barrera stated yes, this applies to them because they are state employees and it applies to TEROC members also.

Dr. Henderson stated that Ms. Barrera's comments seem to involve the procedural issues that were brought up today. Do you recommend that TEROC put items on the agenda for one meeting and then vote on them at the next meeting? Is there some recommendation of how to address this? The Chairperson added that this is a difference between open

meeting laws and COI laws. Ms. Barrera stated that if members feel there is a conflict, they should contact TCS.

Dr. Hildebrand-Zanki wanted to go back to the issue of the employee of CDHS who sits on the TEROC committee. There is an implied COI because they are there all the time. She stated that she sat on TEROC, so there was a conflict a priori because she was heading the agency (the Tobacco Related Disease Research Program - TRDRP) that the Committee was overseeing. How do we square that with the fact that some of the members are conflicted because of who they are? Ms. Barrera stated that interpreting COI depends on the situation. She cannot provide specifics because each instance or interpretation is based on the situation. Dr. Lyman stated that we are not here to give you specific advice today, but to ensure that there are no gaffs in how we deal with business. The CDHS representative is statutorily provided and specifically authorized by the Legislature and Governor. My process as an individual is to abstain from the room and make sure that this is on the record. The Chairperson stated that we will have to seek your input and guidance because we may not always be sure what is a conflict, as some areas are gray. Given what I know, this advice is in conflict. Ms. Barrera stated that she is merely stating the definition of public officials. The Chairperson asked if it is possible to get a FPPC opinion. Ms. Barrera stated that TEROC would need to work with TCS on that opinion. Dr. Lyman stated that TEROC is an advisory group and is statutorily developed and in law. Many CDHS committees are loose and not statutory. The Chairperson asked if "contract" is the operative word or is everyone on this group a public official? Ms. Barrera stated that because you are TEROC members, you are falling under the public official definition. The Chairperson asked if there was any further discussion and there were no further questions for Ms. Barrera.

Francisco Buchting asked if there was a conflict of interest by going to TCS to seek their counsel? The Chairperson stated he was not planning on asking and believed that if TCS felt there was a conflict, then they would bring it up to TEROC members.

5. Budget Update

The Chairperson introduced Rebecca Lee and Mr. DaRosa from the Department of Finance (DOF), and gave the floor to Joe Munso. Mr. Munso introduced himself as being with the Health and Human Services Agency (Agency) and stated that he would talk after Ms. Lee and Mr. DaRosa about the Governor's Health Care Reform proposal as it related to tobacco cessation.

Ms. Lee introduced herself from DOF and stated that Mr. DaRosa was with her today and that they were going to give a quick summary of the Governor's budget. She began with current year adjustments to Prop 99 revenues that included an increase of about \$4 million (from \$335 million to \$339 million). The Prop 10 backfill estimate was reduced from \$15.7 million to \$14.3 million. Access for Infants and Mothers (AIM) funding was increased by \$4.8 million having to do with offsetting prior claims and an increase in caseload. We have also increased funding by \$4 million for Managed Risk Medical Insurance Board (MRMIB) to capture more "683" funding and to fund the increased waitlist. We have also increased funding by \$1.4 million for CDE for carryover of unspent funds.

For the 2007 Governor's Budget, they are estimating an increase of \$4 million over 2006 revenues (from \$339 million to \$343 million). There has been no change to the Prop 10 backfill. The Chairperson asked if that was because of the licensing

program and new tax stamp or because of more consumption of cigarettes. Ms. Lee stated her understanding was that there was a small upward adjustment due to the smoking population (18-64 smokers). The Chairperson clarified that it was a consumption increase and not licensing. Ms. Lee stated that it is a consumption increase, attributable to the growing population. She added that licensing and other programmatic changes have already carried forward and was larger in the past.

Ms. Lee stated that there was the removal of one-time increases for TCS media (\$4.3 million), Competitive Grants (\$1.3 million), and Evaluation (\$1.8 million).

There has also been an increase to Board of Equalization (BOE) fees. In fiscal year (FY) 2006-07 it is \$4.9 million and in FY 2007-08 it is \$6.5 million. The Chairperson asked if that was for all of Prop 99. Ms. Lee stated that the BOE fee is pulled directly from the main Prop 99 account and is taken first. The Chairperson asked why the funding increased in FY 2007-08. Ms. Lee stated it was due to funding the licensing program. Assembly Bill (AB) 71 allowed the licensing program to be funded from the surtax. AB 71 collected sufficient revenue to fund the program early on, but in out years it would need to be supplemented by Prop 99.

Ms. Lee stated that the charts reflect the split of the two departments, the California Department of Health Care Services (CDHCS) and the California Department of Public Health (CDPH). An additional line item backs out administrative costs from CDHS to CDHCS and CDPH. The programs themselves have not shifted.

The FY 2007-08 budget also provides \$7.3 million in new funding for the AIM program due to caseload increases and the ongoing impact of reimbursements from the Federal Government.

The Chairperson asked why there was a small increase to CDE. Ms. Lee stated it was a baseline adjustment to state operations, based on price increases. The Chairperson asked why other programs would not receive similar increases. Ms. Lee stated in a general sense, if a majority of funding is for local assistance, than adjustments would not be as large. The majority of CDE funding is for local assistance. They have \$941,000 for state administration and the rest of their budget is for local assistance (almost \$19 million). The increase is for the small percentage of state operations that are in their overall budget.

Ms. Lee stated that if members had questions they could feel free to contact her or Mr. DaRosa.

The Chairperson asked if AIM funding will always increase? Ms. Lee stated that it is just an estimate given the caseload driven programs and should be one-time only. The Chairperson asked for an explanation once more on the split between the Departments? Ms. Lee stated that on page four of her handout, we have different sections for CDHCS and CDPH. CDHCS has orthopedic hospitals, early access to primary care, children's hospitals, and state administration that was previously in CDHS and CDPH has breast cancer early detection, asthma, comprehensive perinatal outreach, etc. This chart helps explain the split in the Departments and where the programs are going.

Larry Gruder stated that the UC TRDRP Prop 99 Research Account (RA) shows an unrestricted reserve of \$2.7 million. Other accounts have reserves that are smaller. The RA

is 11.18 percent of the beginning balance while other reserves are in the red. The RA reserve has grown by 50 percent from last year. Dr. Gruder stated, "We discussed that last year and I spoke with Mr. DaRosa, and DOF increased the allocation by \$300,000. The money in the RA can only be used for research on tobacco-related disease. Why cannot the reserve be appropriated to UC for TRDRP? That is what the voters intended. I am curious as to why it grew by 50 percent, nearly \$1 million. The mission of TRDRP is to fund research to improve the health of Californians by reducing tobacco use, reducing exposure to tobacco smoke, and developing new approaches for the early detection and treatment of tobacco-related disease. Scientists have submitted proposals that are found to be excellent in the peer review process and we cannot fund them. You can tell from the frustration in my voice that it would be helpful to appropriate this money for research. Why has it increased and how can we get that money appropriated in the budget year?"

Mr. DaRosa stated that Dr. Gruder is correct. In last year's budget, there was \$1.5 million in reserve and the previous year was \$3.4 million. DOF wanted a modest increase in the reserve, but we are moving back up. As the revenues shake out, the amount in the reserve may go down. There is the option to release more of the \$2.7 million that is in the reserve now in the May revision. The money is exclusive for the purpose of tobacco-related research and the administration would support the use of the reserve for that purpose.

The Chairperson asked if DOF was looking for continuity in the reserve. Mr. DaRosa stated that the concern is that if we release too much of the reserve and the revenues fall, than we may have to cut funding. If the data suggests that we are maintaining continuity in the funding, then we could release more money for research.

Dr. Hildebrand-Zanki stated that the rationale for looking at what gets appropriated is to ensure equal funding with no wide variations. Yet, many of the Prop 99 accounts are in deficit and the proportion held back for the RA is 11 percent of the revenue. Why are some in deficit, and the RA has such a large reserve? It appears that \$2 million should be expendable. Mr. DaRosa stated that would be true if the pattern holds steady. However, it has fluctuated and this begs an understanding of the trend. Dr. Hildebrand-Zanki asked why do other accounts have low reserves? Ms. Lee stated that with AIM, there were payments that needed to be made to the federal government, so we look and see what funding is available to remedy that problem and we looked at the Hospital Services Account, the Physician Services Account, and the Unallocated Account (UA). These are the three funds that are running reserves in the red to solve the problem in AIM. We are restricted in the accounts to what programs we can fund. We maximize the resources to fund the programs sufficiently. Dr. Hildebrand-Zanki stated that DOF should spend the money on research rather than waiting three years to see if the money is available. Dr. Henderson endorsed Dr. Hildebrand-Zanki's recommendation because the funding has a significant impact on the investigators. These are folks who devote their time and effort to research and if we cannot get them, they will move on to other pursuits. We will suffer in terms of in tobacco related research.

Mr. DaRosa appreciated that and he stated that last year, he and Dr. Gruder worked together. He informed TEROC that DOF does not initiate this on their own, and they need to know that UC needs this. The DOF role is oversight of the fund and that the revenues are where they should be. It is the responsibility of UC to request changes.

David Cowling asked whether the consumption figures among the 18-64 smoking population increasing was correct? Ms. Lee stated that the consumption was not necessarily

increasing, but that the number of people in this age group is increasing, so the model is that if that population increases than the assumption is that the tobacco use increases.

The Chairperson introduced Joe Munso. Mr. Munso stated that the Agency would also have discussions with DOF on the TRDRP account. In terms of Governor's Health Care Reform efforts, there is a lot of information out there in terms of the plan, shared responsibility, and how we will fund coverage issues and Medicare rates. Also, prevention is an important activity. There are components that relate to diabetes and interventions related to reducing it. Additionally, there is an effort on obesity prevention expanding on the Governor's efforts that began a few years ago. There are also efforts related to tobacco cessation activities and other areas to prevent deaths associated with the use of tobacco. A lot of these proposals are still in flux, they are visions in terms of what will be the overall plan. The diabetes effort is in the financing chart and is part of a ten-page paper that relates to the Governor's plan. In the next few months there will be more about the proposals. They are not currently in the budget. They will either work through the budget or legislative process and we will try and move the proposals as a package. They are open to negotiations with both political parties. The Governor has put out a fairly comprehensive financing plan. Additionally, Senator Perata and Assembly member Nunez have plans too. We envision a process to bring them all together. The Governor wants a prevention component to reduce use of health care services. As we move forward, we will share it with people.

The Chairperson asked if more details could be provided on the cessation proposal? Will there be new programs or an expansion of existing programs. Mr. Munso stated probably both. We have the cessation efforts at the state level through the 800 line (California Smokers' Helpline) which has been greatly accessed by publicly insured people. We also know that there are a number of efforts that the private health plans have in place. What we want to do is encourage both – additional public investment in our cessation activities and encourage more activities and investment on the private side as well. For instance, we could look at the top ten health plans in California and look at their activities that relate to cessation and create some reports that can be disseminated on the Internet. We also want to see how those programs compare with what we are doing on cessation. We also want to determine what is the right level of investment in cessation. Of the 3.8 million adult smokers, we suspect that about 1 million are uninsured, so where will they get their smoking cessation services.

The Chairperson stated that the next TEROC meeting is not until May, but that TEROC would love to provide input. Mr. Munso stated that we did not have a good idea as to when this proposal will roll out in the Legislature. We put nothing in the budget, as it is separate from the budget. If we have something that will be proposed for the Spring, we will give Dr. Lyman a heads up so that he can communicate to you. To the extent that we can get informal feedback, we would appreciate it. We do not know if there will be separate hearings or conference committees.

Dr. Henderson stated that funding for cessation programs is tertiary, yet the best results have been from primary prevention efforts. More funding for cessation may yield diminishing returns. The real concern is that there are limited funds. Was there consideration for other prevention efforts? Is it appropriate to work with TCS staff to review funding recommendations and to then give advice. Mr. Munso stated that it would be helpful to prioritize the funding for best investment. Dr. Hildebrand-Zanki stated that there were a couple of efforts that focused on cessation in California, namely from Steven Schroeder at

UC San Francisco (UCSF). Lots of work has been done over the last five years on cessation and TCS is aware of it.

The Chairperson reflected on the fact that CDHS Director Shewry presented to TERO on the Department reorganization. He asked if there was any more sense on the budget neutrality of the reorganization and its effect on TCS. Mr. Munso stated that the Governor's budget reflects the transfer of the departments and details the impact. The new CDPH will be going through growing pains. Budget neutrality did affect redirecting positions, but he was not sure if it hit TCS. The new departments will be up and running on July 1, and we believe there will be minimal impact on Prop 99. The Chairperson asked if the UA was a big resource of funding for the reorganization. Mr. Munso stated that there was probably minimal impact on Prop 99. Ms. Lee stated that funding is still allocated to the specific accounts and still goes to the same programs regardless of Department. State administration was divided to the programs in CDPH and CDHCS, but the overall level did not decrease because of the split.

Dr. Lyman stated what you heard from DOF and the Agency is very good news. The Governor is not only talking about prevention but doing something about it. The process this proposal will travel upon is soft and undefined. It may have trouble politically. The prevention piece may be at most jeopardy as this process unfolds. What we can do is indicate support for the Administration's proposal. The American Cancer Society (ACS), American Heart Association (AHA), and American Lung Association (ALA) are sending letters of support. Your support would be attractive to the Governor and the Legislature.

The Chairperson suggested writing two letters.

- 1) To the DOF with a specific request on releasing funds from the TRDRP budget reserve.
- 2) To the Governor in support of the cessation proposal and our desire to be involved in the process.

The letters would be copied to the Legislature.

Dr. Henderson moved that we write the letters. Dr. Hildebrand-Zanki seconded the motion. There was no discussion, and all voted in favor of writing the letters.

6. Legislative Update

Kimberly Weich Reusché introduced herself from the Center for Tobacco Policy and Organizing at the American Lung Association of California. She also introduced their new Policy Coordinator, Justin Garrett. Ms. Weich-Reusché is standing in for Paul Knepprath.

She stated that the Legislature convened on December 4, 2006, to start the first year of a two-year session. There are three bills thus far.

- Senate Bill (SB) 4 (Oropeza) prohibits smoking on state beaches and parks. It levies a \$250 fine for each violation. It does not cover parking lots and no enforcement agency is listed.
- SB 7 (Oropeza) prohibits smoking in cars with minors. It is known as the Marco Firebaugh Memorial Children's Health and Safety Act of 2007. What distinguishes this bill from Assemblyperson Koretz's Assembly Bill (AB) 379 last year is that it covers all minor children 17 and under. AB 379 covered children six years and under and in safety

seats. AB 379 passed in the Senate last year and failed in the Assembly. SB 7 has a fine of up to \$100.

- SB 24 (Torlakson) increases the cigarette tax by \$1.90, effective January 1, 2008. California would have the highest tax in the country. New Jersey is currently the highest state at \$2.58 per pack. Chicago is the highest tax nationwide at \$3.66 per pack.

All bills need to be introduced no later than February 23, 2007.

Ms. Weich-Reusché then turned it over to Tim Gibbs. Mr. Gibbs introduced himself with ACS and stated that ACS, AHA, and ALA are looking at their next steps after the defeat of Prop 86. The current strategy is to pursue a legislative tax on tobacco. They are looking at other options as well and are still negotiating all options. The Governor had mentioned that tobacco prevention was a component of health care reform and we are looking at approaching a tax under those auspices also. Dr. Henderson thanked the voluntaries for quickly responding to a tax. He acknowledged it is hard when you lose, and that they are willing to pursue a tax and that should be commended.

7. University of California Tobacco Related Disease Research Program (TRDRP) Report

Dr. Gruder presented the TRDRP report. He stated that they received applications for their 16th grant cycle last week. The number of applications increased last year by 30 percent, but they declined this year. There were 212 this year as compared to 257 last year. Most of the decrease came in research career development, post-doctoral fellows, dissertation awards, and new investigator awards. This is just a one year change, but these awards build the human capital for the research infrastructure in California. The number of Community Academic Research Award (CARA) and School Academic Research Award (SARA) applications had no drop from the previous year. We want as many applications as possible. On the other hand without an increase in budget, we do not want to discourage researchers. These applications will be submitted for peer review in March, April, and May. Then the Scientific Advisory Committee (SAC) will make funding recommendations in June. They will start July 1, 2007.

SAC has begun a strategic planning process. They launched it to determine how to spend millions more (from Prop 86), but now the process will be to learn how to spend less money gradually over time and still make an impact on tobacco-related disease. Will seek input from stakeholders like TEROC over the next year. We will also seek input at our biennial conference here in Sacramento which takes place October 8-9, 2007. Input will also be collected throughout the state.

Dr. Gruder discussed the biennial conference that will take place at the Sheraton Grand in Sacramento. They are still working on the program. It will have a plenary session, scientific sessions on a variety of topics and primarily feature the investigators we fund. David Kessler currently of UCSF and formerly Commissioner of the Food and Drug Administration (FDA) will give the keynote address. It is timely because Congress is looking at giving FDA regulatory authority over tobacco products.

Dr. Gruder stated that they are still searching for a permanent director for TRDRP. There are a few candidates, but they are not actual applicants for the position. He mentioned at the last meeting that they are looking at other ways to structure the program, including perhaps a part-time director with staff support? He is optimistic we will find the right person, but it is taking time.

The Chairperson asked how does the number of applications compare to two years ago. Dr. Gruder stated that it is up 30 percent from the year before (approximately 190). It is a dramatic drop, but the bottom did not fall out. We have many proposals we are hopeful of funding. The Chairperson asked Dr. Gruder to work with him and staff to write the letter to DOF to release additional reserve funds.

Dr. Allen asked about the decline in the number of applications this year. Does the decline reflect the amount of money available? Dr. Gruder stated that right now, the amount is the same as last year. We never know what makes particular investigators apply or not. We are not sure why people are not applying. Some previous applicants were not relevant, so maybe they are not reapplying. Dr. Allen followed up by asking were there declines across all of the study sections. Dr. Gruder stated that staff are now sorting them out as they just came in last week. We do know that cardiovascular disease has fewer applications than last year.

The Chairperson asked if TRDRP received inquiries from their report to the Legislature? He stated rarely and they mostly get inquiries from the compendium. Some Legislators like to write letters of congratulations to investigators in their district that receive awards.

8. California Department of Health Services Report

Dr. Lyman provided the TCS report. He stated that we are aware of the good news and bad news from Prop 86. There have been favorable outcomes. Those programs that would have benefited had taken on planning for the money. It brought a rigor to program planning. The programs have planned and worked with constituencies and this has been productive for the Department, in both primary and secondary prevention. It has had a good result, as a result of the adventure. The second positive thing is that the Administration has heard the public's interest on the issues covered in Prop 86. We know why it failed, but we also know its strengths. The next step is what you have seen with the Governor's budget which very clearly slices out a prevention piece as part of health care reform and attached \$300 million. Regardless of the process, there is a fairly attractive, high level commitment to prevention. This is for the first time in two generations. Part of that is a fallout from Prop 86.

The Chairperson asked if his take is the same as DOF on UA regarding the split of CDHCS and CDPH. The official answer is no one will touch Prop 99. The sotovoci understanding is that special funds will be tapped in some ways. That is done in formal and informal ways. He does not expect that to compromise the program, but not surprised if it did in some manner. The Chairperson asked if that meant that we would not have vacancies filled. Dr. Lyman stated that usually there is a "tax" on special funds to support other program efforts. We all get taxed to support the front office. To think that the reorganization will not touch the program is unrealistic, it will impact it in some minor way.

Dr. Lyman stated that everyone had the 13-page report from TCS. He provided some highlights:

- TCS released the 2006 Tobacco Control Update.
- The Local Lead Agency (LLA) Guidelines will be released on February 5, 2007, and there will be a training shortly thereafter. The Chairperson asked for more details. Tonia Hagaman stated that the LLAs have been engaged for the past several months in the

Communities of Excellence (CX) needs assessment process, of which there was a training in September. Some of the changes to CX included sticking with several core indicators and we are adding in a priority populations (PP) asset and LLAs are being asked to create an objective from this asset. Dr. Allen asked for clarification on the CX training and the new guidelines. Ms. Hagaman stated the CX guide was revised and that was available at the September training. We conduct the training because of turnover in project directors and we remind everyone about the requirements. On February 5, 2007, the guidelines for writing their new plans were released, plans are due in April. Dr. Allen asked how many indicators were assessed and Ms. Hagaman clarified that 15 indicators are assessed for small counties, and 19 for large counties. Dr. Allen asked if all LLAs will be required to develop an objective around the priority populations asset and Ms. Hagaman stated yes and confirmed that this is a new requirement.

- Ms. Uyeda had a question about the Rover library services website. It sounds wonderful. At our last meeting, we had a presentation from the California Healthy Kids Resource Center (CHKRC). Is CHKRC going to be linked to Rover? How will people know about it? Shirley Dellenback stated that this will not be linked to CHKRC. Rover is different. This is an effort to build our internal library services. It is not yet ready. Ms. Uyeda asked if there will be an opportunity for collaboration between the two organizations and Ms. Dellenback stated yes.
- Dr. Lyman highlighted the release of a Request for Proposals for American Indian/Alaska Native data collection. It is due January 25, 2007. Additionally, TCS is pursuing an Interagency Agreement with UCSF on a Vietnamese Tobacco Use study. The Chairperson asked where are the monies coming from for the study? Robin Shimizu stated that it was from the one-time \$1.8 million augment to the Evaluation Unit.
- The Request for Application (RFA) for Priority Populations (PP) has been delayed. There is no time certain for release. It was supposed to be released yesterday. There have been several changes regarding the PP procurements:
 1. The Partnership structure has been proposed to be changed. Instead of having Partnerships, we will have two separate groupings:
 - PP interventions
 - Capacity Building Center for Diverse Populations
 2. The budget has been increased for the PP interventions, from \$3.9 million to \$5.3 million
 3. We have increased the number of PP from seven to nine
 4. The budget has been increased for the Capacity Building Center from \$1.2 million to \$1.8 million

Dr. Lyman stated that there was a group that will meet with the Director on Thursday, January 25, 2007, to discuss this. I would assume that after those discussions take place we will have direction in terms of what to do with the RFAs. The Chairperson asked if all of the current funded Partnerships would attend the meeting and Dr. Lyman stated he did not know.

Dr. Allen had a comment on the entire PP process. The number of PPs have grown substantially and include nine now. When we started with Networks there were three or four. We doubled the number and the amount of monies are not being doubled. His concern is that we keep expanding the number of groups that are considered PP without the necessary funds and that essentially we will come to a place in time when everyone will be a PP and we lost the meaning of why this was created in the first place.

- Dr. Lyman introduced Colleen Stevens to discuss the media campaign. Ms. Stevens stated that the media campaign is struggling to do more with less money. Media is bought based on media markets. There are 12 media markets in California, and currently we are only buying in 4 of them. Those four are Los Angeles, San Diego, San Francisco, and Sacramento. Eighty-five percent of the state's population live in those four areas. What we heard clearly in Prop 86 planning was that the rural communities are feeling that they are getting no support. What we have done is take some money and are now buying media in markets we have not bought since 2003. Tomorrow, we are focus testing all new ads in rural communities and run the ones that test the best. Rural communities are really happy because they have felt like they have gotten the short shrift. We believe we can buy media this Spring and then again in the Fall. The Chairperson asked where the extra money came from. Ms. Stevens stated that we stopped doing some other things and we had the \$4.3 million augment, so we are using some of that money. Starting next year, we live on only \$15 million. The Chairperson asked how you determine which of the eight media markets to focus on? Ms. Stevens stated that historically, we buy media in the most populated counties. For this buy, we will buy all remaining eight markets. The Chairperson added that this would be ripe for evaluation given that there has been no media there previously. Dr. Cowling added that TCS does have a plan in place to evaluate the media markets.
- The Chairperson asked about unspent money from the LLAs. What happens to monies? Robin Shimizu stated that our contract managers are reconciling cost reports with LLAs and we are figuring out how much money is left over. The monies are allocated on a formula and it cannot be applied to unspent prior year funding, so any money remaining goes back to the Health Education Account (HEA). The Chairperson asked how many counties are minimum funded. Ms. Shimizu stated that there are about 42 and the allocation has been stable with LLAs so there are no changes. Dr. Allen clarified that unspent LLA money comes back to the State. Does it get redistributed to LLA line item? Ms. Shimizu stated that it goes back to the HEA. It is complicated. LLAs are very different than a Competitive Grant (CG). We allow LLAs to access their funding for the three entire years, as compared to the CGs.
- The Chairperson asked about the status of filling Kathony Jerauld's position. Ms. Shimizu stated that it is a complicated question because TCS reclassified the position and we are recruiting for it. It is part of TCS' 15 vacancies. We are hoping there will be a new examination for a lot of these vacant positions. We are hoping to fill positions in the next two to three months. We are hiring a full-time person just to work on personnel to help fill the vacancies. The Chairperson asked if 15 vacancies are typical? Ms. Shimizu stated no, as it comprises about one-third of our staff.
- The Chairperson asked for public comment:
 - Carlene Henriques introduced herself as the Health Program Coordinator for the Sacramento County Local Lead Agency. She stated she came to the last meeting as well. She wanted to provide a little perspective on her concerns for the PPs. Her maternal grandparents came from Michoacán, Mexico. She is the daughter of a migrant farm worker who started working when she was five years old. Her grandparents were migrant farm workers. She is the first generation in her family to never have worked as a migrant farm worker. She is representing the voice of the people who have no voice right now. We have talked about PP, and as an LLA she is concerned at how we as government, herself included, address programs to reach these populations. Her concern is with the RFA process whether it is with the advocacy RFA or the technical assistance RFA, did the people we represent, the people of color, the people of low socio-economic status (SES) have an adequate

voice in the process. I would say they have not had an adequate voice. I would say that was the case because of changes to the RFA based on other input. It has not been a transparent process given the community participation. It is a systemic problem that exists. In the Health Education Unit at Sacramento County her colleagues have had issues with the Office of Minority Health on similar challenges that they have faced. She has a great concern that our communities have not been involved in this process. I love what Colleen Stevens said about how media is done. They focus group test the ads and get input. This process did not do that adequately. It is easy for those in government to sit in our offices and try and determine what is needed in the community. I am here today because I also chair of the Hispanic Latino Tobacco Education Partnership and was one of the strongest opponents of this Partnership when it was a Network because they were not serving the community. You and we represent the voices for those that have no voices and no forum. The tobacco industry targets what we refer to as PP that are marginalized by the mere fact that they were not involved in this process. LLAs were not even talked to that have PP in their communities. We have other Priority Population Planning Grants that did not give adequate input into this process. I know it is easy for us to sit in offices and decide what is good for communities. It is different to engage them in the process. I encourage you to really look at this issue. It is not the issue of the money, it is the process that is used and where is the research that demonstrates that this is an effective strategy to reach our populations in California. The people who have no voice and that are targeted specifically by the tobacco industry because they are marginalized because they have no voice. I encourage you to support efforts to look at this issue and put together a great committee, whatever it takes to really see how we can best as Californians, as those who have voices that can make a difference and look at how to best reach these populations by talking to them and not deciding on our own what is good for them. In the CX process, LLAs are asked to assess an asset for cultural competency. It is inadequate. Plain and simple. Having me or my staff go out and decide whether any of our educational brochures are culturally competent is an incompetent strategy. I am not being asked to do better as an LLA. The concern I have is that LLAs are already changing their plans because we will not have the infrastructure to support those plans with the technical assistance. I have heard LLAs say they are not going to do Lesbian, Gay, Bisexual, Transgender, and now I am not. Another LLA was going to work on smoke-free housing in low SES communities, and now they are not. That is a concern. We are downgrading what we can do as LLAs. On a LLA Project Director's Association teleconference, that was OK with TCS. They know that we are not going to be able to do that without support. We can do better than that. But it will take our voices to do that.

- The Chairperson asked for clarification on why she did not initially like the Partnership model because it was not serving the community. Ms. Henriques stated that was back in the day when there were only Networks and she did not see the Hispanic Latino Network doing what I thought was needed. They then invited her to participate to help make changes. The Chairperson asked if she thought her involvement helped influence their program. Ms. Henriques stated that she thought the change was when the Networks expanded beyond training and technical assistance. At first that was really important in the movement, but Networks lost sight of the fact that it was broader than that. TCS expanded the program. It took some of us in the field to tell them that they could only train us so much. We need more and different things than those being offered. The collective synergy of the group and the understanding of the community created the changes. Dr. Allen

stated that she had been around long enough to know about the Networks and the Partnerships and the new proposal. Do you see this as a growing process and that we have gotten bigger and more inclusive or what is your observation. Ms. Henriques stated that if you look at the PP as they have been identified, it composes well over 50 percent of the California population. The strategies that have to be put into the place and the research that is necessary to back up the strategies is lacking in these RFAs. Where we do focus groups with media, we will not do it with PP. The idea of funding RFAs for advocacy campaigns is inadequate if you are not providing the infrastructure needed to support the programs. So you have watered down LLAs plans and diluted out the advocacy campaigns that can go to the PP and you will notice that there is still no way to say whether all these populations are addressed. You could fund seven low SES and no other population will be served. We heard that it could happen at the last meeting. That creates more disparity, it marginalizes communities more. We need to treat these populations as a priority.

- Kimberly Bankston-Lee introduced herself as a member of the African-American community and also a general member of African American Tobacco Education Partnership. Since I have been involved in tobacco control I have lost my mother and my grandfather to tobacco-related illnesses and my mother-in-law is partially paralyzed from a stroke she suffered as a result of her tobacco addiction and now lives with me because of her disability. So tobacco control is not just a job for me but a passion. I have a personal investment in what happens in tobacco control in California to African Americans and other priority populations. I am sure if my family knew that they were targeted by the tobacco industry they would have never started and if not, that there were culturally appropriate cessation programs to help them. It is too late for them. For the past 15 years with the inception of Ethnic Networks and Priority Population Partnerships, mothers, grandfathers, mothers'-in-law, family members, and loved ones have benefited from the strides of these programs. No one denies how the tobacco industry targets our ethnic communities and other populations. The numbers speak for themselves. While the smoking prevalence in California declines to 14 percent, the rate for PP still hovers at 25-30 percent. The tobacco industry continues to target them through extensive promotions and advertising. It has come to the attention of California's ethnic community and PP that since your last TERO meeting, tobacco control programs for PP as we know them are in jeopardy if the two proposed RFAs for local tobacco advocacy interventions and a capacity building center for PP are allowed to be released as planned. This has raised several issues, questions, and concerns. As the Tobacco Education and Research Oversight Committee, you are charged with overseeing the use of Prop 99 tax revenues for tobacco control, prevention, and education for tobacco-related research. You propose strategies for the coordination of programs administered by TCS, make recommendations to the Department regarding the most appropriate criteria for selection of standards of program operations, and ensure that the most current research findings are applied. Therefore, based on research and recommendations of your Master Plan, please advise TCS before releasing the RFAs to:

- 1) Provide bridge funding for current grantees until the local tobacco control interventions and center RFA are released
- 2) Include funding for all PP in the local interventions RFA
- 3) Provide an opportunity for key stakeholders to participate in the process of how to best address PP, underserved and marginalized communities so that health disparities are addressed rather than created

- 4) Provide funding for more than one Capacity Building Center to address specific populations and issues that allow better and more targeted use of resources. The issues of specific communities are varying and critical and cannot be incorporated in one homogenous center to serve the entire state.

I would also recommend that you ask the following questions:

- 1) What was the timeline used to come up with the proposed RFA plan?
 - 2) Who outside of TCS was tapped for their expertise? Provide their qualifications to speak on behalf of the PP. What was the criteria used to select these individuals?
 - 3) How will the proposed RFAs adequately address health disparities rather than create health disparities?
 - 4) Why this plan in particular and what is the efficacy?
 - 5) How will the proposed RFA plans work with LLAs and CGs to ensure that PP are served? Some LLAs are reconsidering including PP in their plans because there may not be sufficient technical assistance available to advance PP issues. How will this be addressed and how will the RFAs advance PP issues?
- I have brought pictures and I do not generally share them but I am showing a picture of my mother who died six years ago from a tobacco-related disease. I also brought an article I wrote a year and a half ago when she was dying. This is a passion for me, for some it is a job. It is not just about me, but it is about people who look like me and my family. Please ask these questions before the RFAs are released.
Dian Kiser introduced herself with the ALA RESPECT program. RESPECT stands for Resources and Education Supporting People Everywhere to Control Tobacco. RESPECT is the low SES Partnership. We represent 25 percent of all Californians who are considered low-income, low-education, and low-opportunity. I am speaking today on behalf of Service Area 1 of the ALA and am encouraging TCS to give strong support to PP, those populations having the highest smoking prevalence in the state. Who the contractors are is of less important to us than an enduring commitment to serving PP. In 2008, there will be funding for more CGs. We hope that a portion of the funds will be earmarked for PP. We live in the most diverse state in the United States. This is important work and needs to be continued and not diluted. In addition, I would like to introduce Carol McGruder, who was named the American Legacy Foundation Activist of the Year. I would like to congratulate her on behalf of Service Area 1 of the ALA.
 - Tim Gibbs introduced himself from ACS. Addressing disparities in tobacco control is a priority of ACS. We understand business decisions have to be made but we want to make sure that voices need to be heard and our concern is that there has not been as much transparency as possible.
 - Mr. Buchting introduced himself from CLASH. Transparency is a concern. Another concern is how this plan deals with health disparities. What is the overall plan and strategies for addressing health disparities and what are the markers that will be put in place that show that this is working. How is this helping communities that are underserved.

The Chairperson stated that the common thread is the process. These RFAs have been done in a way that all of the affected parties felt inadequately addressed in the decision making process. The advocacy component from the affected parties did create the opportunity for the meeting with the CDHS Director. In the future, when we have these

sorts of directions, TCS needs to bend over backwards to include people in the decision making process.

Dr. Allen stated that given that the RFAs have been postponed, what is going to happen. The Chairperson and Dr. Lyman expected to receive direction based on the Thursday, January 25, 2007, meeting with the Director.

Dr. Hildebrand-Zanki stated that considering the feedback at the last meeting and today, and a group of PP directors is to see the Director. Is there any change of heart at TCS that maybe this is not the best course? If the Director puts it into our hands, are we going to move forward or are we going to rethink it regardless. Dr. Lyman stated that whatever the decision of the Director is we are prepared to go with.

Dr. Hildebrand-Zanki asked if we would then still move forward if the Director approved the TCS plan. Dr. Lyman stated yes. Dr. Allen stated that even though you are civil servants, it is more about the spirit of the law than the letter of the law. Is TCS willing to work with the PP? Dr. Lyman stated that the feedback he has received is that there has been considerable feedback and adequate dialogue, both public and private. From your perspective as an advisory committee, it is rather clear that we have been successful in pushing tobacco use down and we are now down to a population that requires a dynamic approach. While I appreciate the various constituency groups I would like it to stay the same, it cannot. Dr. Hildebrand-Zanki stated she did not hear things wanting to stay the same, but she heard what is the basis and rationale, how is this better than other approaches, and how are you engaging the community on the appropriate approaches. Those are reasonable questions. TEROC was not apprised until the last meeting when it just showed up in the report. Transparency is a real issue that should not be ignored. But you will get push back from your constituency as well as the Committee. Everyone will be held to that standard. Having a rationale for why we are doing it is a reasonable question and she would like to see a report to the Committee on how we got to this place. Dr. Allen supported this. The last meeting was the first meeting we heard about these substantial changes. My concern was that why were the changes made and why were they necessary. He is not disputing the need to make changes, but would like to be kept abreast of what is driving the change and what makes them necessary. It comes to us as a major shift in program in November with a release date in January. That does not allow us the opportunity to do our statutory duty.

Ms. Uyeda stated that we are hearing a need for more communication. Can we find out the outcome of the Thursday meeting. Dr. Lyman stated that we will share with the chair and trust that he will share with the Committee what he feels is appropriate.

The Chairperson stated that TEROC wants at least a heads-up to know when significant change is going to take place and the rationale for decision making. Dr. Lyman stated we will make every effort. He apologized for real or perceived failures procedural. We will do everything to keep you abreast of changes in the Program.

Dr. Rice asked if we could hear from the Director directly. Can she come and talk to us at the next meeting? Dr. Lyman stated she is open to an invitation and he suggested that shortly after the May meeting there will be the split of the departments, and that TEROC wait until the designation of the new Director of CDPH. This person is probably the person you will want to talk to as Sandra Shewry will probably go to CDHCS. The Chairperson asked if there will be a person named before our meeting? Dr. Lyman stated he had no idea.

The Chairperson asked if TEROC should invite Director Shewry, knowing that she may not be there, but can also fallback on the new Director of CDPH. Dr. Allen stated that Director Shewry may not be with CDPH after the split, but she knows what is involved and may be here through June. So, she can still bring us up-to-date.

9. California Department of Education Report

Meredith Rolfe presented the CDE report.

Collaboration

- Ms. Rolfe stated that CDE met with TCS and one topic was addressing tobacco use amongst students in Department of Defense schools. We meet again in March.

Strengthening the California Tobacco Control Program

CDE does a lot of things, but two are worth mentioning:

- The latest information on the TUPE Task Force recommendations is that Superintendent Jack O'Connell is not going to be able to sponsor it. Our Legislative Office is working with Senator Torlakson's Office to see if he is interested in including it in SB 24.
- We will be conducting 55 Categorical Program Monitoring site visits this year. They have been redesigned so that we go to every region, every year.

Eliminating Disparities

- There is nothing to report.

Decreasing Exposure to Secondhand Smoke

- Our staff is working diligently to collect recertification from all of the county coordinators. In 1994-95, we certified all of our districts. Districts that are not certified are not eligible to apply for TUPE competitive grant funds or to receive TUPE entitlement funds. Over the years we found that they all did not have exactly what we were looking for. Some had no smoking signs instead of no tobacco signs. The County Coordinators are collecting information from their districts and visiting the sites to make sure the signs are posted.

Increasing Availability of Cessation Assistance

- We distribute the Smokers' Helpline information to the County Offices of Education and ask them to send Helpline materials to the districts.
- We are working with TRDRP on completing one SARA project and starting a new one on March 1, 2007, with University of Southern California LuAnn Rohrbach and the Los Angeles County Office of Education, and Ms. Uyeda.

Limit and Regulate the Products, Activities, and Influences of the Tobacco Industry

- There is nothing to report.

Other Activities

- We are reading middle and high school grants this month and next month. Only 14 middle school applications got through screening process (22 percent of the 64). The high school application submission rate was lower – only half of the Local Education Agencies that had sent out an intent to apply came in. The most common answer on not applying was competition with other submissions and they did not have grant writers. At the next meeting she will share who were awarded the grants
- The entitlement money from grades four through eight is going out now.
- We sent out a fact sheet that analyzed the links between kids that smoke and other risk behaviors. The findings support other research that indicates that students who engage in one type of risk behavior engage in other risky behaviors. They do drugs, they drop out of school, and they display violent behavior. When I first came here, TEROC asked don't you focus solely on tobacco. The strategies that work for tobacco work for the other risk factors. The risk factors are the same and the protective factors are the same. The Chairperson stated that no one here thinks that these issues are unimportant, but we oversee a tobacco education program that was supported by the voters. The funds from the HEA need to support tobacco control programs.

Dr. Henderson asked what were the criteria for assessing the Categorical Program Monitoring (CPM). How do the 55 schools get selected. Ms. Rolfe stated that we look at the lowest performing schools from California Healthy Kids Survey.

10. Public comments

Kim Homer introduced herself from the California Youth Advocacy Network and provided an update on the issue of research funding at UC. I am sure you have read what happened at the meeting, but the media only covered a little bit. She thanked TEROC for its letter of support. Dr. Glantz assured her that both Regents (Blum and Moores) are very committed and both are rather upset about the issue. They will be pushing forward and Blum fortunately is now the Regents Chair. This is an important issue that will be voted on in May 2007. In October 2006, the issue was discussed by the full Academic Assembly and they were very split on the debate. It was very controversial, but they adopted three resolutions that were presented to the Regents in November, but were not really discussed because they were not on the agenda. At the January meeting, they pressed the chair of the Academic Senate on the three resolutions. Ms. Homer provided an excerpt: the Assembly believes that Regental intervention on the basis of assumptions about the morale or political standing of the donor is unwarranted. So they were mentioning that they believe academic freedom is a very precious thing at the UC and that any judgment based on morals or political standing should not make the decision for the Regents. They then said that they believe that past funding arrangements involving the tobacco industry have been shown to suppress academic freedom. The problem with this statement is that it has been interpreted by people that are for the issue and against the issue. When the chair of Senate was pressed on the issue, he spoke in a rather peculiar matter. The Regents made no decision on the proposed policy, RE-89, and it was sent back to the faculty for further input. Some of the Regents are concerned about academic freedom, and some buy into the slippery slope argument. Dr. Glantz presented to the Regents for ten minutes bringing the Department of Justice information and research information. Concern that came out of the meeting in addition to all of the letters you sent was that other national organizations and California agencies have sent letters. John Seffrin, the CEO of ACS sent a letter in October

2006. In the letter, he stated that ACS contacted James Enstrom from UC Los Angeles several times and told him that if he used the data set as planned, his results would be flawed. In the letter, he states he believes that Mr. Enstrom engaged in scientific misconduct. At the conclusion of the January Regents meeting, it was learned that the Regents never received Dr. Seffrin's letter and the letter was never responded to (nor were the allegations). The Regents need to know that this is not a slippery slope issue and that it is not an academic freedom issue. The allegations being made against the tobacco industry are based on academic and legal evidence that proves the tobacco industry is a unique funding source. Dr. Gruder stated a concern of the Regents was that the faculty had not seen the proposal that was prepared by Blum and Moores. It is not clear that it got to faculty. He believes that the language is not a blanket policy on no money being accepted from the tobacco industry. Lieutenant Governor Garamendi said academic units should make their own decisions, but he was told that UC is the only system that does not allow its units to make their own decisions. Ms. Homer urged TEROC to send a letter in support of RE-89 to the Regents as this was still an important issue. Our problem is getting to the Regents to educate, and with Blum and Moores in leadership, it is promising.

The Chairperson asked if members wanted to send another letter? Ms. Homer stated that any correspondence that says we are still watching you will help.

The Chairperson stated he is hearing indications of expired terms. No one knows what will happen and there may be a different TEROC composition soon. If that were the case, he wanted to express his gratitude to the Committee. Dr. Hildebrand-Zanki asked what the process is. Last time, Tony Najera worked with the Administration and TCS to develop new names. Dr. Lyman stated that members are here until they are replaced and that members are appointed by different groups. Ms. Shimizu stated that there are eight appointments from the Governor. Under Diana Bonta, Tony Najera had been tasked with identifying and recommending appointments for the Governor's office. With Director Shewry, nominations were solicited. We understand that interviews are being conducted, but TCS is out of the loop. The Chairperson stated that if you are interested in being renewed, let your appointing body know. It is a good idea to keep relationships going. We are all free to request it and maintain membership. Ms. Shimizu stated that there is an application form on the Governor's website.

Ms. Boschert stated that it has been a pleasure serving on this Committee and that we could not have had a better chair than Kirk for keeping us moving.

The meeting was adjourned at 3:02