

**Minutes of the
Tobacco Education and Research Oversight Committee (TEROC)**
Meeting on September 11, 2007
Oakland Airport Hilton
One Hegenberger Road
Oakland, CA

MEMBERS PRESENT:

Theresa Boschert, Wendell Brunner, Lawrence Green, Alan Henderson, Pamela Ling, Michael Ong, Dorothy Rice, Michael Velazquez, and Peggy Uyeda

MEMBERS ABSENT:

Lourdes Baézconde-Garbanati, Kirk Kleinschmidt

OTHERS IN ATTENDANCE:

Kamlesh Asotra, Tobacco-Related Disease Research Program (TRDRP), University of California (UC)

M.F. Bowen, TRDRP, UC

David Cowling, Chief, Evaluation Unit, Tobacco Control Section (TCS), California Department of Public Health (CDPH)

John Francis, Local Programs and Advocacy Campaigns Unit (LPACU), TCS, CDPH
Phillip Gardiner, TRDRP, UC

Justin Garrett, Center for Tobacco Policy and Organizing, American Lung Association of California

Timothy Gibbs, American Cancer Society

Larry Gruder, TRDRP, UC

Tonia Hagaman, Chief, LPACU, TCS, CDPH

John Lagomarsino, California Department of Education (CDE)

Donald Lyman, Chief, Division of Chronic Disease and Injury Control, CDPH

Carol McGruder, URSA Institute

Greg Oliva, Chief, Strategic Planning and Policy Unit, TCS, CDPH

April Roeseler, Chief, Local Programs and Evaluation, TCS, CDPH

Meredith Rolfe, CDE

Shirley Shelton, Local Programs and Priority Populations Unit (LPPPU), TCS, CDPH

Colleen Stevens, Chief, Media Unit, TCS, CDPH

Elizabeth Winward, LPPPU, TCS, CDPH

1. WELCOME, INTRODUCTIONS, AND OPENING COMMENTS

Tobacco Education and Research Oversight Committee (TEROC) Chairperson Kirk Kleinschmidt was unable to attend the meeting. Alan Henderson presided as Chair over the meeting. He called the meeting to order at 9:50 a.m. Members and the audience introduced themselves.

2. APPROVAL OF MINUTES FROM THE MAY 17, 2007, MEETING; CORRESPONDENCE; ANNOUNCEMENTS

There were changes to the minutes of the May 17, 2007, meeting.

- Page 3, bullet number 2, sub-bullet number 5 should read, "To receive funding, schools are not allowed to accept funding or materials from the tobacco industry. It is not written into the entitlement, but is with the grants."
- Page 2, bullet number 5, sub-bullet number 2 should read, "TUPE Instruction Grade Levels. The grades are 4-8."

The minutes were unanimously approved with the edits.

3. ENVIRONMENTAL DEVELOPMENTS

The Chairperson reviewed environmental developments:

- The federal legislation to give the Food and Drug Administration authority to regulate tobacco passed a Senate Committee and will now move to the Senate Floor.
- Congress passed two separate tobacco tax increases to support the State Child Health Insurance Program. The Senate passed a 61-cent tax while the House passed a 45-cent tax. The President has stated that he will veto the bill. A 61-cent increase would result in a six percent decline in consumption/funding, and there is no backfill to Proposition (Prop) 99.
- The California Department of Health Services (CDHS) split into the California Department of Public Health (CDPH) and the California Department of Health Care Services (CDHCS), as of July 1, 2007. CDPH includes the Tobacco Control Section (TCS).
- On July 11, 2007, the California State University Board of Trustees announced a system wide policy to prohibit tobacco company advertising and sponsorship on its campuses.
- The University of California (UC) Regents July 18, 2007, meeting provided no solution to the issue of acceptance of tobacco funding. It may well be taken up at the next meeting on September 19-20, 2007. Larry Gruder stated that the Chancellor and Provost were working with the Regents on compromise language. As of this morning, there was no agreement on a compromise.
- The El Cajon City Council adopted a smoke-free area policy similar to that of Calabasas.
- The City of Los Angeles voted to prohibit smoking in its 390 parks and on 4 golf courses.
- The Chair reviewed the two letters for Assembly Bill (AB) 647 and AB 1467. Kirk Kleinschmidt, on behalf of the Committee, sent letters thanking the Governor for signing AB 647 and encouraging him to sign AB 1467. Greg Oliva stated that the Committee had also wanted to send letters of support for AB 1617, AB 1585, and Senate Bill (SB) 554. SB 554 failed earlier in the session and AB 1617 and

AB 1585 were recently enrolled. The Chair stated we could discuss this during the Legislative Update.

4. TOBACCO-RELATED DISEASE RESEARCH PROGRAM STRATEGIC PLANNING

Dr. Gruder expressed appreciation for the opportunity to obtain feedback from the Committee on Tobacco-Related Disease Research Program's (TRDRP's) strategic planning process. TRDRP had engaged in strategic planning when Prop 86 offered a possibility for expansion, but with its failure, we now need to look at planning with declines in revenue in mind. TEROC is the first group we are approaching. We are also seeking more input at the biennial conference on October 8-9, 2007, in Sacramento.

Dr. Gruder provided a context for TRDRP's strategic planning.

- He predicts an annual revenue decline of four percent; however, TRDRP was provided with a \$2 million, one-time increase for fiscal year 2007-08. He does not expect their reserve account to continually allow for this funding.
- The Biomedical Research and Development Price Index increased 83.1 percent from 1990 to 2007. The appropriation of \$14.55 million in 2007 is worth \$7.95 million in 1990 dollars. In 1990, the appropriation was \$31.95 million. Level funding (i.e., without inflation) would be \$17.4 million. So, the appropriated amount and real value are both declining. Dorothy Rice asked what was the basis for the index? Dr. Gruder stated it was a national index based on National Institutes of Health (NIH) extramural expenditures.
- Dr. Gruder discussed historical funding by topic area. We always receive the most applications in cancer research. Theresa Boschert asked Dr. Gruder to describe the area called "tobacco control" versus "public health/policy." Dr. Gruder stated that "public health/policy" tends to be areas of tobacco control policy, economics, and the tobacco industry. "Tobacco control" is cessation, community interventions, prevention, Community Academic Research Awards (CARA) and School Academic Research Awards (SARA), social and behavioral sciences, etc. Dr. Henderson asked if the eight funding categories are consistent with the goals of the program stated in the legislation? Dr. Gruder stated that there are several ways to divide up the pie, but these are the categories that are consistent with the legislation.
- The funding rate by year refers to the rate at which we fund applications. We experienced a substantial drop starting in 2001 largely because of the decline in available funds. When Research Account funding to the California Cancer Registry was increased, that meant there was less money for tobacco research. If the funding declines much more, it will be at a level where investigators are discouraged from applying. Some of the best researchers could no longer apply, because they will see other opportunities where their chances for funding may be better. NIH funding has declined too. Dr. Henderson asked has there been much variability over time in the quality of the proposals? Dr. Gruder did not believe so, but stated it varies from year to year. This past year, it has become

tougher to get funding. We would have needed \$21 million to fund all the outstanding or excellent applications.

- Dr. Gruder then described the funding mechanism. “Research projects” are the three-year, large grants. Three middle categories (i.e., new investigator, postdoctoral fellowship, and dissertation) have the highest funding rate, because peer reviewers are instructed to evaluate the potential of the candidate in tobacco control as well as the scientific quality. California has many outstanding young investigators.
- TRDRP has leveraged significant federal and private funds.
 - Early, modest investment in University of California, San Francisco’s Tobacco Control Archives helped them win a \$15 million grant from the American Legacy Foundation (Legacy).
 - Prior funding to the University of Southern California-SRI collaboration and to UC Irvine helped them win two of the seven Transdisciplinary Tobacco Use Research Centers funded nationwide by the National Cancer Institute (NCI).
 - University of California, Los Angeles’ lung cancer program was designated by NCI as one of only six Specialized Programs of Research Excellence (SPORE). At least six SPORE members have received TRDRP grants.

TRDRP is asking for field input on three questions:

- 1) What should TRDRP goals be? What scientific, clinical, or policy outcomes should TRDRP-funded research strive to achieve?
- 2) What research priorities should TRDRP adopt to achieve our goals? Should TRDRP emphasize particular tobacco-related diseases, tobacco control issues, or research phases?
- 3) What types of grants should TRDRP award to achieve our goals? What should be the amount of the duration of the various awards?

Dr. Gruder asked for Committee thoughts.

- Michael Velazquez asked if due to the decline in research finding, has there been an increase in tobacco consumption? Dr. Gruder stated no, primarily because there is a delay between the results of research and their application. Also, we have programs in communities that are working to reduce consumption (e.g., the California Department of Education (CDE), Tobacco Use Prevention and Education Program (TUPE) and CDPH, TCS. However, unless there are new approaches studied through the research, it will be difficult to reach smokers and prevent youth uptake, particularly those at greatest risk in diverse communities. Mr. Velazquez then asked what is more effective – spend the money at the point of contact or on research. Dr. Gruder stated this was an important question. Voters and the Legislature made a decision that 5 percent of the tax would go to research and 20 percent to health education. In our view, the best way to find the new approaches for young smokers is through research.
- Wendell Brunner stated that the fundamental approach is to put ourselves out of business. This is a sign of success in tobacco control. A fair amount of research funding is directed at cancer and cardiovascular disease. There are other programs and research directed toward these diseases. Focusing limited research funding at strategies for prevention seems appropriate.

- Larry Green asked if funding for cancer research is exclusive to tobacco-related cancers, and not breast cancer? Dr. Gruder stated that the portfolio looks at causes, treatment, etc., related to tobacco-related disease. We have also had a priority on prevention and policy research. We have not earmarked money for a certain area, instead we let the quality of the applications determine that and try to maintain a balance across all areas. There are other sources of research funding – Flight Attendant Medical Research Institute (FAMRI), Legacy, the American Cancer Society (ACS), the American Lung Association (ALA), the American Heart Association, etc. Our funding is the only one specifically for California. There is an advantage for California investigators as they can leverage other sources by getting TRDRP money. They are then in a better position to leverage other funding sources. M.F. Bowen added that lung cancer and chronic obstructive pulmonary disease (COPD) are woefully under funded at the federal level. They are the least funded diseases per death by NIH.
- Donald Lyman added that in terms of priorities and in looking at the landscape, two trends are emerging. As we successfully reduce adult prevalence, we are getting to an area where it gets harder and harder to develop cessation approaches for hard core smokers. The call is getting louder and louder for that, and the Governor's health care reform and wellness proposal for cessation recognizes it. We need new and different cessation strategies. The second train coming is universal medical care. It is likely to happen at the state level; Massachusetts has done it and 13 other states have proposals. We need to be prepared with cessation strategies that work. Dr. Gruder stated that TRDRP has funded research on cessation services and coverage by third parties. We know what is out there, what is effective, and what is available.
- Dr. Brunner stated that when Prop 99 passed, it was an enormous struggle. It had a piece for everyone. We have been successful in decreasing consumption. We need to start looking at funding to see where it is best used. We need to focus research more and more on the hard part of reducing consumption. We do not want to negate disease research, but we have an opportunity to knock out tobacco use in California. There are a variety of NIH Institutes, but there is no tobacco elimination institute. But there is a tobacco promotion institute.
- Kamlesh Asotra said that Committee member points were well taken. Over the last ten years we have spent at least \$50 million a year for cessation and prevention television advertisements. On the other hand, we have a paltry amount of funds for research. There is only roughly \$350 million nationwide for research on tobacco-related diseases. The dilemma is how to make a distinction between research versus prevention. At the end of the day, what is left out is how tobacco affects people and we need to educate them on what will happen 20-30 years down the road from their smoking.
- Meredith Rolfe stated that from the perspective of CDE, we have a simplistic way of looking at tobacco issues and control. We have divided them into prevention and intervention. All of their research could fall into prevention and intervention. Dr. Gruder stated that when we identified primary areas five or six years ago, we carefully selected the areas to reflect what was going on in tobacco control, new treatments for nicotine dependence, policy, etc.

- Ms. Boschert stated that protecting people from secondhand smoke (SHS) exposure is another way of looking at the point of contact. Reducing SHS exposure is a primary area. That has been an area where we have funded a great deal of research. Pamela Ling agreed, and asked to emphasize research that has policy implications right now. Our emphasis on SHS and the tobacco industry as a vector of disease are the issues that make the tobacco control program a leader. As a researcher, we appreciate a focus on areas where getting funding is difficult (e.g., participatory action research, social research programs, policy research, etc.). It is difficult to get policy research funded by NIH. The nation looks to California's research to remain on the cutting edge.
- Michael Ong stated that TRDRP needs to see where they can make the biggest impact. Policy-related research is tremendously underfunded. NIH does not focus on that. If we have to pick and choose, that would be a priority for me. Dr. Gruder stated that we have funded policy research, but one of the barriers to funding research is who can conduct that research in California. That is one of the reasons we have funded junior investigators to develop them. Should we continue to do so? Dr. Brunner added that the research is heavily directed by quality of applications. Some of us are suggesting going in the area of what is needed and move in that area and build up that investigator base. Be active about it, not passive. Also, all researchers are going to advocate for their own research. If you fund a lot of biomedical research, they will want to keep you funding it, but that does not make it the best funding decision for California.
- Dr. Henderson stated that the Master Plan (MP) covers all aspects of tobacco control, including research, so this is an important discussion on research direction. Dr. Brunner suggested looking at effectiveness and to focus on the needs of eliminating tobacco use, and then look at what research will help us get there.
- Dr. Asotra stated that Philip Morris and other tobacco companies know that smoking causes cancer and COPD. They have gone public with this. They have created a state of the art research center in Virginia to look at harm reduction products. They continue to reinvent themselves and we have to be prepared for them.
- Dr. Green stated that the California role historically has driven the national agenda in federal/state collaboration and we played the role in defining this public health success. NIH has made cuts primarily in applied research, because of a tremendous infusion of money in genome and pharmaceutical research. Other agencies that we can partner with are the Centers for Disease Control and Prevention, the Agency for Health Research and Quality, and the Health Resources and Services Administration. All have roles in tobacco control, and they are trying to fill the NIH gap in applied research.
- Dr. Brunner asked in what format does TEROC make recommendations? Do we put things in writing to describe our views to TRDRP? That would have a lot more impact on this discussion. A two-page statement would be helpful.
- Dr. Rice stated that we should place a larger emphasis on policy-related research because that is an area that NIH avoids. She was not aware of the relative funding of policy versus bench research. Dr. Gruder stated that we identified primary areas, and these areas get the largest amount of funding. So,

at the front end, you can articulate what you want as a priority, which drives the applicants. Dr. Green offered a friendly amendment to Dr. Rice – that great successes have been locally achieved so we should give particular attention to local policy as a leverage point.

- Dr. Lyman stated that as a procedural matter, the Committee is advisory to three agencies. He cautioned that a formal letter goes to a constitutional agency. Would you rather communicate directly with Larry or send formal letter? The goal is to be heard; the Committee could write to Dr. Gruder in terms of moving forward. Copies could then be sent to higher bodies. Dr. Brunner said it would be helpful to focus a written statement; what we are recommending is that money be taken from science to policy, and look at cessation too. We are being asked to give advice and we ought to.
- Dr. Ling was struck by the report as it is broken down by TEROC Master Plan objectives. Some objectives have lots of grants, some virtually none. It made sense to her that recommendations are along the lines of the MP objectives. Dr. Gruder stated that they include the MP objectives in their Request for Applications (RFA).
- Dr. Brunner stated that the Committee should put together a subcommittee to draft a letter and vet it with the Committee.
- Phillip Gardiner thanked the members for their comments. He provided suggestions for the letter. Policy is the smallest section we have, it has the least amount of investigators, and it takes the most money. California is leading in its policies, so maybe we need to address policy dissemination. Also, it would be nice to create one cessation program to fit into the universal health care plan, but one cessation plan does not fit all. As for prevention, we seldom receive a prevention grant. It is mostly seen in the SARA grants. Going into a community to do prevention is not only hard to measure, it is extremely expensive. We need more specifics on policies rather than just conducting more policy research for the sake of policy research.
- Dr. Henderson appointed a subcommittee (Dr. Brunner, Dr. Green, Dr. Rice, Dr. Ong, and Dr. Ling) and moved that we write a letter that contains recommendations to TRDRP for its research funding priorities to Dr. Gruder with copies to appropriate UC individuals. Dr. Green asked whether we should address the three questions specifically? Dr. Gruder stated that the questions were to inspire dialogue, but do not need to be responded to specifically. The motion carried unanimously.

5. TEROC MASTER PLAN 2009-11

Dr. Henderson opened up with a brief discussion on the MP. One of our tasks is to create a MP. It has historically been created in a variety of ways. In terms of the time we have, we can look at what the plan does now and determine what sort of approach we want to take in developing a new one. In terms of history,

- For the 2003-05 Master Plan we conducted regional forums to collect input from the field.

- For the 2006-08 Master Plan we used a Survey Monkey to collect input on the goals, objectives, and strategies and distributed it to all of the agencies' various constituencies.

The intent of this discussion is to determine how we would like to proceed. We do hold separate meetings to work specifically on the MP. TCS has always provided staffing for the MP and has hired a writer/editor to help put together the Plan. Ms. Rolfe wondered if we could address what worked and what did not. The Chair stated yes. Mr. Oliva reviewed several slides about MP history:

- Currently, the MP vision is for a “tobacco-free California.”
- The mission is to reduce tobacco-related illness and death.
- The goals have been to reduce adult smoking prevalence to ten percent by 2008 (13.3 percent in 2006) and high school student smoking prevalence to eight percent by 2008 (15.4 percent in 2006).
- The current objectives are to:
 - Strengthen the California Tobacco Control Program
 - Eliminate disparities and achieve parity in all aspects of tobacco control
 - Decrease exposure to SHS
 - Increase the availability of cessation services
 - Limit and regulate the products, activities, and influence of the tobacco industry
- The current components include:
 - The vision, mission, and goals
 - Objectives and corresponding strategies
 - Progress achieved during the 2003-05 Master Plan
- Dr. Ong was concerned about the use of a Survey Monkey versus gathering in-person input from the field. Mr. Oliva brought up the concerns of using in person forums, including that they were time consuming on the part of staff and also members, as they were expected to attend and present at the six forums statewide. Mr. Oliva also stated that the forums held in 2002 mostly focused on criticism of TCS funding decisions instead of the direction of the MP itself.
- Dr. Green suggested that we start with an evaluation of the plan. Was it well received by the field? What is the evidence of its use?
- Dr. Henderson stated the current plan had a strong focus on an increase in funding. Therefore, we need input from the stakeholders regarding MP focus this time and how can it support increased funding for the programs.
- Ms. Boschert stated that the MP is intended for the Legislature, but it is also used by the local programs and their coalitions.
- Mr. Oliva stated that a Survey Monkey of the field to answer Dr. Green's questions would be beneficial – how they use it, what they would like to see, etc. We could have results of such a survey at the next meeting. He also added that acknowledgement of the MP has been increased by the Information and Education visits that the ALA organizes. The MP is part of a resolution that legislators can sign to acknowledge their support of the five objectives.

- Dr. Green asked if there was a budget supportive of completing the MP. Mr. Oliva stated we had the resources to complete the plan. Dr. Rice added that each plan has been very well done and TCS has been very supportive in staffing the effort.
- Peggy Uyeda stated that we should address in the MP how AB 647 will change the TUPE program.
- Dr. Green suggested focusing on what we have accomplished, then challenges, then the MP for the next three years. We can also include an introduction. He also stated that legislators can be moved by anecdotes as much as by data. We may want to include personal stories.
- Mr. Velazquez suggested looking at the changing demographic of today's smoker. How do you identify programs and activities to target them? Also, we should look at smoking in films. Is it a correlate in getting youth to smoke? We need to look at societal changes for the MP. We could also look at the YouTube presidential campaign debates as model for regional forums.
- Dr. Henderson asked if there was support for having separate meetings to work on the MP? There was support.
- Dr. Green proposed we make the report of interest nationally. We ought to take seriously that our program has been an inspiration to other states and the nation. Dr. Ling added that one way to look at the new Institute of Medicine (IOM) report is in relation to how we are discussed within the report itself. It reflects on our successes.
- Dr. Green asked if TCS still operated an Evaluation Task Force and if members could be invited? David Cowling stated that we do still operate the Task Force and there are already members appointed. Dr. Rice is a member. We could present an update on the next Task Force meeting during the next TEROC meeting.
- Meetings to develop the MP were set for January 28, March 25, and May 19, 2008.

6. LEGISLATIVE AND TOBACCO POLICY UPDATE

Tim Gibbs with the ACS presented on the status of legislation.

- AB 1467 would eliminate AB 13 exemptions. It has been enrolled and is awaiting the Governor's signature.
- AB 1585 would prohibit gift cards or certificates to be used to obtain free tobacco products. It is awaiting Assembly concurrence.
- AB 1617 would prohibit Internet tobacco sales. It is awaiting Assembly concurrence.
- SB 7 would prohibit smoking in cars where minors are present. It is awaiting Senate concurrence.
- SB 295 is a technical clean up bill to clarify requirements in the current tobacco product licensing act. It has been enrolled and is awaiting the Governor's signature.

- SB 624 would provide local law enforcement with the authority to enforce the Stop Tobacco Access to Kids Enforcement (STAKE) Act. It has been enrolled and is awaiting the Governor's signature.
- SB 625 would allow the Board of Equalization to charge a reinstatement fee of \$100 to retailers who let their tobacco license expire. It has been enrolled and is awaiting the Governor's signature.
- SB 655 initially would have reversed the tobacco-free prison bill. It now provides counties with the ability to prohibit smoking in their correctional facilities. It has been enrolled and is awaiting the Governor's signature.
- Dr. Green asked whether California had a fire safe cigarette law. AB 178 (Koretz) was signed a few years ago and all cigarettes sold in California are required to use paper that is less likely to ignite if left alone.
- Dr. Asotra asked if there was legislation addressing Hookah bars. Hookah bars would be covered by AB 1467 which clarifies the definition of a tobacco retailer (mostly sell tobacco products and not other food or drink). Hookah bars would be hard to exist as tobacco retailers under this definition.
- Dr. Ling asked about SB 950, which would have required cigarette ingredient disclosure; it failed in its first hearing.
- Mr. Gibbs stated that as far as the tobacco tax goes, we have spent a great deal of time this year to get a tax through the Assembly. A Constitutional amendment from Senator Torlakson was introduced. We are trying to get a tobacco tax into the health care reform debate as a funding mechanism. Our partners from Prop 86 funded a poll on the tobacco tax and found that there was about 66 percent approval, with a significant majority of Republicans in support. They delivered the poll results to all legislators and received some decent press coverage. Senator Steinberg flirted with a tobacco tax, but it is going nowhere right now. We remain absolutely committed to pushing a tobacco tax. It looks as if there will be a special session to deal with health care reform and we will keep moving the idea of having a tobacco tax as part of it. AB 8 has no tobacco tax. Additionally, there was a press conference in July with Senator Torlakson and many other public health and ethnic organizations that urged cessation to be a part of the health care reform package.
- Dr. Green asked if ACS or any partners do anything to monitor enforcement of laws passed. Mr. Gibbs stated yes. TCS looks at enforcement. Various local agencies also enforce tobacco control laws. We do not pass legislation and then stop thinking about it.
- Dr. Rice asked if there were any discussion or plans to pursue another tobacco tax initiative. Mr. Gibbs stated that it is always a possibility and we have never taken it off of the table, but we have no formal plan right now. Dr. Rice stated that the Governor has said he is against raising tobacco taxes. Mr. Gibbs stated he has been coy about opposition to taxes, but there was one statement during Prop 86 where he opposed it. However, tobacco taxes are a potential revenue source for health care reform. Dr. Green asked if the Governor is opposed to all taxes or is his stance being pushed by the tobacco industry. Mr. Gibbs stated it might be equal parts of both. Mr. Oliva brought up the recent report by the ALA on campaign contributions from the tobacco industry. The report was mailed to each TERO member. Dr. Green asked if ACS or ALA published smoking rates

by legislative districts. Mr. Gibbs stated no. The districts are too small to get a reasonable sample size. Is there tobacco consumption by legislative district? Mr. Oliva described that consumption is only collected at the state level. Dr. Gardiner stated that we do have data on the density of tobacco outlets statewide that we can plot, but that is all we have. Dr. Brunner stated that there is no benefit of consumption for a local legislator because for those with lots of smoking (retailer density), they would not support it. Perhaps we need to look at how a tobacco tax would benefit a district. Dr. Green asked if we could determine tobacco-related disease by district. Dr. Rice had conducted a study, but on cost of smoking and not disease.

The Chair asked the Committee if it would like to send letters to Governor in support of AB 1617 and SB 7. The Committee agreed unanimously.

7. UNIVERSITY OF CALIFORNIA – TOBACCO-RELATED DISEASE RESEARCH PROGRAM REPORT

Dr. Gruder presented the report. He referred the Committee to the printed report. It is purposely brief due to the discussion on strategic planning earlier in the day.

- The report describes the new TRDRP grant awards in 2007.
- Dr. Gruder mentioned the biennial meeting and the strategic planning forums. He would like an email heads up if people were going to attend the forums.
- He pointed out the Cornelius Hopper Diversity Award Supplements. They are supplements to ongoing research grants to provide training to students or investigators who are interested in research in tobacco-related disease. This is the seventh time we have awarded the supplements. We awarded six this year. Dr. Green asked where the Hopper grants appear in the tables and graphs Dr. Gruder presented earlier. Dr. Gruder stated that they do not because they are supplements to existing grants. They are relatively small amounts of money, approximately \$15,000 a year. They can be used as a stipend to help students attend conferences, etc.

8. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH REPORT

Dr. Lyman presented the report. He referred to the report in member packets.

- The State budget has passed.
- Universal medical care issue is a large issue. The political dynamic is that both left and right of center support it. The peculiar chemistry is that this is a federal issue. He believes nothing will happen federally for at least five years. The Federal Government generally waits until several large jurisdictions address the issue successfully, then they try and fashion something applicable for the nation. A number of states are addressing this right now. Massachusetts is implementing its plan. Illinois fell flat on its face. California is one of 13 states with a proposal. AB 8 passed, but the Governor has promised to veto it. The Governor has a verbal only proposal. There will likely be a special legislative

session, but something will likely happen next spring. An opportunity for us is that a tobacco tax can be used to fund this and cessation. Dr. Rice asked about Senator Kuehl's single payer plan. Dr. Lyman stated it will be in play now and next spring, conceptually. The problem in Sacramento is in part the name. Once you say single payer, some players will leave the room.

- CDPH has now been formed. The old CDHS split into two departments - CDHCS (MediCal) and CDPH, which is most of the rest of the old CDHS. The CDPH Director and State Public Health Officer is Mark B. Horton (former Orange County Health Officer). A series of centers have been set up within CDPH. Dr. Lyman is still in his position, but is housed in the Center for Chronic Disease Prevention and Health Promotion. Dr. Neal Kohatsu is the Acting Center Chief. Robin Shimizu is now the Assistant Division Chief under Dr. Lyman.
- Dr. Lyman referred to the TCS report regarding the latest prevalence data. Adult smoking prevalence declined to 13.3 percent in 2006, down from 14.0 percent in 2005. Additionally, for the first time smoking prevalence for women decreased to single digits – 9.1 percent in 2006 compared with 11.1 percent in 2005.
- We have approved 20 local lead agency plans.
- Information and Education Days took place in June and legislators were asked to sign the “PACT” to show their support for tobacco control.
- Regarding priority populations, we conducted a two-hour webinar on coalition recruitment. Additionally, we are planning an African American Tobacco Control Conference for summer 2008 and a rural tobacco control conference for fall 2008.
- Regarding the RFA for Capacity Building, we distributed it to 670 agencies and received one applicant which did not demonstrate the minimum qualifications to move forward in the review process. We are anxious to provide service to these populations, and therefore, TCS is in the process of developing and implementing a plan to ensure that a centralized system for planning and delivering priority populations training and technical assistance services will be available beginning January 1, 2008.
- The 10-year anniversary of smoke-free bars takes place in 2008 along with the 15-year anniversary of the California Smokers' Helpline (Helpline). The Helpline is launching “Click-to-Call,” a service that allows smokers to receive a call directly from the Helpline. Finally, the Helpline is launching a Cessation Center to serve as a statewide training and technical assistance resource.
- Dr. Green stated that the work was very impressive and complimented the staff. He wondered what type of partnerships are taking place with rural communities? Colleen Stevens stated that one of our goals in planning the rural conference is to look at non-traditional collaborators in rural communities and work with them on tobacco control.
- Dr. Ong asked about the Capacity Building Center. It sounds as though TCS is in the process of planning a new centralized system to come on line in January 2008. TCS will be running this in house or generate a new network too? April Roeseler stated that TCS is putting together business practices and soliciting people and agencies to do each of these items listed in the report (e.g., to run a technical assistance network, to do intensive leadership training,

etc). We will be interviewing people and agencies to do these things. Dr. Ling asked if we considered reissuing the RFA? Ms. Roeseler stated no. We had reissued it, did an addendum, and only had one applicant. We conducted key informant interviews and determined that there was a chilling environment for responding to the RFA. People in California thought that the political environment was not conducive to applying. Additionally, potential out-of-state applicants could not find California partners. To put out another procurement was not viable to get something up and running by January 2008.

Carol McGruder asked what are the mechanisms for contacting the agencies?

Ms. Roeseler stated that we are putting together a plan and do not have agencies that we are working with yet. The plan will spell out objectives, activities, and timelines and we will have some sort of launch in January. We clearly gave people plenty of opportunity to competitively apply for this, and we only got one applicant. Perhaps we will use interagency agreements. Ms.

McGruder asked if you will be using sole sources. Ms. Roeseler stated that we are going to use interagency agreements and other contracts to establish a network of agencies. Ms. McGruder asked if there would be no public involvement in this process? Ms. Roeseler would not say that, but that we are talking to many agencies to determine who is interested and who can deliver the services we are looking to provide. We still do not have a plan yet. We need to determine business practices and how people would deliver these services.

9. CALIFORNIA DEPARTMENT OF EDUCATION REPORT

Ms. Rolfe presented the report. One of the handouts was an organizational chart. It starts with Jack O'Connell, followed by Gavin Paine and then Ms. Rolfe's boss, Tony Monreal. Ms. Rolfe is the Acting Associate Superintendent in her Division (Local Support and Partnerships). The Safe and Healthy Kids Program Office lists all the consultants, support staff, and analysts. None of them are 100 percent dedicated to tobacco control except for John Lagomarsino. The rest are split funded. Consultants all have regions (11), each responsible for at least one. We do not have as much support as TCS has to work on tobacco. The next side of the chart provides the bigger picture at CDE. Ms. Rolfe also provided a list of the high school grants they just funded.

There were questions at the last meeting regarding Categorical Program Monitoring. We sit down with the local education agencies (LEAs) and went over their books and activities to make sure they are in compliance. The top seven ways that people are out of compliance are listed on the white page, the third one is having a tobacco-free policy. Eighteen percent were out of compliance with the tobacco-free policy, mostly due to lack of signage.

- The Chair asked if LEAs can be noncompliant in more than one category. Ms. Rolfe said "yes." Ms. Uyeda stated that schools do have to work toward compliance and they have to create a plan to do so.

- Regarding the report, Ms. Rolfe stated that they have been collaborating with TCS and TRDRP and Mr. Lagomarsino is going to the October 8-9, 2007, TRDRP conference.
- AB 647 passed with flying colors. Rarely have our education bills passed so overwhelmingly with no opposition. We are proud of Mr. Lagomarsino, who escorted this bill through the entire process.
- We are now in the process to determine which schools we will monitor by using our data and performance indicators.
- In regards to eliminating disparities, the new American Indian Education Center grants should be announced shortly. There are about 30 centers.
- County coordinators are working on school tobacco-free certifications.
- We have a SARA grant to study the "I Decide" adolescent cessation program.
- Most of what we do is dictated by law. That is not covered much in the MP, and Ms. Rolfe would like to see that covered in the next MP.
- The lists of awards for the 2007-10 Competitive Grants are attached to this report. The 2008-11 competitive grant cycle RFA will be released on October 11, 2007, due on November 30, 2007, and reviewed in January 2008.
- We are working on determining entitlement funding for grades four through eight. This will be eliminated with AB 647 as everything will be competitive. The CDE website shows how much funding districts receive and you can see that some districts only receive about \$1,000. Very little can be done with that level of funding, which was the impetus for the changes created by AB 647.
- Dr. Green asked if any of their work is driven by the Federal Government? Ms. Rolfe stated that we adopted federal Principles of Effectiveness (e.g., needs assessment, goals and objectives, select curricula that is scientifically proven, etc).
- Dr. Ling asked what was the variation of grant amounts based on? Ms. Rolfe stated that it was based on student population.
- Dr. Lyman asked if she was involved in resurrecting school clinics. She said, "no," that it was the School Health Connections Office.
- Ms. Rolfe said her office is trying to increase student assistance projects. Youth get referred to groups where they discuss issues about tobacco and a myriad of other problems. Cessation and early intervention are built in.

10. PUBLIC QUESTIONS AND COMMENTS

Dr. Gruder promoted the TRDRP biennial conference. The keynote speaker is David Kessler who will hopefully be speaking about Federal Drug Administration regulation. The October 9, 2007, luncheon speaker is Bill Lockyer, the California State Treasurer. He will be talking about Master Settlement Agreement enforcement. He urged all to take advantage of this conference.

The meeting adjourned at 2:35