

**Summary Minutes: Third Meeting of the
Tobacco Education and Use Prevention Advisory Council Meeting
4052 Bald Cypress Way, Room 301
Tallahassee, Florida
March 3, 2008, 9:00 AM – 3:30 PM**

Advisory Council Members Attending

Dr. Ana M. Viamonte Ros	Ms. Penny Detscher
Mr. Allan T. Geiger	Mr. Marshall Deason
Mr. John Brown	Dr. J. Ocie Harris
Ms. Sharon Greene (for Dr. Jean Malecki)	Dr. David Thomas (for Dr. James Howell)
Dr. Mae Waters	Dr. Robert A. J. Fernandez
Dr. Bruce Kone	Mr. Javier Berezdivin
Dr. Mathis L. Becker	Ms. Robin Peters
Mr. Peter Fisher (for Mr. Matthew Myers)	Ms. Laura Deeb (for Jennifer J. Harris)
Mr. Don Webster	Mr. Wayne “Chip” Withers
Ms. Erin Sylvester	

Not Attending: Michael Lannon, Jennifer Harris

Public Attending: Twenty-three individuals signed the visitor’s roster.

Note: Ms. Judy Stephany was the facilitator.

Note: These minutes follow the Agenda. Agenda items are bolded headings. Questions and answer and comment headings within an agenda item are also bolded.

Two motions were made during the meeting.

1. Motion to approve the minutes of 1/14/2008 (passed by voice vote without objection)
2. Motion to recommend an increase in the tobacco excise tax (passed by voice vote without objection)

The meeting began at 9:00 a.m.

Welcome and Introduction

Dr. Viamonte-Ros, Council Chairperson and State Surgeon General, welcomed the Council members as well as members of the public attending. After roll call was taken, Dr Viamonte-Ros asked for the review and comment of the minutes from the meeting on January 14, 2008. A motion was made to approve the minutes of January 14, 2008. The motion was seconded and approved by voice vote without objection.

Overview of Agenda

Deputy Secretary Kimberly Berfield reviewed the meeting agenda. In summary, the Council will be involved in a process to facilitate its statutory responsibility to advise the State Surgeon General on planning and implementing Florida’s tobacco prevention and control program. The Strengths, Challenges, Opportunities, Gaps exercise will enable the members to share their expertise with the Florida Department of Health and with the entire Council. Following this dialogue, the three

subcommittees will develop specific priorities and recommendations for the Council's review. Discussion and sharing of ideas will further define the responsibilities of the Council.

Identification of Strengths, Challenges, Opportunities, Gaps (S.C.O.G.) in Tobacco Prevention and Control in Florida

The goal of this exercise is for the Council to brainstorm about tobacco issues, to identify and prioritize major issues in tobacco control and to then develop a series of next steps from the prioritized lists. In her introduction to the exercise, the facilitator made the following comments:

1. Take a broad perspective and include national, state and regional issues.
2. Use the data about tobacco use and tobacco control to guide the discussion (under Tab 3 of the notebooks).
3. Use the CDC *Best Practices for Comprehensive Tobacco Control Programs, October 2007* as a point of referral as required by the Constitution and Florida statute.

Guided by the facilitator, Council members identified Strengths, Challenges, Opportunities, and Gaps in tobacco control. Council members then prioritized Opportunities and Gaps by using "dots" affixed to the items they deemed most important. Council members received 5 "dots" to identify their top Opportunities and five "dots" for their top Gaps.

Strengths

- Area Health Education Center (AHEC) network
- Champions for tobacco control in communities
- Congress considering Food and Drug Administration (FDA) regulation of tobacco
- Constitutional Amendments – 1) program funding 2) Florida Clean Indoor Air Act
- Employer encouragement to stop smoking
- Funding
- History of success – residual effects
- Inter-agency (State) cooperation
- Local partnerships with business and coalitions
- Local staff commitment
- Over 50% of the country's population covered by a Clean Indoor Air law
- Smoke-free health care campuses
- Specific contributions of American Cancer Society (ACS), American Heart Association, American Lung Association (ALA), and Campaign for Tobacco Free Kids (CTFK)
- Strong Florida Clean Indoor Air Act
- Strong institutional support
- Strong public support

Challenges

- \$1.3 billion spent in advertising by Tobacco companies in Florida
- Building capacity at community level – who participates in partnerships, coalitions, etc
- Champions – more needed
- Collective bargaining agreement – governs state policy on outdoor smoking
- Coordination among various agencies at the State, Regional and Local levels
- Direct marketing strategies by Tobacco companies

- Enforcement of current laws
- Enforcement of the Florida Clean Indoor Air Act (FCIAA) Restaurants – Department of Business and Professional Regulations/ Alcohol Beverage and Tobacco (DBPR/ABT)
- Chambers of Commerce, convenience stores (make money from tobacco sales)
- Health education – need more
- High cigar use
- How to more effectively involve youth in community partnerships; how to actively engage them?
- How to integrate youth and disparities throughout the community partnerships/coalitions
- How to re-energize youth in tobacco prevention and control
- Industry focus on young adults – marketing
- Integrating and re-branding Tobacco Prevention and Control Program and movement.
- Lack of health educators in pipeline
- Little time in schools for health education
- State and local staffing - too few
- Low excise taxes
- Music promotion by Tobacco companies
- Need for more funding
- Providing healthcare to individuals with tobacco related disease
- Raising public awareness about tobacco
- Reaching hard core smokers
- Smoke-free campus and businesses (State/County government)
- Smoking in movies and on TV
- Social marketing – minority populations
- Tobacco companies on college campus
- Tobacco Industry surrogates – tobacco retailers, convenience store owners, Chambers of Commerce

Opportunities are ranked in priority order with the 5 top priorities selected by Council members identified in bold type. Those without a number did not receive one vote.

Opportunities	Rank
• Excise taxes are low	10
• Re-energize youth; utilize their expertise	10
• Changing statutory funding allocations by category – Legislative decision-Council can offer advice	9
• Building capacity at community level – partnerships and collaborations	5
• Promote support for quitting - focus on family members support	5
• Moral outrage	4
• Focus on young adults	3
• Higher education campus policies – wide ranging	2
• Improve understanding of what’s happening in comprehensive program	2
• Engaging business community at local level	2
• Re-energize tobacco control movement	1

- Comprehensive program– across the board training for youth and collaboration 1
- Blue Cross /Blue Shield health benefits plan for state employees – no coverage for cessation pharmacotherapies including Chantix, Zyban
- Common themes to be implemented by all players
- EX Alliance tobacco use cessation campaign – American Legacy Foundation actively recruiting states to share marketing costs
- Employers concerned health care costs
- Engage youth in Health Communications
- Health communications to pre-school
- Partner with Governor’s discount card for nicotine replacement treatment (NRT) and other pharmaceuticals
- Partner with other Governor’s initiatives, awards, challenges to schools for success
- Regional Tobacco Prevention Specialists’ reports
- Working with retailers – not to sell tobacco
- Sampling ban
- State agencies – Total tobacco-free venues for conferences
- Survey Community grantees – what partnerships have they developed?
- “We are here!” - promote efforts, recognize successes, and tell the story of what’s happening.
- Work with physical education groups in High School and Middle School
- Work with school nurses; increase the number of school nurses
- Work with drug rehab community

Gaps are ranked in priority order with the 5 top priorities selected by Council members identified in bold type. Those without a number did not receive one vote.

Gaps	Rank
• Excise taxes are low	14
• Tobacco Control Program funding at ¼ of Centers for Disease Control (CDC) recommendation	8
• Too few staff at the local and state levels	6
• Building/rebuilding collaborations with local existing, broader coalitions	5
• Lack of focus on young adults	5
• Re-engaging youth	5
• Our successes!! Smoking no long a top concern	4
• Clean “outdoor” air policies; CIA enforcement not complete	2
• Disconnect between drug companies’ advertising and public health social marketing interventions to reduce tobacco use – unified messages	2
• Training for school nurses and other tobacco prevention/control professionals	2
• Treatment of tobacco dependence along with alcohol, tobacco and other drugs (ATOD), mental health	1
• Smokeless tobacco excise tax low	
• Putting Surveillance & Evaluation components upfront	
• High white/rural – lung cancer rates	

Notable issues that were raised during this discussion were:

Comment from the State Surgeon General: Governor Crist proposed a Florida discount card program. Over 3,000 pharmacies in the state are participating. Could we partner with them to provide low cost nicotine replacement therapy (NRT) as part of the discount card program? These 3,000 participating pharmacies could be influenced by the Tobacco Advisory Council.

Response: The Department will follow up and report its findings at the next Council meeting on June 2, 2008.

Comment: Council members should find out what (tobacco) partnerships have been developed in their areas and how are they engaged, and then provide feedback to the Council.

Responses: There were several responses to the partnership topic:

- There may be gaps in partnerships at the local level, and there is a need to join forces and fill these gaps in.
- The County Health Departments should look beyond themselves. There are coalition partners that already have partnerships established that may be able to be expanded to include tobacco prevention and control.
- We should survey the AHEC to provide information on any partnerships they have with other groups, and any other organizations that work with health care provider practices and/or provide training to them.
- Developing local business partnerships should be considered.
- In the Health Department's Tobacco Control Program's community RFP grant program, all the awardees are required to work with existing partnerships, or form new partnerships. It has only been three months since they received funding; too early to measure their effectiveness.

Comment: Monroe County is a shining star having great success with their coalition. A town hall meeting with hundreds of parents had a tremendous effect on the rest of the county. They are working very hard, with limited dollars from the coalition. We should bring in a partnership or coalition to do a presentation at our next meeting to show how they are engaged at the local level.

Response: Engaging and empowering local coalitions is both a strength and a challenge.

To do: Bring in a partnership or coalition to do a presentation at the June 2, 2008 meeting,

Comment: How can we entwine tobacco prevention with education? Couldn't we try to engage through the school nurses?

Summary: Youth culture is changing and we need to keep up. We need to hear from youth directly. The Council wants more information on the youth culture and what the health communications contractor is doing to stay on top of it.

Comment: Florida has the highest number of cigarette packs sold of any state, 1.3 billion packs sold annually. Also, the tobacco industry spends about one billion dollars on promotion in this state, more than any other state in the country.

Comment: As seen in the minutes of the January 14, 2008 meeting of the Council, Dr. Terry Pechacek from CDC spoke of the research that demonstrates that increasing the price of tobacco products is the single most effective way of preventing tobacco use, promoting cessation and reducing consumption among smokers. It has an especially strong effect on youth, and on the low income demographic where tobacco users are more likely to quit or cut down when the price goes up. The Healthy Florida Alliance, along with the American Cancer Society and other partners, is supporting a bill introduced in this current session supporting an increase of the cigarette excise tax by \$ 1.00 per pack.

Comment: There are extensive tobacco industry marketing practices, particularly on university campuses, targeted toward the 18-24 year old demographic.

Response: Turn to tab 3, survey data. The largest age demographic that uses tobacco is 18-24 year olds.

Comment: Tobacco companies are showing up at college sporting events, in the parking lots and out of the main public areas, and passing out free tobacco products. Is there a policy against this?

Response: It certainly is an opportunity to look at revising state law to ban free sampling. In addition, the university leaders can deal with this on their own campuses.

Comment: Universities are investing in tobacco stocks, the tobacco companies are coming to campus and job recruiting and there is a lack of a college health education program targeted toward 18-24 year olds. There is variation among colleges; some positive things are happening, especially establishing tobacco-free campuses.

Comment: Little enforcement for the clean indoor air act? What about bars that are attached to restaurants - when the restaurant closes down, the bars fire up?

Response: The indoor clean air act enforcement is complaint driven. The Department of Health receives complaints and forwards them to the Department of Business and Professional Regulation (DBPR). They investigate and follow up with the individual business. The State Surgeon General signs off on agency actions generated by the Department of Health. Enforcement is done by two agencies (The Florida Department of Health and the Department of Business and Professional Regulation).

Comment: The United States is one of the few countries that has not ratified the international agreement for tobacco control issues, the Framework Convention. This impacts all the way down.

Comment: What about tobacco free campuses at the County Health Departments and the Department of Health's Central Office?

Response: From a legal standpoint, state employees, including doctors and nurses, are part of a collective bargaining unit. Attorneys at the Department of Management Services (DMS) have ruled that control of smoking and tobacco use on state property is pre-empted to the state which already has a law governing this issue inside of buildings but not outside on the grounds. Smoking outdoors would have to be addressed at the collective bargaining unit and it may be brought up again.

To Do: At the June 2, 2008, Council meeting invite a representative from the Department of Business and Professional Regulation to talk about Chapter 386 enforcement as well as sales to minors enforcement, and also invite the Department of Management Services to talk about

restricting indoor and outdoor smoking at state-owned and leased facilities and collective bargaining requirements.

Comment: Is the Council able to support/recommend an increase in tobacco excise taxes?

Response: The Council has the right to make any recommendations to the State Surgeon General, including ones directed at the program, and ones addressing legislative policy.

Comment: If there is a consensus and we all feel strongly about the excise tax issue, we should be able to propose it to downtown and to the Governor's Office.

Response: The state of Florida is in its second year of financial contraction and the Governor and Legislature have stated they do not favor any tax increases.

Response: The State Surgeon General recommended that Council members consider going back to the people that appointed them to gauge their willingness to support increasing tobacco excise taxes.

Comment: If the increased cigarette excise tax is passed, should we be concerned on how the additional revenue is spent? Should it be used for tobacco issues?

Response: We will have plenty of opportunities to discuss where the money will go; again our focus should be on Public Health.

Comment: Following extensive discussion on the relationship between the price of tobacco products and their use, a motion was made to recommend to the State Surgeon General that the Council supports the state raising the excise tax on tobacco products and specifically in the amount of a minimum of \$1.00/pack of cigarettes.

Motion: It was moved and seconded that it is the consensus of the Council to create a resolution favoring an increase in the excise taxes on tobacco products, and specifically to increase the cigarette excise tax by a minimum of \$1.00/pack. The motion was unanimously approved by voice vote. It was further agreed that the Health Communications Subcommittee write the language of the recommendation and bring it back to the full Council for further action.

Goal Development by Subcommittees Using SCOG Process. The three Tobacco Advisory Council subcommittees (Youth Programs, Health Communications and Surveillance and Evaluation) attended their own break out session where a member was selected to report the group's recommendations back to the Council.

Subcommittee Reports: Recommendations for Florida's Tobacco Education and Use Prevention Program

Health Communications Subcommittee

In response to the Council's directive to draft a resolution expressing the Council's support for increasing tobacco excise taxes, members of this subcommittee wrote the following resolution to bring to the Council for its review and action.

Tobacco Education and Use Prevention Advisory Council
March 3, 2008

A RESOLUTION

To The State Surgeon General
Ana Viamonte Ros

Whereas, the Florida Legislature finds that the primary goals of the Tobacco Prevention and Control Program are “to reduce the prevalence of tobacco use among youth, adults and pregnant women; reduce per capita consumption; and reduce exposure to environmental smoke,” in accordance with Chapter 381.84, Florida Statute; and

Whereas, the Tobacco Education and Use Prevention Advisory Council is charged with advising the State Surgeon General “as to the direction and scope of the comprehensive Statewide Tobacco Education and Use Prevention Program,” in accordance with Chapter 381.84 Florida Statute; and

Whereas, research shows that increasing the cost of tobacco products is the single most effective strategy to reduce tobacco use among youth and adults; and

Whereas, Florida has the fifth lowest cigarette excise tax in the United States, levies no excise tax on cigars and has a low excise tax on other tobacco products;

NOW THEREFORE BE IT RESOLVED that the Tobacco Education and Use Prevention Advisory Council recommends to the State Surgeon General that the Florida cigarette excise tax be increased by a minimum of one, \$1.00 per pack and that the excise tax on other tobacco products, including cigars, be increased.

After developing this language, the subcommittee also addressed the following topics:

1. Partnering with other groups to cut costs of anti tobacco ads for example:
 - a. Partner with insurance companies that gain by lower health care costs
 - b. Partner with pharmaceutical companies to consider allowing a Department of Health tag line on the nicotine replacement therapy ads
2. Develop a way to have quick responses to persons clicking on Zimmerman-developed website - www.tobaccofreeflorida.com.
3. Targeting youth through after-school alternatives such as the Boys and Girls Club, YMCA or YWCA

Youth Programs Subcommittee

Engaging youth, including those of college age, is a top priority for tobacco prevention and control and the subcommittee recommended engagement at three levels: middle school, high school and college age. The subcommittee asked the following questions:

- What are the goals of the youth program?
- How are youth to interact with the community?
- What do we have that is “right” for youth?

- What do we need to develop to engage and retain youth?
- Should we have consistency in the youth program, or local variation or some combination?
- How do we coordinate all the existing SWAT programs?

Further the group recommended that each county have involvement in a unified message. Also, youth need to be trained in advocacy and leadership skills. Adult members of community coalitions/partnerships need to be trained to provide support to youth.

The subcommittee also asked what can be learned from the original Truth counter marketing campaign, as well as campaigns from other states. What are Colorado and New York doing with youth development?

The group encouraged the use of Tobacco Prevention Specialists and sub-vendors at the county level for training and support for community interventions and educating youth with unified messages. The Tobacco Control Program should provide consistent advocacy training guidelines and messages.

Surveillance and Evaluation Subcommittee

This group developed several specific recommendations:

- Use data and peer-reviewed scientific and medical evidence and research whenever we make public health decisions, before we spend money.
- Look at existing data to design specific studies.
- Have Tobacco Control Program present their evaluation plans.
- Increase the uniformity of the Community RFP grants data collection elements.
- Counties should carefully coordinate their cessation program/media campaign efforts with the statewide efforts.

Report Back

Each of the subcommittees reported their observations, recommendations and requests to the full Council.

Next Steps

Subcommittees: Health Communications, Surveillance and Evaluation, and Youth Programs
Subcommittees have scheduled several conference calls before the next Advisory Council. Notices will be posted in the Florida Administrative Weekly and on the Department of Health Tobacco web site.

The Department will get updates/evaluation from media contractor and discuss with the Health Communications Subcommittee. The subcommittee has requested that a representative from the Zimmerman agency be available for the next subcommittee meeting.

The Department will provide to the Council the status of unexpended funds, in particular the \$10 million that was discussed at the January 14, 2008 meeting. The Department will provide the status of contracts.

The Department will provide Legislative updates to the Council.

The Department will provide to the Council the meeting minutes in a more timely manner.

Evaluation forms of this, the third Tobacco Education and Use Prevention Advisory Council meeting, were distributed. The results will be made available to all Council members.

The meeting was adjourned by the State Surgeon General at 3:30 p.m.

To Do list identified by the Council

1. As new tobacco contracts are awarded, the Department should provide updates to the Council members.
Updated list of contractors/providers will be provided to the Council.
2. The Department of Health will begin a dialogue with the Quitline contractor about referral to Medicaid for payment for nicotine replacement therapy (NRT) for those clients that are Medicaid-eligible. **Staff are working on a protocol to require Medicaid to pay for or provide nicotine replacement therapy for Medicaid eligible clients. DOH will prepare a written report on this issue for the June 2, 2008 meeting.**
3. The Department of Health evaluation staff should gather data about the real cost of tobacco products given the industry's efforts to maintain low prices by coupons, two for one sales, etc. **Staff have begun gathering data and will provide a written status report to the Council at the June 2, 2008 meeting.**
4. The Department of Health staff will prepare minutes of the 3/3/2008 and subsequent meetings in a timely fashion.
5. The Department of Health will schedule Zimmerman Inc. to present to the Council on upcoming media campaigns.
6. The Department of Health will schedule a presentation of the tobacco program evaluation plan to the Council.
7. The Department will provide reports to the Council from the Regional Tobacco Prevention and Control Specialists highlighting what tobacco control activities are going on in their regions.
8. The Department of Health will schedule a local community tobacco grantee to do a presentation to the Council about its partnership building activities.
9. The State Surgeon General will inquire about leveraging the 3,000 member pharmacy discount cards to reduce the cost of nicotine replacement therapy as well as other tobacco cessation pharmacotherapies, and to reduce tobacco sales to minors.

10. The Department of Health will schedule the Department of Business and Professional Regulation (DBPR) to present on Clean Indoor Air Act enforcement.
11. The Department of Health will review, consider and respond to the Council about the recommendations made by the three subcommittees.
12. The Department of Health will schedule a presentation to the Council by participants of a youth program.
13. The Department of Health will research programs or practices to engage spouses to assist and support their spouses to quit and will report back to the Council on June 2, 2008.
14. The State Surgeon General will forward the Council's Resolution supporting an increase in tobacco excise taxes to the Governor.
15. The Department will provide to the Council the agenda for the Monitoring and Technical Assistance Training. **Posted to the Council on 3/20/2008**
16. Evaluations of the 3/3/2008 meeting are to be sent to the Council. **Posted to the Council on 3/20/2008.**

Submitted by Carlos Martinez, Florida Tobacco Program. 3/20/2008