

Meeting Minutes
Tobacco Education and Use Prevention Advisory Council
4052 Bald Cypress Way, Room 301
Tallahassee, Florida
December 1, 2008, 9:00 AM – 4:17 PM

Members Present

Alan Geiger	Javier Berezdivin
Danny McGoldrick	Jeffrey Cece
Dr. James Howell	Jennifer Harris
Dr. Mae Waters	John T. Brown
Dr. Mathis Becker	Marshall Deason
Dr. Nancy Hardt (for Dr. Michael Good)	Paul Hull (for Don Webster)
Dr. Robert G. Brooks (for Dr. John Fogarty)	Penny Detscher
Fonda McGowan	

Members Absent

Dr. Robert. Fernandez	Erin Sylvester
Dr. Ana M. Viamonte Ros	Wayne Withers
Dr. Jean Malecki	

DOH Staff Present

Adele Porta	Lori Westphal	Laura Corbin
Angela Lynn	Gregg Smith	Marcella Capar
Carlos Martinez	Jacqui Sosa	Rakinya Hinson
Dave Garison	Jan Myrick	Ron Davis
David Powell	Jennifer Tschetter	Sam Samlal
Donna Washington	Karen Ashburn	Sonja Bradwell
Donna Williams	Kim Berfield	Steve Radford
Lauren Porter	Kristina Zachry	Terri Stone

In addition, there were twenty three visitors who signed the visitor roster.

Desired outcomes:

- Provide recommendations on Statewide Tobacco Education and Use Prevention.
- Continue the planning process for the development of an updated Blueprint to guide Florida's tobacco prevention program.
- Review the Area Health Education Centers (AHEC) yearly progress.

Time	Agenda Item	Discussion	Status/Follow up
9:00 a.m.	Welcome and Introductions, Roll call, Approval of minutes, Updates on previous recommendations, Update on s. 385, F.S., re-write, FOA, Review agenda	<p>The meeting was called to order. The roll was called by Mr. Martinez.</p> <p>Deputy Secretary Berfield welcomed the Council members. She will be serving as Chair in the absence of the State Surgeon General (SSG). The Deputy Secretary has no voting rights and will provide a report to the SSG.</p> <p>Motion: Ms. Detscher made a motion to approve the minutes of 6/2/08 council meeting as written. The motion was seconded and approved by voice vote.</p> <p>The Council reviewed Tab 2 of the notebook which included, a list of the previous Council recommendations, their status, a list of members that may designate alternates, and the draft excise tax letter.</p>	<p>Motion approved. Detscher/Berezdivin</p>
9:30 a.m.	PowerPoint Presentation: Florida Quitline Evaluation and Quitline media evaluation	<p>Ms. Rainey with Professional Data Analysts, Inc. (PDA, Inc.) provided a PowerPoint presentation in the following areas:</p> <ol style="list-style-type: none"> 1) Provided an overview of the evaluation plans for the Quitline. 2) Analyzed the effect of media upon the Quitline. 3) Presented selected findings of the evaluation of both the Quitline and media. 4) Provided suggestions for future improvements. <p>Successes</p> <ul style="list-style-type: none"> • Over 40,000 individuals called in 2008 compared to about 3400 callers per year in the previous five years. • Targeting ads by age groups resulted in increased calls for the targeted groups. • Most callers (82%) selected counseling; more than the CDC benchmark of 75%. • The combination of intense media and limited free nicotine replacement therapy (NRT) has proven very effective. • Before the Quitline offered NRT, only 50% of callers chose counseling. After the offer, 82% selected counseling. • The Quitline reached a very high proportion of the state's smokers. In periods of peak media intensity, around 7.4% of smokers sought help. Most Quitlines reach about 1% of smokers. <p>Challenges</p> <ul style="list-style-type: none"> • Unless minorities (African Americans and Hispanics) are specifically targeted in media ads, their response rate falls off more quickly than whites. 	

Time	Agenda Item	Discussion	Status/Follow up
		<ul style="list-style-type: none"> • The quit rate is heavily influenced by the response rate to follow-up surveys of callers. Florida’s response rate of 23% was low and needs to be over 50% for reliable quit rate estimates according to the North American Quitline Consortium. • The primary tobacco disparity population of 18-24 year olds remains difficult to engage. • There are unmet needs for services because of limited nicotine replacement therapy and limited funding for counseling. • Medicaid funding for Quitline callers is underutilized. • The Quitline should use Florida specific ethnicity categories (especially for Hispanics) that are aligned with the DOH surveillance surveys. <p>Next steps</p> <ol style="list-style-type: none"> 1) Develop targeted ads aimed at minorities and the disparity populations of 18-24 year olds. 2) The media campaign combined with the offer of free NRT should be continued. 3) Due to low response rates, current quit rates are not reliable. PDA, Inc. will take over the follow-up surveys in March of 2009 with a more intensive approach that will hopefully produce more reliable quit rate results. 4) Follow-up calls to clients should be randomly selected. <p>PDA, Inc. is contracted by the Florida tobacco prevention program to provide an independent evaluation of the Florida tobacco cessation Quitline, and of the media effort that supports the Quitline. PDA, Inc. is contracted to maintain a Florida specific web site http://www.flquitstats.com/reports.aspx where anyone can obtain Quitline statistics for the state or for individual counties.</p> <p>Discussion: In view of the Quitline’s success, DOH has been able to shift some funding to increase the Quitline’s outreach but legislative guidelines and limitations must be followed. DOH is also spreading out the advertising over the year to increase the coverage of the program.</p>	

Time	Agenda Item	Discussion	Status/Follow up
10:30 a.m.	PowerPoint Presentation: Year 1 financial update	<p>Mr. Radford, Budget Manager for the Division of Health Access and Tobacco, presented a summary update of the FY 07/08 and FY 08/09 tobacco prevention program expenditures.</p> <p>Each program component from the legislative appropriation for each year was described including any dollars reverted to the state from year 1.</p> <p>Some of the important points were:</p> <ul style="list-style-type: none"> • In the first year of the program there were delays in obligating funds due to the competitive procurement process and the time needed to create contracts. • DOH was successful in obligating 87.5% of the 57.9 million dollars appropriation for FY 07/08, which compares favorably with other first year programs that had first year obligation rates of between 52% and 72%. • In FY 08/09 we expect to obligate more than 98% of the appropriation. • Fixed Capital Outlay projects for both years have a three year window of obligation and are in process. • The presentation explained how the changes in the CDC Best Practices for Comprehensive Tobacco Control required some combination of components in FY 08/09 that had been line items in the previous year. <p>Discussion: A Council member asked how the unspent dollars reverted back to the state were utilized. DOH will inquire and report back. Dr. Howell, a former head of the DOH, stated that an 85% obligation rate for the first year of a program was very good. Another member asked about the percentage of administrative costs for the program and these will be reported back at the next meeting.</p>	The DOH will report back on the administrative costs of the program.
11:15 a.m.	PowerPoint Presentation: Area Health Education Centers (AHEC)	<p>The Area Health Education Centers (AHEC) Network has five contracts with the DOH for tobacco cessation and tobacco training of health professionals. A summary of the second year's highlights were presented by Ms. Aubrey, Dr. Richardson, Mr. Saldias, and Ms. Nichols.</p> <p>The goal of the AHEC program is to strengthen the tobacco prevention program. The AHECs work toward this goal by:</p> <ul style="list-style-type: none"> • Providing cessation counseling at the local level. Last year's services include: <ul style="list-style-type: none"> ○ Working in 62 counties, 	

Time	Agenda Item	Discussion	Status/Follow up
		<ul style="list-style-type: none"> ○ Screening 27,138 persons for tobacco use, ○ Providing cessation counseling to 10,942 individuals, and ○ Promoting calls to the Florida Quitline. <ul style="list-style-type: none"> ● Development and utilization of “Quit Smoking Now” a no cost cessation curriculum. ● Development of health care provider materials such as the “Provider Tobacco Cessation Reminder Pocket Flip Cards” for use in clinics. ● Development of community and academic partnerships with ten Universities and Colleges, five of which have medical schools. ● Utilizing partnerships to train doctors and nurse practitioners in brief tobacco intervention therapies (3-5 minutes). ● Working with dental, medical, and other health professions students to train them in the importance of their clients being tobacco free. Last year approximately 12,000 health professions students were trained. ● Training an additional 5,191 health care professionals including those caring for patients with cardiovascular and other tobacco related diseases as well as pregnant and post partum women. <p>Summary: The AHECs provide much needed tobacco services to rural and underserved urban populations. They developed an important link between health care professionals and facilities and tobacco cessation services.</p> <p>Discussion: A Council member asked if the AHECs worked with youth prevention and they responded that while health professions students visited middle schools the impact was principally on the health professions student. Also, the AHECs are coordinating their work with Zimmerman Inc. to develop public relations and advertising initiatives. The AHECs also work closely with DOH county health departments and local community based anti tobacco organizations. Several Council members praised the work of the AHECs at the local level.</p>	
Noon. to 1:20 p.m.	Lunch Break		
1:20 3:00 p.m.	Subcommittee Breakouts	The subcommittees met in separate rooms. The minutes to those meetings are posted at: http://www.doh.state.fl.us/tobacco/TAC.html#Sub-Committees	
3:00	Break		

Time	Agenda Item	Discussion	Status/Follow up
3:10 p.m.	Subcommittee Reports: Surveillance and Evaluation	<p>Mr. Hull of the American Cancer Society presented three recommendations from the Surveillance and Evaluation Subcommittee. After discussion, all three recommendations were accepted in the form of Council motions.</p> <p>“The Surveillance and Evaluation Subcommittee recommends the Department of Health adopt the process that has been used to evaluate the community-based programs by the Robertson Group Inc.”</p> <p>“The Surveillance and Evaluation Subcommittee stated that because of decreasing attendance at Subcommittee monthly meetings, Council members should be queried about their preferences and desire to remain in their Subcommittee assignments.”</p> <p>“The Surveillance and Evaluation Subcommittee recommends to the State Surgeon General that the high profile individuals or organizations that have supported the program be recognized in some way by the Department of Health. This includes sports figures, sports organizations and others who have assisted the tobacco program.”</p>	<p>All recommendations and motions will be presented to the Chair of the Council.</p> <p>Motion approved: Becker/Brown</p> <p>Motion approved: Becker/Brown</p> <p>Motion approved: Becker/Brown</p>
3:20 p.m.	Subcommittee Reports Youth Programs	<p>Dr. Berezdivin of the Youth Programs Subcommittee presented three recommendations for consideration by the Council. After discussion all three motions were accepted by the Council.</p> <p>“The Youth Programs Subcommittee recommends to the State Surgeon General that the council as a whole devote considerable time during their next meeting to learn of the progress made in the youth program.”</p> <p>“The Youth Programs Subcommittee recommends to the State Surgeon General that the tobacco program develop a Students Working Against Tobacco web page that focuses on member recruitment and registration. This web page should include the input from the Youth Advocacy Board for its development.”</p> <p>“The Youth Programs Subcommittee recommends to the State Surgeon General that the tobacco program engage all aspects of the program, within the constraints of state law, to educate youth about the effect of product price increase, particularly</p>	<p>Motion approved (speaker inaudible) passed by voice vote.</p> <p>Motion approved (speaker inaudible) passed by voice vote.</p> <p>Motion approved (speaker inaudible) passed by voice vote.</p>

Time	Agenda Item	Discussion	Status/Follow up
		<p>upon youth tobacco prevalence.”</p> <p>Ms. Myrick cautioned that the DOH cannot use state funds to lobby, but the members can work individual activities toward a best practice. Ms. Tschetter, the DOH counsel for the tobacco prevention program, advised the members that there are things they can do but there are some things the DOH cannot do in regard to this issue.</p>	
3:35 p.m.	Subcommittee Reports: Health Communications	<p>Mr. Deason, Chair of the Health Communications Subcommittee, presented one recommendation to the Council.</p> <p>“The Health Communications Subcommittee should become familiar with the components of the proposed FDA regulation of tobacco now before the Congress. This information will be used to determine what recommendations, if any, will be made to the State Surgeon General about this issue.”</p> <p>.</p> <p>Questions, observations, and updates:</p> <p>Dr. Becker asked Mr. Hull to discuss the efforts being made by the heart, lung, and cancer associations to support the state proposal to increase the excise tax on tobacco products. Mr. Hull replied that the one billion dollars in revenue from the tax would help the state out of a four billion dollar deficit. The hope is that the money would be spent on health care, although passing the tax would reduce consumption no matter how it was spent. Those that are in a position to advocate for the tax increase should. There was additional discussion about the pros and cons of the excise tax on tobacco products.</p> <p>Mr. McGoldrick asked the DOH to consider establishing a fourth subcommittee for community-based programs. DOH staff responded that the current three subcommittees reflected the three areas most cited by Council members and are also the most important to the CDC.</p>	Recommendation approved.

Time	Agenda Item	Discussion	Status/Follow up
3:50	Group Discussion of the excise tax letter	Council members discussed how best to have individual Council members sign a letter in support of increasing the excise tax on tobacco products. Deputy Secretary Berfield informed them the letter was ready for their signatures. The sense of the Council was that whoever wanted to sign the letter and was at this meeting could sign now. If other members who were not present wanted to sign the letter it would be their responsibility to get to DOH and sign prior to December 5, 2008.	
4:10 p.m.	Next steps and Meeting Wrap Up	For the next meeting on March 2, 2009, Mr. McGoldrick has offered to provide information about the components of the proposed FDA legislation to regulate tobacco. The Council requested Mr. McGoldrick present about FDA regulation at the next meeting.	Mr. McGoldrick's presentation will be placed on the agenda.
4:17 p.m.	The Meeting was adjourned		