

**Tobacco Education and Use Prevention Advisory Council
Building 4052, Room 301, Tallahassee, Florida
Meeting Minutes
December 7, 2009**

**Held via Conference Call
Toll-Free Number 1-888-808-6959
Conference Code 6849116**

Advisory Council Members Present:

Ana Viamonte Ros, M.D., M.P.H., State Surgeon General, Chair	Erin Sylvester
Alan Geiger, Esquire	Nancy Hardt, M.D. (for Michael Good, M.D.)
Danny McGoldrick, M.A.	Commissioner Wayne "Chip" Withers, B.S.B.A.
James T. Howell, M.D., M.P.H.	Jeffrey Cece, M.S.
Javier Berezdivin, Ph.D.	Jennifer Harris, B.A.
John P. Fogarty, M.D.	Marshall Deason, Esquire
Kevin Sherin, M.D., M.P.H.	Penny Detscher, B.A.
Mathis Becker, M.D., F.A.C.S.	Paul Hull (for Ralph DeVitto)

Advisory Council Members Absent:

Fonda McGowan, M.S.	Tim Wilder, M.S.
Mae Waters, Ph.D., C.H.E.S.	

Department of Health – Management Present:

Kimberly A. Berfield, Deputy Secretary for Advocacy & Policy	Janine B. Myrick, J.D., Director Division of Health Access and Tobacco
Janet K. Baggett, M.S., C.H.E.S., Chief, Bureau of Tobacco Prevention Program	

Department of Health – Management Absent:

None	
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Department of Health Staff Present:

Carlos Martinez	Jane Parker	Kristina Zachry
Dave Garison	Michelle Beard	Laura Corbin
Donna Williams	Lauren Porter	Joe Scarfone
Gregg Smith	Ron Davis	Erin Singerman

Others Present:

Allison Kennedy (University of California at San Francisco)	Brenda Olsen (American Lung Association of the Southeast, Inc.)
Anne Betzner, Julie Rainey, Michael Luxenberg, and Lija Greenseid (Professional Data Analysts)	Matthew Farrelly and Erik Crankshaw (Research Triangle Institute)
Monica Corbett, Erin Cole, Kim Smalls, and Karyn Cardona (The Zimmerman Agency)	Leila Martini (University of South Florida Area Health Education Center)
Jared Ross (American Cancer Society)	

Welcome and Introductions

**Ana Viamonte Ros, M.D., M.P.H.
State Surgeon General, Chair**

The State Surgeon General welcomed the attendees to this meeting conducted via

teleconference. She explained the meeting is a continuation of the August 31 – September 1, 2009 meeting focusing on evaluation and no minutes would be approved. The minutes for the entire meeting will be prepared and voted on at the January 4, 2010 meeting. The State Surgeon General then explained the meeting logistics, webex use, and said the presenters for the meeting would be Anne Betzner, PhD. and Julie Rainey from Professional Data Analysts on the evaluation of Florida Quitline. Matthew Farrelly, Ph.D., from Research Triangle Institute will present on the overall evaluation of the Florida Bureau of Tobacco Prevention Program. She then turned the meeting over to Division Director Myrick to call the roll (BTPP).

***Evaluation of the Florida Quitline
Cessation Media Efforts***

**Anne Betzner, PhD. and Julie
Rainey, Professional Data
Analysts**

Professional Data Analysts (PDA) evaluates tobacco cessation quitlines in Hawaii and Minnesota and was contracted to evaluate the Florida Quitline (Quitline), as well as media efforts in support of the Quitline. The quit rate, based on 449 respondents to a seven month follow up survey, was 30.6 percent and is in the acceptable range. The quit rate goal for 2015 is 30 to 36 percent and the current quit rate meets this goal. Seventy-five percent of the follow up respondents used stop-smoking medicine since calling the Quitline and 60 percent used nicotine replacement therapy (NRT). The PDA 2009 Annual Report includes conclusions and recommendations. Julie Rainey, PDA, presented a PowerPoint on the Quitline evaluation and their following recommendations:

- Facilitate steady call volume.
- Minimize disruptions in Quitline services.
- Reconsider allocation of funds for counseling vs. NRT.
 - Recommendation is based on emerging evidence that the amount of free NRT can be reduced without reducing quit rates.
- Refer callers to other existing cessation programs - Area Health Education Center (AHEC) or other community based, and consider supplementing the Quitline with lower-cost interventions, such as web-based counseling.
- Increase Quitline funding.
- Long-term strategy - consider establishing cost sharing with major health insurance providers because 44 percent of Quitline callers have private-payer insurance.

Ms. Rainey then discussed:

- Reaching key populations.
- Delivering effective treatment.
- The Quitline's effectiveness:
 - Assisting callers to quit tobacco and to use and obtain medications.
- Caller satisfaction.

In summary, Ms Rainey stated the following: After seven years of operation, basic evaluation questions and Quitline performance were answered.

- The Quitline serves large numbers, is effective in helping Floridians quit tobacco, and callers are satisfied with the services.
- Challenges are balancing supply and demand for services and reaching under-represented smoker groups.

Ms. Rainey mentioned PDA's future Quitline evaluations will focus on more complex questions and will continue to improve follow-up data collection. She also said the existing evaluation

findings should be used to shape the new contract with Free and Clear, the new Quitline vendor. Penny Detscher had a question regarding if pregnant women were within the groups of Quitline under-utilization. Ms. Rainey replied PDA did not report on pregnant smokers because their number in the Behavioral Risk Factor Surveillance System is too low to use in the sample.

Anne Betzner, PhD. presented on the cessation media evaluation. Dr. Betzner explained the goal was to assess the investment by the Department of Health in the media campaign. She said that PDA reviewed the cessation media bought and then used statistical techniques to describe the relationship between media and call volume, quitting behaviors, and other cessation outcomes. She said the hope is that the more media bought translates into higher call volumes. She indicated her presentation would include broadcast (TV and radio) media, earned media, internet media, and Quitline reach. Dr. Betzner said that PDA recommends lower levels of broadcast cessation media be bought for longer durations to flatten out the spikes in call volume. She stated broadcast cessation media bought is almost equally distributed among designated market areas.

Dr. Betzner described the successes and opportunities of earned media. Earned media had relatively high reach in areas with a high number of smokers and high smoker prevalence. She also provided the following considerations for 2010:

- Assess use of public relations (PR) activities to strategically support cessation.
 - Continue to build strong relationships with media.
 - Determine a balance between focusing on high prevalence vs. high population areas.
 - Promote varied messages on how to quit, why to quit, and messages on quitting on your own.
 - Examine funding of different PR strategies considering their effectiveness and alignment with campaign goals.

Dr. Betzner described the successes and opportunities of internet media. PDA recommends continued use and funding for cessation internet media. She provided the following considerations for 2010:

- Assess use of internet media to strategically support cessation.
 - Continue the use of internet media to reach populations who are not reached by traditional media.
 - Determine a balance between focusing on high prevalence vs. high population areas.
 - Examine funding of internet strategies considering their effectiveness and alignment with campaign goals.

Dr. Betzner said the Quitline reach can be a measure of the success of the media vendor in driving callers to the Quitline. She stated the reach is consistent across target and prevalence groups. She said the FY 2009 reach of 0.7 percent and is better than FY 2004 through FY 2007, and less than FY 2008. The typical state quitline reach is one to two percent. The Centers for Disease Control and Prevention (CDC) and North American Quitline Consortium (NAQC) recommend a six to eight percent reach. In FY 2008, Florida spent \$1.58 on media per smoker. Florida has a lower than average reach and higher than average spending per smoker. Florida ranks 11th highest among 36 state quitlines responding to the 2008 NAQC survey.

Dr. Betzner said Quitline funding and services are critical to increased reach. Florida spends less on Quitline and media than the CDC recommendations. In FY 2009, the maximum number of clients was served, given Quitline funding. She explained the following factors would allow

more individuals to be served: 1) increase budget for Quitline counseling, and 2) reallocate budget from NRT to counseling. Without changes to Quitline funding or services, the FY 2010 reach will be no more than 1.09 percent. Dr. Betzner also provided other strategies to increase reach. PDA's recommendations regarding reach are:

The Bureau of Tobacco Prevention should:

- Set a realistic target reach between one and eight percent.
- Determine the role of media and physician/fax referral networks in meeting this reach.
- Allocate funds to the Quitline, cessation media, and physician/fax referral (as necessary).

The Media Vendor should:

- Implement evidence-based media strategies, e.g. NAQC Issue Paper, *Increasing reach of tobacco cessation quitlines: A review of the literature and promising practices*.
 - Ensure varied promotions (TV / radio / online / non-broadcast, paid / earned) that are consistent over time.
 - Promote NRT using non-TV media.
 - Strategically place paid media.

Dr. Betzner then explained PDA's recommended model that includes:

- Exposure to cessation media (confirmed theme or event awareness).
- Media efforts that impact (call volume for 25 to 54 year olds).
- The impact of all media types on call volume (the only media type rated strong was broadcast media). PDA recommends that a lack of NRT not be included on voice mail.
- The impact of media campaigns on call volume and the impact of ads on outcomes.
- The exposure to cessation media on Hispanic smokers/recent quitters (very low exposure).
- The receptivity to ads by Hispanic smokers/recent quitters.
- Awareness of Spanish ads associated with outcomes.

Dr. Betzner stated the Spanish cessation campaign was moderately successful in driving calls to the Quitline and there are areas for improvement. The literature is mixed on the efficacy of population-specific campaigns and this study provides mixed findings. PDA's final conclusions and recommendations are:

- The Tobacco Free Florida cessation media campaign has achieved important successes in influencing the beliefs and actions of tobacco users.
- Some areas of improvement include relatively low awareness of advertisements and a mixed effect on outcomes.
- In the future, cessation media strategies should be considered from a public health perspective and the literature on tobacco control media.

Danny McGoldrick questioned the Quitline contract funding and the allocations for the NRT and counseling components within the FY 07-08 and FY 08-09 budgets. A discussion ensued and the question was not resolved. Division Director Myrick said that she will respond directly to Mr. McGoldrick on this issue.

***Evaluation of the Bureau
Of Tobacco Prevention Program***

***Matthew Farrelly, Ph.D.
Research Triangle Institute (RTI)***

Matthew Farrelly thanked PDA for their analysis and cautioned that it is challenging to link ad awareness to the various outcomes presented. He said the overall awareness levels are low and while it is a concern, he would caution not to overreact to these findings. Javier Berezdivin

mentioned there was a lot of information presented and the effect of the increased taxes on the price of cigarettes is unknown. He also mentioned that web-based cessation counseling should be considered. Division Director Myrick stated that the Department applied for a \$1.7 million grant that included an online cessation counseling component.

Dr. Farrelly began the Research Triangle Institute (RTI) presentation on the status of evaluation activities for the BTPP. Dr. Farrelly explained the evidence and recommendations for media and the media campaign, or counter-marketing, developed by the Zimmerman Agency that addressed both cessation and prevention and campaigns targeting 1) Youth ages 11 – 17, 2) Young adults in the “Straight to Work” group, 3) Pregnant women, and 4) Spanish language speakers. He said all BTPP media components are consistent with CDC Best Practices and that the Task Force on Community Preventive Services recommends that sustained media campaigns are most effective when combined with other interventions. Dr. Farrelly emphasized the importance of the CDC Best Practice’s recommended goal of reaching 75-80 percent of the target audience each quarter with an average of 1200 Target Rating Points (TRPs) initially and 800 TRPs per quarter thereafter. The different campaign components were explained and he reviewed the University of Miami findings regarding low media awareness.

Dr. Sherin stated that a reach of 75 to 85 percent reach in a quarter is high. Dr. Farrelly said that he would not expect to reach this goal, however; with the budget the BTPP has, the reach could be closer to those percentages. Commissioner Withers questioned if radio advertising was used in Miami-Dade County and if it was successful. Monica Corbett, The Zimmerman Agency, said they did purchase radio in Miami-Dade at top stations, including Hispanic language stations. Ms. Corbett also said the University of Miami’s evaluation found that radio was not as effective for youth as it was for adult cessation audiences. Dr. Betzner said that PDA did not find that awareness of radio ads was related to any of the outcomes measured. Paul Hull asked about the previous Truth Campaign and if we had a comparison of its reach. Dr. Farrelly said he would mention this later in his presentation.

Dr. Farrelly presented information from various evaluation reports and summarized it differently:

- RTI’s summary of TV TRPs for youth. The BTPP may be closer to the 75 to 80 percent reach and it may be a difference in the salience of the message and the media buys for short periods of time.
- RTI’s Summary of TRPs for adults. These numbers are further from CDC Best Practices and it is understandable because The Zimmerman Agency was told to focus on Youth.
- RTI’s Online Smoker’s Survey – Focuses on Counter-marketing Ads, Tobacco Purchasing Behavior, Florida Smoker’s Exposure to Tobacco Industry Marketing, Florida Smoker’s attitudes and Social Norms about Tobacco Industry Marketing Activities. The survey found:
 - Florida smokers are moderately aware of new tobacco products, few have used them, and they are largely unaware about the health claims of these products.
 - Few Florida smokers are aware of tobacco industry marketing practices.
 - Florida smokers are largely against regulating tobacco industry marketing practices.
 - Awareness of BTPP’s anti-tobacco ads is low, but the ads are favorably received by most smokers.

Dr. Farrelly said a cessation media campaign should have a mix of ads that include how to quit, support to smokers, as well as harder hitting ads that are associated with the attitudes that PDA discussed earlier. Monica Corbett questioned the “Wait” ad and Dr. Farrelly explained the ad was not shown in Florida and it was used to see if the respondents were being truthful. RTI

found the counter-marketing efforts are in line with CDC Best Practices with respect to the overall approach. He stated attention should be paid to more than just CDC Best Practices. The literature contains recommendations regarding specific types of ads. Dr. Farrelly suggested that evaluators can help in the future by reviewing media buys to determine the best case scenario for its reach. RTI found awareness should be higher than it is now, but has not calculated where it should be. He said that looking at media campaigns nationally; states use different strategies for their media campaigns. Some states use CDC created ads from their resource center, pay the talent fees and run the ads. The benefit of engaging an advertising agency is that new ads can be created and tailored to Florida's needs. A comprehensive strategy and a cohesive media campaign can be developed that fulfills Florida's goals and objectives. He said some of the ads created for Florida are not dramatically different from the hundreds of ads in the CDC resource center. Dr. Farrelly said RTI has not seen a comprehensive strategy or a cohesive media campaign that ties everything into an overall strategy. While there are benefits to using an advertising agency, RTI does not see the benefits and Florida could save money by using existing ads. The agency may need more direction on the overarching messages that will tie everything together to make better use of resources devoted to the media campaign. He said the campaign objectives are varied and The Zimmerman Agency has a challenging task.

RTI recommends narrowing the campaign's focus until Florida is honing in on its most important targets, audiences, and messages. RTI recommends that due to the youth's low smoking prevalence and the adult's average smoking prevalence, the campaign should focus more on adults. He said that harder hitting ads can be developed that will encourage prevention and promote cessation. Until a comprehensive and cohesive media campaign is developed, Florida should rely on existing ads, tag them accordingly, and see how they play.

Commissioner Withers asked if easily available NRT encourages smokers to quit or does the fear of something bad happening to them drive them to quit. Dr. Farrelly said in the literature, the jury is still out on this question. He said evaluations show the harder hitting fear ads are more effective in moving the entire population. People who call Quitlines and are offered NRT have higher success rate of quitting than those who call Quitlines and are not offered NRT. Dr. Farrelly said he agreed with PDA's recommendation to reduce the amount of NRT offered per the caller by the Quitline. Commissioner Withers then asked if smoker's attitudes are different in other parts of the country. Dr. Farrelly responded he sees no real difference across states.

Dr. Farrelly moved on to discuss the Quitline, which is an evidence-based strategy. Florida's Quitline provides the services in line with the CDC Best Practices. PDA recommended increased funding for the Quitline. Dr. Farrelly stated if funding is increased, it must come from another part of the program. He said one way to save money would be to offer less NRT per caller and the savings would go to the Quitline to handle a larger call volume. RTI concurs with PDA's recommendation on reducing NRT.

Dr. Farrelly discussed the evaluation of the AHEC provider training. He explained the US Public Health Service Clinical Practice Guidelines (Guidelines) state that tobacco dependence treatment should be an integrated part of organizational and provider practice among health care organizations. The Guidelines strongly recommend the 5 A's; the model for provider interventions. The Guidelines also strongly recommend implementation of organizational policies and systems to institutionalize cessation practice. Electronic medical records with prompts for the 5 A's or organizations with policies and practice guidelines for all their providers to ensure the providers implement the 5 A's are system-level changes. Another study indicates provider education is effective and one of three most important and cost effective prevention

efforts. The literature states that provider education is only effective when combined with these system-level changes at the provider organization level.

RTI began informal interviews to determine the AHEC's focus and found they are primarily focused on tobacco cessation provider education. Training new providers is a system-level change, but not the same kind of change that is called for in the Guidelines and what the literature says in terms of organizational changes. Leila Martini, from the University of South Florida (USF) AHEC, requested an opportunity to respond to this and Dr. Farrelly said that he wanted to proceed at this time. The AHEC documents available for review were discussed and the system-level intervention data is lacking from RTI's review. He said it is important to note the Department of Health and AHEC contract language does not emphasize the type of system-level change that RTI is discussing. The contract focuses on what the AHECs are doing; the provider training. While system-level change is part of what the AHECs are doing, RTI has not seen it emphasized. RTI will conduct a process evaluation of the AHECs to gather detailed information on tobacco cessation-related activities, how activities are structured and conducted, and to what extent they are working with health care provider organizations to implement system-level changes. Starting in the first quarter 2010, five AHEC site visits and key personnel interviews will be conducted.

Ms. Martini, USF AHEC, was recognized and addressed system-level change that is happening in her area and in Miami. She said the AHECs had gotten the prompt into the county health department medical records, protocols were established at health centers to prompt the physicians, to initiate a referral, and a few universities have gone smoke-free. She said system-level changes are an AHEC priority and a lot of work is being done in this area.

A web-base health care provider survey will be conducted with the baseline survey to be done in 2009, and repeated in 2011, to measure changes over time. The next steps for the Health Care Provider Survey were discussed and the finished report will be submitted during the first quarter of 2010. Dr. Farrelly discussed data on current smokers who visited health care professionals from Florida and National Adult Tobacco Surveys (ATS). These data included current smokers who were asked about smoking, smokers who were told to quit, and smokers who received cessation assistance. Commissioner Withers asked for the definition of cessation assistance. Dr. Farrelly said it is evidence based assistance such as recommending NRT, directing smokers to the Quitline, more in-depth counseling, or writing a prescription. Commissioner Withers then asked if the advertising alone can drive a smoker to make a quit attempt. Dr. Farrelly said an ideal media campaign would have smokers who are ready to quit access the available cessation services. For those who are not thinking about quitting, the ads would prompt the thought process so they will ask their health care provider for help. The RTI assessment of AHEC initiative found:

- AHECs are following guidance in their contract
- Provider education alone is not consistent with CDC Best Practices or the evidence base.
- System-level change needs to focus on health care provider organizations so that providers are prompted to implement the 5 A's.

Dr. Farrelly then discussed the evaluation of community based initiatives. He said this is one of the most difficult areas to implement in tobacco cessation. He described CDC Best Practices for State and Community Intervention. The recommendations are:

- Focus on promoting "durable changes in social norms" through policy change.

- Avoid spending significant time on individual and community education efforts
- Youth -
 - Interventions need to reshape the environment so that it supports tobacco-free norms.
 - Linking schools with the broader community and using policy change to support education and intervention efforts.
- Tobacco Related Disparities.
- Chronic Disease Programs.

The BTPP community-based initiatives were discussed in the following context:

- Where are the community initiatives in terms of CDC Best Practices?
- On what policies are the grantees focusing?
- How are they doing it?

Dr. Farrelly then summarized the community-based initiative evaluation presentation:

- Focus on policy and system change is consistent with CDC's "recommended community-based model to produce durable changes in social norms."
- The policies on which the grantees are focusing will not likely have the greatest reach.
- Low readiness/capacity to effect policy and system change.
 - Implications of the competitive bid process
 - Partners' resistance to the change in focus and change in mindset.
- Partnerships have not engaged the decision makers and policy makers that will be necessary to achieve policy change.

RTI's recommendations for community-based initiatives are:

- Develop a common protocol and measure to be used by BTPP and contract managers to assess and provide specific detailed feedback on the work plan and work plan implementation progress.
- Develop a common operational definition of the partnership members and who are the key partners.
- Define the need for and a measure of the effectiveness of the technical support system in guiding and supporting the grantees to achieve policy and system change.
- Focus on policy and targets that have the greatest reach and potential impact.
- Collect baseline information on how the partnerships are structured as well as adaptations to the design, and assessment techniques to fit the local context and needs.
- Adapt strategic focus to align with opportunities created by FDA's authority over tobacco.

Dr. Farrelly presented RTI's general recommendations:

- Develop a new detailed strategic plan that better maps the structure and activities of the program to the desired changes in outcomes.
- The strategic plan should incorporate recommendations from CDC Best Practices, as well as input from stakeholders and evaluators. The strategic plan should be a living document that changes over time to reflect feedback from stakeholders and evaluators.
- The strategic plan should incorporate ways to coordinate activities across program components.

Monica Corbett, The Zimmerman Agency, discussed Dr. Farrelly's recommendations to use the CDC resource center were based on a comprehensive media strategy not being in place. She said a comprehensive media strategy has been in place since the beginning of the campaign. She said some of the media reviewed by RTI was from 2008 and in 2009; a new comprehensive statewide media campaign was launched with "Be Free" messaging and tag line imbedded in every execution. Dr. Farrelly said he recognizes the "Be Free" tag line is imbedded and that he was thinking of message strategy. The Florida ads have different types of message strategies. He said an evaluator is looking for attitude that will lead towards behavior changes and ad executions that are under one conceptual message umbrella.

Dr. Sherin wanted to know if a community educational opportunity is available with businesses having an economic stake in smoking. Dr. Farrelly said there is gap in the clean indoor act and business owners could be educated on the effect of secondhand smoke on their staff. Mr. Berezdivin stated that he supports the hard hitting emotionally appealing ads. He asked if the CDC creates these ads. Dr. Farrelly responded the CDC does not now create ads but there are several ads available from other states. Commissioner Withers asked about the strategic plan refocus and would the focus be more on a target audience. Dr. Farrelly said he would recommend more explicit focus on adult cessation or a broadly focused campaign that highlights the dangers of tobacco use. Commissioner Withers asked if there is data on tobacco products being sold over the internet. Dr. Farrelly said this data is self reported through the ATS and there is an online source, comscore.com, where you can purchase these data.

Jeff Cece discussed the policies that the grantees are pursuing and Dr. Farrelly's observation that the policies do not appear to have the greatest reach. Mr. Cece asked Dr. Farrelly to rank the top policies to make durable changes in social norms. Dr. Farrelly replied: 1) Using the new FDA regulations to create model policies to limit the sales of cigarettes in local communities, 2) Limit the time, place, and manner of tobacco advertising; together with passing local ordinances regarding tobacco product placement in stores. Tobacco product placement ordinances may be a good initiative for the youth. Mr. Cece mentioned Dr. Farrelly's observation that partnerships have not yet engaged policy makers and have a low readiness to effect system or policy change. Mr. Cece asked what training will be provided and Division Director Myrick said the training took place in July 2009. Bureau Chief Baggett said online training will be available in the future. A question was raised regarding the availability of meeting materials. Division Director Myrick said Ms. Parker will send the link to everyone on the call.

Mr. McGoldrick discussed the changes that will result from the FDA regulations on tobacco. He said these regulations will have many implications on what the partnerships will be doing. Many policy changes are addressed by the FDA, the marketing restriction may be upheld, and there is a ban on sponsorships. These changes will make tobacco less available and less attractive.

The State Surgeon General thanked the presenters for the valuable information and thanked everyone for their participation. Division Director Myrick reminded everyone of the January 4, 2010 Tobacco Education and Use Prevention Advisory Council Meeting in Tallahassee. The meeting was adjourned.