

Meeting Minutes
Tobacco Education and Use Prevention Advisory Council
4052 Bald Cypress Way, Room 301
Tallahassee, Florida
March 2, 2009, 9:00 AM – 3:55 PM

Members Present

Don Webster	Dr. Chet Evans
Dr. Ana M. Viamonte Ros (Chair)	Erin Sylvester
Dr. James Howell	Fonda McGowan
Dr. Javier Berezdivin	John T. Brown, Esquire
Dr. Mae Waters	Marshall Deason
Dr. Mathis Becker	Penny Detscher
Dr. Michael Good	Wayne Withers
Dr. John P. Fogarty	

Members Absent

Alan Geiger	Jeffrey Cece
Danny McGoldrick	Michael Lannon
Dr. Jean Malecki	

DOH Staff Present

Adele Porta	Gregg Smith	Laura Corbin
Trina Thompson	Jacqui Sosa	Mark Lundberg
Carlos Martinez	Jan Myrick	Ron Davis
Dave Garison	Jennifer Tschetter	Sam Samlal
David Powell	Karen Ashburn	Sonja Bradwell
Donna Williams	Kim Berfield	Steve Radford
Lauren Porter	Kristina Zachry	Terri Stone

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.

Time	Agenda Item	Discussion	Status/Follow up
9:00 a.m.	Welcome and Introductions, Approval of Minutes,	The Chair welcomed the council members and introduced Dr. Chet Evans, who replaced Dr. A. J. Fernandez, representing Lake Eire College of Osteopathic Medicine.	

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	Governor's Proclamation, Status of Recommendations	<p>The Chair asked if members had read the previous minutes and had any comments. Hearing none, a member made a motion to approve the minutes.</p> <p>Division of Health Access and Tobacco (DHAT) Director Jan Myrick informed the council of Governor Crist's proclamation of Tobacco Free Florida Week (2/27 – 3/6/09).</p> <p>Ms. Myrick reviewed the status of council recommendations made on 12/1/08. Recommendations # 1,3,4,5,6,8 and 9 (see Notebook Tab 1) have been completed. Recommendations # 2 and # 7 remain under review.</p>	Motion seconded and approved by voice vote.
9:30 a.m.	PowerPoint Presentation: Financial Update, Steve Radford	<p>The DHAT Budget Manager presented the tobacco program financial update. The PowerPoint (see Notebook Tab 2) summarized the mid-year status of the tobacco program components and provided detail about each program area. Mr. Radford stated the tobacco program had obligated between 98% and 99% of the yearly appropriated funds.</p> <p>Discussion: A member asked why the new statewide chronic disease Request for Applications (RFA) was released late in the fiscal year. DOH staff responded that the amount of funding available could not be accurately determined until another award that was pending earlier in the year was awarded. Members requested the DOH provide evaluation data to the council for the chronic disease programs. A member asked if enforcement of tobacco laws was an allowable activity in the chronic disease RFA. The program lawyer, Ms. Jennifer Tschetter, stated she would check the statutes and respond. Mr. Don Webster asked that staff investigate if enforcement was a CDC Best Practice.</p>	<p>DOH program lawyer will respond about funding enforcement.</p> <p>Staff note: Enforcement is a best practice when part of community mobilization. <i>Source: Best Practices for Comprehensive Tobacco Control Programs: October 2007, p. 25.</i></p>
10:00 a.m.	Break		
10:15 a.m.	Framework Update Judy Ahern and Jan Myrick.	<p>On 3/3/2008 the council outlined gaps and opportunities for advancing the goals set forth by the Comprehensive Statewide Tobacco Education and Use Prevention program. After one year of operation, DOH has prepared a status report on the progress made (see Notebook Tab 3). The first item of the framework was the Florida excise tax on tobacco and Ms. Myrick asked members to update the council on recent efforts by council members to increase the tobacco excise tax. Mr. Don Webster and Mr. Paul Hull from the American Cancer Society (ACS) briefed the council on the ACS position that:</p> <ol style="list-style-type: none"> 1. All the revenue from the proposed tax should go to health care. 2. Revenue from the tax would greatly improve health care and deter youth tobacco use. 3. Tax revenues could be used to address the critical statewide shortage of nurses and physician residency programs. 	

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		<p>4. Reduced tobacco use would cause pressure to existing tobacco cessation programs.</p> <p>Discussion: A member stated that it would be useful to have estimates of long term savings from the increase of the excise tax and there was considerable discussion about the difficulty of quantifying long term savings. The discussion about this topic took longer than anticipated. Due to time limitations, the meeting proceeded to the next presentation on the agenda. Members were reminded they could read the remainder of the framework report in their notebooks for future discussion.</p>	
10:45 a.m.	<p>Communications Update and Young Adult Campaign</p>	<p>Donna Williams, BTPP Marketing Coordinator gave the following update. The Surveillance and Evaluation Subcommittee had recommended the DOH provide recognition to sports clubs or others who had contributed to the success of the tobacco prevention program. Ms. Williams responded by asking Z. Inc. to examine their media subcontracts and identify partners that went above and beyond contractual requirements (see Notebook Tab 4).</p> <p>Discussion: Council members suggested that a letter of recognition accompanied by a plaque from the State Surgeon General would be appropriate recognition. Mr. Withers suggested the awardees parent organization (such as the National Basketball Association) should also be recognized.</p> <p>Monica Corbett and Adrienne Fani from Z. Inc then delivered a PowerPoint presentation (see Notebook Tab 4) about their latest campaign targeting the young adult (18-24) age group including college students and straight-to-work young adults. Young adults in this age group are a disparity population because they have high rates of tobacco use, are challenging to reach with conventional media, and are targeted by the tobacco industry. The campaign:</p> <ul style="list-style-type: none"> • began during Tobacco Free Florida Week • contains both prevention and cessation messages for both genders • occurs on all media venues (TV, radio, web etc.) and on many college campuses • enlisted well known collegiate athletes that represent Florida’s cultural diversity • targets spit tobacco as well as cigars and cigarettes • is looking for innovative ways to reach the 18 – 24 year old group • will participate in more than 50 events where young adults congregate <p>Unexpected free publicity occurred this year when anti tobacco media ads were aired at two national championship games (The Tampa Bay Devil Rays and the Florida Gators).</p>	<p>Council members will be informed of the status of the recognition letters.</p>
11:10 a.m.	<p>Young Adult/Youth Activity Update,</p>	<p>This presentation was about youth and young adults. Ms. Laura Corbin, Statewide Youth Advocacy Coordinator, and Ms. Auriel Rolle-Polk, a member of the Youth Advocacy Board, presented. The first part of this presentation focused on the 11-17 year old youth. The following points were made:</p> <ol style="list-style-type: none"> 1. Recent data (2008) from the Florida Youth Tobacco Survey indicates that: <ul style="list-style-type: none"> • cigar use in middle school and high school has increased by approximately 30% since 2005, 	

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		<ul style="list-style-type: none"> • cigarette use is statistically unchanged since 2005, and • half of middle and high school youth self identified as “committed never smokers” (2008). <p>2. Florida, in accordance with CDC best practices, recognizes policy change as the most effective way to reduce youth tobacco initiation.</p> <p>3. The SWAT program offers benefits to youth at the individual level and also allows youth to work on policy with other state and national partners.</p> <p>4. SWAT has been active in fiscal year 2008/09 and held a statewide meeting on October 17-19, 2008 and a Youth Advocacy Board meeting on January 30 – February 1, 2009.</p> <p>Recommended next steps for SWAT: The presenters recommended:</p> <ul style="list-style-type: none"> • continuing support of the statewide SWAT structure and the Youth Advocacy Board; • increasing opportunities for coordinated statewide efforts; • enhancing the ability to provide training for youth, youth mentors and adult partners; and • increasing the integration of youth into county tobacco free partnerships. <p>The second half of the presentation was a summary of 21 anti tobacco college and junior college initiatives in Florida for young adults. It described:</p> <ol style="list-style-type: none"> 1. Sources of funding for the college programs. 2. Types of tobacco programs being conducted (mostly cessation classes and smoke free campus policy development). 3. Difficulties of reaching this highly mobile dispersed group compared to reaching younger kids in school. <p>Next steps for college tobacco programs: The presenters recommended:</p> <ul style="list-style-type: none"> • identifying data and policy gaps; • identifying both natural and unconventional partners; • building and sustaining advocacy organizations; and • recommending priority policy initiatives for the group as a whole and for sub groups within this population. <p>Discussion: Dr. Waters asked DOH staff if the Tobacco Prevention Specialists positions were in the Legislature’s proposed budget for next year. DOH staff responded proposals from the house or senate have not been received. Dr. Waters made a motion that “The tobacco program finds funds to support the 39 Tobacco Prevention Specialists providing tobacco infrastructure at the local level”.</p>	<p>Motion seconded and approved by voice vote.</p>
12:00 p.m.	Lunch and Outline of Community Intervention Plans	<p>There was a working lunch during which the following topics were discussed.</p> <p>Community grants peer review process: The DOH conducted a Request for Quotes to identify a third party managing entity to conduct the second round competitive process for county level</p>	DOH will follow up with council conference calls

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	<p>for FY '09-'12</p>	<p>community tobacco grants. The award was won by LYTMOS GROUP, Inc. (see Notebook Tab 6). A contract is being written.</p> <p>Community tobacco grants proposals: The DOH is conducting an RFA for community based tobacco prevention programs to begin on July 1, 2009. LYTMOS GROUP, Inc. will arrange for scoring of the proposals by a group of independent out of state tobacco experts. There will be two conference calls with the council. One call will explain the review and scoring methodology followed by a second call for council members to make recommendations. The DOH goals for the grants are to produce favorable tobacco outcomes, such as, increasing the tobacco quit rate, reducing youth tobacco use, and reducing exposure to secondhand smoke. There will be regional trainings to help awardees succeed in these areas.</p> <p>Discussion: A member asked if the community contracts would be awarded based on need or population. Ms. Myrick answered that each county will get one award, and the proposals' response to need will be considered in ranking proposals within each county. Also, grantees will be required to work with DOH tobacco county and regional staff. It is possible that multiple RFAs may be needed to obtain quality programs. Also, if funds remain unspent after all county awards are made, the tobacco program will focus our community prevention efforts on the 18-24 year old tobacco disparity population. The county level evaluations of the previous two years community grants by Robertson Inc. have proven to be an important yardstick in development of this RFA</p> <p>A member asked if council members, or for-profit groups, could apply. DOH staff responded that only the Medical Schools on the council are statutorily prohibited from receiving an award.</p>	<p>about community grants.</p>
<p>1:00 p.m.</p>	<p>Building Collaborations and Partnerships at the Community Level</p>	<p>The theme of this interactive discussion was to explore how the tobacco program can create and grow successful partnerships at the state and community level. The discussion was led by Ms. Jan Myrick and Ms. Judy Stephany-Ahearn.</p> <p>The vision: To enlist the help of the Advisory Council in increasing the intensity and reach of the Florida tobacco program by improving collaborative efforts throughout the state, particularly at the community level.</p> <p>Evidence over the past ten years shows the importance of collaboration in tobacco use prevention. Recently the CDC at a 2008 Summer Institute provided some additional guidance about collaboration in the form of ten priorities ranked in order of importance. The ten priorities were shown on a projector screen during the discussion as follows:</p> <ol style="list-style-type: none"> 1) Establish a statewide strategic plan for comprehensive tobacco control with appropriate partners. 2) Maintain comprehensive smoke free air laws and work with partner organizations to support a tobacco excise tax campaign. 3) Provide funding to community based organizations to influence social norms regarding 	

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		<p>tobacco use.</p> <ol style="list-style-type: none"> 4) Support and facilitate tobacco control coalition development on the state and local levels. 5) Sponsor local, regional and statewide training, conferences and technical assistance based on best practices. 6) Support coalition development on the state and local levels. 7) Collaborate with related public health programs on shared goals and objectives. 8) Provide funding to organizations that can effectively reach, involve, and mobilize identified specific populations. 9) Conduct mass media education campaigns combined with other community interventions. 10) Implement school-based interventions in combination with mass media campaigns. <p>Discussion: Ms. Stephany-Ahearn and Ms. Myrick offered examples from the CDC’s Best Practices for Comprehensive Tobacco Control Programs: October 2007 about the importance of collaboration at the community level. Ms. Myrick stated that change at the community level is the best barometer of tobacco program success and the most likely to capture the attention of Legislators. To be successful the tobacco program needs to reach out and find new partners, particularly at the community level, and encourage these partners to adopt tobacco free policies. Members were also reminded that schools should not stand alone but work with the rest of the community to achieve social norms change. There was additional discussion about the need for comprehensive anti tobacco policies in the workplace, at public and private events, and in all facets of school and after school activities.</p> <p>Members were then asked to make two lists, one for community level and another for state level, of potential partners that could support the anti-tobacco effort. These will be used to compile a master list for future work by the council. The list was typed-up and will be used for planning purposes.</p>	
2:30 p.m.	Break		
2:45 p.m.	Continue Building Collaborations	<p>Next steps: Members continued the discussion about building collaborations. After considerable discussion, many members supported the concept of recruiting partners and increasing collaboration but felt the concept needed additional discussion and focus. Members voiced the following concerns:</p> <ol style="list-style-type: none"> 1) Should the tobacco program have a communications plan? 2) Which is more important, the process of collaboration or the tobacco prevention message? 3) If outreach is envisioned, do we have resources (fact sheets) that describe the tobacco program? 4) How do we respond when potential partners ask “what is in it for me?” Don’t we need to analyze each of the potential partners before we reach out to them? 5) Will we have fact sheets that describe the tobacco program? 	<p>The DOH has developed two tobacco fact sheets. One fact sheet is about policy, another about the program’s components. Other fact sheets will be prepared.</p>

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		<p>Discussion: The sense of the council was that additional refinement was needed and that a new subcommittee of council volunteers should be formed. The council recommended the topic be discussed at the next regularly scheduled subcommittee meeting.</p> <p>Ms. Stephany-Ahearn suggested that it would be helpful for the new subcommittee to draft a mission statement and bring it to the full council for reworking. She also reminded the group that local people need to look at the range of possible policies to make their communities tobacco free. The members discussed the collaboration effort being a triangulation of council members, regional staff and local staff (county health departments and community based organizations) working together to address whatever gaps exist.</p>	<p>The DOH will support and convene a new subcommittee that will address the collaboration issue.</p>
3:15 p.m.	<p>Discussion – Restructuring Council Subcommittees Ms. Judy Stephany-Ahearn</p>	<p>The tobacco Advisory Council was divided into three subcommittees one year ago and members requested a reassessment of the membership, attendance policies, and meeting frequency. Four recommendations were made during this closing discussion:</p> <ol style="list-style-type: none"> 1) The consensus of the council was there should be a new ad-hoc subcommittee to deal with building collaborations. Mr. Webster made a motion that: “The council should create an ad-hoc subcommittee to advise about best practices relating to collaboration and to increase the tobacco program visibility at the community level. The subcommittee should also help create a charge of what this council would specifically do in those areas.” 2) The council recommended members should be surveyed and asked to choose a subcommittee for participation. 3) The council recommended each subcommittee should be permitted to determine what constitutes a quorum if that is allowable. There was discussion about this issue and whether or not Robert’s Rules of Order had been adopted by the subcommittees. Staff was asked to determine if the council or the subcommittees had ever adopted Robert’s Rules of Order. 4) The council recommended each subcommittee should decide if meetings should continue to occur at the current frequency of one per month. <p>Discussion: In regard to the 4 items above, item #1 was a completed motion of the council. Items 2,3, and 4 were brought to the table as a motion by Mr. Deason but the motion was never seconded or voted on. These items (2,3, and 4) were, however, discussed and recommended by the members and are here listed as recommendations. All four items will be placed on the agendas of the next regularly scheduled subcommittee meetings.</p>	<p>Motion seconded and approved by voice vote.</p> <p>Staff Note: Review of all previous council and subcommittee minutes and transcriptions shows no record of Robert’s Rules of Order ever being adopted.</p>
3:55 p.m.	Adjourn	The meeting was adjourned at 3:55 p.m.	

¹ Pechacek, Terry: 2008 *Using Best Practices 2: Practical Lessons in Building and Sustaining Comprehensive Tobacco Control Programs at the State and Local Level* The Summer Institute, Shifting to a Higher Gear, Paper Delivered in Phoenix, Arizona.