

**Tobacco Education and Use Prevention Advisory Council**  
**Senate Office Building, Room 110, Tallahassee, Florida**  
**Meeting Minutes**  
**August 31, 2009 – September 1, 2009**

**August 31, 2009**

**Advisory Council Members Present:**

Ana Viamonte Ros, M.D., M.P.H., State  
Surgeon General, Chair  
Alan Geiger, Esquire  
Danny McGoldrick, M.A.  
James T. Howell, M.D., M.P.H.  
Javier Berezdivin, Ph.D.  
John P. Fogarty, M.D.  
Kevin Sherin, M.D., M.P.H.  
Mae Waters, Ph.D., C.H.E.S.

Mathis Becker, M.D., F.A.C.S

Nancy Hardt, M.D. (for Michael Good, M.D.)  
Fonda McGowan, M.S.  
Jeffrey Cece, M.S.  
Jennifer Harris, B.A.  
Marshall Deason, Esquire  
Penny Detscher, B.A.  
Ralph DeVitto

**Advisory Council Members Absent:**

Chet Evans, M.S., D.P.M.  
Erin Sylvester

Michael Lannon, M.Ed.  
Commissioner Wayne "Chip" Withers, B.S.B.A.

**Department of Health – Management Present:**

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:**

Kimberly A. Berfield,  
Deputy Secretary for Advocacy & Policy

**Department of Health Staff Present:**

Carlos Martinez  
Dave Garison  
Dave Powell  
Diane Dimperio  
Donna Williams  
Gregg Smith  
Jacqui Sosa  
Jennifer Tschetter

Karen Goodson  
Kristina Zachry  
Laura Corbin  
Lauren Porter  
Manny Arisso  
Michelle Beard  
Robby Leggett  
Ron Davis

Sam Samlal  
Sonja Bradwell  
Steve Radford  
Terri Stone  
Erin Singerman  
Kelly Darling  
Jennifer Condon

**Others Present:**

Major Stabb and Captain Cave  
(Department of Business and Professional  
Regulation)  
Anne Betzner and Julie Rainey  
(Professional Data Analysts)  
Shelley Robertson (Robertson Consulting  
Group)  
Monica Corbett (The Zimmerman Agency)

Ben Armstrong (Infinity Software)

Matthew Farrelly, Erik Crankshaw, Brenda  
Wiggins-Stone, and Maria Girlando (Research  
Triangle Institute)  
Noella Dietz and David Sly (University of Miami)

### ***Welcome and Introductions***

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

The State Surgeon General welcomed and introduced two new Tobacco Education and Use Prevention Advisory Council (TAC) members, Kevin Sherin, M.D., M.P.H., representing the County Health Department Directors and Ralph DeVitto, representing the American Cancer Society. Dr. Sherin is the Director of the Orange County Health Department, is president of the Florida Association of CHD) Officers, and President-Elect of the Orange County Medical Society. Mr. Ralph DeVitto, Chief Operating Officer of the Florida Division of the American Cancer Society, was instrumental in placing a smoke-free amendment on the November 5, 2002 ballot. This initiative passed with over 70 percent of the vote and became effective July 1, 2003. This amendment changes to Section 20, Article X, Florida Constitution and a revitalized Florida Clean Indoor Air Act, Chapter 386, Part II, Florida Statutes.

During the June 1, 2009 meeting, the TAC requested the Department of Business and Professional Regulation be invited to attend the quarterly meetings. The State Surgeon General welcomed Major Staab and Captain Cave to the meeting.

The Tobacco Education and Use Prevention Advisory Council (TAC) members were advised that Deputy Secretary Berfield's father recently passed away and she is not in attendance. It was moved and seconded that the Department of Health (DOH) Management convey the TAC members' condolences to her on the loss of her father. The motion carried.

Division Director Myrick announced the following new staff: Erin Singerman, Region 3 Tobacco Prevention Coordinator, Kelly Darling, Central Office Contract Manager, Joanna Colburn, Disparities Coordinator, and Jennifer Condon, Division of Health Access and Tobacco's attorney.

### ***June 1, 2009 Meeting Minutes***

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

The State Surgeon General asked if members had reviewed the June 1, 2009 minutes and did the TAC have any comments or corrections. No corrections were offered and the minutes were approved as written.

### ***Upcoming TAC Meetings***

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

Chapter 381, Section 381.84, Florida Statutes requires the TAC to have four meetings per year, and the previously discussed December 7, 2009 meeting would be the fifth meeting in 2009. The TAC discussed upcoming meeting dates. Ms. Myrick explained that she planned to cancel the December 7, 2009 meeting and the next face-to-face meeting will be in early January 2010.

### ***June 1, 2009 TAC Recommendations & Updates***

**Janine B. Myrick, J.D.  
Director, Division of Health  
Access and Tobacco**

Division Director Myrick reviewed the June 1, 2009 TAC Recommendations and the TAC was in agreement with the responses to these recommendations. Ms. Myrick discussed the recommendation on more than one face-to-face meeting for the students working Against Tobacco (SWAT) Youth Advocacy Board. Ms. Myrick explained that she recommend two meetings a year, one with the Youth Advocacy Board and one as a statewide SWAT meeting. A discussion ensued regarding the compensation for Tobacco Prevention Specialists (TPS) in high-population areas. It was explained that TPS salaries are set at the same rate and every county has funding for a TPS position.

The TAC was advised that 200,000 postcards were sent to Florida businesses about the Florida Clean Indoor Air Act requirements and also included a toll-free contact number for questions. During the January 2010 meeting, Ms. Sonja Bradwell, Florida Clean Indoor Air Act Coordinator, will update the TAC on the number of calls received.

**Bureau of Tobacco Prevention Program Update –  
Community Tobacco Prevention Grantees**

**Gregg Smith,  
Program Administrator**

Gregg Smith, Program Administrator, made a presentation on the status of the community tobacco prevention grants (Community Grants). He stated over the past two years, the Community Grants were competitively awarded at the county-level, both to county health departments and to community service providers. In the first two years, the Bureau of Tobacco Prevention Program will have written contracts in all 67 counties. Currently, 54 counties have contracts and a Request for Application (RFA) will be released in the next month for the remaining 13 counties.

The community tobacco prevention grantees will:

- Follow the Centers for Disease Control and Prevention (CDC) *2007 Best Practices for Comprehensive Tobacco Control Programs*, which provides guidance regarding state and community interventions.
- Utilize other sources of tobacco prevention research.

Prior to 2009-2010, community tobacco prevention programs focused on direct services, individual behavior change, and educational activities, such as health fairs. During 2009-2010, the focus has changed to: achieving policy change, changing social norms about tobacco use, and maintaining sustainable tobacco prevention infrastructure for communities and large populations. The community tobacco prevention grantees are required to work on proven policies that reduce tobacco use in large populations, such as:

- Policies *increasing* restrictions on minor's access to tobacco.
- Policies *reducing* the influence of the tobacco industry.
- Policies *increasing* the use of cessation services.

During 2009-2010, the Students Working Against Tobacco (SWAT) organization was revitalized and contracts now require youth and young adults be represented on community tobacco free partnerships. Mr. Smith discussed the force multiplier effect of partnerships. Other significant contract deliverables now in place are increased use of cessation services and activities that increase the number of health care providers and health care systems that utilize the CDC *Clinical Practice Guidelines*. Grantees are assisted by the Regional Tobacco Prevention Coordinators and Central Office staff.

A discussion took place regarding convincing a private entity to change policies when the grantee is not a government agency. Mr. Smith provided the example of a rodeo that historically was sponsored by a tobacco company. To change policies, the rodeo organizers no longer accepted tobacco companies as sponsors. Another discussion was on the value of working in small counties, with high rates of smokers vs. large counties with lower rates, but greater numbers of smokers.

Additional discussion took place on the need to get pharmacies, especially the larger drug store chains, such as Walgreen's and CVS, to consider product placement policies or even no tobacco sale policies. The issue of how best to involve pharmacies was not resolved. It was suggested it might be time for pharmacy representatives to be invited to a TAC meeting.

At the end of this discussion, there was a TAC recommendation for Ralph DeVitto and the Bureau of Tobacco Prevention Program to collaborate and provide Mr. Don Webster with a commendation for his numerous contributions to the reduction of tobacco use in Florida. Mr. Webster, CEO of the Florida Division of the American Cancer Society has supported the DOH's Tobacco Prevention Program since it was established.

**Community Tobacco Prevention Contracts - Shelley Robertson, Ed.D.  
Evaluation and Technical Assistance Robertson Consulting Group, Inc.**

Shelley Robertson, Robertson Consulting Group, Inc. presented a PowerPoint about the evaluation of the community tobacco prevention grantees. The Robertson Consulting Group, Inc. conducted both process and outcome evaluations. The evaluations were generally positive and indicated the community grantee's projects were aligned with CDC best practices and the relationships of outputs and outcomes were consistent with CDC logic models. Also from year to year, there was a significant improvement in the percentage of objectives met, from 56 percent in the first year to 82 percent in the first quarter of the second year. Analysis suggested the need to provide more technical assistance to grantees.

During 2007-2008, barriers included late contracting, late hiring, and staff turnover. Later barriers included school restrictions and target organization resistance to tobacco free policies. Dr. Robertson stated that all of these barriers are common for new grassroots programs required to form partnerships.

The Robertson Consulting Group, Inc. recommended the Bureau of Tobacco Prevention Program should:

- Provide focus for and increase coordination of community interventions.
- Support and facilitate tobacco control coalition development.
- Provide resources and support to grantees.
- Implement a long-term evaluation of the community-based interventions.

The recommendations have been, or are in the process of being implemented. Resources were provided to the grantees in the form of reports, statewide training, webinars, and technical assistance calls. The reports were county-level data profiles and state-level trends reports. Statewide grantee trainings were held on July 14-16, and are scheduled for September 11-13, 2009. During the past six months, several training webinars were held and a toolkit was created to support outcome reporting. Numerous technical assistance phone calls were held and each grantee's partnership completed a self assessment to identify gaps and strengths, as well as baseline data. Partnership evaluations will be held at the beginning and the end of the contract period. Reports, in addition to those mentioned above were produced and they are available through the Bureau of Tobacco Prevention Program.

Dr. Robertson stated the Bureau of Tobacco Prevention Program was responsive to her organization's recommendations. She described the CDC *Key Outcome Indicators For Evaluating Comprehensive Tobacco Control Programs*, which contains logic models of short, intermediate and long term indicators. Dr. Robinson was asked for clarification on the methodology of measuring coalition success. Dr. Robertson explained there will be pre and post partnership summaries and the progress will be compared. Also, there will two partnership studies, one for the individual grantee and an aggregate statewide report. Discussion continued regarding how best to compare grantees.

## **ATACS Software**

**Ben Armstrong**  
**Infinity Software Development, Inc.**

Ben Armstrong, Infinity Software Development, Inc., the software development company competitively selected to create the Automated Tobacco Activity Collection System (ATACS) presented on the new system. The ATACS system was developed in a relatively short period of time (January - June, 2009) and was needed to automate and standardize data collection and reporting for the Bureau of Tobacco Prevention Program, particularly the Community Grants. The system is web-based and provides a user friendly work-flow process for community grantees.

The system allows the Bureau of Tobacco Prevention Program to:

- Create, review, and approve work plans and quarterly progress updates.
- Upload and store back-up documentation for activities performed by grantees.
- Submit and review quarterly invoices and generate end-user notifications.
- Search and report on work plans and quarterly progress updates.
- Manage system security and end-users.

The long-term system benefits include:

- Identifying promising prevention practices.
- Using the web site as a repository of tobacco prevention data.
- Providing a single source of multi-year county-level tobacco prevention data.

The TAC discussed ATACS and asked if the system could be accessed on a “view only” basis. They were advised the system would provide “view only” permission to anyone interested. The discussion then focused on if the system could be queried for results. Mr. Armstrong responded the system can produce limited queries at this time, such as Activities by Quarter, Activities by Strategy, etc. and Infinity could review requests for queries not available.

## **Florida Quitline**

**Karen Goodson**  
**Cessation Coordinator**

Karen Goodson, Cessation Coordinator, presented a PowerPoint on the Florida Quitline (Quitline). During 2009-2010, the total Quitline contract amount is \$8,718,335 of which \$4,033,000 is earmarked to provide nicotine replacement therapy (NRT). Ms. Goodson provided an overview of the Quitline including its funding that was increased in 2007-2008, and resulted in a substantial increase in callers. The Quitline provides telephone counseling in English and Spanish to all Florida residents over the age of 11. Floridians over 18, excluding pregnant women, are qualified to receive NRT, which is available free while supplies last. Quitline calls are answered 24 hours per day, 365 days per year, and counseling appointments are available seven days per week.

Tobacco users who are ready to quit are offered five proactive counseling sessions (eight sessions for pregnant women) and an additional two sessions are provided for all who make the request. Self help materials are also provided by mail. Callers are asked if they desire face to face counseling, and if the answer is yes, they will be referred to the Area Health Education Centers (AHEC) that provide cessation services in most areas of the state.

## **Expanded Cessation Program**

**Janet K. Baggett, M.S., C.H.E.S.**  
**Chief, Bureau of Tobacco Prevention**

Janet Baggett, Chief, Bureau of Tobacco Prevention, presented a PowerPoint regarding the allocation of an additional \$3 million dollars provided by the Florida Legislature for cessation

activities. The DOH has decided to issue a RFA to rural hospitals to become tobacco cessation providers. The successful applicants will partner with the local Tobacco Prevention Council, implement a tobacco free or no-smoking policy, provide or subcontract for cessation classes on site, and include tobacco use information in all employee, student, and patient orientations. Successful grantees will be provided with free NRT, as long as funding is available. The TAC will be updated on the progress of these initiatives.

**Florida Quitline  
Evaluation and Technical Assistance**

**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. Anne Betzner and Julie Rainey, PDA, presented a PowerPoint which included a demonstration of an on-line query web site, where anyone can obtain detailed Quitline data. The Quitline evaluation was explained and is outlined below.

Caller Characteristics:

- The 18-24 year old disparity population is well represented among callers.
- Older age groups (ages 45-54, 55-64, and 65 plus) are under represented.
- The Quitline serves more females (58.2 percent) than males (41.8 percent).
- The Quitline is successful in reaching tobacco users with less education.
- Hispanic and Latino minorities are slightly underrepresented.
- The proportion of pregnant callers has been increasing over the past year and the proportion of pregnant callers varies by month from 3 percent to 11 percent.
- The Quitline is successfully serving uninsured tobacco users.
- Nearly all callers (92 percent) are tobacco users and request counseling.
- Callers requesting counseling exceeds the 75 percent CDC benchmark.

Influences Upon Call Volume:

- The volume of media is positively correlated with calls to the Quitline.
- During 2007-2008, Florida spent \$1.58 on media for each Floridian who smokes.
- The internet and public relations activities contribute only a small amount to call volume.
- Broadcast media accounts for the greatest proportion of the variance.
- Among all target groups, the highest proportion of variance accounted for by media was for adults age 25-54.

The Effect of Nicotine Replacement Therapy (NRT):

- In national studies, the use of NRT is associated with better cessation success.
- 75 percent of callers used some stop-smoking medication in the seven months since enrolling in the program.
- When free or reduced price NRT is offered through Quitline, there are more callers and enrollments in counseling.
- Most callers receive a four-week supply of NRT and the patch is the most popular.
- Barriers to using cessation medications are: cost, accessibility, medical contraindications, cultural issues, side effects, and lack of knowledge regarding the medication's benefits.
- Callers, ages 25-44, obtain the highest percentage of NRT.
- A greater percentage of callers with post-secondary education obtain NRT.

- Callers are using cessation medications, but their health insurance may be a barrier because it may not pay for NRT. Medicaid callers have the lowest abstinence rate and the lowest use of NRT. This is a barrier that should be examined.

Quit Rates Sub-Study:

- This was a seven month follow up study to determine Quit rates. The response rate was 42.8 percent. While this response rate is higher than the response rates by the American Cancer Society (18.7 percent), the North American Quitline Consortium recommends that quit rates with less than a 50 percent response rate be interpreted with caution. The study also looked at:
  - Caller's use of stop-smoking medications.
  - Caller's satisfaction with Quitline services.
  - Caller outcomes by demographic and clinical groups.
  - What predicts cessation success (caller characteristics, program use, medication use, etc.)
- The 24-hour quit rate was 80.2 percent (the proportion of callers who abstained from tobacco use for 24 hours after enrolling.)
- The 30-day quit rate was 31.6 percent (the proportion of callers who abstained from tobacco use for 30 days prior to the 7-month follow-up.)
- 90 percent of callers were "very satisfied" or "somewhat satisfied" with the service they received from Quitline.
- Most callers would recommend Quitline to a friend and 75 percent report they already had made a recommendation.

The second part of Dr. Betzner and Ms. Rainey's presentation dealt with the evaluation of Quitline media efforts and their effectiveness in driving callers to Quitline. The goal was to understand the relationship between the cessation media campaign and call volume. This study is similar to the University of Miami media effectiveness study, but the PDA study focuses only on smokers and recent quitters.

The methodology for Quitline media efforts evaluation and its effectiveness in driving callers to Quitline was explained in detail. All media data was provided by The Zimmerman Agency and all data on call volume and caller characteristics was provided by the American Cancer Society. This study focused only on smokers and recent quitters and found:

- The internet and public relation activities contribute only a small amount to call volume.
- NRT status contributes between 6.1 percent and 16.7 percent of the variance remaining in call volume, after base variables are included.
- Broadcast media accounts for the greatest proportion of the variance remaining in call volume – 16.9 percent to 26.8 percent.
- The highest proportion of variance accounted for by media was for adults ages 25-54.
- People who recalled one ad were 3.7 times more likely to be aware of Quitline than those who saw no ads. People who saw two ads were 4.2 times more likely aware than those who saw no ads.
- Ad recall is positively associated with number of ads seen.
- Ad awareness was not related to thoughts about quitting, quitting behaviors, or discussing smoking/health with family or friends.
- People surveyed after the cessation ads were aired were 2.6 times more likely to be aware of Quitline than those surveyed before.
- Media cohort was positively associated only with the pro-smoker attitude and media cohort were not related to all other attitudes, thoughts about quitting, discussing

smoking/health with family and friends, and quitting behaviors.

- Recall of the English language cessation ads ranges from 2.5 percent and 28.5 percent among smokers/recent quitters.
- If recalled, the ads appeared successful in achieving the immediate outcomes of smokers/recent quitters' awareness of the campaign, Quitline and the Tobacco Free Florida websites.
- If recalled, cessation ads also appeared successful in promoting desired smokers/recent quitters' attitudes about Quitline, smoking and quitting.
- Recall of the "Mirror" ad among smokers/recent quitters was associated with several desired attitudes and awareness of Quitline and websites.
- Ads do not appear to impact longer-term outcomes like quitting behaviors among smokers/recent quitters.

There was discussion regarding the presentation and it was indicated that calls to Quitline were greatly reduced when the offer of free NRT was withdrawn. TAC members stressed that callers should never be told by recording that there is no free NRT available; rather they should be recommended into counseling. TAC members asked if the AHEC cessation programs were now being evaluated. Division Director Myrick responded the DOH procurement process for the AHEC evaluations has begun and it is expected the evaluation will begin in the fourth quarter of 2009.

Dr. Betzner suggested that high spikes in call volume may lead to abandoned calls or that high call volume may outstrip the capacity of the Quitline. Ms. Rainey suggested that "stage of change" is an important variable or people who are ready to quit are more likely to quit. It was suggested that social media might be a powerful tool to draw youth to Quitline. Dr. Betzner responded that their research did not support that and that broadcast media has shown to be more effective. Another suggestion was there may be a delayed reaction to Quitline media and the evaluators should model the observed vs. the expected quit rates before and after tobacco-free media. Matthew Farrelly from Research Triangle Institute, the overall Bureau of Tobacco Prevention Program independent evaluator, suggested "the best result of a media campaign will be independent quitting."

The meeting will be reconvened tomorrow at 9:00 am. It was moved and seconded to adjourn for the day. Meeting was adjourned at 5:01 pm.