

Tobacco Reduction Advisory Committee
 Thursday, February 22, 2007, 8:00 AM to 12:00 PM
 Portland State Office Building – Room 710

Attending: Don Austin, Oregon Health & Science University, representing Oregon Public Health Association; Derek Bischoff, Oregon State Police; Courtni Dresser, American Cancer Society; Sue Fratt, American Lung Association of Oregon; Carol Gelfer, Tobacco Disparities Advisory Committee; David Hopkins, Centers for Disease Control and Prevention, representing Tobacco Evaluation Advisory Committee; Jane Moore, Oregon Public Health Division; Chuck Tauman, Tobacco Free Coalition of Oregon; Todd Twyman, Oregon Department of Education; John Valley, American Heart Association

Observers: Laura Probst, PacWest Communications

DHS Staff: Kirsten Aird, Cathryn Cushing, Karen Girard, Mel Kohn, Richard Leman, Luci Longoria, Stacey Schubert, Jill Thompson

Topic	Discussion
1. Welcome and introductions	Jane Moore, DHS, welcomed the group and introductions were made.
2. TRAC – membership, purpose and responsibilities	Jane Moore, DHS, provided a brief overview of the Tobacco Reduction Advisory Committee’s (TRAC) membership, purpose and responsibilities.
3. TRAC – co-chair selection	Jane Moore, DHS, recommended that Sue Fratt of the American Lung Association of Oregon be selected by TRAC to serve as a co-chair. John Valley, AHA, made a motion to accept Sue Fratt as the TRAC co-chair and Courtni Dresser, ACS, seconded the motion. The motion carried with a unanimous vote.
4. TRAC – process development	<p>Karen Girard, DHS, shared information about the process for determining the TPEP budget and program priorities and TRAC’s role in that process.</p> <ol style="list-style-type: none"> 1. TRAC makes programmatic and budget recommendations to DHS 2. DHS determines TPEP program structure and budget 3. DHS reports budget and programmatic decisions to TRAC in a timely manner <p>The committee discussed the role of the Public Health Advisory Board, a legislatively appointed board that provides input to the Governor on public health issues. TPEP will present the TRAC recommendations to PHAB for their information.</p>
5. Tobacco – legislative review	<p>Sue Fratt, ALAO, provided a brief overview of some of the tobacco-related bills from the 2007 Legislative Session.</p> <ul style="list-style-type: none"> • Cigarette taxes – HB 2201 raises the cigarette tax by 84.5 cents per pack and creates the Healthy Kids Plan. Currently, 10% of the tax increase is dedicated to TPEP. • Clean indoor air – SB 571 removes exemptions and preemption from Oregon’s Indoor Clean Air Act. SB

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	<p>571 received a public hearing and is expected to receive a work session soon.</p> <ul style="list-style-type: none"> • Fire-safe cigarettes – HB 2163 was introduced to mandate cigarettes sold in Oregon be fire-safe. HB 2163 passed the House and is currently in the Senate Commerce Committee. • TPEP budget – TPEP is in the Governor’s Recommended Budget for \$34 million for the 2007-2009 biennium. Approximately \$16 million is from full Measure 44 funding and \$18 million from 10% of the proposed tobacco tax increase.
<p>6. CDC Best Practices for Comprehensive Tobacco Control Programs</p>	<p>Karen Girard, DHS, provided copies of the CDC’s Best Practices for Comprehensive Tobacco Control Programs to the members of the committee. Oregon’s Tobacco Prevention and Education Program’s proposed activities and budget are in close alignment with this document.</p>
<p>7. TPEP Proposal</p>	<ul style="list-style-type: none"> • <i>Please see attached Program Review document for funding and service level proposal.</i> • <i>Please see “Recommendations” section of these minutes for TRAC recommendations on the Proposed TPEP 2007-2009 Budget and Service Levels.</i>
<p>a) Community Programs</p>	<p>The committee discussed the proposed 2007-2009 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • John Valley commented that in the past, a lot of local programs’ energy was around clean indoor air, but preemption took that energy away. The committee discussed the activities that will be part of local programs’ workplans if preemption is still in place.
<p>b) Tobacco-Related Chronic Disease Programs</p>	<p>The committee discussed the proposed 2007-2009 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • In the past, TPEP has not had a program component specifically dedicated to tobacco-related chronic disease programs. Much of the work in this area has been done through in-kind contributions of expertise by TPEP. • Most of the money for this component will go to local health departments and tribal programs to develop local capacity to address tobacco-related chronic disease programs. • The increased surveillance and evaluation activities for this component will be conducted from the state level. • Courtni Dresser, ACS, asked if these additional activities would result in additional staff for local health departments. The answer is yes, this would be an expansion of local programs. • David Hopkins, CDC, noted that this would be the most significant shift in funding for TPEP and asked about the model for developing this program component. Answer - These programs would be phased in through counties, modeled on the Coordinated School Health Approach.
<p>c) School Programs</p>	<p>The committee discussed the proposed 2007-2009 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • John Valley, AHA, asked about what school districts will work on once they’ve achieved a gold-standard tobacco policy. Answer - The programs will focus on implementation and enforcement of the policy, sustainability, and systems change.

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	<ul style="list-style-type: none"> • John Valley, AHA, asked about TPEP’s recommendation on maintaining the success we have with current schools, or expanding into new schools. Answer – Sustainability is why TPEP is exploring the Coordinated School Health approach. We will be evaluating this approach to determine its effectiveness. • David Hopkins, CDC, noted that California and Washington are both reporting increases in youth smoking. • Chuck Tauman, TOFCO, asked about tobacco prevention programs in colleges. Answer – Local programs with a college in their jurisdiction do address tobacco in colleges in their workplans.
d) Enforcement	<p>The committee discussed the proposed 2007-2009 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • Derek Bischoff, Oregon State Police, asked how the Indoor Clean Air Act is enforced. Answer – It is a complaint driven law. Violators may be fined up to \$50/day, not to exceed \$1,000 in any 30-day period. • Sue Fratt, ALAO, asked for clarification on the Master Settlement Agreement public health considerations compliance. Answer- Enforcement in this area would only be on the public health considerations of the MSA. • Courtni Dresser, ACS, requested clarification on interagency coordination. Answer – Agencies working with businesses and organizations affected by the Indoor Clean Air Act need to coordinate messages so the public is not receiving conflicting information from different agencies.
e) Statewide Programs	<p>The committee discussed the proposed 2007-2009 service level and changes from the previous biennium.</p>
a. Tribal Programs	<p>The committee discussed the proposed 2007-2009 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • Courtni Dresser, ACS, asked if tribal programs can be funded using TPEP’s CDC funding. Answer – In the past, funding for TPEP Tribal Programs has come from CDC funding but TPEP recommends it remain a program priority for tobacco tax funding as well. • Don Austin, OPHA, asked if tribes are eligible to apply for CDC funds directly. Answer – Yes, tribes can apply to CDC directly for funds but at this time in Oregon only the Northwest Portland Area Indian Health Board is receiving funds from CDC.
b. Specific Population Programs	<p>The committee discussed the proposed 2007-2009 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • David Hopkins, CDC noted that the budget for this component is a significant expenditure for small populations. Answer – CDC has not yet provided real guidance on the amount to be dedicated to specific population programs.
c. Training and Materials	<p>The committee discussed the proposed 2007-2009 service level and changes from the previous biennium.</p>
f) Counter-Marketing	<p>The committee discussed the proposed 2007-2009 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • Derek Bischoff, Oregon State Police, said that he likes the “Above the Influence” ads. Note – These are not TPEP ads, but come from the National Youth Anti-Drug Media Campaign. • Chuck Tauman, TOFCO, asked if TPEP tracks what else is going on in the media. Are there studies comparing tobacco industry ads with public health ads? Answer – Yes, TPEP does track other tobacco-

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	<p>related media activity. A recent study showed that the tobacco industry “anti-smoking” youth ads have either no effect or a negative effect on youth and smoking.</p> <ul style="list-style-type: none"> • Courtni Dresser, ACS, asked if TPEP has a start date for its new media contractors. Answer – Not at this time.
g) Cessation Programs	<p>The committee discussed the proposed 2007-2009 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • Don Austin, OPHA, inquired if TPEP was running ads promoting cessation. Answer – TPEP’s ads have been focused on the dangers of secondhand smoke since the Nicotine Replacement Therapy Initiative was implemented. The offer of free NRT drives enough calls to the Quit Line to spend media dollars on messages other than cessation. • John Valley, AHA, asked if TPEP is working with the Make it Your Business Campaign. Answer – Yes, TPEP and MIYB work in close partnership. • Don Austin, OPHA, commented that there should be cessation best practices identified for the insured population.
h) Surveillance and Evaluation	<p>The committee discussed the proposed 2007-2009 service level and changes from the previous biennium.</p> <ul style="list-style-type: none"> • John Valley, AHA, asked if a comprehensive smokefree workplace law passes, will TPEP produce a report on the implementation of the law. Answer – Yes. • David Hopkins, CDC, commented that a priority for the program should be to be able to describe in extreme detail the outcomes at various levels of funding. TPEP must be able to document outcomes.
i) Administration and Management	<p>The committee discussed the proposed 2007-2009 service level and changes from the previous biennium.</p>
8. Recommendations	<p>Sue Fratt asked the members of TRAC for a summary of their recommendations. The members all support the Proposed 2007-2009 Service Level. Individual comments are included here:</p> <ul style="list-style-type: none"> • John Valley, AHA: Very glad to see the program aligned with CDC Best Practices. Encourages the program to continue to work with the Make it Your Business Campaign, especially at the local level. Sustainability of school programs is of interest. Supportive of the TPEP Proposed 2007-2009 Service Level with some minor tweaks based on his earlier comments. John also requested a one-page fact sheet with more detail about the tobacco-related chronic disease programs component with examples of existing programs within Oregon that TPEP can build on, and examples from other states. • Don Austin, OPHA: Likes the allocation of money in the Proposed 2007-2009 Service Level. Recommends TPEP include the Make it Your Business effort in the Statewide Program and Tobacco-Related Chronic Diseases Program components as insurers and self-insurers will benefit. • Chuck Tauman, TOFCO: Make it Your Business is in the very last stages of securing national funding and transitioning from TOFCO to the Washington Health Foundation. He is interested in watching the developments of the use of CT scans for earlier detection of lung cancer. Jane Moore and David Hopkins

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	<p>responded that, at this time, there are not population-based data supporting this intervention. Chuck commented that if CT scans prove to be successful in reducing mortality from lung cancer, this is an example of an intervention the tobacco industry should pay for. He also encourages the program to conduct outreach to higher education and to communicate with college students. Luci Longoria responded that 18-24 year olds are considered a high priority population and there are opportunities to address tobacco use among this age group through TPEP's disparities initiatives.</p> <ul style="list-style-type: none"> • David Hopkins, CDC: Tobacco-related chronic disease program activities must remain focused on tobacco and not be spent supporting other health issues not related to tobacco. • Mel Kohn, DHS: Tobacco-related chronic disease programs are an extension of the comprehensive program. The tobacco message should come from many different disease programs. • Derek Bischoff, Oregon State Police: TPEP should keep an eye out for new tobacco products. Portland is a test market for Snus. Other nicotine delivery products include gel and inhalers. There are issues about how these products are taxed. • Courtni Dresser, ACS: Asked when the Program Report will be ready. Karen Girard responded that TPEP hopes to have the Program Report available for distribution by the end of March.
<p>9. Wrap up and next steps</p>	<ul style="list-style-type: none"> • Karen Girard, DHS, will send meeting minutes for TRAC review and approval. • The next TRAC meeting will be scheduled for late May or June, when we have a better idea of what TPEP's 2007-2009 budget might be. • Another TRAC meeting will be held after the Legislative Session, once the final TPEP budget is known.