Minutes

Members attending: Amy Brewer, Greg MacDonald, Barbara Cimaglio, Bob Uerz, Scott Connolly, Helen Wagner
Guests attending: Rhonda Williams

Approval of April 6, 2016 Minutes
Absent a quorum, no vote was taken.

Public Comment: none

Announcements:
Rhonda shared that VDH’s chronic disease program specialist, working with community coalition grantees, has resigned her position effective June 2016. The position opening has been posted for recruitment.

Adult Tobacco Survey Discussion
Jennifer Hicks presented general information from the Adult Tobacco Survey RFP process and the issue we face in terms of feasibility of survey administration given a $100,000 budget. VTERB and the evaluation committee had previously expressed interest in maintaining level of survey interviews at 1000 smokers and 1000 non-smokers (as had been achieved in past surveys), and a willingness to reduce the number of questions to shorten the survey in order to reduce costs. However, RFP bidder budgets for that amount of interviews/length of interview range from $175,000 to $195,000. If ATS were reduced to a 15 min survey, with a $100,000 budget, survey completion estimates range from 465 to 505 interviews. This is half the amount of interview data that had been collected in the past.

Board member questions:
Is the cost driver the number of interviews, number of interviews, or the 50/50 population split? Can we ask the bidders for a best and final budget proposal? What is most important to ascertain on the ATS? If it is policy initiatives, maybe we don’t need a 50/50 split. If it is Medicaid smoker data, this is a small population so we might need the level of interviews closer to 2000.

This issue needs to go to the evaluation committee for guidance. Next evaluation committee meeting is Monday May 23. Kate will work to determine if we can hold a special evaluation committee meeting sooner than this regularly scheduled meeting.
Youth Risk Behavior Survey Tobacco Highlights
Rhonda shared results from the 2015 YRBS. For specifics, see companion slides on VTERB website.

Second draft VDH FY17 budget
Rhonda presented next draft of the VDH budget. Board members discussed partnership with the health care industry, how to best allocate decreasing resources in order to get the best return on efforts, how health care fits into the state and local tobacco control efforts, potential funding opportunities within ACO’s, GMCB, Hospitals in terms of reinvestment toward tobacco control.

As an example of reinvestment, Rutland Regional Medical Center is now using its benefit community dollars to fund Tobacco Treatment Specialists and asthma educators. Consequently, Rutland has higher level of referral to cessation services than elsewhere in Vermont.

Current legislation Updates
H.171 – (an act relating to restrictions on the use of electronic cigarettes)
Passed by both house and senate. On the way to the Governor for signature.

Committee Updates
School and Community Programs: 28 supervisory unions and school districts have applied to the AOE for school-based tobacco use prevention education grants. AOE anticipates that they will be able to fund up to 19 SD/SUs. Bob is willing to present at the June VTERB meeting the results of the AOE grant award process.

Other Business/Information:
CounterBalance update. There were concerns around using a petition process to target chain pharmacies that currently sell tobacco products. VDH discussed this issue internally and determined that petitioning is not an appropriate use of state dollars. Instead, VDH will develop templates and tools to help community coalitions to share CounterTools data in local communities. The funding previously allocated to the petition campaign ($42,500) will be used to pre-buy CounterBalance future media opportunities.

Barbara provided a follow-up to questions about the $68,000 grant to the Burlington School District, which came up in the VDH tobacco control budget discussion at the previous meeting. This grant—managed by AHS until FY14 and now managed by VDH—has always been and continue to be funded with tobacco litigation settlement fund appropriation, but is not considered part of the tobacco control program.