

**Vermont Tobacco Evaluation & Review Board**  
**Board Meeting MINUTES**  
**October 5, 2016**  
**Minutes**

**Attendees:** Amy Brewer, Alex Crimmin, Bob Uerz, Greg MacDonald, Kate Larose, Megan Sault, Rebecca Thompson, Helen Wagner, Bill Frank, Scott Connelly (via phone), Julie Arel

**Guests:** Rhonda Williams (VDH)

Meeting called to Order at **3:10pm**

**Approval of Board Minutes:** Kate Moves to approve, Rebecca seconded

Helen suggested the following edits: pg 2 "...work to raise awareness of the role of flavors in youth." Should specific "youth what?" Add the word "use." Page 3, not clear what "not sure why, but this feels safe the way it is." Means. Delete.

Vote to approve minutes: 10 in favor, 1 abstained (Julie)

**Public Comments:** none

**Announcements:** Finally received approval to make a formal offer to our admn candidate, Erin Hurley. She will be starting next week and I might connect with some of you to chat with her as part of her orientation.

Rhonda - CDC provided guidance to VDH regarding year 3 grant year. Good news is that it looks like it will be level funded!

Rhonda - 2015 BRFSS results coming out soon! Adult prevalence and quit behavior patterns. 2 data points that Rhonda has currently: adult prevalence went down to 17% (1% decrease) from 2011 to 2015 (a significant reduction)! 2011 is when CDC changed its methodology to increase reach to cell phones. Prevalence was 19% at that time. Unfortunately, we didn't see a change in the cessation activity in data. VDH hopes to have more to share next month. Prevalence of 18-24 age group is going down – which will allows us to shift messaging to the older age group.

Nice statistic, decrease in prevalence represents 1000 fewer adult smokers in VT. Data brief will be available at a later date. (since 2011 BRFSS, we had 105,000 smokers). We could invite Erin from VDH to present data if that would be helpful.

Also been talking to analyst to provide more trended data reports. Tobacco Data Pages is a beginning of that but it could also take into account other data sources like: LOLS data, claims data, Medicaid Data and maybe other sources. It's a work in progress.

Rhonda - Closing in on year 3 in 3-year community grant cycle. Next cycle is in development – either a 2-3 year grant cycle. Looking at ways to support a regional process in addition to the competitive process (in collaboration with Regional Prevention Partnership grants (alcohol/substance abuse prevention grants) – to support better higher need/disparate groups.

Helen – Attended a 3 day conference in Portland, Maine –tobacco industry and AGs get together for a “triennial meeting” along with issue seminars. Mitch Zeller spoke from FDA, “Truth Foundation” and CDC presenters – all those three are running youth campaigns on social media! Once their campaigns end, their materials will be available for states to use. Really focused on “nicotine addiction” and the continuum of addiction.

Amy shared “Quit the Denial’ campaign out of Ontario which is a social smoker campaign. Check it out.

**CounterBalance Ad:** VDH took our feedback back to Barbara and to Rescue Social Change to discuss whether to include e-cigs in the 30 second ad. Were in process of bringing it back to VTERB today, but because this is coordinated with a lot of other messages that coalitions and VKAT/OVX will be using (tool kits, presentations, support card and fact sheets) VDH wants to review and approve those materials before bringing that back to VTERB. Goal is to raise awareness for how flavors entice youth to use tobacco products...and making sure materials don’t cross lines into lobbying.

Helen is pleased and relieved that we’re taking the time to ensure we’re not lobbying and that it’s a comprehensive message.

E-cigs will be in the comprehensive messaging, and maybe visible in the 30 second ad, but not audible.

Kate -What is the media buy this year? Will this impact youth media? VDH - We’re delaying Quit Tips until after election. Then we’ll have a Jan/Feb CDC adult quit ad. For youth, Down and Dirty won’t have broadcast (and hasn’t had that for 18 months). Digital response has been so strong, that it didn’t make economic sense to do both. CounterBalance – plan had been to delay because of election, but we’ll see that in Jan/Feb.

### **Sustainability Discussion:**

Priority Populations: targeted interventions, income below 250%,

Messaging (Scott) – have we ever calculated the cost for behavior change for quitter? Exposures? Econometrics? CDC/RWJF tool offers the ability to calculate that (sustained mass media exposure). We’ve only done 3 adult campaigns a year – we could do more. Also, at the Koop conference last month, research was presented that relapse prevention initiatives do work – even mailing brochures, and robotic calls/care coordination. We should be trying more around community health teams and around using NCI materials that others are using to maintain quits.

Kate – was at a conference recently and shared, that especially for the low income populations, we should prioritize freedom of choice, increased dignity, & lowering cost of participation (including time spent traveling, babysitting, etc.). How can we do more of that? Human centered design training with

coalitions, and partners that serve low income populations – synergize! Brand Ambassadors. SBIRT offers some great opportunities. People don't want to go to quit line, they want support right at the center itself. VDH is trying free NRT right at the site in 2 "free clinics" for a year. There will be TTSs there enough to provide that service. More would be good. If there was some research that demonstrated how to integrate into existing elements rather than head up separate. Enhanced training for VT Quit Partners so they obtain the skills they need to create safe spaces that are able to serve and reach individuals that need service. (PRIDE center is an example) Julie – a couple of other priority populations not identified in our WorkPlan are VT'ers with cognitive deficits and with VT'ers with disabilities. Higher training for quit providers to provide to special needs/priority populations.

Enforcement – Helen – youth vaping use is increasing, yet, DLC doesn't have the resources necessary for enhanced retailer training around vaping or including compliance checks around e-cig. Deputy Commissioner of DLC might be interested in increasing license fee to pay for DLC costs surrounding this. He may also be interested in raising fines.

Policy ideas: License costs for retailers, fines for selling, taxes (Cholupka is finding youth response to e-cig taxes to be similar to cigs). Kate – still concern about impact of taxes on low income individuals – even though the benefit to low income VT'ers might be greatest, the financial impact to them is also disproportionately great.

This is a social justice issue – ads are in low SES neighborhoods, use rates are in low SES, we should be mindful of resourcing funds to those neighborhoods. Even a higher level of capacity. \*\*invest MORE money in those underserved communities.

Take the TCP funding out of annual appropriations cycle. New taxes should be dedicated. MSA dollars should go to tobacco FIRST and then rest of funds elsewhere. Find a non-MSA source. ACO initiative for primary prevention is an option too.

Make the timeframe clear for ROI – loss of tax revenue, health care savings, etc. VDH might be able to look at HTN and births to define.

More media campaigns. Can we collaborate with NY? And their media campaigns? Dual branding with NY/NH? Radio is a highly effective way to reach. Digital media is critical and we can micro-target as needed.

### **TCP Budget Recommendations:**

Decreased capacity – what have we lost? For example, we have fewer coalitions, with less \$. We have fewer VKAT/OVX and less of the state is covered by school grants. We have fewer media campaigns.

Is there a benchmark we were at previously that we need to go back to??? That's a tricky one, we don't necessarily want to return to what we HAD done previously, but carefully craft what it will cost to do what we think is necessary today.

A plan forward:

We need to put money to our ideas. VDH, DLC, AOE, and any others, please make some calculations as to what it might cost to enhance our effective programs so that we ask for the right amount of funding for our program. Please email Amy (and Erin when she gets an email) so we can bring to November meeting.

**Other Business/Information:**

Rhonda passed out a summary of the CDC Quit Ads that ran in April/May 2016 and their stats. These are the ads that will run in November and December 2016. 555 new registrants to QL and Online occurred during the time the media was running in 2016!

Rhonda will send update electronically so Amy can distribute to the full board.

Amy – we need to begin to prepare for our Annual Report, but now that we will have Erin, she can help with that!

Adjourned 4:56pm