

Tobacco Revenue, Use, Spending and Tracking Commission (TRUST)
Bureau of Tobacco and Chronic Disease (BTCD)

May 27th, 2009

Tanner Community Development Corporation (TCDC)
20 South 8th Street
Phoenix, AZ 85034

MINUTES

Members Present:

Linda Bailey
Nancy Hook
Kelly Hsu
Matt Madonna

Babak Nayeri
Bill Pfeifer, Chairman
Ronald Spark

Members Absent:

Wil Counts
Benton Davis

JR Ramirez
Dana Russell

ADHS Staff:

Jeanette Shea-Ramirez ADHS AD
Wayne Tormala, ADHS BTCD
Mary Ehlert, ADHS BTCD
Karen Boswell, ADHS BTCD
Veronica Perez, ADHS BTCD

Gowri Shetty, ADHS BTCD
Todd Pearce, ADHS BTCD
Ben Palmer, ADHS BTCD
Courtney Ward, ADHS BTCD
Brigitte Dufour, ADHS SFA

Public Attendee:

Linda Arroyo – TCDC
Donna Beedle – MACTUPP
Colby Bower – ACS
LaTonya Davis – TCDC
Marty Eckrem – Coconino Co.
Pam Ferguson – AHA
Marcy Flanagan – Pima Co.
Jill Gomez – CTFA

Arnold Jackson – TCDC
Albert Harris Jr – TCDC
Clyde Miller – TCDC
Angela Rojas – ADOC
Tim Vaske – AHA
Corey Woods – ALA
Sharhonda Woods, ERDU

Call to Order

Chairman Bill Pfeifer called the meeting to order at 10:01 am.

Mr. Pfeifer tabled the motion to approve the minutes until a quorum is reached. Mr. Pfeifer also tabled agenda items the TFA blog update and the illegal trafficking update to tighten up the meeting.

Introductions

Mr. Pfeifer asked the TRUST, ADHS staff and public attendees to introduce themselves with their name and affiliation.

Smoking Prevalence Reduction Press Conference

Mr. Pfeifer announced that 12:00pm the media has been invited to the press conference held by ADHS Interim Director Will Humble regarding the drop in smoking prevalence. Prevalence dropped from 19% to 15.7% for adults 18 and over.

Discussion occurred surrounding the drop in rates. Ron Spark asked if the data was self-reported. Gowri Shetty stated that yes, it was self-reported data. Mr. Pfeifer stated that the drop brings AZ from 26th to 7th in the lowest prevalence category. Matt Madonna queried the Commission on potential causal effects listing the \$.80 tax increase and Smoke-Free AZ as factors. Mr. Pfeifer added that the 1994 formation of BTCDC's predecessor (TEPP) should not be discounted as well.

Financial Report

Karen Boswell provided the BTCDC financial update. Ms. Boswell stated that the update would be brief. The enclosed are still projections. A lot of expenditures have not been booked yet. The 4th column expenditures have been reduced to \$18 million. Better numbers will be available in late July/early August. The second part, Chronic Disease, has a little left in the reserve. BTCDC is working on the reduction of the funds. Hopefully by 2011-2012 the reduction will be seen.

Approval of Minutes

Mr. Pfeifer stated entertained the notion of approving the January 2009 minutes. No changes or corrections were called for.

Bill Pfeifer call for a motion: Ron Spark moved for the minutes to be accepted. Linda Bailey seconded the motion. Motion passed.

Chronic Disease Planning Update

Veronica Perez provided the chronic disease planning update. She stated that a Chronic Disease planning group has been assembled to help in the reduction of the aforementioned fund reserve. The last meeting was in April. It was discussed that the reserve could be used to create a one-time campaign. Concerns do center on a quality return-on-investment. Focus would likely be on the insured with emphasis on AHCCCS. AHCCCS has seen a tremendous surge lately. The surge presents large problems with resources. The group will reconvene in June to get a better idea of the dollars.

Discussion occurred. Mr. Pfeifer asked how much of the reserve would be used. Ms. Perez stated that no dollar amount is set yet. Mr. Tormala added that during March – April, AHCCCS received a net increase of 50,000, putting a real strain on their resources. We essentially ran into a wall that took us back to the drawing board. Mr. Madonna stated that there has been a lot of time and effort put in. The end becomes clearer and it dictates where we are going and that is where the insurance is. Dr. Spark stated that it has to be viable, easy and know it works. Ms. Perez stated that it needs to be sustainable once the reserve is used up. The CDC approved an additional 200,000 for hypertension. This will help accomplish some program goals. An

application for the Asthma grant from public health was submitted. BTCD applied for the core (\$450,000 max) and three other components (\$150,000 max). The total could be 950,000 for five years. We will know in September. Currently the asthma surveillance is not very good as the staffing is lacking. This would help. Data could be collected. Reports drive where we go with schools etc. The grant would serve as a model. The CDC is looking for a new model, which a precedent could be set with this grant. Dr. Spark stated that this would result in a paradigm shift.

2009 National Conference on Tobacco or Health

Courtney Ward provided the 2009 NCTOH update. Thus far 2100 registrants have been recorded, up from 1000 in late March. We currently have 120 volunteers made up of County & Community Partners and staff. Dr. Carmona has backed out of his speaking engagement but will provide a recorded message. The Governor will also be on hand to speak at the opening session. Mr. Tormala added that Corey Woods, Tim Vaske & Colby Bower were a huge help. The Governor's speech should include a three point plan centered on her personal experience of being an ex-smoker, remind/introduce to 'Venomocity' and mention the recent prevalence drop. Ms. Bailey asked if press would cover the speech. Ms. Ehlert stated that it has been pitched to the media.

Smoke-Free Arizona Update

Brigitte Dufour of ADHS Smoke-Free AZ provided the update. There has been a decrease in revenue of 5% - 6%. Dr. Spark asked if there was a surge in sales. Ms. Dufour stated it was not enough to keep pace. Contracts have been reduced by 15%. Ms. Dufour stated that the Annual Report would be released on June 1st.

Ms. Dufour wanted to provide an update on a previously mentioned case. In the case, the retailer claimed more than 51% of sales were from tobacco and in doing so claimed they could be considered a smoke shop. Sales of tobacco products were inflated due to tobacco items being priced high while alcohol prices were inversely lowered. The retailer must prove their claims are true. It is still not resolved. Dr. Nayeri asked how much is being allocated for litigation. Ms. Dufour stated that an outside attorney was needed because the retailer sued us. Mr. Pfeifer stated that he hopes this will not set a precedent. It is all smoke and mirrors with a \$10 cigarette and a \$.10 beer.

Marketing Campaigns Update

Mary Ehlert provided the marketing update. Ms. Ehlert referred the Commissioners to review the enclosed Marketing Timeline. There will be an interim cessation campaign through June. Focus groups continue. In addition, there will be a Chronic Disease campaign in the works. 'Venomocity' continues to be successful with over 200,000 webhits spending an average of four minutes on the website. Launch events are still occurring. Event reports are posted online. Youth focus groups have also been occurring in preparation for new ads based on social and viral media. There is no data yet, but will share when it becomes available. Ms. Ehlert stated that at some of the focus groups, trends occur. She stated that most teens get the message, but could not name the website, yet research states that most of the webtraffic comes from the TV ads.

Meeting in recess for lunch and media press conference.

NRT Update

Gowri Shetty provided the NRT update date. Ms. Shetty stated that some sort of NRT benefit has been available to clients since 2003. In 2006, we offered a 50% discount on NRT and medications like Zyban. A NRT workgroup was formed to address issues related to NRT and NRT+ coverage. Based on recommendations of the NRT workgroup, a pilot program was started in March 2008 where all clients received twelve week free NRT or NRT+ (including medications like Zyban, Welbutrin and Chantix). This pilot program was implemented for all clients enrolling in cessation services for the months of March and April 2008. The purpose of the pilot program was to assess the impact of offering 12 week free NRT and NRT+ on Quitline service utilization and cessation outcomes. Specifically we looked at how effective is offering free medication in motivating people to call the quit line? Do free medications impact someone's ability to quit for at least 7 days, 30 days or more? Does this vary by type of NRT/medication? Do people value the behavioral support offered through the Quitline, and is there a difference if they do?

All clients enrolled in cessation services were offered 12 week free NRT/NRT+. NRT/NRT+ was mail ordered through BeBetter Networks Inc. Compared Quitline utilization for months before, during and after the pilot program. All clients enrolled during the months of March and April 2008 were followed up at four months and seven months to assess their smoking status. If the same participant was reached at seven months as four months, only a partial follow-up questionnaire was asked. This included questions related to quit, household and workplace tobacco policies, and ASHline satisfaction. Criteria for follow-up was for them to complete the Client Intake Form (CIF) and a consent for follow up. Up to 10 attempts were made to contact eligible callers. Four month participants are NOT necessarily the same as the seven month participants.

We had a call volume of 2015 calls. 1027 clients were reached at the four month follow-up and at seven months the number was 837. When asked how important was the offer of the free quit medication in your decision to quit tobacco, almost 80% said it was important. When asked how important was the offer of quit coaching in your decision to quit tobacco, over 75% said it was important. When asked how helpful did you find the coaching in your efforts to quit tobacco, over 55% said it was helpful. In terms of ASHLine satisfaction, when asked how satisfied were you with the service you received from the cessation quitline at four months, Over 67% said they were mostly or very satisfied. At seven months, 62% said they were mostly or very satisfied.

Program Evaluation Update

Gowri Shetty provided the program evaluation update. Ms. Shetty stated that this serves to help track the media and ensure the right services are getting to the right people. Effective cessation without co-occurring morbidities can be modeled after different components. With respect to the NRT benefit, there was a 51% response rate at 3 months and 47% at 6 months, which is terrific.

Dr. Spark stated that the baselines are very dynamic. Ms. Shetty said BRFSS always asks preference. It is essentially a one month snapshot. It is put in so we have a longitudinal, long term view. Dr. Spark asked if the data is user-triggered. Ms. Shetty responded that, yes, the data is user triggered and good data as well. Could possible lose those who see, but not use. We want to capture and evaluate. Often this is very hard to reach. Ms. Bailey asked about national

surveillance on private sector (health plans and employers). Ms. Shetty stated that this would give us a good idea of who receives private services.

Ms. Shetty stated that an independent media evaluator would be used to evaluate campaigns. Mr. Madonna asked about modeled programs with relation to youth groups. Ms. Ehlert stated that programs in Pima and La Paz are great models. BTEP and CTFA are working together with regard to youth coalitions. Mr. Tormala stated that focus needs to be on the ‘fringe’ kids, not the kids that will likely not be at risk that are often active in extra-curricular activities.

Babak Nayeri, Seconded by Matt Madonna – Approved

Motion to query AHCCCS on separation of CPT & Diagnostic coding on utilization of Buprobion/Wellbutrin for smoking cessation vs. depression or other behavioral health prescription – As a performance measure.”

Programs Update

Todd Pearce provided the tobacco programs update. Mr. Pearce discussed the Community Network Development that has been active in the Counties. He stated that the most difficult part has been reaching the hardcore 15%. It is all about the messenger and not the message. The messenger translates the message, tailors it to the community. It could be in financial terms, religious etc. These undiscovered partners allow for the creation of new partnerships that allow us to reach into parts of the State that were essentially off-limits or unreachable before.

Mr. Pearce also discussed a recent meeting with St. Lukes Health Initiative. A three phase system was discussed: self-discovery, research partners and collaboration. With the creation of a toolkit, one can go into other areas with the use of ‘regional experts.’ An online community of sharing and learning could be established to connect all parties and experiences. Dr. Spark stated that this was a great top down approach, but we must remember to be sensitive to the grassroots. We must learn from past successes and failures. Mr. Pearce echoed Dr. Spark’s remarks by stating that stating this helps us to grow and learn.

Mr. Pearce introduced Kristin Barney of Pima County to briefly provide an update of on their county efforts with respect to community network development. Ms. Barney stated she was excited to be working on this process. She stated that they used to use a direct service approach. The community based approach allows them to reach the hard to get to pockets and develop partnerships. It is key to sit down with the potential partners and let them guide the process as it is a form of empowerment. In addition it serves as a value added business approach. Two separate groups that may not be related now hit two different populations with the same messages. This helps one cover more ground.

Formative Research on Cessation Update

Mary Ehlert and Mirja Riester provided the research update with relation to the cessation campaign yet to be developed. Ms. Ehlert stated that they did not test specific messages. Ms. Riester stated that the Nick/Hector & Chuck ads come across as real people, and honest, but did not reach everyone. It did reflect the majority though. The “Chuck” ads pull evenly between men

and women regardless of the actor's gender. It is hard to get every pocket. The next step is to delve into social media that allows for a deeper reach.

As we move on, the focus needs to be on barriers. Why they do not call is as important as getting people to call in. Quitlines have a stigma. We must overcome barriers to quitting, barriers to calling and barriers to the actual name.

Dr. Spark stated that it was insightful data, very powerful and needs to be shared. Mr. Madonna stated that a tweak in the referral system needs to occur to change the client base. Mr. Pfeifer looks forward to follow-up reports.

Future Development of the TRUST Commission

Mr. Pfeifer stated that he is working with the legislature to reappoint the TRUST Commission members that are interested in returning.

Closing Thoughts

Dr. Nayeri expressed that he likes the discussion, likes to listen then act, share and use the experience to collectively reach a goal. Mr. Pfeifer stated that the next meeting would likely be in late August. Dr. Spark stated that he likes the financials and the honesty. He likes hearing about grants and about the grass roots. There is a paradigm shift occurring. He also stated that he likes to feel like the time spent at the meeting has made some sort of a difference.

Public Commentary

There were no public comments.

Adjourn

The meeting was adjourned at 2:15pm.

The TRUST Commission is a public meeting. In compliance with the State of Arizona's open meetings laws, the recorded minutes for the March 2009 TRUST Commission meeting are available to the public three working days after the meeting. Please contact the TRUST Coordinator at the Bureau of Tobacco and Chronic Disease, 602-364-0824, to make arrangements to obtain the minutes.