

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

September 3<sup>rd</sup>, 2009

American Lung Association  
102 W. McDowell Rd.  
Phoenix, AZ 85034

***MINUTES***

**Members Present:**

Linda Bailey  
Nancy Hook  
Matt Madonna

Bill Pfeifer, Chairman  
Dana Russell  
Ronald Spark

**Members Absent:**

Kelly Hsu

Babak Nayeri

**ADHS Staff:**

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  
Gannon Wegner, ADHS BTCD  
Duane Huffman, ADHS  
Rodgers Wilson, ADHS

**Public Attendee:**

Donna Beedle – MACTUPP  
Colby Bower – ACS  
Deborah Conter – MCTUPP  
Marty Eckrem – Coconino Co.  
Shelby Fletcher - Pfizer  
Jill Gomez – CTFA  
Arnold Jackson – TCDC

Zeenat Hasan – APCA  
Scott Leischow - UofA  
Stephen Michael - ASHLine  
Tim Vaske – AHA  
Elizabeth Ortiz de Voldez – Concilio  
Susan Williams – MCTUPP  
Sharhonda Woods – ERDU

**Call to Order**

Chairman Bill Pfeifer called the meeting to order at 10:04 am.

**Introductions**

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

**Bill Pfeifer called for a motion: Matt Madonna moved for the minutes to be accepted. Ronald Spark seconded the motion. Motion passed.**

Wayne Tormala informed the TRUST Commission that a new liaison, Courtney Ward, would take over logistical duties prior to the next meeting.

### **Financial Report**

Karen Boswell provided the BTCD financial update. Highlights from this report are listed below:

- Revenues were down \$1.7 million with a loss of \$1.6 million.
  - Dr. Spark asked why the carryover was higher for FY09. Ms. Boswell stated that invoices were not received before the close of the fiscal year and therefore the carryover balance appears higher, but will be adjusted once all invoices have been received.
- In an effort to combat the declining revenues, BTCD has made proactive efforts to conduct efficiency reviews with action items meant to reduce costs internally, which will help BTCD reduce the cost of doing business.
  - Examples include:
    - Reducing BTCD fleet from 3 to 2 vehicles and eventually to 1 vehicle
    - Nine month contracts have been extended, with the help of contractors, to twelve months without the influx of more funds
    - Staff have been reassigned within the Bureau to fill gaps while reducing redundancy and
    - Administrative expenditures, such as inventory from educational materials, office supplies and office equipment, are reviewed before purchases are made to ensure their necessity
- For 2010 BTCD will ask contractors to incorporate the same type of efficiency review. When voter protected funds such as the tobacco tax are reviewed, not a whole lot of waste will be found.
- Dr. Spark complimented the financial staff on sliming down and being proactive

Some discussion occurred around the financial report and the idea of licensing entities and persons who sell tobacco.

Mr. Tormala explained that BTCD intends to do a lot more without tobacco funds and that the TRUST is welcome to advise not just on tobacco but all facets of funding into BTCD. Mr. Pfeifer thanked ADHS for their openness and receptiveness.

### **Stimulus Package Update**

Veronica Perez provided a stimulus package update. Highlights from this report are listed below:

- The focus on the monies is for prevention and wellness, universal coverage and the fund stream.
- There has been a pushback on prevention and wellness although some money has started to move. IHS received \$500 million.
- \$650 million has been earmarked for prevention and wellness
- Competitive bids are unlikely due to the time involved. Unequal amounts will likely be filtered down to the states for immunizations (H1N1 focus). There is no clear picture as to what they will fund as it is described as, “measureable outcomes that reduce chronic diseases.”

- Mr. Madonna inquired what defines “chronic diseases.” No clear definition has been presented.
- Mr. Madonna inquired into the possibility that quitline monies are a part of the package. Ms. Bailey responded by stating that a conference call was held for NAQC members to talk with CDC. The amount would be \$45-50 million for quitlines in states and territories. It is estimated that \$10 million will stay with the CDC for administrative/research purposes.
- It is possible the money could be out by November or December of this year. No guidance or spending authority has been sent out yet.
- A piece has been made politically acceptable. Quitlines are one of them. So they may be subject to political oversight. The funding formula is likely similar to tobacco quarter reporting.
- Mr. Pfeifer added that while we discuss public health, the aim of the stimulus is to stimulate the economy. Nancy Hook echoed that it is temporary dollars for a temporary time.
- Ms. Shetty added that the CDC is interested in system change, not service.

### **Chronic Disease Planning Update**

Veronica Perez provided the chronic disease planning update. Highlights from this report are listed below:

- CDC rejected the Asthma grant. CDC stated the grant application was ineligible due to the fact that Arizona lacked an Asthma Burden Report
  - BTCD has the data, just not the report and thus it was not considered. Arizona has been rejected three times and is one of only a handful of states that has never received funding related to Asthma
  - In a conference call with the CDC, they strongly suggested that BTCD create an Asthma Burden Report. BTCD must wait five years before they can apply. As a result, a different funding source must be located
  - This has actually challenged us to be creative and create a model that is not dependent on a grant
  - The new plan is geared more towards integration and it helps with collaboration and sustainability
- BTCD is looking at indentifying specialty areas within CDC collaborations of healthy communities.
  - The first year action plan will focus on integration of tobacco and diabetes by working with existing partners
  - BTCD will be positioned well for an assessment phase. It will be built over technical assistance skilled in tobacco, still lacking in chronic disease. The goal is to connect coalitions with ASHLine
  - This is an opportunity to leverage resources by building stronger integration between tobacco and chronic disease
- Get with Guidelines: The idea is to grow the number of hospitals. Mr. Tormala stated that the goal is to get ten new modules by 2010
  - Tim Vaske stated that they are being strategic about hospital placement as they have the ability to implement systems change. They can measure every patient, not just a sample, and in real time

- These reports deal with stroke outcomes
- Colorectal cancer screenings and efforts to enhance existing practices:
  - The CDC will make adjustments to fund sustainability. This doesn't change the enhancement.
  - Focus is placed on employers to promote screenings among employees because they are accessible
  - CDC modeled this program after breast and cervical cancer screenings
  - A strategic plan workgroup needs to convene on the creation of a strategic plan. It needs to hit the four major causes of death among Arizonans, a quality ROI and a good use of money
  - Sustainability needs to be a key focus
  - Projects were started with the intent to get the money out into the community. Some of the projects have taken on a life of their own. Many are on parallel tracks with a great lack of interchange

### **Advocacy Series**

Mr. Tormala provided an update on the upcoming three part advocacy series. The first session will be held on Oct 14<sup>th</sup> at the Halle Heart Center. Approx 1000 attendees have been invited. They are not the usual partner, although they are included as well. The first in the series will be about community network building. The summit series will be at no cost to the attendee due to sponsorships. If the RSVP list fills up, a second series will strongly be considered.

### **Future Development of the TRUST Commission**

Mr. Pfeifer stated that he is working with the legislature, President of the Senate and Speaker of the House, to reappoint the TRUST Commission members that are interested in returning. There will be a delay because legislators are focused on the budget. Once that is signed, attention can be focused elsewhere. Please bear in mind that while recommendation letters have been submitted, they can be rejected and others can be added.

### **Marketing Campaigns Update**

Mary Ehlert provided the marketing update. Highlights from this report are listed below:

- Ms. Ehlert discussed potential collaborations with other states in regards to Venomocity.
  - New Mexico is interested but is lacking in funds and may run as a PSA.
  - Utah is looking to purchase for its use.
  - Dr. Spark inquired about proprietary issues. Ms. Ehlert stated that if pushed through a third party such as a marketing firm, it becomes less of an issue
- 275,000 young adults have visited Venomocity.com and continue to stay for approximately five minutes per visit
- Ads are no longer on TV and sun setting in the theaters August 31<sup>st</sup>. It will start up again this winter
- Currently the evolution of Venomocity is in the works with one to two commercials in the works. Production has been approved.
- Evaluation will be done on the first phase of the campaign now that it is no longer out there
- Ben Palmer and Mary Ehlert are heading a cross-functional team designed at bolstering youth coalitions in the state

- BTCDD is working with Pima to mirror their successful efforts.
- BTCDD's goal is to add 7 to 15 new coalitions within the next year all culminating at a statewide youth coalition summit in the summer of 2010
- The cessation campaign will focus on real stories provided by real quitters.
  - Wayne Tormala happened to engage the Washington State Tobacco Program Director in dialogue and through this was offered the opportunity to use their produced and finalized campaign entitled "Dear Me" in which users write a letter to themselves.
  - The program has lost funding and as a result cannot buy air time. The Director offered them to BTCDD to use. The estimated production cost is approximately \$500,000. Most ads are transferable. They are currently viewable on quitline.com.
  - Two ads were shown: "Ken" and "Terry."
  - Only one ad mentions a Washington landmark of Mt. Saint Helens. The end title card will change to reflect Arizona. The opportunity to still submit homemade videos will also be provided. These will be mainly for the website. We have asked the counties to submit their own success stories as well.
- The paid media campaign will launch on Dec 28<sup>th</sup> and run through June 2010. This will focus more on the Coach/Client relationship. If stimulus dollars are available, we will set these funds aside to use to further reach via extended media buys.
- Lastly, Gannon Wegner did a walk through of the tobacco blog and all Commissioners were encouraged to subscribe to the blog.

### **State of Arizona Budget Update**

Duane Huffman provided a statewide budget update and how it impacts Arizona. Highlights from this report are listed below:

- ADHS' budget is approximately \$600 million. \$24 million or 5% was cut.
- The largest allocated piece goes towards behavioral health and the State Hospital, which accounts for approximately 85% of the budget, and it is all encumbered. The actual 5% cut actually comes from the remaining 15%, so it translates to a 33% budget decrease.
- The largest cuts come in operations line items, most from Public Health. The effect on TEPP (BTCDD) is that there is less administrative support in HR, Procurement and Accounting Offices.
- Interim Director Will Humble took a unified approach to budget cuts, thus why BTCDD engaged in furloughs as well. More cuts could be on their way in Jan/Feb.
- There will be a significant shortfall and FY2011 looks to be even worse. The next cuts could even affect the State Hospital.

### **Tobacco Cessation Update**

Gowri Shetty provided the tobacco cessation update. Highlights from this report are listed below:

- Ms. Shetty stated that the 13 month follow-up to the NRT pilot yielded great data.
  - On average each participant was called seven times to be polled.
  - Women are more likely to talk yet men are more likely to engage in services.
- Chantix was highly used at 52%. Use of no NRT was surprisingly high.
  - 75% said the coaching was important. Further studies and stratification will take place to analyze. To maximize benefits, we give \$1 million and the feds will provide \$12 million.

- AHCCCS referrals increased greatly
- Data will be published

### **Mental Health and Tobacco Cessation: Integration Update**

Mr. Tormala introduced Dr. Rodgers Wilson, the Chief Medical Officer for the Division of Behavioral Health at ADHS. Mr. Tormala and Dr. Rodgers discussed the following:

- The lifespan of a smoker with mental health disorders is 25-30 years less than the average person.
- There is a 75% prevalence rate among people with mental health disorders. In addition, mental health professionals have a 30-35% prevalence rate as it is often seen as part of job to smoke.
- Often cessation is discouraged because it offers short term instability to already volatile situations.
- Mr. Tormala stated that the plan is to work within the division and go before the REBA Directors and start on a path of least resistance.
- The plan is to go with a low cost effort using existing tools.
- One key is to let professionals know that their smoking may be a trigger to others as relapse rates are high. This is not considered just a policy issue, but a treatment issue as well.

### **Public Commentary**

There was one public comment from Dr. Scott Leischow of the University of Arizona. His first comment was to extend his appreciation for the efforts put forth on the blog. Communication is lacking and this helps immensely.

He added that when the idea of focusing on the ASHLine and quitlines was announced, BTCDD took a lot of heat. Research is showing that the proactive approach was likely the correct path to take. He also emphasized the notion that funding for research is always a good idea, particularly when it is not always purely academic and is practice-based, with applied value.

### **Closing Thoughts**

Dr. Spark thanked Karen and Duane for their presentations. It is always good to have a reality check although he will choose to remain optimistic. A paradigm shift is definitely needed. It is very empowering. Dr. Spark also looks forward to a viable TRUST Commission in the future.

Mr. Pfeifer told the Commission that the next meeting would likely be in November. Hopefully the TRUST will be in-effect and reappointed. It is hope that there will also be new members on the Commission. Look out for an e-mail from Courtney Ward regarding future meeting dates.

### **Adjourn**

**The meeting was adjourned at 1:58pm.**

The TRUST Commission is a public meeting. In compliance with the State of Arizona's open meetings laws, the recorded minutes for the May 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.