

Tobacco Education, Prevention and Cessation Grant Program Review Committee Meeting

December 20, 2013
MEETING MINUTES

WELCOME AND INTRODUCTIONS

The Chair convened the meeting at 1:10 p.m. at the Colorado Department of Public Health and Environment (CDPHE), Sabin-Cleere Room, first floor, 4300 Cherry Creek Drive South, Denver, Colorado. Introductions were made around the table and in the room.

Members present: Karen Wilson (Chair), representative of a statewide nonprofit organization with a demonstrated expertise in and commitment to tobacco control; Pam Talley (Vice-Chair), representative of an association representing family physicians (via phone); Kathy James, representative of the University of Colorado Health Sciences Center who has expertise in evaluation (via phone); Jennifer Ludwig, representative of a local public health agency (via phone); Emma Goforth, staff of the program with expertise in tobacco cessation; Jill Bednarek, staff of the program with expertise in reducing exposure to secondhand smoke; Stephanie Walton, staff of the program with expertise in tobacco prevention among youth; Kathleen Patrick, representative of the Colorado Department of Education; Joseph Craig, representative of a statewide association representing physicians; Senator Jeanne Nicholson, member of the Senate; and Representative Dave Young, member of the House of Representatives.

Members absent: Joni Reynolds, CDPHE Executive Director's designee; and Daniel Kortsch, represents a socio-demographic disadvantaged population in Colorado.

CDPHE staff present: Rochelle Manchego, Laurie Scott, Jennifer Trainer, Jennifer Schwartz, Stephanie Beard, Carsten Baumann, Tom Valand, Gabriel Kaplan, Terry Rousey, Sharon Tracey, and Allison Hastey.

Guests Present: Arnold Levinson, Teddy Montoya and an unknown number of guests by phone.

REVIEW OF MINUTES

The minutes from the November meeting were reviewed by members; no changes were suggested. Joe Craig moved to approve the minutes and the motion was seconded. All members present voted in favor of the motion. Motion passes.

PROGRAM UPDATES

- CDPHE will conduct a nation-wide search for the Healthy Living Branch Manager position, which also serves as the Tobacco Program Manager. Jennifer Schwartz, the Tobacco-Free Living Initiatives Unit Supervisor will be appointed to the review committee to fill the vacancy of the position and Jill Bednarek will serve as the 'acting program manager' on the Executive subcommittee until the new manager is hired.
- An announcement from CDC on the next funding opportunity is expected any day; the current contract ends March 28, 2014.
- FY15 contracting negotiations has begun with grantees. January 15th is the deadline for submission of scopes of work and budgets for the final year of funding to begin on July 1, 2014. A new grantee orientation webinar is scheduled for January 8, 2014, for those agencies whose contracts start on January 1st.
- The FDA has announced their intention to open a docket for comments on regulation of other tobacco products. In the meantime, the Tobacco Control Legal Consortium has submitted a citizen's petition. This is an alternative strategy that people can use to request the FDA to take action. The Tobacco program is preparing to submit comments under that petition and have notified grantees that this is an opportunity available to them as well.

BEST PRACTICES IN TOBACCO HEALTH COMMUNICATION PRESENTATION

Emma Goforth and Allison Hastey gave the communications update and a presentation on best practices in tobacco control media. The Centers for Disease Control and Prevention recommend mass-reach health communication interventions based on strong evidence of effectiveness in:

1. Decreasing the prevalence of tobacco use
2. Increasing cessation and use of available services such as 'Quitlines'
3. Decreasing initiation of tobacco use among young people

Health communications interventions are a crucial component of comprehensive tobacco control programs, and public education campaigns are an integral part of efforts to both prevent initiation of tobacco use and encourage tobacco cessation. Colorado uses traditional media (such as

television, radio, out-of-home print), non-traditional (digital media, search engine optimization and retargeting) and added value (event sponsorship, participation, gas pump and check cash store marketing) outlets for its recent mass marketing efforts. The programs' current media contractor include: In-line Media (to promote the QuitLine), Webb PR (to develop and market TobaccoFreeCO.org) and SE2 (for development of customizable template materials for cessation, youth prevention and SHS exposure reduction). The program also funds six regional Media Buy contracts with community grantees for FY14 only. National and Colorado data demonstrate that increased media can increase the Quitline call volume. The QuitLine call volume goal = 6% of total smokers in Colorado, however, the goal is not on trend to be met this fiscal year. A new advertisement featuring Denver Broncos player, Wesley Woodyard, was created and will run through the remainder of football season. All other media has been produced nationally or by other states and secured via the CDC's Media Resource Center. At the beginning of each fiscal year the Tobacco Review Committee approves the Quitline and the media for the Quitline budgets together as one line item to allow the program to transfer funds from one contract to the other depending on fluctuations in call volume and in order to maintain optimal call volume. The program will transfer unspent funds from the Quitline contract to the InLine media contract to increase placement of QuitLine media.

FUNDING REQUEST:

Emma Goforth and Allison Hastey requested A35 funding for FY15 MCRC license \$125,000. This will allow STEPP to obtain licenses for cessation media materials from CDC's Media Resource Center in FY15. Utilizing existing campaign materials saves STEPP time and money for creating and testing new materials, and allows us to extend campaigns in Colorado. If approved, STEPP will secure MCRC advertisement licenses for media to be placed by In-Line Media. The contractor and STEPP staff will continue providing media updates to TRC including an evaluation presentation, post-buy analysis after FY14 campaigns finish.

MOTION: Kathleen Patrick moved to extend/renew the CDC MCRC advertising campaign licensure for the 2014-2015 fiscal year, in the up to amount of \$125,000. Joseph Craig seconded the motion.

VOTE: A roll call vote was taken and all nine members present voted in favor of the motion.

MOTION PASSES UNANIMOUSLY.

TOBACCO ATTITUDES AND BEHAVIORS (TABS) DATA

Arnold Levinson, Director of the Community, Epidemiology and Program Evaluation Group, Associate Professor in the School of Public Health and Cancer Center at the University of Colorado Denver, presented the preliminary results of the 2012 Attitudes & Behaviors Survey (TABS) Report on Adult Tobacco Use and Exposure in Colorado. TABS data is collected every 3-4 years, depending on available funds, through a randomly sampled telephone survey of approximately 13,000-15,000 adults in English and Spanish. Dr. Levinson presented data from the report specific to smoking rates, prevalence, cessation efforts, second-hand smoke exposure and the use of other types of tobacco. Dr. Levinson's presentation will be included in the final minutes of the meeting and the full final TABS report will be available soon. The Review Committee will regularly receive and review data reports to prepare for the next RFA cycle and to track progress toward meeting the 2020 Strategic Plan.

REQUEST FOR APPLICATIONS DEBRIEF

Jennifer Trainer requested feedback from the committee members regarding the most recent grant review process and ideas for improvement for future funding opportunities. Members provided considerable recommendations for revising the scoring methodology, evaluation criteria and fundable score limitations. Ms. Trainer will implement these recommendations into any RFA improvements that are not in conflict with programs' Board of Health rules and regulations.

The A35 grant programs are considering having a grant writing workshop for all potential applicants. The RFA needs to be structured to better link proposed projects with the evidence base strategies. Ms. Trainer will put together a timeline for the next funding opportunity RFA, to include time for grantee input and reporting to the Tobacco Review Committee. The program staff will also seek legal counsel on the use of funds to address education and policy work on marijuana and alternative tobacco products.

PUBLIC COMMENT

At approximately 3:33pm, the Chair called for public comment and none was received.

NEXT STEPS

- Share CDPHE job announcement for the Healthy Living Branch Manager position with committee members.

- Jill Bednarek will present the funding request for the CDC MCRC contract to the Board of Health in January.
- Staff will share the final TABS Report with the Review Committee and schedule additional TABS data presentations from Dr. Levinson.
- Next meeting is Friday February 21st, 1:00-4:30pm at CDPHE.

ADJOURNMENT

The meeting was adjourned at 3:35 p.m.

BEST PRACTICES IN TOBACCO HEALTH COMMUNICATION

Allison Hastey - Communication Unit Director
Emma Goforth - Tobacco Cessation Coordinator

State Tobacco Education
& Prevention Partnership

Colorado Department of Public Health & Environment

Introduction

- Evidence-Base and Importance of Mass Media in Comprehensive Tobacco Control
- Media Outlets
- Current State of Media in Colorado
- Advertising Resources
- Questions

 State Tobacco Education &
Prevention Partnership

CDC's Best Practices for Comprehensive Tobacco Control Programs—2007

CDC recommends that states establish and sustain tobacco control programs that contain the following overarching components:

- ❖ State and Community Interventions
- ❖ **Health Communication Interventions**
- ❖ **Cessation Interventions**
- ❖ Surveillance and Evaluation
- ❖ Administration and Management

This Guide concludes that public education (counter-marketing) campaigns are an **integral part of efforts to both prevent initiation of tobacco use and to encourage tobacco cessation.**

The Community Guide Finds **Strong Evidence** for Mass-Reach Health Communication Interventions

Reducing Tobacco Use and Secondhand Smoke Exposure: Mass-Reach Health Communication Interventions

The [Community Preventive Services Task Force](#) recommends mass-reach health communication interventions based on strong evidence of effectiveness in:

1. Decreasing the prevalence of tobacco use
2. **Increasing cessation and use of available services such as quitlines**
3. Decreasing initiation of tobacco use among young people

Evidence was considered strong based on findings from studies in which television was the primary media channel. Economic evidence shows mass-reach health communication interventions are cost-effective, and savings from averted healthcare costs exceed intervention costs.

Graphic images and/or testimonials work with low-SES smokers

A systematic review of the literature on the impact of mass media campaigns, published in 2012, concluded that these campaigns can promote quitting among adults and reduce adult smoking rates.

- ❖ Messages that used graphic images and/or testimonials to portray the negative health consequences of smoking were found to be most effective at generating increased knowledge, positive beliefs, and quitting behavior.
- ❖ Ads depicting negative health consequences appear to work particularly well with lower socioeconomic smokers.
- ❖ Television was found to be the most effective communication channel in which to reach and influence adult smokers.

Durkin, S., et. al., "Mass media campaigns to promote smoking cessation among adults: an integrative review," *Tobacco Control* 21, 127-138, 2012

Mass Media Communication Outlets

- Media Variety - multiple touch points

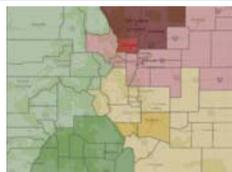
- Traditional:
 - Television (broadcast & cable)
 - Radio
 - Print
- Non-traditional:
 - Out-of-home (billboard, bus shelter, bar, etc.)
 - Digital/Mobile
 - SEO
 - Banner
 - Retargeting
 - Social Media
 - Guerrilla marketing

- Added Value:
 - Sponsorship
 - Event participation



Statewide Coverage

- Selection based on:
 - target audience
 - call to action
 - advertising resources
 - cost per impression
 - variety/timing
 - evaluation metrics



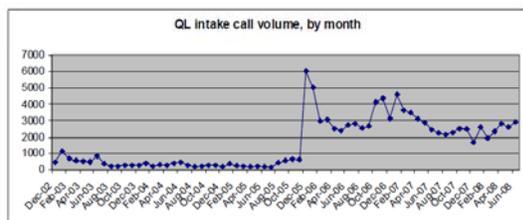
Current State of Media in CO - FY14

- QuitLine - cessation
 - CTA: Increase calls to 1-800-QUIT-NOW
 - TV, radio, out of home, online, social media
- TobaccoFreeCO - across priorities
 - CTA: Increase site visits & public awareness
 - TV, out of home, online, social media, print
- Regional Media Buy - across priorities
 - CTA: Varies by region
 - TV, radio, out of home, online, print



Media Drives Colorado QuitLine Calls

Current QuitLine call volume goal = 6% reach



Advertising Resources

- STEPP to license cessation materials from CDC's Media Resource Center - FY15
 - Cross media outlets
 - Tested and evaluated by originating State
 - Varied audience, message and language
- Saves STEPP from burden of creating and testing new materials
- A35 funding request for FY15 MCRC license: \$125,000



Next Steps

- Secure MCRC advertisement licenses
- Continue providing media updates to TRC
 - Evaluation presentation
 - Post-buy analysis after FY14 campaigns finish



**Colorado adult tobacco use:
How are we doing?**

Preliminary results from
The Attitudes & Behaviors Survey
(TABS) on Health

Kathy James
Yaqiang Li
Carol-Ann DeMaio Goheen
Arnold Levinson





...who are we?

- Community Epidemiology & Program Evaluation Group
 - Colorado School of Public Health & University of Colorado Cancer Center
- Our major Colorado projects
 - The Attitudes & Behaviors Survey (TABS) on Health
 - A35 external evaluation for CDPHE since 2005
 - Unified Statewide Healthy Kids Colorado Survey (HKCS)

**Fighting the tobacco epidemic:
How do we measure progress?**

- smoking rates
- amounts smoked
- quitting behaviors
- secondhand smoke exposure
- use of other types of tobacco

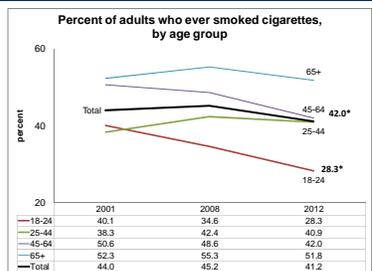
- where are we failing?

TABS data

- Collected every 3-4 years (2001, 2005, 2008, 2012)
- Random sample from all telephone households
 - cell phones included in 2008 and 2012
- 13,000 to 15,000 Colorado adults interviewed per wave
 - English and Spanish
- In 2012, added ~3,200 national interviews
- Comparisons standardized to 2012 CO adult population
 - on age, sex, ethnicity ('01 & '08) and education ('08 only)
 - significant differences ($p < 0.05$) shown in **bold** with asterisk*
- What about youth? HKCS coming ...

Cigarette smoking

Ever-smoking, 2001/2008/2012

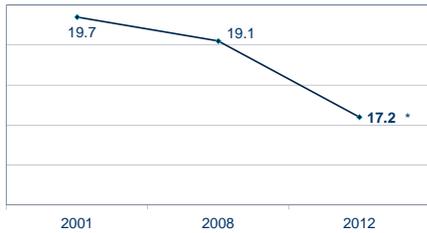


*Significantly lower than 2001

Ever smoking means smoked at least 100 cigarettes in lifetime

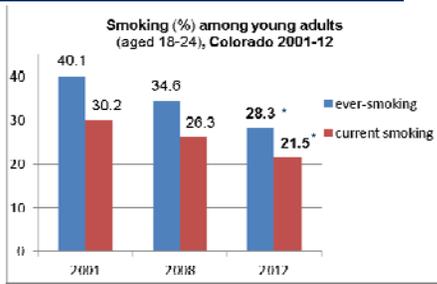
Current smoking, 2012

Adults (%) who currently smoke cigarettes



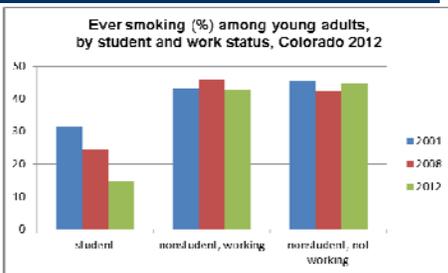
Initiation of smoking

Smoking (%) among young adults (aged 18-24), Colorado 2001-12



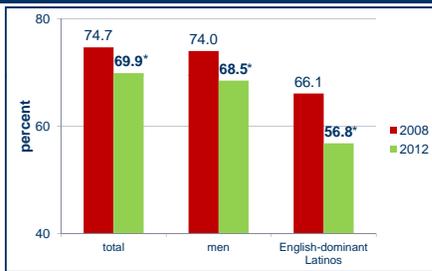
Initiation – class made a difference

Ever smoking (%) among young adults, by student and work status, Colorado 2012

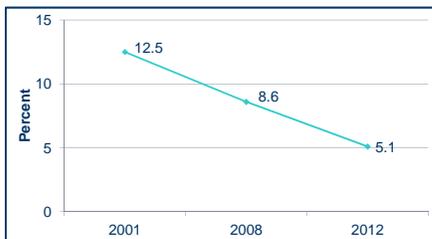


Consumption

Current smokers: fewer smoke daily



Fewer daily smokers smoked heavily†



† heavy smoking means >25 cigarettes per day

Daily smokers smoked fewer cigs / day

- 15.4 in 2008 → 13.7 in 2012
- no change among nondaily smokers (~4.0)

Cessation

Quit attempts

- About half of daily smokers tried to quit smoking[†] in the past year.
 - but two-thirds tried in 2008 (65.6% then, **53.6% now**)
 - Anglo daily smokers had lowest rate (50.7%)
- if they tried, median 2.6 attempts in year

[†] "tried to quit" means at least 24 hours without smoking

Nicotine replacement therapy

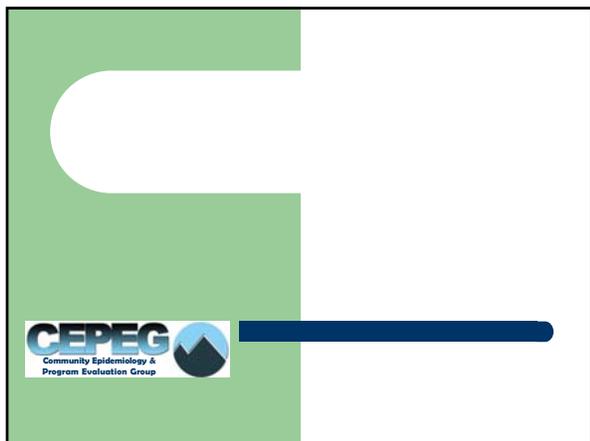
- about one in five attempters used it (21.6%)
 - overall unchanged from 2008
 - slight increase among low SES, to 23.5%

Chantix use in quit attempts

- 5.0% of quit attempters used it
- less use than in 2008 (6.8%)
- widest use among:
 - disabled (12.1%)
 - Medicare beneficiaries (16.9%)
- almost no use among:
 - young adults (0.1%)
 - black/African American (0.0%)
 - uninsured (0.8%)

QuitLine awareness / use

- 73.9% of Colorado smokers have heard of QuitLine
 - fewer than in 2008 (82.7%)
 - greatest decline in awareness among males
- 1 in 5 current smokers have ever called QuitLine
- 1 in 16 past-year quit-attempters called QuitLine
- More medical referral to QuitLine
 - 38.2% in 2008 → 45.6% in 2012



E-cigarettes (new in 2012)

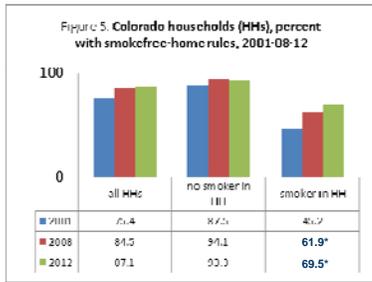
- 6.9% have ever used e-cigarettes
- higher rates of use:
 - Anglos (7.3%)
 - males (8.0%)
- 4.7% of smokers said they will use e-cigarettes to aid their next quit attempt

Health provider advice & referral, 08-12

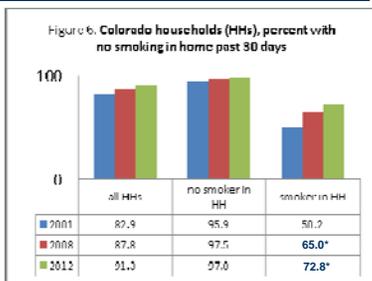
- More advice to quit smoking: 68.0% v. 62.6%
 - Biggest increase: young adults, 69.4% vs. 48.3%
- If advised to quit, slightly more tried to quit (37.9% vs. 31.1%)

Secondhand smoke (SHS)

Smokefree home rules



Smokefree home behavior



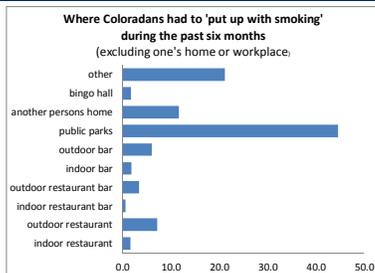
Smokefree personal-vehicle rules

- More in 2012 than 2008: 76.1% vs. 71.3%
- Still low among smokers: 24.6%

Putting up with smoking

- More than half of adults in 2012 (55.8%) said they had to "put up with" someone smoking around them
 - large increase from 2008 (39.4%)

Putting up with smoking



Non-cigarette tobacco

Use of any other tobacco

- cigars, smokeless (chew/snuff), hookah, etc.
 - 2008-12: no change in ever-use
- highest rates:
 - males (7.1%)
 - rural (13.3% vs. 5.6%)
 - Anglo (8.1%)
 - heterosexual (7.5% vs. 3.0%)
- ever-use of hookah down among young adults
 - 25.8%, down from 39.1%

Where we must do better ...

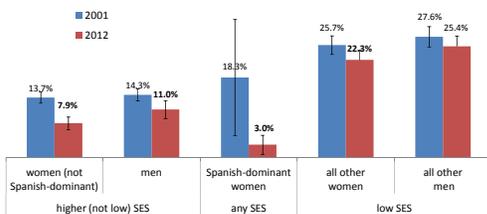
Higher smoking rates among ...

- English-dominant Latinos
 - American Indians/Alaska Natives
 - gays/lesbians/bisexuals
 - low SES
 - mental illness or mental health limitations
 - men
 - aged 18-24 nonstudents
- all were higher in 2001 and 2008

Mental illness/limitations

- Smoking twice as prevalent in those with mental illness/limitations (32.6% vs. 14.3%)
- Successful quit attempts less common among those with mental illness/limitations (6.2% vs. 10.1%)

Colorado smoking prevalence: Who made progress, 2001-2012?



- Higher SES means insured, not disabled, not HS dropout, income >=200% FPL.
 - 200% FPL in 2012: \$46,100 for a family of four

Where have all the smokers gone?

		population	change in pop.	est. # smokers	% of smokers	change in smokers
women, higher SES	2001	867,215	—	118,849	19.6%	—
	2012	804,855	-7.2%	63,418	9.5%	-46.6%
men, higher SES	2001	874,893	—	125,506	20.7%	—
	2012	760,873	-13.0%	83,660	12.5%	-33.3%
Spanish-dominant women	2001	32,673	—	5,975	1.0%	—
	2012	153,627	370.2%	4,598	0.7%	-23.0%
other women, low SES	2001	659,458	—	169,226	27.9%	—
	2012	981,883	48.9%	218,849	32.8%	29.3%
men, low SES	2001	678,974	—	187,139	30.8%	—
	2012	1,169,436	72.2%	296,974	44.5%	58.7%
total	2001	3,113,213	—	606,696	—	—
	2012	3,870,674	24.3%	667,500	—	10.0%

Colorado adult population, 2001

	number	% of total
women, higher SES	867,215	27.9%
men, higher SES	874,893	28.1%
women, low SES	659,458	21.2%
men, low SES	678,974	21.8%
Total	3,113,213	

Spanish-dominant women omitted

Colorado adult population, 2012

	number	% of total	change from 2001
women, higher SES	804,855	20.8%	-7.2%
men, higher SES	760,873	19.7%	-13.0%
women, low SES	981,883	25.4%	48.9%
men, low SES	1,169,436	30.2%	72.2%
total	3,870,674		24.3%

Spanish-dominant women omitted

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	72.2%	296,974	44.5%	58.7%
total	—	606,696	—	—
	24.3%	667,500	—	10.0%

Spanish-dominant women omitted

“How is my area doing?”

Stay tuned for regional reports



Questions? Comments ...

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