Advisory Council Members Present:	
Dr. Joseph Ladapo	Andrew Weatherill
Paul Hull	Brenda Olsen
Dr. Jay Wolfson	Melissa Knabe
Dr. Jim Howell	Kevin O'Flaherty
Laura Corbin	Kimberly Allbritton
Dr. Taghrid Asfar	Dr. Thomas Brandon
Maham Akbar	
Advisory Council Members Absent:	
Dr. Colleen Koch	

Call to Order and Roll Call

Melissa Jordan, delegate for Dr. Ladapo, called the meeting to order at 9:00 a.m. Paul Hull, American Cancer Society representative, was welcomed as a new board member. Laura Corbin performed roll call with the meeting attendance noted above.

Approval of November 2022 Minutes

Melissa Jordan opened discussion on the November 2022 meeting minutes and the minutes were approved, as written, by all Tobacco Education and Use Prevention Advisory Council (TAC) members.

Fiscal Year 2022 Cessation Evaluation Findings

Julie Rainey and Amy Kerr, Professional Data Analysts (PDA)

The first presentation provided an overview of the 2022 Cessation Evaluation findings. RVO Health provides phone and digital cessation services for Bureau of Tobacco Free Florida (BTFF). Area Health Education Centers (AHEC) provide group cessation services for BTFF. The program served 57,231 individuals. Most referrals to services come from healthcare provider faxes followed by healthcare provider traditional eReferrals. Given targeted marketing by the tobacco industry, disparate impacts of tobacco use, and barriers to quitting for certain populations, it is important to monitor access and engagement to program services across subpopulations. For both types of service providers participants without a high school degree, and those that are Hispanic/Latino or LGBT+ are underrepresented. Additionally, 56 percent of all RVO Health participants reported one or more behavioral health conditions compared to 67 percent of AHEC participants. The quit rates for both service providers exceed the recommended level of 30 percent set by the North American Quitline Consortium. Between 83 percent (RVO) and 88 percent (AHEC) of participants were very or mostly satisfied with the services they received.

Quit Your Way Service Updates

Nick Fradkin, RVO Health and Harlan Luxenberg, PDA

This agenda item provided an opportunity to discuss changes related to the quitline's migration to the Rally platform.

Current Program Design

Phone Quit

- Three one-on-one calls with a coach
- Unlimited inbound support via phone
- Two-week combo nicotine patches, gum, or lozenges

Web Quit

- Online access to Web Coach content
- Two-week combo nicotine patches, gum, or lozenges

Quit Tools

- Email Tips
- Text2Quit program
- Quit Guide mailing
- Two-week combo nicotine patches, gum, or lozenges

New Program Design Phone Quit

- Three one-on-one sessions with a coach via phone, text, or chat
- Two coach-led peer support groups
- Unlimited inbound support via phone, text, or chat
- Automated texting support
- Online dashboard access
- Four-week combo nicotine patches, gum, or lozenges

Web Quit

- Online dashboard access
- Automated texting support
- Option for live coach support via text or chat
- Four-week combo nicotine patches, gum, or lozenges

Health Systems Change

Lindsay Olson, Research Triangle Institute (RTI)

This presentation provided an overview of the health systems change evaluation. In 2021-2022, RTI and BTFF established a partnership with University of Florida to access OneFlorida electronic health records data for a sample of patients to understand the opportunities and limitations of the data source. RTI and BTFF are planning next steps, including a current partnership to explore Medicaid claims data. Another evaluation finding is from the healthcare provider survey of tobacco practices that was conducted. RTI fielded the third administration of a statewide healthcare provider survey in 2021 (previously administered in 2012 and 2017). The 2021 sample included behavioral healthcare specialties. In 2021, 94 percent of organizations have electronic health records or workflow components to document Ask; 67 percent for documenting Advise; 24 percent for reminding providers to make referrals to cessation resources (no change from 2012, 2017); fewer providers in behavioral health treatment settings reported having these components. Ask, Advise, Refer behaviors were consistent for core health professions (MD, DO, PA) over time and in 2021, notably lower for providers in behavioral healthcare specialties. Most providers were unaware of Medicaid coverage for cessation aids. There are three evaluation studies that will be completed on health systems change for fiscal year 2022-2023; the eReferral Implementation study, the study of provider interactions among Medicaid-enrolled respondents in the Florida Adult Tobacco Survey, and the behavioral healthcare provider study.

State and Community Intervention Update

Ron Davis, BTFF

This presentation provided an update of two relatively new policy areas that have shown promising results. The first was related to a new law in July 2022 that allowed local jurisdictions to regulate smoking in parks and beaches (excluding unfiltered cigars). This fiscal year, providers in all 67 counties have worked to educate their communities on the public health benefit of tobacco free parks and beaches. Some other types of tobacco products were never preempted. Local governments can now regulate the use of all tobacco products in these locations (excluding unfiltered cigars). To date, 27 ordinances have been enacted. The second policy area of discussion was interventions to increase cessation access. By focusing on populations living in low socioeconomic status, BTFF can encompass other subpopulations that use tobacco at rates higher than the general population. BTFF will connect these residents to cessation services in the places where they already access both health and non-health services. This includes social service organizations and healthcare organizations that serve lower income clients. Targeted organizations must have an electronic intake system for clients. BTFF providers meet with AHEC staff quarterly to collaborate. This assures that we are not duplicating efforts to target the same organizations. BTFF providers identify and recruit a target organization and assist them with establishing the referral policy using an organization-specific link to the Automated Referral Form.

Special Projects

Laura Corbin, BTFF

This presentation provided status updates on three projects mentioned at previous meetings. Last fiscal year at the suggestion of the State Surgeon General, BTFF announced plans to provide financial incentives for utilization of cessation services. This past January, the use of these incentives for cessation class attendance was launched in collaboration with six AHECs. A participant can receive two \$25 gift cards after attending the first session and \$25 after attendance at each subsequent session (up to three sessions). PDA is evaluating this pilot project. In April, the remaining six AHECs will begin implementing these incentives. A TAC board member suggested adding a financial incentive two weeks after the guit attempt as it will maximize the effectiveness of this strategy. Another project update was given about nicotine replacement therapy (NRT). Funding was identified at the end of last fiscal year to provide NRT to 12 county health departments (CHDs) for patients referred to BTFF services. That has now been expanded to all counties. Introductions between CHDs and AHECs were made, and multiple webinar trainings were conducted. In addition to immediately providing two weeks of NRT to patients, having NRT on site also reinforces to CHD healthcare providers the importance of conducting tobacco screenings and cessation referrals. The last update pertained to the I-10 corridor project. This initiative is in response to the lower life expectancies and higher incidence of chronic diseases in this geographic area. BTFF in collaboration with the Bureau of Chronic Disease Prevention have been working together to increase their collective impact and strengthen program alignment and effectiveness. In part, this is being accomplished through having common objectives in 11 program work plans.

Legislative Update

Susan Harbin-Alford, American Cancer Society-Cancer Action Network

This presentation provided an update on the upcoming legislative session that begins March 7. The Governor has released his budget recommendations for fiscal year 2023-2024. Included in that proposal is an increase for BTFF in accordance to consumer price index. There are a few bills to watch. SB 530/HB 519 regarding the preemption of tobacco and nicotine products. These bills would repeal s.569.0025, F.S. and s.569.315 F.S., which preempt establishing the minimum age for purchasing or possessing, and the regulation for the marketing, sale, or delivery of, tobacco products to the state. They are unlikely to pass this year, but it is important to keep this issue relevant. SB 170 would require local governments to prepare "business impact statements" before adopting certain ordinances, taking into account the economic impact an ordinance would have on private businesses. It would also allow a prevailing party to recover up to \$50,000 in attorneys' fees when challenging an ordinance on the grounds it is arbitrary and unreasonable. There is a concern over the chilling effect this could have on local governments adopting ordinances related to protecting public health. A similar (but more comprehensive) bill passed last year but was vetoed by the Governor.

Closing Comments/Adjourn

The meeting adjourned at 12:15 p.m. The next meeting will occur virtually on May 18, 2023.