

Per California Code of Regulations, title 2, section 548.5, the following information will be posted to CalHR's Career Executive Assignment Action Proposals website for 30 calendar days when departments propose new CEA concepts or major revisions to existing CEA concepts. Presence of the department-submitted CEA Action Proposal information on CalHR's website does not indicate CalHR support for the proposal.

**A. GENERAL INFORMATION**

1. Date

2017-07-05

2. Department

California Department of Public Health

3. Organizational Placement (Division/Branch/Office Name)

Division of Chronic Disease and Injury Control/Tobacco Control Branch

4. CEA Position Title

Chief, Tobacco Control Branch

5. Summary of proposed position description and how it relates to the program's mission or purpose. (2-3 sentences)

The Proposed CEA, Level A, serves as the Chief over the California Department of Public Health's (CDPH) Tobacco Control Branch. The Branch goal is to work towards a tobacco-free California with the mission to improve the health of all Californians by reducing illness and premature death attributable to the use of tobacco products. The CEA will develop and implement statewide policies and initiatives, provide organizational and statewide leadership, drive strategic innovation, and design evidence-based policy interventions to address adult and adolescent tobacco and electronic cigarette use, and other emerging smoking products threatening public health. The CEA oversees a \$226 million budget, including responsibility for administration, statewide and local programs, media, research, surveillance and evaluation activities, and the State Tobacco Cessation Helpline.

6. Reports to: (Class Title/Level)

Public Health Medical Administrator II, CEA (Range B)

7. Relationship with Department Director (Select one)

- Member of department's Executive Management Team, and has frequent contact with director on a wide range of department-wide issues.
- Not a member of department's Executive Management Team but has frequent contact with the Executive Management Team on policy issues.

(Explain): Implementation of new tobacco tax initiative requires development and presentation of tobacco control policy recommendations to the directorate.

8. Organizational Level (Select one)

- 1st
- 2nd
- 3rd
- 4th
- 5th (mega departments only - 17,001+ allocated positions)

**B. SUMMARY OF REQUEST**

**9. What are the duties and responsibilities of the CEA position? Be specific and provide examples.**

The proposed CEA will serve as the Chief, Tobacco Control Branch (TCB) in the California Department of Public Health (CDPH), and provide policy, program, and operational leadership to the overall California Tobacco Control Program, achieving social norm change through policy, systems, and environmental change approaches. The mission of TCB is to work toward achieving a tobacco-free California, and to reduce illness and premature deaths attributable to tobacco by implementing programs and policies to reduce tobacco use and exposure to secondhand tobacco smoke.

The CEA will also be responsible for the implementation, monitoring, and evaluation of major program areas including: Local Programs, Evaluation and Knowledge Management, Media, Financial and Business Operations, Strategic Planning and Policy, Federal Projects, and the legislatively mandated Tobacco Education and Research Oversight Committee (TEROC). This includes all phases of the daily operations of the programs, including budget development and tracking, policy decisions, management supervision, and direct oversight of the statewide activities to ensure vertical and horizontal integration of program policy goals throughout TCB. The CEA will manage a budget of \$226 million, which includes special funds and programs from Proposition 99 (1988) and Proposition 56 (2016), federal funds from the Centers for Disease Control and Prevention, and reimbursement funds from the Department of Health Care Services. The CEA will also manage the review and development of legislative proposals, development of regulations, budget change proposals, and establishment of program policies, which affect the procedures and operations within the Branch.

The CEA will be responsible for setting the future vision and overall direction of the California Tobacco Control Program, a nationally and internationally recognized public health model. The CEA will serve as a consultant and liaison on tobacco policy to the CDPH Director and State Public Health Officer, local, state, and national organizations including the California Department of Health Care Services, Covered California, California Department of Education; the State Board of Equalization; the State Attorney General's Office, Tobacco Litigation Unit; the Tobacco Related Disease Research Program; California Conference of Local Health Officers; Health Officers Association of California; California Health Executives Association of California; Centers for Disease Control and Prevention, Office on Smoking and Health; American Cancer Society; American Lung Association; American Heart Association; Robert Wood Johnson Foundation; The American Legacy Foundation; Campaign for Tobacco Free Kids, and other external partners. Internally, the CEA works across CDPH programs, divisions, and centers including Maternal, Child, and Adolescent Health, Chronic Disease Control (diabetes and cardiovascular disease prevention), Environmental and Occupational Disease Control (asthma program), Office of Health Equity, Fusion Center, and others, to develop public health policies, projects, and surveillance systems to expand and monitor access to, and provision of, environmental support and services that promote tobacco cessation and protect non-smokers from exposure to secondhand smoke.

**B. SUMMARY OF REQUEST (continued)**

10. How critical is the program's mission or purpose to the department's mission as a whole? Include a description of the degree to which the program is critical to the department's mission.

- Program is directly related to department's primary mission and is critical to achieving the department's goals.
- Program is indirectly related to department's primary mission.
- Program plays a supporting role in achieving department's mission (i.e., budget, personnel, other admin functions).

Description: "Dedicated to optimizing the health and well-being of the people of California" is the mission of CDPH. As the leading cause of morbidity and mortality, and responsible for billions of dollars in direct medical expenses and lost productivity in California, tobacco control remains a primary departmental focus as well as being two of the Let's Get Healthy California initiative indicators to reduce youth and adult smoking prevalence.

In alignment with the CDPH mission, the mission of the California Tobacco Control Program is "to improve the health of all Californians by reducing illness and premature death attributable to the use of tobacco products." Through its 27 year history, the California Tobacco Control Program is responsible for over 1,000,000 lives saved from tobacco-related illnesses and \$134 billion in avoided health care costs.

While adult and youth tobacco use are at all-time lows, there are still nearly 4,000,000 smokers in California. Equally concerning, is the emergence of other nicotine delivery devices, known as electronic cigarettes (e-cigarettes), which are rapidly threatening public health through increased youth and adult uptake.

The impact of tobacco use extends to where Californians live, work, learn, and play. Reducing tobacco use, including the use of e-cigarettes, will improve the health and well-being of the entire population, through cleaner environments, improved health outcomes, and reduced health care costs.

**B. SUMMARY OF REQUEST (continued)**

11. Describe what has changed that makes this request necessary. Explain how the change justifies the current request. Be specific and provide examples.

On November 9, 2016, California voters passed Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016. Proposition 56 adds a \$2 tax to tobacco products, including e-cigarettes, and other tobacco products such as cigars and chewing tobacco. The initiative allocates to CDPH Tobacco Control Branch funds from the tax revenue, estimated to be \$178 million in budget year 17/18. This is a 400 percent increase over the current year budget, and includes a 25 percent increase in staffing, totaling 85. Proposition 56 will grow the existing program and create new policy priorities for the California Tobacco Control Program.

With the addition of Proposition 56 funds, the level of administrative, programmatic, and fiscal responsibility for the Branch Chief (CEA) is exponentially increased. In addition to blending Proposition 56 funds and initiatives with the existing programs and managing accountability for both, the CEA must manage a staff of 84 state employees and contract staff to ensure that implementation is timely and effective. Specifically, the CEA will be responsible for new and/or expanded programs, including: implementation of a \$50 million media campaign; design and implementation of new surveillance and evaluation methods focused on priority populations and consistent with 21st century technology and social engagement; execution of over 100 contracts with local health jurisdictions, community-based organizations, universities, and other organizations to achieve program goals through local, regional, and statewide interventions; increased scrutiny through compliance with biannual program audits and transparency requirements; development of measures to counteract the erosion of smoking social norms and policies by new e-cigarette products and the availability of marijuana for recreational use; and new initiatives to ensure health equity among priority populations.

The Tobacco Control Branch is expanding to accommodate the increased funding and workload, and a CEA position is needed to provide the appropriate level of leadership and to participate in development and implementation of statewide policies.

### C. ROLE IN POLICY INFLUENCE

12. Provide 3-5 specific examples of policy areas over which the CEA position will be the principle policy maker. Each example should cite a policy that would have an identifiable impact. Include a description of the statewide impact of the assigned program.

Tobacco use continues to be the single most preventable cause of death and disease in California, affecting over 40,000 people every year. The Tobacco Control Branch has had tremendous success leading the comprehensive California Tobacco Control Program since 1989, including reducing cigarette consumption by over 50 percent, reducing bronchial and lung cancer rates twice as fast as the rest of the nation, creating smoke-free workplaces, restaurants and bars, housing, and other venues where Californians live, work, and play, reducing overall health care costs (\$134 billion) and saving lives (1 million).

While these successes have impacted California and have been a model for programs nationally and internationally, there is more work to do. Proposition 56 offers an opportunity to end the tobacco epidemic. The proposed CEA will lead new and significant policy areas with major impacts on Californians. In addition to the current program, the CEA will address the following initiatives:

**Health Equity:** The CEA will be responsible for pro-actively identifying issues and setting statewide policies to address the achievement of equity for tobacco-related health outcomes. In California, adult smoking prevalence is down to 11.6 percent. While smoking rates have dropped for all groups, rates continue to be higher in African Americans (20%), Asians (15.6%), Hispanics (15%), and American Indian/Alaska Natives (36.2%). The CEA will be responsible for addressing the predatory marketing tactics of the tobacco and e-cigarette industries to disadvantaged and ethnic groups, meeting and working with stakeholder organizations representing priority populations, working closely with the Office of Health Equity and working across CDPH Divisions and Centers to align interventions and policies to achieve health equity by significantly reducing smoking prevalence in priority populations.

**E-Cigarettes:** The CEA will coordinate local, regional, and statewide policy activities to ensure Californians receive the same protections from exposure to e-cigarettes as they do for other tobacco products. Currently, there are 470 electronic cigarette brands for sale and over 7,700 different flavorings, many of which target youth including gummy bear, cotton candy, Fruit Loops, and Captain Crunch. Between 2010 and 2013, the use of e-cigarettes increased almost four-fold among U.S. current adult smokers (9.8 percent to 36.5 percent). Middle school and high school student use of e-cigarettes tripled between 2013 and 2014. The major health impacts of e-cigarette use and exposure are not yet fully understood. The CEA will advance e-cigarette research, surveillance, and evaluation to establish a data-driven, evidence-based approach to e-cigarette policies and prevention programs that will lead to reduced consumption and youth uptake. The CEA will also oversee a statewide media campaign with a budget of \$50 million, including resources to alter the social norms associated with e-cigarettes.

**Exposure to Secondhand Smoke:** The CEA will be responsible for reducing the burden of secondhand smoke, which has serious health consequences, including asthma, respiratory infections, bronchitis, and pneumonia. The CEA will both develop/implement new policy and improve on existing policy to reduce the exposure to secondhand smoke. Recently, over half (52.8%) of California adults aged 18 through 64 reported being exposed to secondhand tobacco smoke. Additionally, nearly one-fifth (19.5%) of California adults aged 18 through 64 reported being exposed to secondhand aerosol from e-cigarettes. Secondhand smoke has major health implications for children and studies show that more than 200,000 children in California live in homes where smoking is allowed inside and approximately 742,000 children are at risk of exposure by living in homes with a person who is a smoker.

**Innovation:** With tobacco products ever changing and the pending availability of marijuana for recreational use, an erosion of social norms supporting smoke-free environments and healthy behavior is at risk. Looking forward, innovation will be necessary to confront this reality, and to continue the downward trend in smoking prevalence among adults and youth, and, make gains in populations who previously may have not benefited from traditional interventions. Specifically, the CEA will lead the Branch in innovation of: technology used to collect data, in order to collect and utilize more robust, accurate, and actionable data; methods for providing cessation treatment and increasing utilization of cessation services beyond current users; countering tobacco industry marketing messages and solidifying California's strong social norm for smoke-free environments; and, addressing health equity and working in new ways with priority populations to achieve prevalence reductions and increase smoke-free environments.

The policy responsibilities described above collectively attempt to end the tobacco epidemic in California, eliminating the death and disease caused by tobacco, and saving the State billions of dollars in health care costs and lost productivity. California developed a plan for becoming the healthiest state in the nation by 2022. Through innovation, collaboration, stakeholder outreach, data collection and evaluation, and thoughtful, evidence-based policy development and implementation, the CEA will lead the California Tobacco Control Program's efforts to achieve this goal.

**C. ROLE IN POLICY INFLUENCE (continued)**

**13. What is the CEA position's scope and nature of decision-making authority?**

The CEA will have authority to make decisions regarding the development, implementation, and evaluation of policies, strategies, and programs in the California Tobacco Control Program. The CEA will directly report to the Chief, Chronic Disease and Injury Control Division, and will provide updates and briefings to the Deputy, Center for Chronic Disease Prevention and Health Promotion, Chief Deputy Directors, the Director, TERO, the Agency, DOF, and legislature regarding decisions, strategies, and development/implementation of Tobacco Control activities. The decisions made by the CEA will have a substantial impact on external stakeholders, and the California population at large.

**14. Will the CEA position be developing and implementing new policy, or interpreting and implementing existing policy? How?**

The CEA will both develop/implement new policy and interpret/implement existing policy. The CEA will utilize the new and existing tobacco tax resources to develop new and implement existing policy with regards to achieving the goals of the TERO Master Plan, Let's Get Healthy California, the California Wellness Plan, and Healthy People 2020. The implementation of these population health projects will require collaboration, defining priorities, and developing integrated work plans to set concrete deliverables for local health departments, community-based and non-governmental organizations, media contractors, other state departments, and across CDPH Centers/Programs. The CEA will utilize evidence-based models in making policy recommendations to ensure the most efficient, effective, and fiscally responsible programs are implemented.