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**From:** Julie Henderson on behalf of Julie Henderson <[REDACTED]@juul.com>  
**To:** Bruce Harter  
**Sent:** 6/6/2018 9:12:01 AM  
**Subject:** Re: Materials for tomorrow's discussion

Hi Bruce,

No worries - I'm embedding them in this email. You probably already have them - they're from our working meetings in Feb, Mar and Apr.

**JUUL – PROMOTING HEALTHY LIFESTYLES through  
COMPREHENSIVE HEALTH EDUCATION  
WORKING DRAFT - 2/20/2018**

**Introduction** – The Center for Disease Control (CDC) defines health as “A state of complete physical, mental, and social well-being and not just the absence of sickness or frailty”. The CDC further identifies specific factors that contribute to a person's current state of health. These factors may be biological, socioeconomic, psychosocial, behavioral, or social in nature. Scientists generally recognize five determinants of health of a population:

- Biology and genetics. (e.g., sex and age)
- Individual behavior. (e.g., alcohol use, smoking, unprotected sex, and injection use)
- Social environment. (e.g., discrimination, income, and gender)
- Physical environment. (e.g., where a person lives and crowding conditions)
- Health services. (e.g., access to quality health care and whether or not a person has health insurance)

**The Challenge** - “The U.S. has one of the largest income-based health disparities in the world, according to a new paper out in the journal *Health Affairs*. Among the poorest third of Americans studied, 38.2 percent report being in “fair or poor” health, compared with 12.3 percent of the richest third.” (*The Atlantic*, June 5, 2017). Another 2017 report, this one from *The Academies of Sciences, Engineering and Medicine* identifies two main clusters of root causes of health inequity. The first is the intrapersonal, interpersonal, institutional, and systemic **mechanisms** (e.g., policies and institutions) **that organize the distribution** of power and resources differentially across lines of race, gender, class, sexual orientation, gender expression, and other dimensions of individual and group identity. The second, and more fundamental, is the **unequal allocation of power and resources**—including goods, services, and societal attention—that manifest in unequal social, economic, and environmental conditions, also known as the social determinants of health (*Communities in Action: Pathways to Health Equity*, 2017).

**A Solution – Health Education “Demonstration Schools/Districts”:**

Though sometimes debated, most educators agree that the purpose of public education is to prepare students for life, not just college and or a technical or vocational career (Dewey, 1916; Tyack, 1974). Such preparation entails more than instructing for academic achievement. It includes instruction and support in developing health literacy in social, emotional and physical health such that students from middle childhood through emergent young adulthood are equipped with decision-making skills and habits of mind and being that address the mechanisms and resources that cause health inequalities, thereby eliminating the potential for health disparities in their own lives and in their communities.

In recognition of the potential equalizing nature of public education, JUUL Labs, Inc. seeks to identify, nurture and support exemplars of comprehensive health education in our nation’s schools. The goal is to provide replicable examples of health literacy that can be customized to meet local communities’ needs.

**General Process:** Over a five-year period, JUUL’s education team will work on multiple levels and within

several different agencies to produce Demonstration Schools/Districts with exemplary and replicable programs. Specifically, the team will work with:

A) **Individual schools and school districts** to develop, implement and assess the effectiveness of holistic health education as an integrated component in all aspects of instruction and school life (e.g., core curricula, extended learning opportunities through after-school and summer programs, community education workshops, parent/community engagement activities, on-site community health centers, designated health and physical education courses, etc.). In collaboration with local schools/districts, the team will develop measurable goals and objectives that are: a) site-specific; b) aligned with National Health Education Standards (NHES), Next Generation Science Standards (NGSS), and Common Core Standards (CCSS); and c) that are measured formatively (and unobtrusively) via periodic benchmarks conducted within the school/district's culture and academic year timelines. The team will also work with local schools and districts to create and implement self-sustaining community health centers and clinics, ideally to be housed on school campuses with student access before, during and after school hours, and school community (i.e., parents/guardians) access after school hours, including summers.

B) **Teacher Education programs** to co-construct one or more lessons within the requisite Health Education course that address issues that are not currently covered (e.g., vaping and other smokeless tobacco/nicotine delivery systems, social-emotional health development among adolescents and emergent adults, etc.). In collaboration with university and schools of education faculty, the team will assess the effectiveness of these lessons and report their findings via professional conference papers and presentations (e.g., American Education Research Association, National Council for Teachers of English, etc).

C) **Faith-based Health Education initiatives and programs** to engage community members through familiar portals so that they're aware of recent trends and options in healthcare (e.g., workshops in preventive and pro-active measures such as smoking cessation clinics and therapy groups, harm reduction needle exchange, free sex education classes, etc).

Internal Timeline and Benchmarks (See 30-60- and 90-day benchmarks doc):

Five-year: Disseminate final reports at national and regional conferences (AERA); Support study tours to demonstration schools

Four-year:

Three-year:

Two-year:

One-year:

### **Health Literacy**

Whether a person can obtain, process, and understand basic health information and services that are needed to make suitable health decisions. Health literacy includes the ability to understand instructions on prescription drug bottles, appointment cards, medical education brochures, doctor's directions, and consent forms. It also includes the ability to navigate complex health care systems. Health literacy is not simply the ability to read. It requires a complex group of reading, listening, analytical, and decision-making skills and the ability to apply these skills to health situations [8].

### **Our Community and Educational Outreach to Combat Underage Use of JUUL**

As part of our comprehensive approach to combat underage use of our products and to encourage young people to stay away from all nicotine products, we co-host community conversations with local schools, substance abuse agencies and school districts across the country. Our goal is to educate parents, educators and law enforcement about our product, as well as other products that contain nicotine and other dangerous substances. To date we've reached out directly to more than 200 educators and education agencies.

Specifically, our educational efforts include:

- Providing parent and student curriculum to schools and substance abuse agencies centered on the facts about our product, its nicotine content, the impact of nicotine on the brain and body, and actions young people can take to cope with peer influence and stress. We understand that young people may not fully understand the potentially serious implications of using nicotine products, and that parents may be frustrated, alarmed and angry when they discover their children may be using such products without their awareness or consent. Our goal is to become allies around our shared commitment to keep young people from ever trying JUUL.

- Effective intervention practices informed our decision not to expand our curriculum beyond the simple facts of nicotine science and nicotine's impact on the developing brain and body. We realize that even when people know the potential addictive harm endemic to a substance such as nicotine, their choice to use it is influenced by many factors beyond the supporting science. Consequently, we included instructional modules on natural options for addressing some of the other reasons young people use JUUL. This includes effective self-efficacy strategies for reducing peer influence, as well as meditation and mindfulness practices for reducing stress.
- We also partner with local schools and faith-based organizations to provide comprehensive, holistic health education programming, including after-school enrichment courses, summer camps, parent/parishioner education workshops, school-to-healthcare profession training and school-based community health centers. Trendsetting public schools seek innovative solutions to persistent community health challenges with aggressive, holistic approaches that exceed traditional classroom teaching and learning. Likewise, social justice-oriented and faith-based organizations recognize the importance of meeting more than the community's spiritual needs with pragmatic programming that goes beyond weekly worship services. We've partnered with some of these institutions by supporting the organic solutions they've developed for their communities.
- As one example, the Freedom & Democracy charter schools in Baltimore used our intervention curriculum to jump-start an after-school enrichment program and summer camp experiential learning series that integrate their character development and human rights-centered curriculum with explicit teaching of a holistic healthy lifestyle curriculum. High school students further this baseline of learning through the secondary school's Health Professions Academy, a partnership that engages JUUL support with MedStar Memorial Hospital partners in building the foundations for students interested in pursuing careers in the medical profession. To ensure consistency and whole family outreach, a school-based community health clinic augments the charter schools' parent education "university" by providing on-site physical health screenings, harm reduction training, wellness counseling and mental health services for the schools' extended families throughout the year.

DOCUMENT 2 - STARTS BELOW

YOUTH PREVENTION PROGRAMS by Type and Purpose

Type of Program	Name of JUUL's Program	Intended Purpose(s)	Possible Misinterpretations	Big Tobacco's sponsored Programs (1980 - 2000)
<b>Youth Education</b>	<p>Introductory Intervention Curriculum Pilot (Intro - 3 hr pilot)</p> <p>HS &amp; MS Intervention Curricula ( 10-21 hr ELA units)</p> <p>Prevention Curricula Grades 6-12 10-22 hr units embedded in ELA/SS</p> <p>PSAs - media campaigns (incl social media)</p>	<p>Educate youth of the health affects of nicotine on the developing adolescent brain &amp; body;</p> <p>Provide self-efficacy strategies for addressing peer influences</p> <p>Provide non-substance alternatives to addressing teen stresses</p> <p><i>Identify &amp; replicate/scale most effective prevention program(s) &amp; approaches; Ultimate goal is to reduce youth use down to below the lowest levels of youth smokers</i></p>	<p>Generates good PR;</p> <p>Builds alliances w/educators &amp; school law enforcement;</p> <p>Marginalizes extant health education and abuse prevention educational programs;</p> <p>De-rails regulation</p> <p>Collects data on youth for marketing purposes</p>	<p>"Right Decisions, Right Now" (RJR, 1991)</p> <p>"Juveniles Should Not Smoke" (Finland, 1992)</p> <p>"Smoking Can Wait" (Russia, 1994-1995)</p> <p>MTV Campaign</p>
<b>Adult Education (Parents, Educators, School Resource Officers, Counselors)</b>	<p>Community Conversations/Town Hall Meetings</p> <p>Professional Development Workshops for Teachers, Administrators &amp; SROs (1/2 day to 1 full day)</p>	<p>Inform adult communities of vaping trends in general, including types of systems, products used widely by youth, potential hazards (w/counterfeit products), ways students may try to conceal and use, known health affects, additional research needed (and its status - if we're in the process of conducting)</p>	<p>Generates good PR;</p> <p>Builds alliances w/educators &amp; parents;</p> <p>Marginalizes and/or discredits extant health education programs &amp; agencies</p> <p>De-rails regulation</p>	<p>"Responsible Living Program" (Tobacco Institute) which included "Helping Youth Decide" (Tobacco Institute, 1984) and "Helping Youth Say No" (Tobacco Institute, 1990 and Phillip Morris, 1994).</p>
<b>Retailer- and E-commerce targeted programs</b>	<p>Secret Shopper</p> <p>WeCard</p> <p>Talisman Take-Downs</p> <p>Social Media Monitoring &amp; Take-Downs</p>	<p>Identify non-compliant sources &amp; eliminate their access to product</p> <p>Identify unauthorized marketing (usually by youth) on social media sites &amp; engage FDA's assistance in</p>	<p>Generates good PR;</p> <p>Implies age and the law are the only reasons underage youth should not use JUUL/vape;</p> <p>Undermines FDA &amp;/or local</p>	<p>"Action Against Access" (Phillip Morris, 1995)</p> <p>"We Card" (Coalition for Responsible Tobacco Retailing)</p> <p>"It's the Law" (Tobacco</p>

		enforcing take-downs	jurisdiction's attempts to regulate age restrictions	Institute, 1990; Phillip Morris, 1994) "Support the Law" (RJReynolds, 1992)
Third-party Supports	"JUUL" 501(c)(3) Foundation Introductory Intervention Pilot Curriculum	Partner with youth-focused organizations to educate youth on dangers of nicotine  Identify & fund exemplary and promising prevention programs (e.g. existing & proposed health education programs)	Attempts to use 3rd parties as mouthpieces & gain legitimacy  Builds alliances w/reputable youth groups	4-H "Health Rocks"  US Junior Chamber of Commerce partnership  Partnered w/National Association of State Boards of Education (& used president for media tours)  Sought alliances w/scouts; YMCA/YWCA, Boys & Girls Clubs, Jr Achievement

On Wed, Jun 6, 2018 at 7:23 AM, Bruce Harter <[REDACTED]@hotmail.com> wrote:

Julie,

Thanks for the background links. I was not able to open either of the attachments.

See you at noon today.

Bruce

**From:** Julie Henderson <[REDACTED]@juul.com>

**Sent:** Tuesday, June 5, 2018 10:31 AM

**To:** Wendell Greer <[REDACTED]@aol.com>; Bruce Harter <[REDACTED]@hotmail.com>; [REDACTED]

**Subject:** Materials for tomorrow's discussion

Good morning,

A few quick articles & internal docs (attached) to help inform our discussion tomorrow. Please forgive the lengthy email - we've got a lot to cover in 90 min. Thank you!

### I. Background articles for current internal discussions re: Educ/YP

*(Please read abstract for the first article if you don't have time to read the whole thing, & note how the second article is eerily similar to our chart of YP programs vs. those from Big Tobacco; Articles 3 & 4 help explain current executive concerns & discussion re: discontinuing our work w/schools)*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447480/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447482/>

<https://escholarship.org/uc/item/2cd8t2jd>

[https://www.tobaccofreekids.org/press-releases/id\\_0542](https://www.tobaccofreekids.org/press-releases/id_0542)

## **II. Helpful article for improving our school partnerships**

[https://www.researchgate.net/publication/24236615\\_school-based\\_smoking\\_prevention\\_programs\\_with\\_promise\\_of\\_long\\_term\\_effects](https://www.researchgate.net/publication/24236615_school-based_smoking_prevention_programs_with_promise_of_long_term_effects)

<https://tobaccoinduceddiseases.biomedcentral.com/articles/10.1186/1617-9625-5-6>

## **III. Background info for potential (preferred) marketing approach w/Deutsch & attempts to engage w/Truth, TFK & Stanford's Tobacco Toolkit**

<https://www.psychologytoday.com/us/blog/surviving-your-childs-adolescence/200912/rebel-cause-rebellion-in-adolescence>

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Julie Henderson

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## Julie Henderson

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