

Single Assessment – July 30, 2014, Interim Health Services Committee Senator Judy Lee, Chair Agency -- ND Tobacco Prevention and Control Executive Committee, Dr. Eric Johnson, member Funding Source – Tobacco Prevention & Control Trust Fund			
Integrated Programs	Total	Service providers funded by Executive Committee	General areas & populations served
Local Policy Grants	\$13,719,076	All 28 Local Public Health Units (LPHUs)	All 53 counties, total state population of 725,395 (2014 population estimate, all races)
FY2011 Q4-FY2014 CDC Replacement Funds	\$1,087,500	12 of 28 LPHUs received additional grant funding from Executive Committee. The LPHUs previously received these grants from the Department of Health (DoH) through the DoH CDC grant. The Executive Committee did not receive any funds from DoH or CDC. The DoH requested & Executive Committee agreed to this change to streamline LPHU grants process.	
Special Initiative Grants	\$1,995,979	LPHUs, American Lung Association in North Dakota, American Nonsmokers' Rights Foundation, Northern Lights SADD, Tobacco Free North Dakota, Minot State University, University of North Dakota School of Medicine	
Special Initiative contracts, services	\$3,364,125	Public Health Law Center, Odney, RTI International, Directors of Health Promotion & Education, University of North Dakota, Office of Attorney General, Nexus Innovations	
TOTAL 2009-2014	\$20,166,680		
Policy Focus Areas	Before July 1, 2009	Improving the health and policy environment in North Dakota	
		through FY 2014, Q3	Specific populations served

NOTE: GLOSSARY of acronyms and abbreviations on page 11.

Policy Focus Areas	Before July 1, 2009	Improving the health and policy environment in North Dakota	
		through FY 2014, Q3	Specific populations served
City smoke-free ordinances	2 ordinances in 2008 -- 18.3% (117,562) of 2008 population	<p><u>2009-2012</u> – 12 total ordinances – 35% (245,596) (2012 population)</p> <p><u>2013-2014</u> – 6 cities passed ordinances same or stronger than state law – 7% (53,301) (2014 population)</p>	<p>2009 – Fargo, West Fargo</p> <p>2009-2012 cities – Pembina, Grand Forks, Devils Lake, Bismarck, Napoleon, Walhalla, Munich, Cavalier, Lisbon, Linton</p> <p>2013-2014 – Dickinson, Williston, Crosby, Harvey, Hankinson, Wahpeton</p>
Smoke-free parks	Data not available	<p>2011 – 1 policy</p> <p>2013 – 4 policies</p>	<p>2011 – Cando (park)</p> <p>2013 – Rolla, Cando (ball park, rink), Bismarck, Forman</p>
Tobacco-free parks	1 policy passed in 2008	<p>2011-- 1 policy</p> <p>2013 – 4 policies</p> <p>2014 – 9 policies</p>	<p>2008 – Milnor</p> <p>2011 – Rolette</p> <p>2013 – Harvey (2), Mayville, Wahpeton</p> <p>2014 – Beulah, Hazen, Cooperstown, Garrison, Jamestown (Pepper’s Dog Park), Langdon, Valley City, Kindred, Fessenden</p>
Tobacco-free grounds policies (not including parks)	Data not available	92 total site-specific policies	Populations served by the policies in the following kinds of individual sites in cities across the state: health care and allied health facilities (local public health, medical, dental, chiropractic, pharmacy, optometric, hospital, long-term care, ambulance services, Grand Forks Air Force Base treatment facility, physical therapy), businesses (not including bars), restaurants/bars/fraternal/sport clubs, Pre-K education services, libraries, equipment dealer, service provider for special needs populations, fitness centers, mini golf courses, public beaches, swimming pools, hotels/motels, taxi services, public transit, law office, county fairs, 4-H club activities
Smoke-free grounds policies (not including parks)	Data not available	22 total site-specific policies	

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Statewide smoke-free law	2005 law exempts several work & public places	2012 law is comprehensive and covers nearly all work and public places	Total state population of 725,395 excluding non-resident workers and tourists
Multi-unit housing	Data not available	<u>2011-2013</u> -- public – 1 policy, 4 buildings; private – 3 policies, 27 bldngs <u>FY2014</u> – public – 2 policies, 71 bldngs; private – 24, 133 bldngs	Public (housing authorities) – 75 buildings serving special needs populations (elderly, low-income, fixed income, other special needs), Private (including condominiums and town homes) – 160 buildings serving young adults, general population, special needs populations, hospital outpatient living for mental health clients. NOTE: One policy covered 528 apartment units.
Tobacco-free K-12 school district buildings and grounds	60 tobacco-free district building and grounds	127 of 224 districts	56.7% of K-12 school district campuses, serving 59.9% (62,297 of 109,872) of all students not counting faculty and staff, and parents and visitors
Tobacco-free higher education campuses	7 institutions tobacco-free, 1 smoke-free	7 more institutions tobacco-free, 2 more institutions smoke-free	Of 21 institutions (21 = 11 NDUS, 5 private, 5 tribal), 14 are tobacco-free, serving 71% of students. 95% of students are covered under either tobacco-free or the 3 smoke-free campus buildings and grounds policies. <u>FY2014</u> – United Tribes Technical College (UTTC) became the first tribal college in North Dakota and the third tribal college in the United States to become tobacco-free. Bismarck Burleigh Public Health and American Nonsmokers’ Rights Foundation worked with UTTC to pass and implement this policy. Traditional or sacred use of tobacco is exempted for Native American spiritual and cultural ceremonies when requests are made and approved in advance.

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Tobacco tax (pricing)	44 cents/pack state law passed in 1993; federal tax increased 4/1/09 by 62 cents/pack to \$1.01/pack	tax remains at 44 cents/pack	By keeping the tobacco tax very low (average state tax is \$1.53/pack), the tax level is reinforcing the tobacco industry marketing to potential replacement smokers and tobacco users (primarily all middle and high school youth, approximately 58,867 in 2013) and current adult smokers and tobacco users (approximately 142,795 in 2012), making our tobacco use prevention and cessation efforts less effective.
Electronic cigarettes (e-cigarettes)	no policies for either use or purchase	<u>Use</u> -- 2012 – state smoke-free law prohibits use where smoking is prohibited; 2012-2014 – 6 smoke-free city ordinances do the same; 2013 – Added e-cigarette use to model policies language; <u>Purchase</u> – FY2014 -- 6 city ordinances passed	<u>Use</u> – Entire state population served, including nonresident workers and visitors. <u>Purchase</u> – 47,413 under age 19 (27.5% of this population) live in cities with ordinances restricting e-cigarette purchases to those under age 18. (Cities: Mandan, Fargo, Bismarck, Hankinson, Wahpeton, Williston took effect from January 6, 2014 through March 30, 2014). All but Fargo also restrict self-service purchases and Wahpeton requires a license to sell.
Integrated local & statewide public education	No integrated education	LPHUs, SIGs, & Center integrated public education on: SHS, societal costs of tobacco, tobacco industry targeting of youth, how price of tobacco affects use, especially by youth. Since 2011, all LPHUs placed local ads with news releases in weekly newspapers, educating on tobacco's impact on chronic diseases.	Adult and youth target populations reached statewide with ongoing public education since 2009 via TV & radio at recommended total rating points (TRPs), state & local program websites, radio public service announcements, newsletters, news releases. Since 2011, weekly newspaper subscribers reached with public education via placement of news releases & ads in weekly newspapers. Public education delivered to state & local organizations through presentations & exhibits specific to policy goals.

Policy Focus Areas	Before July 1, 2009	Improving the health and policy environment in North Dakota																	
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Integrated local & statewide surveillance & evaluation	LPHUs funded statewide secondhand smoke surveys in 2002, 2003, 2004, 2006, 2008 for surveillance & evaluation to inform public education & policy.	<p>2010 -- LPHU secondhand smoke survey duplicated by DoH, as part of DoH one-time federal stimulus funding, so LPHUs did not conduct the survey. LPHUs conducted studies on air pollution, public opinion, compliance & economic impact of smoke-free ordinances passed in West Fargo, Fargo, Grand Forks & Bismarck.</p> <p>9 LPHUs conducted public assessment surveys on smoke-free air. One LPHU conducted an air quality survey & 1 LPHU conducted public assessment survey on tobacco-free parks.</p> <p>Minot State University conducted air pollution studies pre- and post-2012 statewide law. (See next column.)</p>	<p>Surveillance and evaluation data are used to monitor and improve the effectiveness of policies and programs statewide. Evaluation of local policies benefits the entire state population, as data are used to support more & sometimes even more effective policies.</p> <div data-bbox="1016 483 1837 1133" data-label="Figure"> <table border="1"> <caption>Average Tobacco Smoke Pollution Levels (PM_{2.5}, µg/m³)</caption> <thead> <tr> <th>Venue Type</th> <th>Before Law</th> <th>After Law</th> <th>% Decline</th> </tr> </thead> <tbody> <tr> <td>All Venues (n=65*)</td> <td>149.3</td> <td>25.6</td> <td>83%</td> </tr> <tr> <td>Bars (n=51)</td> <td>172.5</td> <td>21.3</td> <td>88%</td> </tr> <tr> <td>Restaurants (n=14*)</td> <td>58.2</td> <td>42.6</td> <td>27%</td> </tr> </tbody> </table> <p>Legend: SG = Sensitive Groups; *Unable to assess PM in one restaurant</p> </div>	Venue Type	Before Law	After Law	% Decline	All Venues (n=65*)	149.3	25.6	83%	Bars (n=51)	172.5	21.3	88%	Restaurants (n=14*)	58.2	42.6	27%
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Minot State University, 2013

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		<p>UND School of Medicine conducted study of heart attack hospital admissions before & after Grand Forks smoke-free ordinance. Comprehensive program evaluation conducted every biennium. (See next column.)</p>	<p>UND HEART ATTACK STUDY Comparing heart attack rates 4 months prior to Grand Forks smoke-free law and 4 months after smoke-free law went into effect</p> <table border="1"> <thead> <tr> <th>Time Period</th> <th>Heart Attacks</th> </tr> </thead> <tbody> <tr> <td>HEART ATTACKS 4 MO. PRIOR</td> <td>83</td> </tr> <tr> <td>HEART ATTACKS 4 MO. AFTER</td> <td>63</td> </tr> </tbody> </table> <p>HEART ATTACK RATES 24.1% fewer heart attack admissions at Altru Hospital in 4 months after Grand Forks smoke-free law compared to 4 months before: 83 heart attacks prior to smoke-free law and 63 heart attacks after smoke-free law went into effect.</p>	Time Period	Heart Attacks	HEART ATTACKS 4 MO. PRIOR	83	HEART ATTACKS 4 MO. AFTER	63
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Cessation Policy Focus Areas	Before July 1, 2009	Improving the health and policy environment in North Dakota							
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Health systems changes – Public Health Service Guidelines (PHSG) to ask, advise, assess, assist/refer, arrange appropriate cessation services	Altru used tobacco use as a vital sign since 2006.	<p><u>2009-2011 – Subcontracts</u> -- 1 LPHU subcontracted up to \$74,275 total with 4 local health systems to implement Public Health Service Guidelines (PHSG). <u>2009-2011 – LPHUs</u> -- 26 LPHUs budgeted \$666,672 for local services (See next column.)</p>	<p><u>2009-2011 -- subcontracts</u> – Tobacco users in the Fargo area served by NDSU Student Health Services, NDSU Wellness Center, MeritCare (now Sanford Health), Innovis Health (now Essentia Health). <u>2009-2011, 2011-2013 and FY2014</u> – LPHUs – Materials and services provided to all 28 LPHUs and tobacco users in the state: electronic health records, free nicotine replacement therapy (NRT), local NDQuits advertising, Trained Tobacco Specialist (TTS) certification, quit classes, & LPHU salaries for local provision of services.</p> <p><u>FY2014</u> – NOTE: Affordable Care Act requires use of electronic health records (EHRs). EHR systems include prompts about tobacco use. The federal requirement reduces the need for local promotion of EHRs.</p>						

Cessation Policy Focus Areas	Before July 1, 2009	Improving the health and policy environment in North Dakota																										
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		<p><u>2011-2013 – LPHU training on PHSG</u> – 902 providers and 397 LPHU staff; 54 allied health providers implemented PHSG.</p> <p><u>2011-2013 – Subcontracts</u> -- 1 LPHU subcontracted up to \$144,519 with 5 local health systems to implement PHSG.</p> <p><u>2011-2013 – LPHUs</u> – All 28 LPHUs budgeted \$596,457 for local services (See next column.)</p> <p><u>FY2014 – LPHU training on PHSG</u> – 196 providers and 301 LPHU staff; 5 health care providers implemented PHSGs.</p> <p><u>FY2014</u> – All 28 LPHUs budgeted \$142,110 for local services (See next column.)</p>	<p>North Dakota Reports of Health Care Providers Asking Them about Tobacco Use, Advising Them to Quit, Assisting with Quit Efforts, and Referring Them to a Smoking Cessation Class, Program, Quitline, or Counseling, among Smokers Who Visited a Health Care Provider in the Past 12 Months, North Dakota ATS 2009–2012 and National ATS 2010</p> <table border="1"> <caption>Percent of Smokers by Action and Year</caption> <thead> <tr> <th>Year</th> <th>Asked</th> <th>Advised</th> <th>Assisted</th> <th>Referred</th> </tr> </thead> <tbody> <tr> <td>North Dakota 2009</td> <td>94.1%</td> <td>66.2%</td> <td>NA</td> <td>13.2%</td> </tr> <tr> <td>North Dakota 2010</td> <td>89.2%</td> <td>70.7%</td> <td>40.8%</td> <td>19.8%</td> </tr> <tr> <td>North Dakota 2012</td> <td>89.2%</td> <td>63.5%</td> <td>41.2%</td> <td>31.9%</td> </tr> <tr> <td>United States 2010</td> <td>87.9%</td> <td>65.8%</td> <td>38.1%</td> <td>18.1%</td> </tr> </tbody> </table> <p>Legend: NA = Not applicable.</p>	Year	Asked	Advised	Assisted	Referred	North Dakota 2009	94.1%	66.2%	NA	13.2%	North Dakota 2010	89.2%	70.7%	40.8%	19.8%	North Dakota 2012	89.2%	63.5%	41.2%	31.9%	United States 2010	87.9%	65.8%	38.1%	18.1%
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Mental health/substance abuse providers	Data not available	<p><u>2011-2013</u> – key informant survey of providers</p> <p><u>FY2014</u> – sponsored presentations by national expert at 2 conferences; statewide provider survey</p>	<p>Mental health and substance abuse treatment providers and treatment clients</p> <p>N.D. Department of Human Services Spring Behavioral Health Conference – 292 licensed mental health/substance abuse (MH/SA) counselors attended 2 keynote and 1 breakout session.</p>																									

Program	Total	Service providers funded by Executive Committee	General areas & populations served
Tobacco Settlement State Aid Grants	\$2,350,008	All 28 Local Public Health Units (LPHUs)	All 53 counties, total state population of 725,395 (2014 population estimate, all races) and specifically those who use tobacco and e-cigarettes (age 13+), and those exposed to secondhand smoke and e-cigarette aerosol (all ages).
PHSG Focus Area	Before July 1, 2009	Improving the health and policy environment in North Dakota through FY 2014, Q3	Specific populations served
Policy development & implementation	No LPHU had adopted the 2008 PHSG policy.	<p><u>2009-2011</u> -- All 28 LPHUs adopted 2008 PHSG agency policy.</p> <p><u>2011-2013</u> – All LPHUs conducted client chart audits annually to assure quality implementation. All LPHUs began asking about exposure to secondhand smoke.</p> <p><u>FY2014</u> – All LPHUs documented agency orientation & training on PHSG for all staff. All LPHUs not meeting 90% quality standard developed mediation plans for any client-based service.</p>	<p>Residents in any county, all races, who use LPHU client-based services, use tobacco and (beginning 2013) e-cigarettes regardless of age, and those exposed to secondhand smoke (2013) and e-cigarette aerosol (2013).</p> <p><u>2011-2013</u> – 49,359 total served in LPHU client-based programs statewide in FY2013. 21 of 28 LPHUs met quality standard of documenting asking about use of tobacco 90% of the time. 11 of 28 LPHUs met quality standard of documenting asking about exposure to secondhand smoke 90% of the time. 10 LPHUs passed tobacco-free grounds policies.</p> <p><u>FY2014</u> – 51,339 total clients served statewide. 27 of 28 LPHUs met quality standard of documenting asking about use of tobacco 90% of the time. 26 of 28 LPHUs met quality standard of documenting asking about exposure to secondhand smoke 90% of the time. 7 LPHUs passed tobacco-free grounds policies.</p>

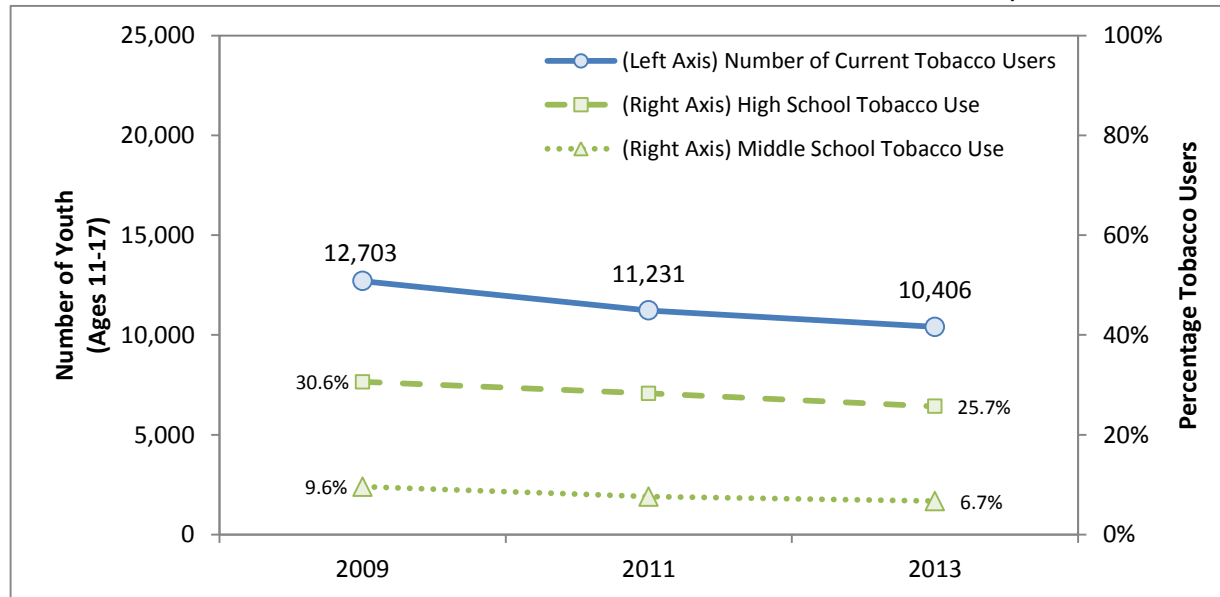
Improving the health and policy environment in North Dakota using evidence-based policy approaches

- North Dakota youth tobacco use rates have continued to decline:

North Dakota's Estimated Number of Youth Tobacco Users and Tobacco Use Prevalence, 2009 – 2013 YRBS and Census

Year	MS + HS (ages 11 to 17)		Middle School (ages 11 to 13)		High School (ages 14 to 17)	
	Number of Youth	Prevalence	Number of Youth	Prevalence	Number of Youth	Prevalence
2009	12,703	9.6%	2,320	30.6%	10,383	28.3%
2011	11,231	7.6%	1,818	28.3%	9,413	25.7%
2013	10,406	6.7%	1,665	25.7%	8,741	16%
2009 vs 2013	2,297 fewer	30% decline	654	16% decline	1,643 fewer	

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Table presents the calculated number of current youth electronic-cigarette users from the ND-YTS in 2011 and 2013.

North Dakota’s Estimated Number of Youth Tobacco Users and Tobacco Use Prevalence, 2011 – 2013 YTS and Census

Year	MS + HS (ages 11 to 17)	Middle School (ages 11 to 13)		High School (ages 14 to 17)	
	Number of Youth	Prevalence	Number of Youth	Prevalence	Number of Youth
2011	NA	NA	NA	1.6%	532
2013	2,364	1.3%	323	6.0%	2,041

NA = Not available.

Improving the health and policy environment in North Dakota using evidence-based policy approaches

- Heart attack admissions to Altru decreased by 24.1% in the four months after Grand Forks smoke-free city ordinance took effect, according to a UND study. (Johnson et al., 2012) The 20 fewer heart attack admissions is estimated to have saved \$156,620 based on an average cost of a heart attack admission (\$7,831/admit, according to recent Medicaid costs) and \$860,000 total saved for all costs related to a heart attack episode (admit, follow-up, pharmacy, cardiac rehab and an average of \$43,000/all care, according to Blue Cross Blue Shield of Minnesota). According to the American Heart Association, for employers, disability costs outweighed direct costs. The estimated per claim productivity loss for short-term disability was \$7,943 and \$52,473 for long-term disability.
- Tobacco smoke pollution levels in hospitality venues was reduced by an average of 83% after passage and implementation of North Dakota’s comprehensive statewide smoke-free law. Tobacco smoke pollution levels in bars alone was reduced by an average of 88%. (Buettnner-Schmidt et al., 2013)
- Social norms constructs, such as beliefs about the tobacco industry and tobacco denormalization, have been independently associated with tobacco cessation intentions and behavior (Hammond et al., 2006 , Zhang et al., 2010) and have been a key target of tobacco prevention and control programs (CA DOH, 2009). California, for example, implemented a comprehensive tobacco prevention and control program that sought to change tobacco-related social norms by “indirectly influencing current and potential future tobacco users by creating a social milieu and legal climate in which tobacco becomes less desirable, less acceptable, and less accessible” (CA DOH, 2009, pp. 2-3). This approach emphasized countering pro-tobacco influences, reducing exposure to secondhand smoke, reducing the availability of tobacco, and providing services to help smokers quit. Between 1988 and 2006, concurrent with the implementation of California’s tobacco control program, California saw a decline in adult smoking prevalence from 22.7% to 13.3% and declines in heart disease death and lung cancer incidence that outpaced national trends (CDC, 2014). From FY 1998 to 2008, the California program costs \$2.4 billion and led to cumulative health expenditure savings of \$134 billion, a 50:1 return on investment. (Lightwood et al., 2013)

Improving the health and policy environment in North Dakota using evidence-based policy approaches

- After seven years, a tobacco prevention and cessation initiative funded by the Missouri Foundation for Health resulted in 14,491 quality-adjusted life years (QALYs) gained and lifetime medical care savings of \$90.8 million. This translated to \$1,358.58 in cost per QALY and \$4.61 in medical care savings per dollar spent across approaches (smoke-free policies, cessation services, tobacco tax education, and grants for youth education & smoke-free worksites). Smoke-free city policies proved the most cost effective, garnering an estimated \$23.35 savings in medical care for every dollar spent. Cessation services saved \$3.89 and grants for education and worksites saved \$3.40 for each dollar spent. The tobacco tax did not increase, so no medical savings were realized. (Washington University in St. Louis, 2012)
- Theories of behavior change, such as the theory of reasoned action, and evidence from evaluations of health communication campaigns, demonstrate that changes in tobacco-related attitudes, beliefs, and intentions precede changes in related behavior (Fishbein, 2008; Fishbein and Ajzen, 1975; Farrelly et al., 2002; Farrelly et al., 2005; Farrelly et al., 2009; Wakefield, Loken, & Hornik, 2010). Health communication campaigns have been shown to prevent smoking initiation, promote and facilitate cessation, and shape social norms related to tobacco use (National Cancer Institute, 2008; Wakefield, Loken, & Hornik, 2010).

GLOSSARY

ATS – Adult Tobacco Survey; bldngs – buildings; CDC – U.S. Centers for Disease Control & Prevention; Center – ND Center for Tobacco Prevention & Control Policy; DoH – Department of Health; e-cigarettes – electronic cigarettes; EHRs – electronic health records; FY – fiscal year; K-12 – kindergarten through grade 12; LPHUs – local public health units; MH/SA – mental health/substance abuse; NDSU – North Dakota State University; NDUS – North Dakota University System; NRT – nicotine replacement therapy approved by Food & Drug Administration; PHSG – U.S. Public Health Service Guidelines; Pre-K – pre-kindergarten; Q – quarter; QALYs – quality adjusted life years; RTI – Research Triangle Institute; SADD – Students Against Destructive Decisions; SHS – secondhand smoke; SIG – Special Initiative Grants; TRPs – total rating points; TTS – trained tobacco specialist; UND – University of North Dakota; UTTC – United Tribes Technical College; YRBS – Youth Risk Behavior Survey; YTS – Youth Tobacco Survey.

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