Tobacco Prevention and Control Executive Committee Report to the North Dakota Legislature Budget Section Senate Chamber June 22, 2010

Good afternoon Chairman Holmberg and members of the Budget Section. My name is Jeanne Prom and I am the executive director of the Center for Tobacco Prevention and Control Policy. I am here to provide a report on the expenditures and progress on the implementation of the Comprehensive Tobacco Prevention and Control Program.

Expenditures

The appropriation for the current biennium is \$12,882,000. As of May 31, 2010, \$2,363,055.00 has been expended. The balance remaining is \$10,518,945.00.

Expenditures to date:

Grants to local public health \$2,166,677.76
Professional Fees 14,336.45
Salaries and Wages 93,537.18
Operating 88,503.61

Progress

Activities to implement the comprehensive tobacco prevention and control program and progress made from March 11, 2010 to June 18, 2010 include:

Grant Programs

Tobacco Settlement State Aid to Local Public Health Units

• All 28 local public health units have policies in place and 20 have begun implementing the Public Health Service Guidelines Treating Tobacco Use and Dependence, Clinical Practice Guideline—2008 Update in their client-based programs. Thus far 361 staff in local public health units have been trained in use of the Guidelines to reach thousands of individuals at high risk for tobacco use and the health consequences it causes. The implementation of these guidelines will help to assure that every tobacco user accessing public health in any county is asked about tobacco use, advised to quit and referred to the Quitline, QuitNet, or other cessation services if they are interested in quitting. Year 1 quarterly payments totaling \$470,000 have been sent to local public health units in all 53 counties for their work on implementation of the guidelines.

Local Tobacco Prevention Grants

• Grants to 23 agencies made up of all local public health units or cooperating public health units covering all 53 counties fund local tobacco prevention and control activities. Tobacco control staff are working with 28 community coalitions promoting comprehensive tobacco-free policies for school districts and college campuses, promoting cessation services, and educating the public about secondhand smoke. Payments totaling \$1,696,667.76 have been sent to the local agencies. This grant program provides \$2,961,549 to local public health agencies for fiscal year 2009-2010.

Local progress highlights:

- Grand Forks City Council (GF population 48,321) passed a comprehensive smoke-free ordinance
 that enhanced its current city ordinance by adding protection from secondhand smoke exposure to
 people who work in and patronize bars, truck stops and casinos. The ordinance takes effect August
 15, 2010.
- Voters in Napoleon (population 857) passed a comprehensive smoke-free city ordinance with 74 percent of voters supporting the ordinance. The ordinance takes effect 60 days after the June 8,

- 2010 vote and extends protection from exposure to secondhand smoke to people who work and patronize all public places and eliminates smoking within 25 feet of entrances.
- Devils Lake City Commission is drafting a comprehensive smoke-free city ordinance to be considered by voters in November.
- Fargo Cass Public Health commissioned the North Dakota State Data Center to conduct economic impact and NDSU to conduct observational compliance studies of the Fargo and West Fargo comprehensive smoke-free city ordinances. Studies found high rates of compliance and no lasting negative economic impact from the smoke-free laws.
- The percentage of school districts with comprehensive tobacco-free buildings and grounds policies increased from 25 to 28 percent, as eight school districts strengthened their policies. This means that every day, more than 33,000 students about one-third of students statewide in elementary and secondary schools are protected from exposure to secondhand smoke and other tobacco use and see firsthand healthy, tobacco-free living modeled for them by adults.
- Rasmussen College, Bismarck (enrollment 568), adopted a tobacco-free campus, and JZ Trend Academy (enrollment 66), Bismarck, adopted a smoke-free campus policy.
- Mayville State University (enrollment 1,091) enhanced its tobacco-free campus policy by adding referrals to the statewide Quitline/QuitNet. More than 32,000 students, representing approximately 58 percent of students enrolled at six of the 11 N.D. University System colleges benefit from tobacco-free campuses.
- Dickinson State University Faculty and Staff Senate and passed a smoke-free campus resolution.
- Local Public Health Units worked to create three new community coalitions in Renville County, Foster County and Traill County.
- Local Public Health Units trained Cavalier County Memorial Hospital and Clinic and Mercer County Sheriff's Office staff in use of the PHS Guidelines to ask, advise, and refer (AAR) tobacco users to the quitline or QuitNet.
- Several local health units report continued increases in the number of calls from their area received by the Quitline, including City-County Health Department, Valley City, where the number of calls to the Quitline tripled from the same quarter one year ago.
- Upper Missouri District Health Unit staff assisted the Bethel Nursing Home, Williston, in passing a smoke-free policy, and assessed four area mental health or substance abuse settings on nicotine dependence interventions.
- Towner County health unit staff assisted in implementing the county's smoke-free grounds policy.
- In Ransom County, the local tobacco coordinator assisted the Lisbon American Legion Post #7 in implementing a smoke-free clubrooms policy.

Other areas of progress:

- The Executive Committee hired a Health Communications Coordinator and is currently reviewing applications for a Community Intervention Coordinator for the Center.
- The Center is working with expert teams who are drafting a health communications plan and an evaluation plan.

The Committee's next steps will be to complete the hiring and orientation of all staff, and continue to work with the Department of Health and local public health units and other partners to implement the work plans. The advisory committee continues to meet every two months to provide guidance on the state plan, program development and evaluation.

Thank you for the opportunity to update you on the progress of the Committee. I would be happy to answer any questions you may have.