



North Dakota Tobacco Prevention and Control Executive Committee

Center for Tobacco Prevention and Control Policy

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Tobacco Prevention and Control Executive Committee Report to the North Dakota Legislature Budget Section Senate Chamber June 21, 2011

Good afternoon Chairman Grindberg and members of the Budget Section. I am Jeanne Prom, executive director of the Center for Tobacco Prevention and Control Policy. I will report on expenditures to date and implementation of the Comprehensive Tobacco Prevention and Control Program since I last reported to the Budget Section on December 8, 2010. These reports are required by the 2009 Legislature pursuant to 2009 House Bill 1015.

The 2011 Legislature, pursuant to 2011 House Bill 1025, required that the agency provide in its written reports to the interim budget section detailed information on expenditures for contract services, professional fees and services and grants.

Expenditures to date, 2009-2011

The appropriation for the current biennium is \$12,882,000. As of June 10, 2011, \$7,168,299.43 has been expended. The balance remaining is \$5,713,700.57. Significant end-of-year and end-of-biennium expenses will be paid in the next month.

Category	Expenditures through 6.10.11
Grants	\$6,206,041.98
Professional fees	409,796.23
Salaries & wages	370,040.96
Other operating	182,420.26

The majority of expenditures incurred through June 10, 2011 (92 percent) are for grants and professional fees provided primarily to local communities to address the tobacco use problem at the local level, and to support these efforts. Contracted services and professional services are included in professional fees, above.

Grants and Professional Services Contracts and Fees

The Center manages three major grant programs (currently 57 grants/year) and multiple professional services contracts (currently averaging 7 contracts/year), as described on the following pages and detailed on the attachments.

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Tobacco Settlement State Aid Grants to all Local Public Health Units

- \$940,000
- 28 grants, one to each local public health unit (LPHU) using a noncompetitive formula.
- All counties receive funding.
- LPHUs adopted, implemented and evaluated a health unit policy to ask, advise and refer (AAR) tobacco users to the quitline or QuitNet. This involved developing and passing the policy, providing training to staff, incorporating the referral process into electronic medical records systems, and conducting an audit of charts to evaluate the policy's implementation in client-based programs.
- All 28 LPHUs now refer clients to the quitline or QuitNet.
- From FY2009 to FY2010, counseling enrollment in the quitline increased 82% and distribution of nicotine replacement therapy increased 165%.
- Quitline use is up as more people are encouraged to quit.

Local tobacco prevention programming grants to all local public health units

- \$5,952,533.96
- 46 grants (23 grants/year), one to each LPHU or LPHU collaborative (more than one LPHU cooperating as part of one grant), using noncompetitive formula and requiring an approved CDC Best Practice work plan.
- All counties receive funding.

Special Initiative Grants to implement CDC Best Practices

- \$1,163,414.37
- 7 grants to the following:
 - Upper Missouri District Health Unit – 2 grants to fund statewide public education on secondhand smoke and the costs of tobacco prior to the Center contracting directly with an advertising agency for these services.
 - American Nonsmokers' Rights Foundation to provide training and technical assistance to communities on smoke-free efforts.
 - First District Health Unit to provide local education on smoke-free issues.
 - Minot State University to assist communities statewide on public education efforts on smoke-free and tobacco-free efforts.
 - American Lung Association in North Dakota and
 - Tobacco Free North Dakota – 1 grant to each organization to provide education to members and to the public statewide on tobacco use prevention issues.

Grants must implement Centers for Disease Control (CDC) Best Practices

- Only the CDC Best Practice strategies proven to prevent and reduce tobacco use at an accelerated rate are implemented.
- Some of the most effective strategies to keep kids from starting and to provide incentives for tobacco users to quit include:
 - making all workplaces, school campuses, and public places smoke- or tobacco-free;
 - educating the public about the health effects of secondhand smoke and the costs of tobacco use; and
 - changing healthcare systems so providers always ask patients/clients about tobacco use, encourage tobacco users to quit, and connect those wanting to quit with the quitline/QuitNet and nicotine replacement therapy.

Professional Services Contracts and IT Contractual, and Fees

- \$1,174,407.99 in contracts and \$6,409,68 in non-contract professional fees
- 9 contracts this biennium
- Services further support the implementation of the new statewide comprehensive CDC Best Practice tobacco prevention program through the following contracts:
 - Department of Health – 2 annual contracts to provide the Center with fiscal services.
 - Judy Stephany – 2 contracts for facilitation of planning and development of plans.
 - Directors of Health Promotion and Education – two trainings for grantees.
 - Odney – 2 contracts, one to update Center website; and one contract for health communications marketing services through December 2012. The larger contract provides public education on secondhand smoke, the costs of tobacco, and public information on program outcomes.
 - Nexus Innovations – an IT contract to develop an online grant application system and to enhance an online grant reporting system.
 - University of North Dakota – a contract to conduct a study to help determine possible health outcomes from a smoke-free policy.
- Additional professional services fees not requiring contracts were paid to Odney for professional communications services and to the Attorney General's Office for legal services.

Related outcomes, 2008-2011

The Center's three major grant programs and the professional services contracts and fees have helped support the new statewide CDC Best Practice comprehensive program, which began when the Center was first funded on July 1, 2009. Since that time, related outcome data are impressive.

- 1.83 million fewer packs of cigarettes were sold in North Dakota during the first year of the comprehensive program.
- Fewer cigarettes were sold both on and off reservations, even though tobacco is not taxed on four of five reservations/service areas in North Dakota.
- From 2008-2009, Burleigh and Cass counties, the only counties where data are available, show adult smoking rates dropping significantly.
- Use of the Quitline is increasing, with more than 2% of all tobacco users enrolling, up from 0.66% before the comprehensive program began.
- Fax referrals to the Quitline increased by 231% from FY2009-FY2010.
- Fax referrals from Cass County increased 155% during 2010, as a result of a Center-funded pilot program in a healthcare system.
- The percentage of the state population that lives in cities with comprehensive smoke-free ordinances increased from 18% to 37% (as of July 1, 2011), with 5 additional ordinances.
- The percentage of K-12 school districts with comprehensive tobacco-free campuses increased from 21% to 38%.
- The number of tobacco-free public or private college campus policies increased from 7 to 12.

In summary, this new funding for a comprehensive program, available through an initiated measure and legislative appropriation, coincides with a drop in cigarettes sales, an increase in quitline use, and a drop in adult smoking rates in the only two counties where data are available.

Major progress – December 9, 2010 through June 21, 2011:

- The Center agreed to provide an additional \$345,000/year to 12 local public health units (LPHUs) for local programming. This funding had previously been provided by the Department of Health (DOH) through a grant from the Centers for Disease Control (CDC). The department has directed the CDC funds to other DOH tobacco programming.
- The Center requested a meeting with the Department of Health to discuss possibilities for continuing without interruption progress between LPHUs, the DOH, and private healthcare systems on implementing policies to ask, advise and refer (AAR) clients and patients to the quitline/Net.
 - The DOH is no longer funding a temporary position to coordinate this effort statewide.
 - The Center continues to fund LPHUs and their work with area healthcare providers and DOH on implementing policies to ask, advise and refer to quitline/Net.
 - During this reporting period, LPHUs report working with eight private healthcare systems and one university student health clinic on policies to refer to the quitline/Net. One system has 38 departments in 11 clinics.
 - Fargo Cass Public Health uses Center grant funding to contract with four local healthcare systems to promote the quitline/Net, resulting in 51 fax referrals/month.
 - Work includes incorporating referral system into electronic medical records.
 - First District Health Unit met with seven area providers to promote referral to quitline/Net. FDHU also reported referring 154 of their own clients.
- Two cities – Pembina and Bismarck– passed and implemented comprehensive smoke-free city ordinances. The Devils Lake ordinance, which passed in November 2010, takes effect July 1, 2011. As of July 1, 2011, seven cities are covered by comprehensive smoke-free ordinances. Five cities passed smoke-free ordinances since this new comprehensive program began with Center funding in 2009.
- Three colleges – North Dakota State College of Science in Wahpeton, University of Mary in Bismarck, and Sitting Bull College in Fort Yates – adopted tobacco-free campus policies. Within the North Dakota University System (NDUS), tobacco-free campus policies benefit 63% of all NDUS students, up from 51% in 2009.
- An additional 13 K-12 school districts adopted comprehensive tobacco-free campus policies: St. Thomas, Grafton, Carrington, Oak Grove Lutheran School in Fargo, Grand Forks, McKenzie County, Park River, St. Alphonsus in Langdon, Hatton, Divide County, Mandan, Hazen and Minto.
- LPHUs trained 290 staff in asking, advising and referring to quitline/Net.
- Altru Health Systems strengthened its smoke-free campus policy.
- LPHUs and coalitions continue to:
 - work to establish tobacco- and smoke- free grounds for daycares, city parks, swimming pools, and other public places.
 - work with cities, counties and boards of health to pass resolutions in support of the new comprehensive tobacco prevention program and CDC Best Practice policies.
 - provide information to elected officials and the public about the new comprehensive CDC Best Practice program outcomes and unmet health needs related to tobacco use.

2011-2013 program update

The agency is currently issuing grants and contracts for the 2011-2013 biennium to build on this progress. The Center will increase the number of grants and contracts it manages, provide more technical assistance and training, and will increase its evaluation activity to report program outcomes. The advisory committee continues to meet every other month to provide guidance on the full implementation of the state plan. The committee recently reviewed this plan, and is in the process of increasing objective targets, as three of nine five-year objectives have been exceeded after only two years. (See attachment.)

Thank you for your significant investment in tobacco use prevention through this legislative appropriation, and the appropriation for next biennium. Tobacco use remains the leading cause of preventable disease and death in North Dakota. Today, two North Dakotans will die from smoking. This year, the state will pay nearly \$50 million in Medicaid costs related to smoking. (See attachment.) The Center will continue to work with you to reduce tobacco use and its costs.

Thank you for the opportunity to provide this update on the progress the Center has made. I am happy to answer any questions.

UPDATED 06-20-11

SAVING LIVES, SAVING MONEY STATE PLAN OBJECTIVE PRIORITIES 2009-2011		
Objective	2009 Progress to Present Activity	5-Year Plan Projected Outcomes
Enact local ordinances for 100% smoke-free public places and places of employment	Increased communities from 2 to 7; Fargo, West Fargo, Grand Forks, Napoleon, Pembina and Bismarck; Devils Lake becomes smoke-free July 1, 2011; Pembina on Feb. 1, 2011	Outcome Completed February 1, 2011; accomplished prior to plan timeline of 5 communities by June 2012 - PROJECTED OUTCOME EXCEEDED!
Enact comprehensive tobacco-free school district campus policies	Increased school campus policy from 21% to 37%	50% of school campuses by June 2013
Enact comprehensive tobacco-free post secondary school campus policies	Increased post secondary campus policies from 7 to 11, with one additional phased-in policy.	12 post secondary campuses by 2013 - PROJECTED OUTCOME EXCEEDED!
Incorporate systems approach to tobacco treatment recommendation in <i>US Public Health Service Treating Tobacco Use and Dependence, Clinical Practice Guidelines - 2008 Update</i>	Incorporated systems approach in 28 local public health units and 3 of the largest main campuses health care systems	Outcome Completed December 2010; accomplished prior to plan timelines of 2014
Increase annual use of ND Tobacco Quitline from .66 to 2 percent of all smokers and smokeless tobacco users	Increased Quitline from .66 to 2.2 percent	Outcome Completed June 2010; accomplished prior to plan timeline of 2014 - PROJECTED OUTCOME EXCEEDED! Initial projected outcome was 2 percent
Developed an administrative structure to manage the comprehensive North Dakota Tobacco Prevention and Control Program	Office fully staffed: 4 full-time positions	Outcome Completed August 2010
Develop local infrastructure and capacity to deliver evidence-based tobacco prevention and control interventions to reach all counties	Since summer/fall 2009, all local public health units/cooperating units have at least a part-time tobacco control program coordinator, increased grant funding and work plan	Outcome Completed summer/fall 2009
Create and implement tobacco prevention and control health communication initiative and provide ongoing public education programs	Since fall 2009, health communications campaigns have been delivered at CDC Best Practice level	Outcome Completed fall 2009
Develop a comprehensive statewide surveillance and evaluation plan for the comprehensive North Dakota Tobacco Prevention and Control Program	Final plan developed fall 2010	Outcome Completed fall 2010

Savings per percentage point declines in smoking rates (example: 18.6% to 17.6%)

With each one percentage point decline in North Dakota's smoking rate, it is estimated that the following benefits and savings may be obtained:

BENEFITS & SAVINGS FROM EACH 1% POINT DECLINE IN ND SMOKING RATES

Fewer Smokers

- Fewer current adult smokers: 4,900
- Fewer current pregnant smokers: 90
- Fewer current high school smokers: 400
- North Dakota kids alive today who will not become addicted adult smokers: 1,400

Public Health Benefits

- Today's adults saved from dying prematurely from smoking: 1,300
- Today's high school smokers saved from dying prematurely from smoking: 130
- North Dakota kids alive today who will not die prematurely from smoking: 450

	<u>First Year</u>	<u>Over 5 Years</u>
<i>Fewer smoking-affected births:</i>	90	430
<i>Fewer smoking-caused heart attacks:</i>	2	32
<i>Fewer smoking-caused strokes:</i>	1	17

[The number of heart attacks and strokes prevented each year by a one-time decline in adult smoking rates of one percentage point starts out small but grows sharply until it peaks and stabilizes after about ten years.]

Monetary Benefits (Reduced Public, Private, and Individual Smoking-Caused Costs)

	<u>First Year</u>	<u>Over 5 Years</u>
<i>Savings from smoking-affected birth reductions</i>	<i>\$0.1 million</i>	<i>\$0.7 million</i>
<i>Savings from heart attack & stroke reductions</i>	<i>\$0.2 million</i>	<i>\$2.3 million</i>

[Annual savings from fewer smoking-caused heart attacks and strokes grows substantially each year as more and more are prevented by the initial one percentage point smoking decline. Savings from prevented smoking-caused cancer are even larger, but do not begin to accrue until several years after the initial smoking decline.]

Reduction to future health costs from adult smoking declines: \$46.6 million

Reduction to future health costs from youth smoking declines: \$24.5 million

[These savings accrue over the lifetimes of the adults who quit and the youth who do not become adult smokers. Roughly 10.6% of smoking-caused healthcare expenditures in North Dakota are paid by its Medicaid program.]

At the same time that they reduce public and private smoking-caused costs, state smoking declines also increase public and private sector worker productivity and strengthen the state's economy.

Excerpted from: Measure 3: Comprehensive tobacco prevention and cessation for North Dakota: A win-win solution for North Dakota's health and economy. A special report by the Campaign for Tobacco-Free Kids. (September 22, 2008)

TOBACCO PREVENTION & CONTROL COMMITTEE
2009-2011 Grants

Contractor	Total Contract Amount	Expended to Date	Start Date	End Date	Description
Bismarck-Burleigh Public Health	63,595.00	63,595.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Cavalier County Health District	12,045.00	12,045.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Central Valley Health District	34,184.00	34,184.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
City County Health Department	16,757.00	16,757.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Custer District Health Unit	76,236.00	76,236.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Dickey County District Health Unit	13,007.00	13,007.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Emmons County Public Health	11,726.00	11,726.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Fargo Cass Public Health	105,763.00	105,763.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
First District Health Unit	121,696.00	121,696.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Foster County Health Department	11,774.00	11,774.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Grand Forks Public Health Department	55,258.00	55,258.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Kidder County District Health Unit	10,977.00	10,977.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Lake Region District Health Unit	54,589.00	54,589.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
LaMoure County Public Health Unit	12,145.00	12,145.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
McIntosh District Health Unit	11,218.00	11,218.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Nelson Griggs District Health	22,605.00	22,605.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Pembina County Health Department	14,510.00	14,510.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Ransom County Public Health Department	13,276.00	13,276.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Richland County Health Department	20,650.00	20,650.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Rolette County Public Health District	18,806.00	18,806.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Sargent County District Health Unit	12,188.00	12,188.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Southwestern District Health Unit	100,448.00	100,448.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Steele County Public Health Department	10,637.00	10,637.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Towner County Public Health District	10,917.00	10,917.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Traill District Health Unit	14,786.00	14,786.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Upper Missouri District Health Unit	61,028.00	61,028.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Walsh County Health Department	16,893.00	16,893.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Wells County District Health Unit	12,286.00	12,286.00	7/1/2009	6/30/2011	Tobacco State Aid to Local Public Health
Total Tobacco State Aid Payments	940,000.00	940,000.00			

Bismarck-Burleigh Public Health	290,412.00	270,693.32	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Cavalier County Health District	43,444.00	37,506.34	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Central Valley Health District	256,203.00	256,203.00	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
City County Health Department	67,387.00	67,387.00	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Custer District Health Unit	177,978.00	133,558.74	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Dickey County District Health Unit	48,330.00	43,999.77	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Fargo Cass Public Health	489,701.00	473,499.71	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
First District Health Unit	309,060.00	283,009.41	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Foster County Health Department	24,962.00	22,093.59	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Grand Forks Public Health Department	248,048.00	202,264.30	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Lake Region District Health Unit	126,295.00	114,462.59	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Nelson Griggs District Health	59,338.00	35,794.20	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Pembina County Health Department	28,257.00	28,257.00	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Ransom County Public Health Department	49,013.00	43,763.17	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Richland County Health Department	87,169.00	62,879.79	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Rolette County Public Health District	77,800.00	68,379.80	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Sargent County District Health Unit	44,168.00	37,559.25	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Southwestern District Health Unit	163,310.00	163,310.00	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Towner County Public Health District	37,707.00	30,310.64	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Traill District Health Unit	66,199.00	26,342.83	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Upper Missouri District Health Unit	154,060.00	134,661.66	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Walsh County Health Department	68,080.00	68,080.00	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Wells County District Health Unit	44,628.00	43,063.39	7/1/2009	6/30/2010	Tobacco Grants to Local Public Health Fiscal Year 2010
Bismarck-Burleigh Public Health	290,412.00	227,178.09	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Cavalier County Health District	43,444.00	33,920.69	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Central Valley Health District	256,203.00	195,116.91	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
City County Health Department	67,387.00	41,838.96	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Custer District Health Unit	178,494.27	148,146.48	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Dickey County District Health Unit	48,330.00	36,011.96	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Fargo Cass Public Health	487,622.00	433,600.45	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
First District Health Unit	309,060.00	234,892.53	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Foster County Health Department	41,570.58	24,738.38	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Grand Forks Public Health Department	248,048.00	161,934.21	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Lake Region District Health Unit	126,329.90	63,631.99	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Nelson Griggs District Health	59,338.00	16,119.14	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Pembina County Health Department	27,846.60	25,704.89	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Ransom County Public Health Department	47,094.86	28,717.48	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Richland County Health Department	87,169.00	25,110.63	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Rolette County Public Health District	77,800.00	52,685.42	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Sargent County District Health Unit	44,168.00	27,885.02	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Southwestern District Health Unit	163,310.00	122,910.62	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Towner County Public Health District	37,707.00	29,462.96	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Traill District Health Unit	82,841.75	35,212.35	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Upper Missouri District Health Unit	154,060.00	144,482.16	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Walsh County Health Department	68,080.00	55,798.01	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Wells County District Health Unit	44,669.00	29,657.39	7/1/2010	6/30/2011	Tobacco Grants to Local Public Health Fiscal Year 2011
Total Grants to Local Public Health	5,952,533.96	4,841,836.22			

Upper Missouri District Health Unit	169,604.00	169,604.00	7/1/2009	6/30/2010	Special Initiative Grants
American Nonsmokers' Rights Foundation	25,000.00	21,495.00	1/1/2010	6/30/2010	Special Initiative Grants
First District Health Unit	25,000.00	17,396.01	1/1/2010	6/30/2010	Special Initiative Grants
Minot State University	143,597.00	28,970.24	8/16/2010	6/30/2011	Special Initiative Grants
Upper Missouri District Health Unit	657,815.00	117,027.18	10/1/2010	6/30/2011	Special Initiative Grants
American Lung Association	70,000.37	33,839.45			Special Initiative Grants
Tobacco Free North Dakota	72,398.00	35,873.88			Special Initiative Grants
Total Special Initiative Grants	1,163,414.37	424,205.76			
Total Grant Contracts 2009-2011 Biennium	8,055,948.33	6,206,041.98			

TOBACCO PREVENTION & CONTROL COMMITTEE
2009-2011 Professional Services Contract and IT Contractual

Contractor	Total Contract Amount	Expended to Date	Start Date	End Date	Description
North Dakota Dept of Health	19,179.00	18,000.00	7/1/2009	6/30/2010	Fiscal Agent
Judith Stephany dba Tobacco Control Strategies Group	1,250.00	1,250.00	1/11/2010	6/30/2010	Tobacco Evaluation Plan & Health Communications Plan TA
Judith Stephany dba Tobacco Control Strategies Group	1,250.00	1,250.00	1/11/2010	6/30/2010	Tobacco Evaluation Plan & Health Communications Plan TA
Directors of Health Promotion and Education	8,500.00	8,500.00	3/30/2010	6/30/2010	Shaping Policy for Health Training
North Dakota Dept of Health	19,179.00	13,500.00	7/1/2010	6/30/2011	Fiscal Agent
Odney*	1,000,000.00	246,146.55	1/11/2011	6/30/2011	Health Communications Marketing Services
Nexus Innovations	122,550.00	112,240.00	2/2/2010	6/30/2011	Modifications to Payment Request System
Odney Advertising	2,499.99	2,500.00	2/8/2010	6/30/2011	Updates to Website breathend.com
University of North Dakota	2,725.00	-	3/1/2011	6/30/2011	Heart Attack Study
Total Professional Fee and IT contracts 2009-2011 Bien	1,174,407.99	403,386.55			

Non-Contracts (Paid through 3-29-2011)

Odney Advertising Contract	1,511.25	Logo work, Letterhead
Attorney General's Office	4,898.43	Attorney Fees for the 2009-2011 Biennium
Total Non- Contract Payments	6,409.68	

*Contract continues through 12/31/2012 pending continued funding.