



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 September 15, 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. 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. I will provide that information, but will also provide some information based on questions this committee raised during other testimony this morning.

Expenditures to date, 2011-2013

The appropriation for the current biennium is \$12,922,614. As of September 12, 2011, \$325,443.58 has been expended. The balance remaining is \$12,597,170.42.

Category	Expenditures through 9.12.11
Grants	\$253,505.63
Professional fees	1,347.50
Salaries & wages	57,084.26
Other operating	13,506.19

Tobacco Prevention and Control Trust Fund Status

This morning during testimony by the Office of Management and Budget, the total deposits from Master Settlement Agreement (MSA) payments to the Tobacco Prevention and Control Trust Fund was reported at \$37,598,642.59. This represents payments only, and not other revenue or expenditures. Further detail is provided in the attached Tobacco Prevention and Control Trust Fund *Status Statement*, available on the OMB website in the 2011-2013 Approved State Budget. As you can see on this statement, during 2011-2013, it is estimated that the revenue to the Tobacco Prevention and Control Trust Fund will be \$23,001,476 and expenses will be \$12,922,614, leaving a balance on June 30, 2013 of \$39,478,681. In the Notes section, it states "After 2017, no additional strategic contribution fund payments are anticipated."

Even more detail on the trust fund is provided by an October 2010 Legislative Council report prepared for this committee at their request – Tobacco Prevention and Control Trust Fund – Projected Revenues, attached. From April 2009 to the end of the 2015-17 biennium, the Tobacco Prevention and Control Trust Fund will receive an estimated \$123.0 million in Master Settlement Agreement Subsection IX(c)(2) payments. However, this is the end of the revenue stream. In 2017-2019, this revenue is redirected to the MSA Subsection IX(c)(1) payments according to that MSA subsection formula, and those funds are ultimately deposited in the Common Schools, Water Development, and Community Health trust funds.

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The Tobacco Prevention and Control Trust Fund is made up of a limited number of deposits over nine years, while the deposits of the other MSA trust funds continue in perpetuity. However, the limited number of deposits into the Tobacco Prevention and Control Trust Fund will provide funding for a comprehensive tobacco use prevention program for several years beyond 2017, when the fund will begin deficit spending. Tobacco use is the leading cause of disease and death in our state, but we know what works to solve this problem. We are beginning to implement what works, we've seen results, and the trust fund, even with only nine years of deposits, will allow us to sustain those efforts for enough time so that smoking rates in the low single digits in our state are attainable.

Also this morning, tobacco excise tax revenues were reported. While these revenues have increased over the same time two years ago, there are some points to keep in mind. Tobacco excise taxes reflect tobacco sales, which is only one measure of tobacco use. Tobacco excise tax reports do not provide data on if sales were to North Dakota residents or others. Tobacco use by North Dakota residents, according to the latest Behavioral Risk Factor Surveillance Survey, is actually going down, according to the latest figures released this week.

What may be causing the increase in tobacco sales? This requires looking at the entire universe of possibilities, but the best question to ask is: What major events or changes in the state or in neighboring states occurred that may have affected sales of tobacco in North Dakota? Possible answers to this question were also provided this morning: Most other sales tax revenues are up from 2009. Our state's oil activity is high, and we are now in the midst of flood recovery efforts. In addition, we know our state's population has also increased by more than 25,000 from 2009 estimates to actual census data for 2010. However, there may be many more people who are living here temporarily that are not permanent North Dakota residents.

One point to keep in mind is that if our state currently has large numbers of people living here at this time who may not be state residents, and if this demographic tends to use tobacco more than that average, we may easily see both tobacco excise taxes increase while the smoking rates of North Dakota residents decrease.

Another important point to consider is: Can we expect to continue to see decreases in North Dakota residents' use of tobacco, while tobacco sales are increasing? The cost of tobacco is one of the most effective ways to help people quit and keep kids from starting. North Dakota has not raised its tobacco tax in almost a generation. So while we have some initial progress in smoke-free efforts, we have not yet undertaken some other very important interventions.

Grants and Professional Services Contracts and Fees, 2011-2013

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

Tobacco Settlement State Aid Grants to all Local Public Health Units

- \$940,000 total for the biennium, \$102,033 expended thus far.
- 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.

- Monthly quitline enrollment numbers increased 80% from July 2009 (161 enrollees) to March 2010 (289 enrollees) and monthly fax referrals increased almost three-fold during that same time period (40 to 157 fax referrals).
- LPHUs reported that in FY 2011 quarter 4 (April 1, 2011 to June 30, 2011) 99 staff were trained in asking, advising and referring to quitline/Net.
- City-County Health District reported a 78% increase in the number of clients in Barnes County who enrolled in the quitline/Net during FY2011 quarter 4 (32 enrollees) compared to 18 enrollees during FY2010 quarter 4.

Local tobacco prevention programming grants to all local public health units

- \$3,296,091.00 total for FY2012, \$145,344.05 expended thus far.
- In FY 2012, the Center manages 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. The Center anticipates similar numbers of grants and funding in FY 2013.
- All counties receive funding.

Special Initiative Grants to implement CDC Best Practices

- \$740,988.00 awarded or approved and \$6,128.58 expended thus far.
- 6 grants to the following:
 - American Nonsmokers' Rights Foundation to provide training and technical assistance to communities on smoke-free efforts.
 - 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, and
 - Northern Lights Youth Services – 1 grant to each organization to provide education to members and to the public statewide on tobacco use prevention issues.
 - City-County Health District for local policy planning and development.

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/Net and nicotine replacement therapy.

Professional Services Contracts and IT Contractual, and Fees

- \$616,741.98 in 7 contracts/ITD work order requests thus far this biennium, or continuing from previous biennium
- Services further support the implementation of the new statewide comprehensive CDC Best Practice tobacco prevention program through the following contracts:
 - Department of Health – an annual contract to provide the Center with fiscal services.
 - Odney – a continuing contract for health communications marketing services through December 2012. The contract provides public education on secondhand smoke, the costs of tobacco, and public information on program outcomes.

- Nexus Innovations – two IT work order requests to provide data reports and to plan for enhancements to the Progress Reporting System.
- University of North Dakota – two continuing contracts to conduct a study to help determine possible health outcomes from a smoke-free policy, and to conduct an evaluation.
- Public Health Law Center – two contracts, one for development of a case study report on the law that funds tobacco control efforts in North Dakota, and another for policy technical assistance and policy research and related training.

Major progress – June 22 through September 15, 2011:

- The Advisory Committee approved the Year 3 Work Plan to implement the five-year state plan, *Saving Lives – Saving Money*.
- The Advisory Committee approved conducting a mid-term review of *Saving Lives – Saving Money*, as many of the objectives have been met or exceeded. (See attachment.)
- The Executive Committee approved work with the DOH on enhancements to the Program Reporting System (PRS).
- The U.S. Centers for Disease Control and Prevention (CDC) issued the most recent Behavioral Risk Factor Surveillance Survey (BRFSS) data for the nation and North Dakota. Smoking by N.D. adults decreased from 18.6% in 2009 to 17.4% in 2010. In 2007, the N.D. adult smoking rate was 20.9%. This shows that our new combined comprehensive program with all the CDC Best Practice components funded at the recommended level is working. (See attachment.)
- The Center funded an independent evaluation of the new comprehensive program as implemented by the Center and DOH during the 2009-2011 biennium. University of North Dakota conducted the evaluation, and concluded that the new program has achieved “good progress” including:
 - 200% increase in the number of North Dakotans living in cities with comprehensive smoke-free ordinances (from 2 to 6 cities).
 - 100% increase in the number of N.D. colleges/universities with comprehensive tobacco- or smoke-free policies (from 6 to 12 colleges/universities).
 - 92% reduction in indoor air particle pollution in Grand Forks bars after the smoke-free city ordinance took effect. (Air particles 2.5 microns in diameter, which are released in significant amounts from burning cigarettes and are easily inhaled deep into the lungs, causing a variety of adverse health effects including cardiovascular and respiratory morbidity and death, were measured. (See attachment.)
 - 68% increase in the total number of N.D. school districts/private schools adopting comprehensive tobacco-free campus policies, from 60 to 101 districts/private schools. (See attachment.)
- The Center continues its ongoing health communications program that includes many public education components: newsletters, new releases and news conferences, expansion of news into social media channels, research, media campaigns and coordination with local efforts. A new campaign on the costs of tobacco, called “Dude,” began in late July.
- The Devils Lake smoke-free city ordinance, which passed in November 2010, took effect July 1, 2011. As of July 1, 2011, seven cities are covered by comprehensive smoke-free ordinances (37% of North Dakota’s population).
- Dickinson State University adopted a tobacco-free campus policy. Within the North Dakota University System (NDUS), tobacco-free campus policies benefit 68% of all NDUS students, up from 51% in 2009.
- An additional six K-12 school districts adopted comprehensive tobacco-free campus policies: Flasher, Washburn, Lakota, North Border, Drayton and Lisbon. As of September 13, 2011, 102 school districts/private schools have adopted a comprehensive tobacco-free school policy.
- Fargo Cass Public Health reported that Sanford Health adopted an Ask, Advise and Refer policy in May 2011 to accompany the new Electronic Medical Record system.
- Langdon Day Care passed a tobacco free grounds policy.

- Cando Park Board adopted a smoke-free policy for all their city parks.
- The following alcohol establishments were reported by local public health units to have voluntarily adopted a smoke-free policy: Back-yard Bar in Beach, the Wright Place in Egeland, Cahill Bar in Rock Lake, Ponderosa Bar in Richardton, Brewski's Bar in Thompson, Texas Crossing in Tyler and Goodtimes Bar in Osnabrock.
- LPHUs and coalitions continue to:
 - work to establish tobacco- and smoke- free grounds for daycares, city parks, recreation areas like 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 has issued and will continue to issue grants and contracts for the 2011-2013 biennium to build on this progress. The Advisory Committee continues to meet every other month to provide guidance on the full implementation of the state plan. The Executive Committee continues to meet at least monthly to provide oversight of the Center.

Thank you for your significant investment in tobacco use prevention through this legislative appropriation. We are beginning to see this new comprehensive program make a difference. A smaller percentage of N.D. adults smoke today than just two years ago. A study shows that those who work and visit bars in Grand Forks today are exposed to 92% fewer deadly air particles from burning cigarettes than they were 14 months ago. However, tobacco use remains the leading cause of preventable disease and death in our state and two North Dakota residents will die today from tobacco use. 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.

Tobacco Prevention and Control Trust Fund
Status Statement

	2007-09 Actual ¹¹	2009-11 Projected	2011-13 Appropriated
Beginning Balance	\$0	\$14,107,486 ¹²	\$29,399,819
Revenue:			
Fiscal year 1 payments		\$12,274,394	\$11,186,238
Fiscal year 2 payments	\$14,138,011	11,186,238	11,186,238
Investment Income	8,290	102,000	629,000
Total Revenues	\$14,146,301	\$23,460,632 ¹³	\$23,001,476 ¹⁵
Expenditures:			
Appropriated expenditures	(\$38,815)	(\$8,168,299) ¹⁴	(\$12,922,614)
Total Expenditures and Transfers	(\$38,815)	(\$8,168,299)	(\$12,922,614)
Ending Balance	\$14,107,486	\$29,399,819	\$39,478,681

¹¹ Final revenue and expenditures per state accounting system reports dated June 30, 2009.

¹² Actual July 1, 2009 beginning balance.

¹³ Actual revenue received through May 31, 2011. No additional revenue is expected to be received during the 2011-13 biennium.

¹⁴ 2009-11 expenditures are projections as provided by the Tobacco and Prevention Control Committee.

¹⁵ Revenue estimate assumes that Master Settlement Agreement strategic contribution fund payments continue in fiscal years 2012 and 2013 at the 2011 level.

Notes:

In November 2008, voters approved Measure No. 3, which created a tobacco prevention and control trust fund. All tobacco settlement strategic contribution fund payments received by the state will be deposited in the fund. The strategic contribution fund payment received by the state in April 2011 was \$11.2 million. After 2017, no additional strategic contribution fund payments are anticipated.

2009 House Bill 1015, based on the intent of Measure No. 3, creates the Tobacco Prevention and Control Committee as a state agency. Section 39 changed language in the measure concerning the ability to spend funding from the water development trust fund. The legislature required that water development trust fund moneys may only be spent pursuant to legislative appropriation.

TOBACCO PREVENTION AND CONTROL TRUST FUND - PROJECTED REVENUES

This memorandum provides information on the tobacco prevention and control trust fund, including estimated revenue from tobacco settlement strategic contribution payments to be received by the state under the Master Settlement Agreement.

BACKGROUND

The tobacco prevention and control trust fund was created as a result of voter approval of initiated measure No. 3 in the November 2008 general election. The measure added seven new sections to the North Dakota Century Code and amended Section 54-27-25 to establish the Tobacco Prevention and Control Advisory Committee and an executive committee, develop and fund a comprehensive statewide tobacco prevention and control plan, and create a tobacco prevention and control trust fund to receive tobacco settlement dollars to be administered by the executive committee. The measure provides for the advisory committee, appointed by the Governor, to develop the initial comprehensive plan and select an executive committee responsible for the implementation and administration of the comprehensive plan. The initiated measure became effective 30 days after the election (December 4, 2008).

Tobacco settlement payments received by the state under the Master Settlement Agreement are derived from two subsections of the agreement. Subsection IX(c)(1) of the agreement provides payments on April 15, 2000, and on April 15 of each year thereafter in perpetuity, while subsection IX(c)(2) of the agreement provides for additional strategic contribution payments that begin on April 15, 2008, and continue each April 15 thereafter through 2017. Section 54-27-25, created by 1999 House Bill No. 1475, did not distinguish between payments received under the separate subsections of the agreement and provided for the deposit of all tobacco settlement money received by the state into the tobacco settlement trust fund. Money in the fund, including interest, is transferred within 30 days of deposit in the fund as follows:

- Ten percent to the community health trust fund.
- Forty-five percent to the common schools trust fund.
- Forty-five percent to the water development trust fund.

The measure provided for a portion of tobacco settlement dollars received by the state to be deposited in the newly created tobacco prevention and control trust fund rather than the entire amount in the tobacco settlement trust fund. Tobacco settlement money received under subsection IX(c)(1) of the agreement continues to be deposited in the tobacco settlement trust fund and allocated 10 percent to the community health trust fund (with 80 percent used for tobacco prevention and control), 45 percent to the common schools trust fund, and 45 percent to the water development trust fund. Tobacco settlement money received under subsection IX(c)(2) of the agreement is deposited into the tobacco prevention and control trust fund. Interest earned on the balance in this fund is deposited in the fund. The fund is administered by the executive committee created by the measure for the purpose of creating and implementing the comprehensive plan.

The measure also provides that if in any biennium the tobacco prevention and control trust fund does not have adequate funding for the comprehensive plan, money may be transferred from the water development trust fund to the tobacco prevention and control trust fund in an amount determined necessary by the executive committee to adequately provide for the comprehensive plan. The 2009 Legislative Assembly in Section 39 of House Bill No. 1015 provided that any money deposited in the water development trust fund under Section 54-27-25 may only be spent pursuant to legislative appropriation.

REVENUES

The tobacco settlement payment received by the state in April 2008 was the first payment that included funds relating to subsection IX(c)(2) of the agreement. This payment was received prior to the approval of the measure and was deposited in the tobacco settlement trust fund and disbursed as provided for in Section 54-27-25 prior to amendment by the measure. In 2009 tobacco settlement payments began to be deposited in the tobacco settlement trust fund and the tobacco prevention and control trust fund pursuant to Section 54-27-25 as amended by the measure.

The following chart provides the allocation of the estimated collections of the tobacco settlement payments for the period 2008 through 2025:

	Actual and Estimated Total Tobacco Settlement Proceeds (Amounts Shown in Millions)	Estimated Payments Under Master Settlement Agreement Subsection IX(c)(2) Deposited in the Tobacco Prevention and Control Trust Fund (Amounts Shown in Millions)	Allocation of Actual and Estimated Payments Under Master Settlement Agreement Subsection IX(c)(1)		
			Common Schools Trust Fund (Amounts Shown in Millions)	Water Development Trust Fund (Amounts Shown in Millions)	Community Health Trust Fund (Amounts Shown in Millions)
Actual payment April 2008	\$36.4	N/A	\$16.4	\$16.4	\$3.6
Actual payment April 2009	39.2	\$14.1	11.3	11.3	2.5
Estimated 2009-11 biennium	68.8	26.1	19.2	19.2	4.3
Estimated 2011-13 biennium	73.7	27.6	20.8	20.8	4.5
Estimated 2013-15 biennium	73.7	27.6	20.8	20.8	4.5
Estimated 2015-17 biennium	73.7	27.6	20.8	20.8	4.5
Estimated 2017-19 biennium	52.5	N/A	23.6	23.6	5.3
Estimated 2019-21 biennium	52.5	N/A	23.6	23.6	5.3
Estimated 2021-23 biennium	52.5	N/A	23.6	23.6	5.3
Estimated 2023-25 biennium	52.5	N/A	23.6	23.6	5.3
Total	\$575.5	\$123.0	\$203.7	\$203.7	\$45.1

Interest earned on the balance in the tobacco prevention and control trust fund is deposited in the fund. Investment income deposited in the tobacco prevention and control trust fund during the 2007-09 biennium totaled \$8,290, and investment income to be deposited in the tobacco prevention and control trust fund during the 2009-11 biennium is estimated to total \$345,000.

EXPENDITURES

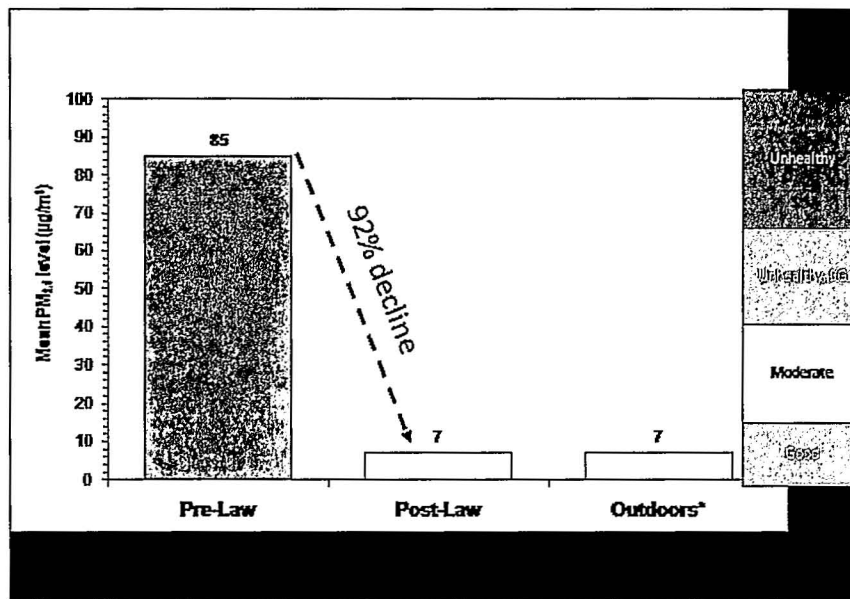
Actual expenditures of the Tobacco Prevention and Control Executive Committee for the 2007-09

biennium totaled \$38,815. Section 35 of 2009 House Bill No. 1015 appropriated \$12,882,000 from the tobacco prevention and control trust fund to the Tobacco Prevention and Control Executive Committee for the purpose of providing a level of funding that will meet the annual level recommended by the Centers for Disease Control and Prevention for North Dakota as published in its *Best Practices for Comprehensive Tobacco Control* for the 2009-11 biennium. The Tobacco Prevention and Control Executive Committee is requesting the same level of funding--\$12,882,000--for the 2011-13 biennium.

TOBACCO PREVENTION & CONTROL COMMITTEE
2011-2013 Grants

Contractor	Total Contract Amount	Expended to Date	Start Date	End Date	Description
Bismarck Burleigh Public Health	62,807.00	7,851.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Cavalier County Health District	12,023.00	1,503.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Central Valley Health District	33,967.00	4,246.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
City County Health Department	16,669.00	2,084.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Custer District Health Unit	76,092.00	9,512.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Dickey County District Health Unit	12,874.00	1,609.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Emmons County Public Health	11,732.00	1,467.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Fargo Cass Public Health	107,783.00	13,473.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
First District Health Unit	123,749.00	-	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Foster County Health Department	11,596.00	1,450.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Grand Forks Public Health Department	53,318.00	6,665.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Kidder County District Health Unit	10,999.00	1,375.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Lake Region District Health Unit	53,926.00	6,741.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
LaMoure County Public Health Unit	12,119.00	1,515.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
McIntosh District Health Unit	11,245.00	1,406.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Nelson Griggs District Health	22,443.00	2,805.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Pembina County Health Department	14,269.00	1,784.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Ransom County Public Health Department	12,985.00	1,623.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Richland County Health Department	20,121.00	2,515.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Rolette County Public Health District	18,555.00	2,319.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Sargent County District Health Unit	11,915.00	1,489.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Southwestern District Health Unit	100,750.00	12,594.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Steele County Public Health Department	10,697.00	1,337.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Towner County Public Health District	10,875.00	1,359.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Traill District Health Unit	14,734.00	1,842.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Upper Missouri District Health Unit	62,890.00	7,861.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Walsh County Health Department	16,704.00	2,088.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Wells County District Health Unit	12,163.00	1,520.00	7/1/2011	6/30/2013	Tobacco State Aid to Local Public Health
Total Tobacco State Aid Payments	940,000.00	102,033.00			
Bismarck-Burleigh Public Health	320,412.00	16,095.70	7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
Cavalier County Health District	43,444.00	-	7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012

Mean levels of Grand Forks indoor air pollution, before and after enactment of 2010 smoke-free policy.



Source: Travers & Vogt, 2011.

Note: The “unhealthy,” “unhealthy – SG -- sensitive groups,” “moderate” and “good” are air quality standards defined by the U.S. Environmental Protection Agency. The fine particle air pollution measured in this study is smaller than 2.5 microns in diameter. Particles of this size are released in significant amounts from burning cigarettes, are easily inhaled deep into the lungs, and cause a variety of adverse health effects including cardiovascular and respiratory morbidity and death.

**School Districts/Private Schools with New Comprehensive Tobacco-Free Policies
July 1, 2009 to June 30, 2011
As reported by the Center for Tobacco Prevention and Control Policy**

School District	Enacted	School District	Enacted
Carrington	June 2010	May-Port CG	September 2010
Cathedral of Holy Spirit (Bismarck)	November 2009	McKenzie County-Watford City	February 2011
Dakota Adventist Academy (Bismarck)	October 2009	Minto Public	January 2011
District #1/Williston	Fall 2009	Mott-Regent Public	August 2009
Divide County	January 2011	Nedrose Public	September 2010
Drayton	February 2011	North Border	March 2011
Fordville-Lankin Public Schools	February 2010	Oak Grove Lutheran School	December 2010
Grafton Public	November 2010	Oakes	March 2010
Grand Forks Public	April 2011	Ojibwa Indian School-Belcourt	August 2010
Hatton Public	February 2011	Page Elementary School	September 2010
Hillsboro Public	September 2010	Park River	January 2011
Hope/Page	October 2010	Robinson Public	June 2010
Jamestown Public	June 2010	St. Alphonsus School	February 2011
Killdeer Public	August 2009	Kidder County Public-Steele/Tappen	February 2009
Lakota	April 2011	St. Thomas Public	November 2010
LaMoure Public	September 2010	Strasburg Public	December 2009
Langdon Area Schools	March 2010	Valley/Edinburg*	June 2010
Linton Public	November 2009	Velva Public	August 2010
Lisbon Public	May 2011	Washburn Public	June 2011
Little Flower Catholic-Rugby	October 2009	Zeeland Public	January 2010
Mandan Public	January 2011		

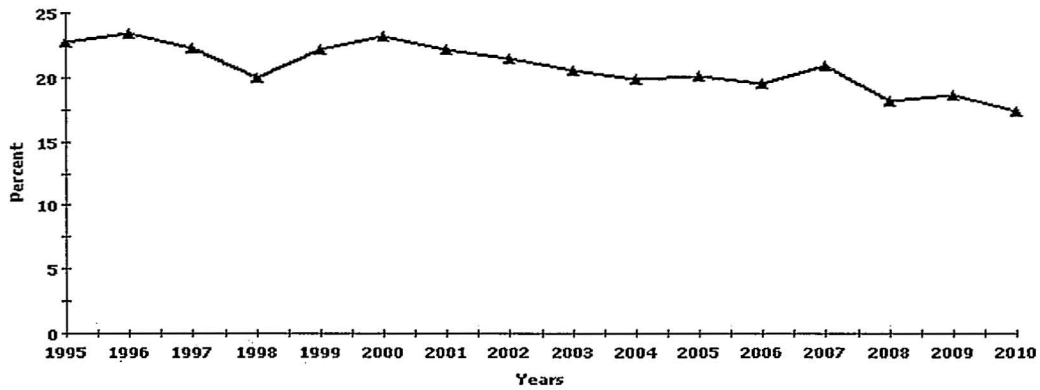
* Valley/Edinburg; previously known as Valley School District/Edinburg School District; Valley-Edinburg (shared with Pembina County; 06/03/10. Source for K-12 school policies: Center for Tobacco Prevention and Control Policy.

** Please note that Flasher Public School District adopted a comprehensive tobacco-free school policy July 2011.

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; Bismarck, Devils Lake, Fargo, Grand Forks, Napoleon, Pembina and West Fargo.	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 42%	50% of school campuses by June 2013
Enact comprehensive tobacco-free post secondary school campus policies	Increased post secondary campus policies from 6 to 12.	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

**Smoking
North Dakota - All Available Years
Response = Yes**



North Dakota			
Year:	%	CI	n
1995	22.7	(20.6-24.8)	417
1996	23.4	(21.1-25.7)	430
1997	22.3	(20.2-24.4)	404
1998	20.0	(18.0-22.0)	375
1999	22.1	(20.1-24.1)	439
2000	23.2	(21.1-25.3)	437
2001	22.1	(20.3-23.9)	576
2002	21.5	(19.8-23.2)	639
2003	20.5	(18.9-22.1)	635
2004	19.9	(18.2-21.6)	580
2005	20.1	(18.5-21.7)	766
2006	19.5	(17.9-21.1)	846
2007	20.9	(19.3-22.5)	969
2008	18.1	(16.5-19.7)	838
2009	18.6	(16.9-20.3)	810
2010	17.4	(15.7-19.1)	735

Central Valley Health District	286,203.00	16,695.83
City County Health Department	97,387.00	1,860.12
Custer District Health Unit	207,261.00	28,698.64
Dickey County District Health Unit	48,330.00	-
Fargo Cass Public Health	529,911.00	-
First District Health Unit	339,060.00	-
Foster County Health Department	42,065.00	-
Grand Forks Public Health Department	278,048.00	16,155.43
Lake Region District Health Unit	129,543.00	-
Nelson Griggs District Health	53,815.00	-
Pembina County Health Department	31,652.00	8,286.56
Ransom County Public Health Department	49,698.00	-
Richland County Health Department	117,123.00	-
Rolette County Public Health District	77,800.00	12,256.91
Sargent County District Health Unit	44,168.00	-
Southwestern District Health Unit	193,310.00	13,508.24
Towner County Public Health District	37,707.00	-
Traill District Health Unit	43,835.00	-
Upper Missouri District Health Unit	201,393.00	14,002.92
Walsh County Health Department	68,080.00	11,388.42
Wells County District Health Unit	55,846.00	6,395.28
Total Grants to Local Public Health	3,296,091.00	145,344.05

American Lung Association	100,000.00	6,128.58
Tobacco Free North Dakota	100,000.00	-
Minot State University	416,000.00	-
Northern Lights Youth Services	40,000.00	-
City-County Health District	24,988.00	-
American Nonsmokers' Rights Foundation	60,000.00	-
Total Special Initiative Grants	740,988.00	6,128.58

Total Grant Payments for 2011-2013 Biennium	4,977,079.00	253,505.63
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7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012
7/1/2011	6/30/2012	Tobacco Grants to Local Public Health Fiscal Year 2012

7/1/2011	6/30/2012	Special Initiative Grants
		SIG - Statewide Organization
		Other
		SIG - Statewide Organization
		SIG - Policy Development
		SIG - Policy Development

TOBACCO PREVENTION & CONTROL COMMITTEE
2011-2013 Professional Services Contract and IT Contractual

Contractor	Total Contract Amount	Expended to Date	Start Date	End Date	Description
Odney Advertising	403,095.98	-	1/1/2011	12/31/2012	Health Communications Marketing Services
ND Department of Health	19,179.00	-	7/1/2011	6/30/2012	Fiscal Agent Services
Nexus Innovation	32,000.00	1,347.50	7/1/2011	6/30/2013	Upgrades to PRS
UND Center for Rural Health	58,667.00	-			2009-2011 Comprehensive Program Evaluation
University of North Dakota	2,725.00	-			Heart Attack Study
Public Health Law Center, Inc.	38,075.00	-			Tobacco Control Policy Legan Technical Assistance and Training
Public Health Law Center, Inc.	63,000.00	-			Case Study Research - ND Legislation Funding State Tobacco Control Efforts
Total Professional Fee and IT contracts 2011-2013 Biennium	616,741.98	1,347.50			
Non-Contracts (Paid through 3-29-2011)					
Attorney General's Office		-			Attorney Fees for the 2011-2013 Biennium
Total Non- Contract Payments		-			