MINTUES OF THE
TASK FORCE FOR THE FUND FOR A HEALTHY NEVADA
May 1, 2000

A meeting of the Task Force for the Fund for a Healthy Nevada (created as a result of Assembly Bill 474 – 1999) was called to order by Presiding Co-Chair Barbara Buckley at 10:10 a.m. on May 1, 2000, at the Grant Sawyer State Office Building, 555 East Washington Avenue, Room 4401, Las Vegas, Nevada. The meeting was teleconferenced to the Legislative Building, 401 South Carson Street, Room 3138, Carson City, Nevada. Exhibit A is the Meeting Notice and Agenda; Exhibit B is the Attendance Rosters.

TASK FORCE MEMBERS PRESENT IN LAS VEGAS:

Assemblywoman Barbara Buckley, Presiding Co-Chair
Ms. Maureen Brower
Dr. John Ellerton
Mr. Ed Fend
Dr. Elizabeth Fildes
Mr. Ron Mestre

TASK FORCE MEMBERS PRESENT IN CARSON CITY:

Assemblywoman Vivian Freeman, Co-Chair
Mr. Bill Welch

TASK FORCE MEMBERS EXCUSED:

Senator Raymond Rawson

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Kimberly Morgan, Chief Deputy Legislative Counsel, Legal Division
Leslie Hamner, Senior Deputy Legislative Counsel, Legal Division
Mark Stevens, Fiscal Analyst, Fiscal Division
Charlene Adamson, Project Specialist, Legal Division
Marilyn Jayne, Secretary, Legal Division
Carol Thomsen, Secretary, Legal Division

DEPARTMENT OF HUMAN RESOURCES STAFF PRESENT:

Charlotte Crawford, Director
Dr. Mary Guinan, State Health Officer
Yvonne Silva, Administrator, Health Division
Maria Canfield, Chief, BADA, Health Division
Dr. Randall Todd, Health Division

DEPARTMENT OF HUMAN RESOURCES STAFF PRESENT (CONTINUED):

Linda Rexwinkel, Health Division
Mark Hemmings, Health Division
Mary Liveratti, Aging Services Division
Debbra King, Administrative Services Officer

Co-Chair Buckley welcomed all persons to the meeting of the Task Force, and asked committee members to consider approval of the minutes from the March 27, 2000, meeting. Ms. Morgan informed committee members that reference to the Department of Human Resources staff had inadvertently been omitted from previous minutes, including those currently being considered for approval. She emphasized it was an unintentional omission, and requested permission from the Task Force to amend the official copy of the previous minutes. Co-Chair Buckley indicated that would be acceptable, and inquired if there were other proposed corrections or additions to the minutes currently before the Task Force from the March 27, 2000, meeting. Hearing none, she advised she would entertain a motion.

DR. ELLERTON MOVED TO APPROVE THE MINUTES OF THE MARCH 27, 2000, MEETING AS AMENDED.

MR. FEND SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY VIA VOICE VOTE.

Co-Chair Buckley then invited Mark Stevens, Fiscal Analyst, Fiscal Division, Legislative Counsel Bureau (LCB) to present the status report regarding money available in the Fund for a Healthy Nevada. Mr. Stevens referenced the handout entitled "Tobacco Settlement Receipts - Fund for a Healthy Nevada – Fiscal Year 2000," Exhibit C, which outlined the amount of money available from tobacco settlement proceeds through June 30, 2000.

Mr. Stevens informed the Task Force there had been three payments received to date, with two checks received in December 1999, and one in April 2000. Mr. Stevens noted there were two appropriations as stipulated by A.B. 474 of the 1999 session, one for accessible housing and the second for rural health. He indicated the State Treasurer had projected the interest earnings for the Fund for a Healthy Nevada through June 30, 2000, (Exhibit C), and after all calculations were completed, it was estimated there would be approximately $15,915,455 available in the Fund through June 30, 2000.

Referencing Exhibit C, Mr. Stevens indicate the allocations for the four programs outlined in A.B. 474 were: (1) Senior Pharmacy Program, not more than 30 percent; (2) Independent living programs, not more than 30 percent; (3) Reduced tobacco use, not more than 20 percent; and, (4) Programs for children and individuals with disabilities, not more than 20 percent.
The total of $15,915,455 would be allocated to the programs based on the indicated percentages, explained Mr. Stevens, notwithstanding the reduction because of the request for administrative funds from the State Treasurer's Office, the Department of Human Resources (DHR), and the Division of Aging Services. The administrative funding requests as depicted in Exhibit C were before the Task Force for consideration, and Mr. Stevens remarked the requested amounts could be changed, or otherwise amended by the Task Force. It should be noted the State Treasurer's Office had requested $59,531 for Fiscal Year (FY) 2001, even though it was not certain that amount would be needed. It was requested that the monies be reserved in the event an additional position was needed by the Treasurer's Office at a later date to administer the program.

Mr. Stevens indicated the exhibit, assuming those stated percentages, and reduced by a proportional cost of DHR personnel, listed the estimated funds available for distribution as of June 30, 2000 as follows: (1) Senior Pharmacy Program: $4,649,361; (2) Independent Living Program: $4,688,444; (3) Reduced Tobacco Use: $3,106,243; and, (4) Programs for Children and Individuals with Disabilities: $3,106,243. Once again, he noted the total amount available for distribution as of June 30, 2000, minus the requested administrative costs, was $15,560,291. According to Mr. Stevens, Page 2 of Exhibit C contained the estimated amounts available in FY 2001.

Mr. Fend questioned the amount allocated for administration of the programs, asking who approved those totals. Mr. Stevens stated the DHR had requested a total of $35,840 for FY 2000 and $191,460 for FY 2001, along with a request for $68,333 for the Division of Aging Services for administration of the Independent Living Program. According to Mr. Stevens, the request had been reviewed by the Interim Finance Committee (IFC), and the decision was to send the request to the Task Force for its deliberation. In essence, explained Mr. Stevens, the Task Force would make the final decision regarding whether or not the requested amounts were appropriate. He added the IFC, from its perspective, did not determine the amounts to be excessive, indicating the request was reasonable.

Mr. Fend stated he understood that the IFC considered the amounts reasonable, however, it did not provide any funding for operational costs. The IFC funded the requested positions, but did not provide the funding for DHR to enact the programs. He advised when the programs were established in A.B. 474, the funding to administer those programs was not included. Mr. Fend emphasized he felt administration of the programs should be funded by the State rather than allocating an amount over and above the 2 percent authorized by A.B. 474 for use by the Treasurer's Office from the tobacco settlement monies.

Mr. Stevens advised he felt the request was within the 2 percent allocation for administrative funds. He noted there had been numerous discussions regarding whether or not agencies other than the State Treasurer's Office could access a portion of the administrative funds as set aside in A.B. 474, and an Opinion had been issued by the Legislative Counsel which indicated the amount allocated to the State Treasurer's Office for administrative funds could only be used by the State Treasurer's Office. The opinion continued that the portion of the 2 percent not used by the State Treasurer could be returned to the program dollars in the fund. Mr. Stevens further explained that the Opinion also indicated the Task Force could allocate program dollars for administration of the programs. He stated that from an accounting perspective, either action would basically be allocated from the same dollars, whether 2 percent was extracted first and set aside for use for administration generally, or whether all monies were placed into the program fund and administration was then allocated from those funds. He noted the total request for administrative funding remained well within the 2 percent allocation, if that was the percentage being considered as a limit for operational costs by the Task Force.

Co-Chair Buckley reminded Task Force members that administrative funding was a very contentious issue and she wanted to hold the discussion until the Task Force heard, later in the day, from Charlotte Crawford, Director, DHR, regarding the funding request. She indicated representations were made at the outset of the legislation that certain programs could be administered via use of existing staff, which apparently was not the case. Co-Chair Buckley stated that the unanimous feeling of Task Force members was that every dollar possible should be allocated for use within the various programs. She noted Exhibit C was based on the assumption that administrative costs would be funded, however, that assumption was subject to challenge by the Task Force, which could possibly not approve those administrative items, if other funding was found.

Addressing Page 2 of Exhibit C, Mr. Stevens advised the estimated receipts from tobacco settlement proceeds in January and April 2001, and allocated to the Fund for a Healthy Nevada, totaled approximately $19.1 million. The exhibit indicated allocations based on the maximum percentages authorized for the various programs, and Mr. Stevens explained he had not attempted to estimate the operational costs for the Treasurer's Office, the DHR, or the Aging Services Division for FY 2002. He noted the 2001 Legislature might consider other funding sources for the operational costs of the programs, and it could be decided if the requests for administrative funding were appropriate or correct, based on the activity of the programs once they became operational. In addition, interest earnings were not projected by the State Treasurer for FY 2001; the timing of program expenditures and when funds were actually dispensed by the Treasurer's Office would have an impact on the interest earned in FY 2001, and Mr. Stevens indicated he did not have sufficient data to make assumptions of when those dollars would actually leave the State Treasury in order to determine interest earning projections.

With regard to the money anticipated for receipt in FY 2001, Co-Chair Buckley asked whether the Task Force could commit a portion of the future funding during its current process, if it received worthwhile project requests. Perhaps only a small portion could be promised, to guard against the possibility of reduced tobacco sales, which would then reduce the allocation to the State; she suggested that might be done via a conditional award, subject to money available. She questioned whether the Task Force had legislative authority to operate in that fashion, as she felt that would be a more efficient method of allocating a portion of the proceeds.
Ms. Morgan advised, from a legal standpoint, the Task Force had authority until the Legislature amended the statute, and until such an amendment was passed, it could be assumed that the Task Force had such authority. From a fiscal point of view, she stated Mr. Stevens could advise how far the Task Force could reach into its next year's budget to commit funds.

Mr. Stevens stated he felt the Task Force could contingently allocate funds based on the estimated receipts for the next year; however, those funds could not actually be allocated until the money was received in the State Treasury. Mr.

Stevens suggested the Task Force not allocate the total estimated receipts, because there were adjustments that could be made to the amounts actually remitted by the tobacco companies. There was a potential for the State to receive less settlement monies than currently estimated. Mr. Stevens emphasized the Task Force could make allocations, contingent upon the actual receipts received. Co-Chair Buckley noted the Task Force might not wish to entertain that action, however, she wanted the members to be aware of all available options.

Mr. Fend referred to Exhibit C, indicating that along with the appropriations for accessible housing and rural health, he thought there was also an initial appropriation of $4 million for use by public broadcasting. He inquired when that allocation would be made. Ms. Stevens advised the report from the State Treasurer's Office included in Exhibit C outlined the total appropriations, while his report covered only the proceeds from the tobacco settlement that would be allocated to the Fund for a Healthy Nevada. The report from the Treasurer's Office indicated that a $2 million payment to public broadcasting, and a $5 million payment to the University of Nevada School of Medicine was deducted from the initial receipt prior to funds being allocated to the Millennium Scholarship Fund (40 percent), the Fund for a Healthy Nevada (50 percent), and the Public Health Trust Fund (10 percent). Simply stated, the $7 million had already been taken into account and would not reduce the figures included in Exhibit C. The estimated figure for allocation remained $15,915,455 as of June 30, 2000.

Co-Chair Buckley indicated the Task Force would next hear speakers with regard to prevention of tobacco use, and noted it had attempted to include a broad collection of speakers from different geographic areas, different knowledge bases, and persons who had worked in the field for quite sometime. She invited Larry Matheis, Executive Director, Nevada State Medical Association, to address the Task Force. Mr. Matheis advised he was wearing a "different hat" for the Task Force hearing, that of Vice President of the Nevada Tobacco Prevention Coalition (NTPC). He advised that the various speakers would delineate tobacco control issues in Nevada, and would also place before the Task Force some recommendations and methods it might find helpful regarding how the funds targeted for tobacco control would eventually be disbursed. The various presentations would address the issues in an attempt to present the Task Force with as comprehensive an overview as possible. He stated part of his role was also to define the term "tobacco control," and called attention to the packet that would be presented by the NTPC later in its presentation, (Exhibit F), which included a glossary entitled, "Tobacco Related Terms and Acronyms."

According to Mr. Matheis, in that context, the term "tobacco control" referred to organized efforts to prevent and reduce tobacco use, to eliminate or decrease the public's exposure to secondhand smoke, and to identify and eliminate any disparities related to tobacco use and its effect among various population groups. The organized effort contained public and private programs, all of which were aimed at systematically addressing that range of activities. Mr. Matheis then introduced the speakers who would address the Task Force, and briefly explained what their presentations would entail, as depicted by the Agenda, Number IV, Items A through J, (Exhibit A).

Dr. Mary Guinan, State Health Officer, DHR, presented the Task Force with Exhibit D, a report entitled "Impact of Smoking in Nevada." Dr. Guinan indicated her role was usually that of the "bearer of bad news," and hoped that role would change once prevention programs funded by the tobacco settlement were operational. She referenced the map contained in the exhibit, which indicated the percentage of adults who reported smoking in the nation during 1998, and noted 30.4 percent of adults in Nevada smoked, placing the State at the high end of the scale. In state rankings by percentage, the State of Kentucky was first with 30.8 percent of its population that smoked, and Nevada was second with 30.4 percent. Dr. Guinan pointed out there was not a significant difference between Kentucky and Nevada in the percentages, and she felt Nevada was actually tied with Kentucky for first place.

According to Dr. Guinan, all of Nevada's neighboring states were below the median of 22.9 percent, with Arizona being 36th in rank with 21.9 percent, Oregon 43rd in rank with 21.1 percent, Idaho 45th in rank with 20.3 percent, and California 48th in rank at 19.2 percent of its population who reported smoking. She noted that California had invested very heavily in prevention programs in order to reduce its percentage of smokers.

Included in Exhibit D was a chart entitled, "Precedence of Smoking in Selected Demographic Groups – Nevada and BRFSS Median, *1998," and Dr. Guinan explained the target for the nation for the year 2010 was 12 percent. She noted the chart indicated almost 40 percent of Nevada's population, possessing a high school education or less, smoked. What

concerned her was the fact that statistics indicated 33 percent of women of reproductive age, 18 to 44, smoked. Dr. Guinan felt prevention in the reproductive age group was a critical factor in Nevada.

Continuing her review of the exhibit, Dr. Guinan referenced statistics for Nevada's youth, indicating that 27 percent smoked for the first time before the age of 13, and 33 percent had smoked cigarettes within 30 days of the survey. Of those youth who purchased cigarettes, 49 percent were not asked for proof of age. The national median percentage for children grades 9 through 12 who smoked was 28.4, and Nevada was at 33 percent. She noted smoking related illnesses often killed people prior to reaching the median age of 75, which created an economic problem for the State. According to Dr. Guinan, Nevada led the nation in years of potential life lost.

Current cigarette smoking among adults in Nevada from 1994 to 1998 was depicted in the exhibit, and Dr. Guinan explained between those years, the chart showed very little difference, with a slight change in percentages of male and female smokers. She wanted to point out that essentially there were the same percentages of male and female smokers in Nevada during the years 1994 to 1998. The comparison to other states indicated many states had high percentages of male smokers, and lower percentages of female smokers. Dr. Guinan stressed that the high number of female smokers affected Nevada's death rate profoundly. She stated there had been no change in the total percentage of smokers between 1994 and 1998, which indicated a lack of effective smoking prevention programs.

Dr. Guinan explained Nevada had the 7th highest lung cancer death rate in the nation, noting that Kentucky was the number one state for total lung cancer death, and also had the highest prevalence of smokers. Nevada ranked 7th in lung cancer deaths overall, and 22nd in rank for lung cancer rates for men. When the female lung cancer death rate was reviewed, the State of Delaware ranked 1st, and Nevada ranked 2nd in that area. Dr. Guinan reported consistent evidence over the past 10 years had proven that women smokers were much more likely to contract lung cancer than male smokers. There was some genetic or hormonal predisposition, which increased the female smoker's probability of contracting lung cancer, and she noted that was the reason Nevada ranked 7th overall in lung cancer deaths.

According to Dr. Guinan, cardiovascular diseases outranked other causes of death in Nevada, with cancer being the second largest cause of death, and chronic obstructive pulmonary disease (COPD) being the fourth largest cause of death, with a rate of 49.4, compared with 30.1 for the nation. Dr. Guinan stressed that COPD was directly related to smoking. She remarked that 85 percent of lung cancer deaths were attributed to smoking, but more that 95 percent of COPD deaths were related to smoking, a much more direct result of smoking. Dr Guinan noted Nevada had one of the highest rates of COPD in the nation. Lung cancer death rates between 1991 and 1997 had soared from 46.4 to 78 per 100,000, which Dr. Guinan emphasized was an epidemic. She pointed out that the figures used in Exhibit D were the population estimates from the State Demographer, and included the increase in population; it was not the case that the population was being undercounted, resulting in higher rates of lung cancer deaths. She concluded that the exhibit contained valid statistics.

Dr. Guinan stated the consequences of smoking and lung cancer hospitalization for Nevada in 1997 was that over 1,000 patients were hospitalized for an average stay of 8.1 days, at an average cost of $28,000 per patient. Once again, she noted COPD was directly linked to smoking, and in 1998 there were over 4,200 discharges from Nevada's hospitals with a diagnosis of COPD, with an average stay of 4.8 days, and an average hospital cost of $13,000. The hospital costs alone in Nevada for COPD in 1998 were over $56 million, almost double the hospitalization costs for lung cancer. Dr. Guinan felt COPD should be used as a direct indicator of Nevada's smoking problem and the burden of disease. She noted not all cardiovascular disease was related to smoking, 85 percent of lung cancer was related to smoking, and COPD was almost totally related to smoking.

Lung and breast cancer deaths in Nevada's women indicated that lung cancer deaths far exceed breast cancer deaths. Dr. Guinan noted that breast cancer death rates were decreasing, while lung cancer death rates remained high and stable (Exhibit D). Dr. Guinan emphasized that the costs previously discussed for patient hospitalization did not include outpatient, doctor, or medication costs for those patients, but rather was a small piece of the cost of smoking-related diseases. It would take a long period to ascertain whether programs were successful in decreasing those diseases.

Dr. Guinan indicated the smoking prevalence was not changing, and noted Nevada expended little investment in

prevention and control of tobacco use. She stated there had been no State funds allocated for prevention programs, however, the State Health Division had received a grant from the Centers for Disease Control (CDC). Nevada suffered because it did not have a comprehensive State prevention program or strategy. The CDC grant included funding to compile a comprehensive prevention plan, which would be completed by the State Health Division. According to Dr. Guinan, the CDC's "Best Practices" report analyzed the State of Nevada's smoking rates and geographical areas, and provided an estimate of the budgeting that should be invested in State prevention programs, in order to be effective, as explained in Exhibit D. The cumulative annual cost that CDC felt would support an effective prevention program in Nevada was between $13 million and $32 million. According to Dr. Guinan, there was always a struggle between funds for treatment and funds for prevention, with prevention programs suffering the loss. Until the State put a higher value on prevention, she advised the statistics would not change.

Co-Chair Freeman remarked that previous testimony indicated 45 percent of teens who smoked advised they were not asked for proof of age when cigarettes were purchased, asking Dr. Guinan whether she was familiar with the "sting program" conducted by the Attorney General's (AG's) Office, and whether she felt the program had been effective to date. Dr. Guinan stated, in her opinion, it was an extremely important and essential program. She noted that recently there was a listing in the newspaper of those stores cited for selling tobacco products to minors while not requiring proof of age. Also listed were stores that did not sell tobacco products to minors, and in subsequent weeks, the proprietors of those stores indicated they had a huge increase in business from persons thanking them for not selling cigarettes to children. The visibility of the program, along with the implementation was extremely important.

In regard to the statistics in Exhibit D regarding deaths in hospitals, Co-Chair Freeman asked if those numbers included patients in the Veterans Administration (VA) Hospitals. Dr. Guinan indicated that all hospitals in Nevada were included in the statistics. Co-Chair Freeman asked for clarification regarding the comprehensive prevention plan stipulated in the grant from CDC. Dr. Guinan advised she would defer that question to Linda Rexwinkel, Program Manager, State of Nevada Tobacco Control Program, who was also scheduled to testify before the Task Force. According to Dr. Guinan, the grant did provide funding to develop a comprehensive State plan because Nevada did not have one in place, and such a plan was the critical first step to any prevention program.

Mr. Mestre advised that the statistics might be skewed somewhat due to the fact that in 1998, the cost of a carton of cigarettes in Nevada was approximately $3.65 less than California, which caused some California residents travel to Nevada to purchase cigarettes. Regarding the "sting operations," Mr. Mestre informed Task Force members that the average cashier in a convenience store held that employment for less than 1 year. Because of that high turnover rate, he concluded that no matter how much enforcement was in place, the sale of tobacco products to minors would not be completely eliminated. Approximately 50 percent of the markets in Washoe County conducted training, and the other 50 percent did not, which was something the Task Force might review with a view to certifying a cashier before that person ever rang up a pack of cigarettes. Even though the cashier saw the "We Card" sign day after day, if they were not trained, the problem would continue. Dr. Guinan concurred with Mr. Mestre's statements.

Appearing next before the Task Force was Mandy Canales-Salazar, Program Director, American Cancer Society, who advised she would provide a history of tobacco control activities within the State of Nevada, (Exhibit E). She agreed with statements made by Dr. Guinan regarding the fact that Nevada did not have a comprehensive tobacco control plan in place, and even though there had been activities which provided some awareness in that area, there had been no comprehensive approach to curbing the usage of tobacco products within the State.

Ms. Canales-Salazar noted in 1964 the Surgeon General released information to the public for the first time linking cigarette smoking to lung cancer, and that information was based on the results from a study undertaken by the American Cancer Society, which reviewed behavioral patterns of Americans and was able to make that link. In 1974, she explained, the American Cancer Society began the Great American Smoke-out, with the third Thursday in November dedicated to encouraging smokers to give up cigarettes for a 24-hour period. The belief was that if smokers gave up cigarettes for 1 day, they were likely to refrain from cigarette smoking for an additional period.

According to Ms. Canales-Salazar, in alliance with the Washoe County Medical Society in 1985, the Women's Auxiliary Group developed a fourth-grade tobacco lesson, which was still used in fourth grade classes throughout the county. It was an educational program that discussed the effects of tobacco and issues related to how tobacco products

were marketed to youth. Ms. Canales-Salazar remarked that in 1988, the Nevada Health Issues Coalition was the first coalition to deal with tobacco policy. That was the first time agencies came together to work on legislation in an attempt to make a difference in the tobacco prevention area. In the Fall of 1988, the Smoke-Free Class of 2000 program was initiated in the State of Nevada, and it was the Surgeon General's goal to ensure that children who graduated in the year 2000 would graduate smoke-free. Ms. Canales-Salazar indicated there was an alliance between the American Cancer Society, the American Heart Association, and the American Lung Association nationwide and in the State of Nevada to begin implementation of that program. She explained the program remained in effect in Nevada until participating students reached the sixth grade, at which time efforts were discontinued.

Ms. Canales-Salazar indicated that in late 1980, Nevada passed limited preemption, which prohibited local governments from imposing tobacco restrictions for casinos and bars. She emphasized that preemption was critical, and played a key role in the effort to reduce smoking within the State. In 1993, the American Cancer Society linked its efforts with the Las Vegas Metropolitan Police Department (LVMPD) to implement Project Scan. According to Ms. Canales-Salazar, that project was implemented in the Las Vegas area with four high schools participating. Students were surveyed to ascertain whether they were able to purchase cigarettes from stores, what type of stores sold them the products, and the accessibility and ease of the purchase. At that time, she noted, the buy-rate was over 60 percent, and the program demonstrated the problem in the Las Vegas area. Ms. Canales-Salazar stated the Governor compiled a task force to address the issue of the Federal "Snyar Legislation," an amendment asking each state to decrease the sales of tobacco to minors, or face the possibility of a reduction in federal funding for drug and alcohol programs. Project Scan was critical to the issue of Snyar.

Continuing, Ms. Canales-Salazar advised in February 1994, the American Cancer Society received a Robert Wood Johnson Foundation, Smokeless States Grant, which was a capacity-building grant in order to establish the first coalition to deal with only tobacco control issues. In August of 1994, the NTPC was formed, allowing agencies to come together for the first time to discuss issues related to possible legislation, along with educational and cessation programs. In 1994, the State Health Division received funding from the CDC through its National Tobacco Control Program, which allowed agencies to link together with the NTPC to begin working on tobacco issues. Ms. Canales-Salazar reported in 1995, the AG's Office coordinated "sting operations" with local enforcement agencies across the State. In 1995, Nevada passed a super-preemption statute, which meant that no city or county government could pass an ordinance regarding tobacco products that would be more stringent than the laws passed by the State. She noted that made Nevada the first state in the nation to pass a policy which restricted city and county governments from passing any ordinances dealing with tobacco sales, youth access, distribution, advertisement, and environmental tobacco smoke. Nevada remained the only state with a true super-preemption in effect, which limited the power local agencies had in curbing tobacco use.

According to Ms. Canales-Salazar, in October of 1996, a group of non-profit and private businesses came together to begin the first "Smoking Stinks" campaign. That campaign developed radio advertisements that were aired in the Las Vegas area, primarily targeting middle and high school students. Additional programs came about as a result of that campaign, in an attempt to change misconceptions among teenagers that there were more smokers than non-smokers. One of those programs, The Chain of Life, aimed at dispelling that myth. Ms. Canales-Salazar reported that teenage smokers believed smoking was not addictive, and they could quit at any time. The program asked teenagers to give up their cigarettes for 6 hours during a school day, which was a rude awakening to those teens once they realized they were addicted to nicotine. She advised the Smoking Stinks program had been in existence for 4 years.

In May of 1997, stated Ms. Canales-Salazar, the AG's Office filed suit against the tobacco industry on behalf of the State of Nevada for Medicaid reimbursement. The State had been spending approximately $20 million a year on health care issues, and it was extremely important that the AG's Office take a stand against the tobacco industry. She advised in 1998, the Good Morning America television program conducted an interview with the American Cancer Society regarding the issue of secondhand smoke in casinos. Secondhand smoke had become a problem, and many casino workers contacted the American Cancer Society to voice their concern about working in a smoke-filled environment. Those workers indicated they did not feel they had a right to approach management regarding the work environment.

In November 1998, the AG's Office settled with the tobacco industry for $1.2 billion, to be disbursed over a 25-year period. Ms. Canales-Salazar noted in January 1999, the Clark County Anti-Tobacco Task Force was formed, which was

the first community coalition developed to address the tobacco issues that impacted residents within its county. Also within that year, the "Tar Wars" program commenced through efforts of the Nevada Academy of Family Physicians. Per Ms. Canales-Salazar, Tar Wars was a fifth grade educational program currently being conducted in the Clark and Washoe County areas. She indicated it was a program that reviewed the short-term effects of tobacco use and the issue of marketing to children.

In May 1999, noted Ms. Canales-Salazar, A.B. 474 was passed, which created the Task Force for the Fund for a Healthy Nevada, from which up to a 20 percent allocation would be used for programs that prevented, reduced, and treated the use of tobacco and its consequences. In July 1999, the Clark County Health District conducted the first smoke-free restaurant campaign. Ms. Canales-Salazar noted that campaign asked restaurants to go totally smoke-free for one weekend, and was very successful.

Continuing, Ms. Canales-Salazar reported in July 1999, the Nevada Tobacco Users' Help-line was established. She felt that was extremely important, because in most states where comprehensive tobacco control plans were in place, cessation services were provided via telephone. The help-line was a program that provided on-the-spot cessation services, which she felt were critical because most smokers who wanted to quit did not want to wait 2 weeks or more to receive the services to assist them with cessation.

Ms. Canales-Salazar advised in September 1999, the American Cancer Society, on behalf of the NTPC, received a second grant through the Robert Wood Johnson Smokeless States Program. That was a special opportunities grant to assist the NTPC in working with the State Health Division in the development of a comprehensive tobacco control plan, which she noted was currently being developed. In March 2000, Ms. Canales-Salazar advised, the U.S. Supreme Court ruled that the Food and Drug Administration (FDA) did not have the right to regulate the sales of tobacco, and such regulation was placed back in the hands of the State of Nevada.

Mr. Fend stated that currently the AG's enforcement program attempted to control the sales of tobacco to children by fining the stores that sold to minors, and inquired whether there were any studies done that indicated the possibility of a program directed at the underage child, which indicated purchase of cigarettes was against the law, thereby placing the onus on the child. He felt if parents were alerted that their child was purchasing cigarettes, it would create a more successful program. Ms. Canales-Salazar advised that was referred to as a "youth possession law," and the reality was there needed to be a more comprehensive program in place, one that addressed both issues, stores selling to minors and minors being penalized for the purchase and/or possession of tobacco. She felt that might be a component later in the process, but it would not be the "end-all" to decreasing tobacco use and/or sales in the State of Nevada. According to Ms. Canales-Salazar, counter-marketing, and cessation and prevention programs were needed in schools and community settings, so people were made aware of how tobacco was affecting the community and the health of its residents.

Co-Chair Buckley stated there had been proposals to the Legislature in the past to criminalize youth tobacco use, and those debates were very interesting. She advised there were some Legislators who felt very strongly that, while children should be penalized, it would be better to do so through the family and society, rather than placing them in an overburdened juvenile justice system, which at times caused more problems than it solved. Other Legislators asked how the State could support the contradiction that it was illegal to sell to minors, but not illegal for minors to purchase tobacco products. There had been very extensive debates on that issue, and certainly the actual act of criminalizing would require Legislative action. Co-Chair Buckley noted she ended up on the side that felt it would not be productive to place such youths in the juvenile justice system, but would be more effective handled via the family.

Mr. Mestre advised he felt a program that penalized the youths who purchased tobacco products would be productive, because that would provide the "hammer" to place the youth into a cessation program, and/or have the youth participate in anti-tobacco programs within the system. He advised perhaps such a program would help the youths, rather than penalize them.

Continuing with the next person scheduled to address the Task Force, Dr. David Christy, Area Extension Specialist, University of Nevada (UNR) Cooperative Extension, explained that his educational focus had been on tobacco use prevention and cessation, as well as public issues and education related to tobacco. Dr. Christy indicated he also had the privilege of working with the NTPC for the past 5 years and, as past president, would provide the Task Force with a

picture of the NTPC, (Exhibit F).
According to Dr. Christy, the NTPC was composed of representatives from over 30 public and private agencies, including public health, law enforcement, the universities, physicians' groups, organizations representing African-American and Hispanic communities, and others. The coalition also had several individual members, and its membership continued to expand in order to be as inclusive as possible, reaching out to organizations and individuals new to tobacco control issues in Nevada. Dr. Christy indicated a membership list was included in Exhibit F.

Dr. Christy stated the mission of NTPC was to bring together a diverse group of community leaders to promote healthy lifestyles for all Nevadans, especially youth, by encouraging the State, its communities, and its residents to make non-use of tobacco products the norm. The members of the NTPC believed that reduction in the use of tobacco would create healthier lifestyles, longer lives, and a healthier environment for the people of Nevada. It also believed that to be effective leaders for that social change, persons needed to work collectively, with integrity and devotion to the common purpose. Dr. Christy indicated NTPC believed that focusing the effort on youth, and working to create a tobacco-free environment, would ultimately create a healthier Nevada. The goal was to bring in as many stakeholders as possible to broaden the grassroots support for tobacco control within Nevada.

Continuing, Dr. Christy indicated the NTPC was established by the Governor in 1993, in response to the pending Federal "Synar Legislation." By early 1994, however, it became apparent that tobacco control encompassed much broader issues than solely youth access and merchant education. Tobacco use/prevention among youth, availability of cessation services, and public policy were some of the issues that emerged. Dr. Christy indicated the Statewide Tobacco Prevention Control Coalition emerged, ratifying its bylaws in 1994, and the name was later changed to the Nevada Tobacco Prevention Coalition or NTPC. The membership established a new mission statement, adopted a broad vision for tobacco control, and established an operating structure. The organization began to address different issues, such as the prevention of tobacco use. It initiated a student book cover project within the Washoe County area through the University of Nevada, Reno (UNR). Other issues addressed were clean indoor air, an assessment of tobacco control services, the production a statewide tobacco resource directory, tobacco industry liability, community empowerment against tobacco, enforcement of youth access law, and other tobacco-related issues.

The initial funding for NTPC, explained Dr. Christy, was through the Smokeless States Grant from the Robert Wood Johnson Foundation, and impact funds from CDC. While funding for tobacco control in Nevada had fluctuated over the ensuing years, the NTPC membership continued to address ever-expanding tobacco control issues. Dr. Christy remarked that one issue had become very apparent, and that was the fact that local and/or regional coalitions were needed to work on community-specific projects. NTPC's bylaws were amended in late 1997, and established a structure that allowed for a greater focus on both educational and policy issues. Through funding from CDC, the State Health Division helped establish some local/regional coalitions or task forces. Dr. Christy noted the Clark County Anti-Tobacco Task Force began approximately 1 year ago, and just recently, two more task forces had been established, one in Washoe County and the other in the Carson City area.

According to Dr. Christy, NTPC membership had increased due to a greater awareness of tobacco control issues, and funding for tobacco control in the State of Nevada had grown modestly through CDC funding, along with a new grant from the Robert Wood Johnson Foundation. In order to deal with the changing needs for tobacco control, NTPC drafted a role statement, which indicated that it was a statewide body which connected other organizations and individuals throughout the State who were interested in making Nevada smoke free. Specifically, NTPC would provide a forum for organizations and individuals to discuss and draw information from other resources in order to make tobacco control successful in their own settings or communities. Dr. Christy stated NTPC also presented a unified voice on tobacco control issues when policy was advocated, and acted as a repository of information and expertise so that local groups or coalitions could learn which practices were considered best according to the CDC report of August 1999, entitled "Best Practices for Comprehensive Tobacco Control Programs," (Exhibit F), and receive training in providing tobacco control programs at the local level. In addition, the NTPC endorsed specific programming as being consistent with the "Best Practices" report.

Dr. Christy reported that the Institute of Medicine's National Research Council stated that because there was growing attention focusing on how states could prevent deaths due to tobacco use, governors and legislators across the nation had to decide whether to fund tobacco control programs, and if so, for how much. He stated the report from CDC indicated

the evidence was clear that multifaceted state tobacco control programs were effective in reducing tobacco use, and could make a difference. The best evidence for program effectiveness came from comparing states with different intensities of tobacco control programs, whether funded through a dedicated increase in tobacco tax excise funds like California and Massachusetts, or through industry lawsuit settlement funds like Florida, Minnesota, Texas, and many other states. Dr. Christy remarked that observing the effect on tobacco consumption beyond the effect associated with price increases, provided more evidence of program effectiveness. Price increases alone could not explain the dramatic decreases in tobacco consumption seen in other states with comprehensive tobacco control programs.

Dr. Christy indicated the "Best Practices" report was developed by the CDC after review of all the information and evidence, and recommended states establish tobacco control programs that were comprehensive, sustainable, and accountable. In order to do that, the best practices were determined by evidence-based analysis of comprehensive state tobacco control programs, which included both published evidence-based practices, as well as the efficacy of large scale sustained efforts of states that had been funding prevention and control programs through state tobacco excise taxes. There were nine program components that had clearly emerged, with evidence supporting the implementation of some level of activity in each of the nine areas.
The first element of those "Best Practices," stated Dr. Christy, was community programs to reduce tobacco use, with such programs focused on four goals: (1) Prevention of initiation of tobacco use among youth; (2) Cessation for current users of tobacco; (3) Protection from environmental tobacco smoke; and, (4) Elimination of the disparities in tobacco use. Dr. Christy stated communities needed to change the way tobacco was promoted, sold and used, while also changing knowledge, attitudes and practices. Effective programs involved persons at work sites, in homes and schools, civic organizations and community networks, such as places of worship, clubs and other public places.

In order to achieve lasting changes, noted Dr. Christy, programs in local government, voluntary and civic organizations, and community-based organizations required funding to: (1) Hire staff; (2) Cover operating expenses; (3) Purchase resource and educational materials; (4) Provide education and training programs; (5) Support communication campaigns; (6) Organize the community to debate the issue; (7) Establish local plans of action; and, (8) Draw on other leaders to bring them into tobacco control activities.

Continuing, Dr. Christy stated the second element of the CDC's "Best Practices," was chronic disease programs to reduce the burden of tobacco-related diseases. Even if current tobacco use stopped immediately, the residual burden of disease among past users would cause disease for decades to come. He advised that when supported at a comprehensive level, state tobacco prevention and control programs could focus attention on preventing and detecting diseases such as cancer, cardiovascular disease, asthma, oral cancer, and stroke, for which tobacco was a major cause. As an example, Dr. Christy noted tobacco control interventions could be linked with cardiovascular disease prevention or counter-advertising to increase the awareness of environmental tobacco smoke as a trigger for asthma. That type of link was what was meant by chronic disease programs to reduce the burden.

The third element of the CDC's "Best Practices," was school programs, and Dr. Christy explained programs that prevented the onset of smoking during the school year were crucial, because most persons began smoking prior to the age of 18. Because tobacco use often began much earlier than 19, prevention programs needed to be provided in elementary schools, and continued through middle and high schools. He advised school-based programs, which identified social influences that promoted tobacco use among youth and taught the skills to resist those influences, could reduce or delay adolescent smoking. School-based programs were strengthened by follow-up booster sessions and by other community-wide programs that involved parents, other organizations, restricted youth access, mass media and school policies.

Enforcement was the fourth element of the CDC's "Best Practices," explained Dr. Christy, and noted enforcement of policies enhanced the efficacy by deterring violators and sent the message to the public that community leadership believed those policies were important. Two primary tobacco control policy areas that required enforcement strategies were: (1) Access to tobacco by minors; and, (2) Restrictions on smoking or clean indoor air.

The fifth element of "Best Practices" report was statewide programs, considered a major element in comprehensive tobacco control programs, explained Dr. Christy. He noted statewide programs increased the capacity of local programs by providing technical assistance on evaluation of programs, promoting media advocacy, implementing smoke-free

policies, reducing access to tobacco by minors, and supporting organizations that had statewide access to diverse communities to help eliminate the disparities in tobacco use among various population groups. That could be accomplished by establishing statewide and regional grants to organizations representing cities, business and professional groups, law enforcement, and youth groups. Dr. Christy advised elements that had been included in other statewide programs included funding of multicultural organizations and networks to collect data, develop and/or implement culturally appropriate interventions, sponsor local, regional, and statewide training conferences, and providing technical assistance based on the "Best Practices" report.

Counter-marketing was the sixth element of the "Best Practices" report, and Dr. Christy indicated that component attempted to counter the pro-tobacco influences that were ever- present, and to increase pro-health messages and influences throughout the state, region, or community. Counter-marketing complemented or strengthened other program components, and included elements such as paid television, radio, billboard, and print counter-advertising. Media advocacy and other public relations techniques were also included, along with efforts to replace tobacco industry sponsorship and promotions.

The seventh element of "Best Practices" was cessation programs, and Dr. Christy stated assisting youth and adult smokers in quitting could produce a quicker and larger short-term public health benefit than any other component of a comprehensive plan. He indicated the following elements should be included as part of a comprehensive program to provide treatment for tobacco dependence and addiction:

- Establishment of population-based counseling and treatment, including cessation help-lines;
- Making system changes, i.e., clinician training to screen and provide counseling within medical and dental practices; and,
- Covering treatment for tobacco use under both public and private insurance, and eliminating cost barriers to treatment for underserved populations, particularly the uninsured.

Dr. Christy indicated surveillance and evaluation comprised the eighth element of the "Best Practices" report, and asked how a program could know it was doing a good job unless it was being monitored. Comprehensive tobacco control programs required a surveillance and evaluation system, advised Dr. Christy, in order to monitor and document program accountability for policymakers and others responsible for fiscal oversight. Surveillance was the monitoring of tobacco related behaviors, attitudes, and health outcomes at regular intervals. It included the monitoring of program goals, prevalence of tobacco use among both youth and adults, per capita tobacco consumption, and intermediate indicators of program effectiveness, such as policy changes, or changes in social norms, and monitoring exposure of individuals in communities to statewide and local program efforts. Dr. Christy reported that evaluation efforts built upon and complimented tobacco surveillance systems, by linking program efforts to the progress made in achieving intermediate and primary outcome objectives. In addition, he noted evaluation research could provide data on the relative effectiveness of specific innovative program activities.

The final element of the "Best Practices" report was administration and management, and Dr. Christy advised that a strong management structure was needed for effective tobacco control programs; experience demonstrated the importance of having all components coordinated and working together. According to Dr. Christy, that was challenging because it involved multiple state agencies, different levels of local government, health- related voluntary organizations, coalitions, and community groups. One example was the coordination and integration of a counter-marketing campaign and a telephone help-line program. He noted there also needed to be sufficient contract administration staff to provide fiscal and program monitoring. Some specific activities in that area would be recruiting and developing qualified staff in diverse technical and program areas, awarding and monitoring program contracts and grants, coordinating implementation across each of the program areas, assessing program performance, creating an effective internal and external communication system and finally, developing a sound fiscal management system with the ability to minimize start-up delays.

In conclusion, Dr. Christy advised that to initiate a comprehensive tobacco control program, the CDC estimated that in a state the size and with the characteristics of Nevada, a program containing all parts of the aforementioned elements would cost a minimum of $13 million per year. The current amount available through grants and State funding was modest, and paled in comparison to the $13 million annual amount recommended by the CDC. Dr. Christy announced

that NTPC had a vision for tobacco control with the goal of reducing the tobacco use rates of both youth and adults in Nevada. NTPC envisioned the development and implementation of an effective tobacco control program that was comprehensive, sustainable, and accountable, utilizing available public and private resources. It further envisioned a program that used the CDC's "Best Practices" report guidelines and outcome-based evaluative tools to guide priority setting in Nevada.

Appearing next was Linda Rexwinkel, Program Manager, State of Nevada Tobacco Control Program, Health Division, DHR, who advised the Task Force that the mission of the Tobacco Control Program was to reduce the overall prevalence of tobacco use among Nevada residents. The program worked to educate and inform the public, to reduce health risks, and increase personal responsibility. Mrs. Rexwinkel indicated the Tobacco Control Program was 100 percent federally funded by a grant from the CDC. For the current grant year, she explained the funding included a base grant award of $611,102, along with the unspent funds from the previous year, making the total authorized grant funding amount for the current grant year $779,762. To put that into perspective, Mrs. Rexwinkel noted the CDC recommended a funding level of $13 million annually to implement an effective tobacco control program.

Mrs. Rexwinkel indicated that administratively, the grant from CDC provided funding for three staff positions: a program manager, a full-time health educator, and a full-time clerical position, as well as the contractual services of a strategic planner and an evaluation consultant. Further, she explained the State of Nevada Tobacco Control Program's goals aligned with those of CDC and aimed to reduce disease, disability, and death related to tobacco use by preventing the initiation of tobacco use among young people, promoting quitting among young people and adults, eliminating non-smokers' exposure to environmental smoke, and identifying and eliminating disparities related to tobacco use and its effects among different population groups. The program accomplished those goals by the distribution of sub-grants to local communities and organizations to support population-based community interventions, counter-marketing, program policy, surveillance, and evaluation. Mrs. Rexwinkel advised those efforts were directed at social and environmental changes to reduce the prevalence and consumption of tobacco by adults and young people among all populations.

According to Mrs. Rexwinkel, from the total grant funding for the current year, $460,000 had been distributed to fund elements of Nevada's Tobacco Control Program in the community. Funding for community programs had been used to establish and facilitate local control coalitions in the State's two most populous areas, Clark and Washoe Counties, to develop and facilitate a new coalition in Carson City, to assist Clark County Health District with tobacco control program evaluation efforts, and to fund clean air initiatives in Clark County. Mrs. Rexwinkel noted that funding for statewide programs was used to facilitate the NTPC, with the American Cancer Society functioning as the fiduciary agent. Also, funding was provided for travel for statewide coalition members to quarterly meetings, to attend training seminars, and also to print the coalition's resource directory. She indicated funding was allocated to maintain a resource library consisting of videos, brochures, bookmarks, posters and stickers, which were available to individuals and organizations within the community, as well as community health nurses in rural Nevada at no charge.

In addition, explained Mrs. Rexwinkel, the Tobacco Control Program staff had participated in local health fairs, distributing brochures, bookmarks, and other educational items, and showcasing displays that depicted the affects of smoking. The program also provided statewide training by partnering with NTPC to sponsor a workshop entitled, "New Strategies for a Smoke-Free Nevada." More than 65 individuals representing county and state agencies, voluntary agencies, tribal entities, and a variety of health care and non-profit organizations were in attendance. According to Mrs. Rexwinkel, funding for tobacco cessation was also used to provide seed money for a statewide cessation effort through the development of a hot-line.

Additionally, noted Mrs. Rexwinkel, the State had contracted with a strategic planner to lead local program staff in the community through a strategic planning process that would result in a written plan, the development of a mission statement, and a strategic leadership or steering committee. Mrs. Rexwinkel advised that the final detailed, written plan would include specific strategies, objectives, activities, resource allocations, and time frames for program implementation, scheduled for completion May 31, 2000. The plan would be based on CDC's "Best Practices for a Comprehensive Tobacco Control Program" report, and would include general strategies for preventing and controlling tobacco use, and a 3-year to 5-year action plan outlining implementation of short and long-term objectives.

Mrs. Rexwinkel indicated the program had also contracted for an evaluation consultant to provide a written plan that

would again include specific strategies, objectives, activities, resource allocations and time frames for program implementation. That final version was scheduled for completion by May 31, 2000. Mrs. Rexwinkel stated the contractor had been tasked to:

- Assemble available data on tobacco use prevalence in Nevada and to summarize and utilize results in the State's strategic planning process by linking program objectives to evaluation measures and program outcomes.
- Develop a timeline for surveillance and evaluation activities that included short and long-term objectives.
- Provide technical assistance and training to grantees in the area of surveillance and program evaluation.
- Develop reporting mechanisms to monitor local programming.
- Coordinate the implementation of recommended surveillance and evaluation activities.

Mrs. Rexwinkel commented that the Tobacco Control Program funds had also been used during the current grant period to contract with the University of Nevada to include the supplemental tobacco modules and questions within the Behavioral Risk Factor Surveillance (BRFS) survey. The additional modules and questions would provide data to assess and direct the State's tobacco control efforts. Mrs. Rexwinkel indicated the program would also contract for a media consultant to provide a written plan that included specific strategies, objectives, activities, resource allocations, and time frames for media and counter-marketing program implementation. The final version was scheduled to be completed June 30, 2000.

According to Mrs. Rexwinkel, the DHR was in the process of finalizing the Tobacco Control Program's web page on the Internet, which would feature general facts about tobacco, Nevada statistics, tobacco settlement information, and would provide links to sites such as CDC's "Tobacco Free Kids," and the American Legacy Foundation, et cetera. She noted during the past year, staff worked with community organizations to identify youths and a chaperone to attend the American Legacy Foundation's youth meeting in Washington, D.C., along with the Foundation's youth summit and youth tour. Additionally, she noted staff would be working on the application to the American Legacy Foundation's planning grant for the Youth Empowerment Initiative. That grant provided up to $100,000 per year for 2 years to plan a youth initiative. Implementation of the youth tobacco survey would enable the State to apply for the foundation's program grant funding.

Mrs. Rexwinkel explained that when the grant application was originally submitted to CDC, the major areas of focus plan for the second year were:

- To implement the first year objectives of the annual action plan, the strategic plan, evaluation and surveillance plan, and the media plan;
- To identify strategies to address the needs of rural areas in Nevada;
- To develop local tobacco control initiatives, prevent initiation and eliminate exposure to environmental smoke;
- To expand and enhance the statewide cessation efforts to incorporate broad-based strategies and interventions consistent with the Agency for Health Care Policy and Research guidelines;
- To provide technical assistance and training to implement data-driven strategies to address each of the four goal areas;
- To improve the ability to recognize and eliminate disparities among population groups;
- To provide specific outreach to minority-based organizations and other non-traditional partners, increasing inclusion efforts to representatives of the disparate populations;
- To provide culturally appropriate training and technical assistance to community organizations;
- To continue efforts to involve youth in the strategic planning process, specifically the steering committee;
- To continue to involve youth in planning and disseminating media messages; and,
- To improve data sources and the program's analytical capacity.

In anticipation of next year's grant funding, Mrs. Rexwinkel indicated the Tobacco Control Program issued a request for application (RFA) to solicit proposals from the community, which would address core program components in keeping with the "Best Practices" report. The process resulted in over $5 million in requested funds from over 50 organizations.

She advised there was a good response from organizations representing tribal entities, and those organizations involved with youth. Unfortunately, explained Mrs. Rexwinkel, the CDC funding for next year would not be sufficient to address that level of need. She indicated official notification had not been received from CDC regarding the grant award for the up-coming year, but DHR had received verbal information that the funding for next year would be approximately $748,000, representing an increase of approximately $137,000 over the current base funding. The Tobacco Control Program had made tremendous strides during the past year, and Mrs. Rexwinkel indicated the strategic planning sessions would provide direction for continued forward momentum. The program would continue to work to improve support for tobacco control initiatives throughout the State.

Dr. Fildes asked Mrs. Rexwinkel whether the program was 100 percent federally funded; Mrs. Rexwinkel replied in the affirmative, advising the program was 100 percent federally funded via a grant from the CDC. Dr. Fildes then inquired what it would take to convince the State that such programs were an important investment. Mrs. Rexwinkel advised she did not feel she was qualified to answer that question, and suggested perhaps a better source would be the "policy" people in administration, or the Legislative representatives.

Co-Chair Buckley indicated that convincing legislators of the importance of funding in the area of tobacco control would take a broad-based community support effort, along with resources from the different sectors. It would also require the ability to get the "ear" of certain legislators, those who sat on either the Senate Finance or Assembly Ways and Means Committees. If those committees did not recommend funding, the full Legislature was not provided an opportunity to review the request or vote on it. Co-Chair Buckley advised there was a long line of individuals attempting to get the "ear" of those legislators. She indicated some strategies that worked would be to show that if people stopped smoking the State could save money on Medicaid expenditures, and to stress such points. Perhaps, stated Co-Chair Buckley, the Task Force could provide some the needed support in that area.

Co-Chair Buckley then inquired how long the State had been working on the Tobacco Control Plan, and asked when it would be completed. Mrs. Rexwinkel replied that the State had been working on the strategic plan for the Tobacco Control Program since February 2000. At the December 16, 1999, meeting of the Task Force, the Health Division offered to work with it in the development of a strategic plan, and after receiving the Task Force's answer, the Division used grant funds to hire a strategic planner. That planner was hired in February 2000, and the first chartering sessions were recently held. Mrs. Rexwinkel indicated the strategic planning session itself would be held in Reno on May 22-23, 2000, where the stakeholders would be brought back together to actually develop the remainder of the plan. She reiterated that as of May 31, 2000, the written document would be available. Co-Chair Buckley indicated it seemed the local communities were very much together in their efforts, i.e., the Clark County Anti-Tobacco Task Force, and felt it should not take much to build on that work and arrive at a comprehensive State program. Mrs. Rexwinkel advised the grant from CDC required that the strategic plan be completed by May 31, 2000, or the State would lose the funding allocated for that purpose. Also, the stakeholders invited to the session included many persons from the local coalitions in Washoe and Clark Counties, and the new coalition in Carson City.

Co-Chair Freeman indicated she was concerned about the rural areas, and wanted to ensure that web sites were accessible. She also inquired what part the university would play in the program. There was mention at past Task Force hearings of possible clearinghouses for information, and Co-Chair Freeman asked who might be involved in that endeavor, and was there a way to encourage more involvement. Co-Chair Freeman stated that previous testimony indicated a shortage of trained personnel existed throughout the State, and she wanted to ensure that qualified persons were involved in the programs. Mrs. Rexwinkel replied that a plan was under development that would address the needs of rural areas. She indicated her staff worked closely with the community health nurses to provide information and assistance, along with medial information such as videos and brochures. By the time the next grant year commenced, Mrs. Rexwinkel felt there should be a better idea as to how to address those rural areas. Regarding trained personnel, Mrs. Rexwinkel advised that CDC provided funding and required staff to attend seminars and conferences to build the training capacity within the State's program. The State's charge was then to go out and provide technical assistance to local communities and/or rural areas.

Mr. Fend stated the Task Force heard testimony that Nevada had been very remiss in not developing a functional

tobacco cessation program, however he felt the figure of $13 million to develop a program was excessive. The programs needed to be developed on a step-by-step basis, and the reality was that there might not be $13 million available for tobacco cessation programs. Mr. Fend suggested that the State concentrate on developing programs, which hopefully had been in used successfully in other states. The $13 million figure was prohibitive and Mr. Fend indicated the State needed to focus on what really needed to be done, and develop programs from that point. Mrs. Rexwinkel stated the $13 million figure was CDC's best estimate of what it would cost to fund a total, comprehensive tobacco control program in Nevada that would have an effect on reduction of the smoking prevalence rate. She reiterated that CDC's estimate for a comprehensive cessation program was between $1.3 and $5.7 million.

Mrs. Rexwinkel indicated the $13 million was merely a comparison, and the program had begun to take action based on the amount of funding received from CDC. Naturally, the program could do more with additional funding, however, Mrs. Rexwinkel stated $13 million would be out of the program's purview at the current time. According to Mrs. Rexwinkel, the Nevada Tobacco Control Program would like to have the opportunity, in terms of funding, to implement greater intensities and levels of comprehensive programs. In light of that, when the application was made to CDC for the grant beginning June 1, 2000, the request was for slightly over $1 million, in order to begin funding programs within the State that would move it in the direction of a comprehensive tobacco control program.

Mr. Mestre inquired whether the $13 million recommended allocation would be over and above the money currently being expended throughout the various prevention programs. Mrs. Rexwinkel indicated the $13 million would include some other programs such as Tar Wars and educational programs. She reiterated that many of the programs where the State was already expending dollars would be included in the $13 million. Mrs. Rexwinkel felt the current program would not have the capacity or infrastructure to implement a funding level of $13 million. Mr. Mestre stated it would be interesting to know what was actually needed over and above what was currently being expended on the various programs. Mrs. Rexwinkel advised the approximately $779,000 in grant allocation had gone a long way, and the vast majority of that money had been allocated to the community to help with existing programs, and assist in implementation of others.

Mr. Welch stated it was his interpretation that the Nevada Tobacco Control Program was developing a plan based upon the "Best Practices" report guidelines, and noted that many components of "Best Practices" were already being implemented on at least a limited basis. Since those costs would be subtracted from the proposed $13 million that CDC felt was necessary to conduct an effective campaign, he stated he would be interested in knowing how much money was currently being expended throughout the various programs and/or initiatives in the State, so the Task Force would have a clear idea of the shortfall. He also inquired whether the plan would coordinate the efforts for prevention and enforcement, and bring together Washoe and Clark Counties, Carson City, and rural areas under a centralized, coordinated effort in order to avoid duplication.

Mrs. Rexwinkel advised that the strategic plan currently being formulated was based on the "Best Practices" report, and the program was currently funding elements of the "Best Practices" recommendations, with a limited number of dollars allocated toward each of the areas. As previously mentioned, the sub-grants issued to communities were funding for certain aspects of the "Best Practices" report; there was money available for local coalitions, for resource libraries, for the statewide coalition, and for evaluation. Mrs. Rexwinkel advised that her testimony was to give the Task Force an idea that the funding was not sufficient in those areas, however, she was unsure of the exact amount of money being spent in the community. When the RFA's were issued, some organizations currently funding programs in the community looked to the Nevada Tobacco Control Program for replacement funding, in order to expand existing programs. Mrs. Rexwinkel advised that the RFA requests totaled over $5 million. She explained it was hoped that the strategic plan would be a comprehensive tobacco program for Nevada, and would be supervised by the steering committee, which would include representatives from all entities involved in the process, to ensure that the plan was properly implemented. Members of the stakeholders group included representatives from the statewide and local coalitions, and hopefully the plan would be inclusive enough to bring in individuals representing rural areas and Nevada's youth.

Co-Chair Buckley noted it might be helpful when the Task Force reached the point of deciding what the request for proposal (RFP) should include, to be in possession of documentation that described the "Best Practices" report recommendations for Nevada, and what had been done under each area, along with the funding source. That would

ensure the Task Force that it was getting the most "bang for its buck."

Carla Freeman, Tobacco Control Program Coordinator for Clark County, advised she was hired when the Clark County Health District received funding from the CDC impact grant approximately 18 months ago, to develop and implement a comprehensive tobacco control program for Clark County. Ms. Freeman indicated her first duty was to talk to persons involved in tobacco control to discuss what action was needed, which led to the development of the Clark County Anti-Tobacco Task Force. That task force had spent time with a facilitator to develop the strategic plan for Clark County, (Exhibit G).

According to Ms. Freeman, the mission of the Clark County Anti-Tobacco Task Force was to develop and support the implementation of a comprehensive tobacco use reduction and prevention plan for Clark County. She noted the development of the strategic plan was a collaborative effort by the entire coalition, and was developed with the help of a facilitator utilizing the CDC's "Best Practices" guidelines. Ms. Freeman called the Task Force's attention to Exhibit G, and explained it was a compilation of the plan that the coalition created.

Ms. Freeman indicated there were four components within the strategic plan: (1) Community-based programs; (2) School-based programs; (3) Media and counter- marketing; and, (4) Surveillance and evaluation. Regarding community-based programs, Ms. Freeman advised there were four goals the coalition would strive to achieve:

- Infrastructure; Ms. Freeman stated she felt the group that oversaw and implemented the program for Clark County should be the Clark County Anti-Tobacco Task Force, housed within the Clark County Health District.
- Local task forces, which would be used to establish and support public policies;
- Community-based organizations, which would be used to help implement local programs; and,
- Partnership grants, which would be seed monies to support innovative anti-tobacco initiatives.

Regarding school-based programs, Ms. Freeman stated the goals would be: (1) Prevention and initiation of tobacco use; (2) Direct involvement of students in planning; and, (3) Establishment of a scientifically based tobacco control curriculum. The media and counter-marketing component would include the development and promotion of special events and campaigns, and most importantly, the coordination of media and public relations efforts to support community and school-based program activities.

According to Ms. Freeman, the surveillance activities to monitor tobacco currently in effect consisted of the Behavioral Risk Factor Survey (BRFS), the basis for the statistics used by Dr. Guinan in her previous testimony, and the Youth Risk Behavioral Survey (YRBS). Mr. Freeman stated both surveys combined not only tobacco use behaviors, but also other health related behaviors. The BRFS was conducted every year, and the YRBS was conducted every other year, with participants in grades 9 through 12.

Ms. Freeman remarked she would address the programs that were currently in operation in Clark County, and also the programs that had agreed to the strategic plan currently being followed by Clark County, and would examine their programs for alignment with that plan. The programs that were operational over the past 18-month period were educational message services; the Smoke-Free Restaurants campaign; Three Points to Good Health; and, technical assistance and support.

According to Ms. Freeman, the Clark County Health District, in its tobacco program, had provided technical assistance and support to various groups throughout the community, either through coalitions or via community activities. She advised the District had produced a newsletter and was in the process of developing a web site on the Internet. Regarding the educational message services, Ms. Freeman indicated a person had recently been hired to focus on youth issues in tobacco control and coordinate those activities.

Ms. Freeman advised the educational message services program began during the current year, and a series of focus groups consisting of middle school students were convened to help develop the messages used. Ms. Freeman remarked direct youth involvement was a component of the CDC's "Best Practices," and also the Clark County strategic plan. Messages were developed from those focus groups, and were placed in bathroom stalls in 10 middle schools, two of

which were the control schools. The messages would remain in the stalls for a period of 3 weeks, and would address the issues of starting to smoke, the addiction, the consequences of smoking, and finally health and success relapse. If children needed assistance, a tobacco users help-line number was provided, and calls were monitored to ascertain how many youth actually wanted help and attended the counseling sessions. If a youth completed the counseling program, he would receive a certificate for a free music compact disc (CD), and Ms. Freeman indicated the results of that program should be available at the end of July 2000.

In July 1999, the Clark County Health District conducted the Smoke-Free Restaurant campaign, and Ms. Freeman noted that 10 restaurants had agreed to participate. The campaign generated an enormous amount of media and press coverage, including many letters to newspaper editors, with 85 percent of the respondents who frequented the participating restaurants indicating they would very likely continue frequenting a smoke-free restaurant; 42 percent of the 174 respondents who actually smoked indicated they would support the efforts of a restaurant to go voluntarily smoke-free. Ms. Freeman advised a repeat of that program was currently under debate.

Ms. Freeman explained the Three Points to Good Health campaign included a curriculum for children grades K–5 and had been in operation for 10 years. She noted a tobacco curriculum had been added, and pre- and post-testing was being conducted to see whether children were actually retaining any of the information being presented by the teachers. Ms. Freeman noted the Health District had received 11,000 pre-tests and 13,000 post-tests, which were currently being tabulated by the University of Nevada, Las Vegas (UNLV).
According to Ms. Freeman, in order to continue the support of community-based program components within the strategic plan, Clark County Health District needed to expand its reach. That would involve the infrastructure issue, and she noted the program needed grassroots support and awareness in order to seek out funding sources and change policies. The Clark County Anti-Tobacco Task Force was expanding, and Ms. Freeman advised there were youth and African-American subcommittees currently underway, and the task force anticipated creation of a worksite Hispanic group in Boulder City. She explained the task force hoped to continue expansion of the groups, and ensure that those under the umbrella of the task force were reaching the target populations.

The other expansion Ms. Freeman felt was critical was in the area of surveillance. As previously noted, there were two surveys currently in use, the BRFS and YRBS, and the Health District would like to expand in that area by conducting a Clark County adult tobacco survey. Ms. Freeman indicated with the help of the Gallup Organization, contracted by the county to assist with the evaluation component to the Anti-Tobacco Task Force's plan, such a survey could be initiated. That would provide a more in-depth assessment of individual tobacco use, attitudes, behaviors, and exposure to tobacco control program components, including community and media counter-marketing efforts, as well as exposure to tobacco industry messages. Ms. Freeman remarked it would be an overall surveillance survey that would provide the information regarding whether individual programs were working. The county would also like to conduct a telephonic youth survey to glean information regarding youth attitudes and behaviors, to help it assess whether the programs actually implemented were working. Also, the county would like to conduct a school administrator's survey throughout the school system in order to assess the attitudes, opinions and support for school-based tobacco control activities. According to Ms. Freeman, the county really had not talked to administrators, principals, and teachers to ascertain their feelings about the tobacco situation.

Ms. Freeman called attention to the chart contained in Exhibit G entitled, "Tobacco Use Prevention Program Timeline – Year 1," indicating it depicted the Clark County Anti-Tobacco Task Force's objectives. The first year had been spent developing some programs, along with creating a comprehensive plan, and Ms. Freeman emphasized it was now time for action. She felt the timeline was "doable" and the task force felt the tentacles were out to enhance implementation of programs, and all that was needed was the funding.

Co-Chair Freeman referenced Clark County's Smoke-Free Restaurant campaign, and indicated the State had been attempting to get the message out regarding the availability of health care insurance for children, which had proven to be a difficult endeavor due to the lack of marketing expertise, and she asked Ms. Freeman what the county had done to solicit the participation of the media when marketing its campaign. Ms. Freeman replied that when the county conducted the Smoke-Free Restaurant campaign, it did not have a great deal of money, and knew it needed to do something that would attract the interest of the media to provide coverage without the use of paid advertising. She noted staff had spent a great deal of time planning and discussing the campaign with the media prior to initiation. The

county had received input from several different organizations and reporters indicating their support for such a campaign.

Co-Chair Freeman then inquired about the policies established by the Clark County Anti-Tobacco Task Force, and what would be needed to support those activities. Ms. Freeman indicated the areas in need of a change in policy were active advocacy by legislators, and getting more people from the grassroots level interested in tobacco control programs. She explained that was the reason the task force wanted to expand its coalition. The more people embraced something as their own, the more they were willing to fight for it, stated Ms. Freeman, and noted if people did not embrace an issue, then it would fail.

Ms. Brower referred to the last two pages of Exhibit G, and asked Ms. Freeman to explain how the budget related to the program timeline. Ms. Freeman replied that the line items listed in the chart, "Tobacco Use Prevention Program Timeline – Year 1," required staffing and funding, and she noted that she and one other staff person were the only two paid employees in the tobacco control program. Support had been provided by the Clark County Health District to initiate programs, and Ms. Freeman advised it was costly to initiate coalition groups. She indicated if a further breakdown of the cost of line items was necessary, she could provide that information. Ms. Freeman remarked that the $2 million budget as depicted in the exhibit was reasonable and was "doable," given the foundation that had already been laid. Ms. Brower then asked if a portion of the $2 million budget would be used for sub-grants. Ms. Freeman advised that amount did include partnership grants, which would fall under the heading of community-based programs.

Co-Chair Buckley indicated when the Task Force framed its RFP, it could use broad discretion, and could specify funding for certain elements under the CDC's "Best Practices" guideline, or could fund all elements, depending on the response to the RFP. The Task Force could encourage collaborative efforts by giving greater consideration to such applications. Co-Chair Buckley explained the Task Force could use a great deal of discretion in its attempt to maximize the use and impact of the settlement funds.

Dr. Colleen Hughes, Program Coordinator, Tobacco Prevention and Control Program, Washoe District Health Department, was the next person to address the Task Force. She presented the Task Force with Exhibit H, which described the programs offered by the Washoe County District Health Department. Dr. Hughes went on to explain the following divisions:

- Environmental Health Services Division insured compliance with local, State, and federal laws regarding food, water, waste management, et cetera, and reviewed the restaurants in the Washoe County area.
- Air Quality Management Division was interested in the issue of secondhand smoke, and had initiated an asthma control program, which dealt with the issue of secondhand smoke.
- Community and Clinical Health Services was part of the wellness program, and published a chronic disease and injury newsletter, which looked at the leading causes of death. The Behavioral Risk Factor Surveillance Survey (BRFSS) was reviewed and broken down into data and statistics that were Washoe County specific. Smoking was listed as the first cause of death, and the newsletter scheduled for later publication would review the ramifications of smoking.

Dr. Hughes advised she was housed in the Administrative Health Services Division, and further explained that the Washoe County District Health Department had a seven member policy making District Board of Health composed of representatives from Reno, Sparks and Washoe County, which governed the district as a local health entity. There were 250 employees working within the aforementioned divisions.

According to Dr. Hughes, the Washoe County District Health Department enjoyed a long and successful history of community health coalition-building in northern Nevada, and was a vibrant leadership presence in a variety of coalitions including: (1) The Washoe County Maternal and Child Health Coalition; (2) Adolescent Health Care Coalition; (3) Immunization Coalition; and, (4) Washoe County Allies Against Asthma. Dr. Hughes advised that the Health Department, as a presence in the administration of Washoe County, would infiltrate and merge with some of the coalitions.

Dr. Hughes explained that the District Board of Health approved acceptance of the federal grant for the Health Department's Comprehensive Tobacco Control and Prevention Program on September 22, 1999. The proposed grant budget amendment, goals and objectives, and the action plan for the program was referred to the Clinical and Community Health Services (CCHS) Committee for review and presentation of the recommendation regarding acceptance back to the Board on October 20, 1999.

According to Dr. Hughes, she had the assistance of a short-term steering committee, composed of individuals she met during community networking, which resulted in the compilation of a list of people for coalitions or partnerships. The list was composed of individuals from various agencies, both public and private that were involved in decreasing tobacco use, i.e., the Cancer Society, the Lung Association, the Washoe County School District, et cetera. Dr. Hughes indicated the targeted disparate populations would be represented in the coalition, primarily youth and populations such as Native Americans, African Americans, Hispanic, et cetera.

The Washoe County Health District's Tobacco Control and Prevention Program would function as the lead agency in the coalition, explained Dr. Hughes, with each member organization supporting the efforts and common goals of the other agencies to increase the potential for success in the prevention and control of tobacco use within the county. The coalition would have expertise and authority to identify specific tobacco related issues and to implement methods for addressing those identified issues to achieve the agreed-upon program goals and objectives, as noted in the strategic plan. Dr. Hughes emphasized that youth would be a strong component of the coalition, and the District Board of Health would have a policy role within the Tobacco Control and Prevention Program, appointing specific organizations and/or individuals as members of the program's coalition partnership. Further, stated Dr. Hughes, the District Board of Health would take the coalition initiative and advocated policy recommendations under consideration for potential legislative changes as part of the Board's legislative package.

Dr. Hughes reported it was anticipated the coalition would begin with the classic public health model that began with the problem, i.e., tobacco caused cancer, heart disease, COPD, and all of the chronic diseases caused by tobacco use, which took approximately .5 million lives each year. The coalition would also use CDC's "Best Practices" report as a basis, however, would not accept all of the initiatives from that report. Dr. Hughes indicated broad priority areas and policy themes would be defined to guide the strategic planning effort, but it was hoped that the coalition would adopt a denormalization strategy, using advocacy and policy changes to shift social norms and eliminate the tobacco industry's influence, at least at the local level.

Dr. Hughes stated as an outcome of the strategic planning process, program guidelines, performance measures, evaluations, suggested directions, priorities and activities would be affirmed by the coalition itself. Evaluation data and analysis would provide direction and further the scientific base of the program. According to CDC's "Best Practices" guidelines, the following priority areas had the potential for the coalition to act together to change social norms surrounding tobacco use:

- Denormalize the initiation of tobacco use by youth in middle schools;
- Protect people from exposure to secondhand smoke, which could result in health problems;
- Reveal and counter tobacco industry influence;
- Reduce youth access to tobacco products; and,
- Prevent the initiation of smoking among children, teens, pregnant women and ethnic minorities.

Also, indicated Dr. Hughes, the coalition would consider policy and regulatory strategies, surveillance, program evaluation and monitoring, and would begin the strategic planning process after the State's strategic plan had been formulated. The coalition wanted to blend its strategic planning into the components of the State's plan.

Dr. Hughes reiterated that the coalition would target youth and pregnant women, with children and teens between the ages of 6 and 19 years as the primary target population. The coalition could decide to change that primary motivator, and the Health Department would agree with the coalition's decision in its strategic planning, in the best interest of Washoe County. She noted special emphasis would be placed on reaching disparate groups identified as lower social economic status, regardless of ethnic background, particularly within the Reno/Sparks urban areas, and reaching out to the rural populace in Washoe County. Dr. Hughes indicated that cultural competency would also be embraced, to

reflect the diversity in Washoe County, and be accessible to individuals with special needs.

The Health Department had received $100,000 as the base funding for the Tobacco Control and Prevention Program from the CDC, and Dr. Hughes noted in the approximately 3.5 months the program had been in existence, some partnership grants had already been allocated. She emphasized that the money would be maximized into the community to ascertain what programs worked. Dr. Hughes explained that assistance had been given to the Kids at Heart program to prevent the initiation of smoking, and the Nevada Academy of Family Physicians in its Tar Wars efforts. Currently the Department's epidemiologist was reviewing the pre- and post-tests of Washoe and Clark Counties to determine whether the Tar Wars program was successful. She noted that 51 schools in Washoe County had participated in the program.

Dr. Hughes advised that partnership assistance had been provided with a book cover campaign consisting of an art contest where youth chose the pictures that made the most sense to them. That would provide information regarding youth attitudes toward the initiation of smoking. Dr. Hughes stressed that the coalition was anxious to begin, and she felt tobacco control was definitely needed in the State.

Co-Chair Buckley announced that the next item for Task Force review was an overview of the activities of the University of Nevada School of Medicine regarding tobacco control programs. George Kaiser, M.D., Chair/Associate Professor, Family and Community Medicine introduced himself to the Task Force, along with Gerald Ackerman, M.S., Director, Northeast Area Health Education Center (AHEC), and Jay F. Turner, M.D., Associate Professor of Internal Medicine, and provided Exhibit I for review.

Mr. Ackerman advised the Task Force he would discuss the rural areas of the State, and pointed out that the importance of training health professionals, of providing resources and cessation techniques, and the prevention and monitoring of outcomes to ensure positive patient outcomes, was well documented. A study conducted by the National Cancer Institute, looking at 30,000 patients and 1,000 physicians in a variety of outpatient settings, found that: (1) Training physicians to use brief intervention programs resulted in more effective care of smoking patients; (2) Patients of trained physicians were more likely to quit smoking; and, (3) There was a significant increase in success rates when trained health care providers intervened. Mr. Ackerman noted that Nevada consisted of approximately 110,000 square miles with small towns located throughout, in many instances without access to a doctor. He acknowledged he worked with a wonderful community health nurse system, and would complement them on their hard work.

According to Mr. Ackerman, the Medical School's AHEC and the Nevada Rural Hospital Project recognized the difficulty in rural settings several years ago, and began to develop a compressed video, web-based program, in order to provide ongoing training to the greatest number of people possible. When the program began, it consisted of only two or three live programs per year, and Mr. Ackerman reported that as many as two or three programs a week were presented last year, which meant many educational programs were available in the rural areas. Training was currently being provided in the area of nutrition, and treatment of cancers, et cetera, and he noted prevention was an area that needed additional training programs. AHEC proposed that a great deal could be done using the compressed video system it had developed, as that system was located in every rural hospital in Nevada with the exception of Tonopah, and hopefully the system would be initiated in some of the smaller rural clinics.

Mr. Ackerman explained that with resources focused toward tobacco and tobacco cessation and prevention programs, AHEC could develop a series of training programs for health care providers, community health nurses, teachers and educators, and law enforcement personnel, on techniques and prevention strategies. The program could teach cessation programs via models that were already functioning, and could collaborate with several other programs already in existence throughout the State, thereby providing training for the treatment of smoking-related illnesses. One of the things the system provided was the ability for specialists in urban Nevada to conduct patient consults with rural residents in any given treatment area, cancer to nutritional issues.

According to Mr. Ackerman, web-based resources would provide high-speed access to the Internet in various hospitals. The development of additional linkage of many rural hospitals and health care professionals to web-based resources would provide additional opportunities.

Dr. Turner stated he would address the on-going programs within the Pulmonary Department at the School of Medicine. Strategies targeting high risk populations, with the mission to provide counseling in the combined prevention and combined early cancer detection and treatment, remained the greatest opportunity to improve the current morbidity and mortality rate owing to bronchogenic carcinoma. In keeping with the Medical School's mission of education, patient care, and research, Dr. Turner remarked that a continuum of care was provided, not only in terms of smoking cessation, but also early lung cancer detection and ongoing care. He felt that the strength of being able to provide the team approach and a spectrum of care was important from many different aspects, not only education and identification of patients who were at risk due to the ongoing use of tobacco, but also education of trainees.

Dr. Turner stated in March 2000 the "Chest Clinics of North America," the standard journal for pulmonologists around the world, was devoted to smoking, pulmonary, and cardiovascular problems. Not only did patients and people with smoking problems need to be identified, physicians and other health professionals needed to be trained to deal with smoking-related illnesses, and to try and prevent people from smoking. Those professionals at the School of Medicine, by its mission, were devoted to that ongoing education. Dr. Turner noted some members of the Task Force were well aware of the early lung cancer detection and treatment program, and the smoking cessation program available through the School of Medicine, as well as the aforementioned web-based education program.

According to Dr. Turner, it was important to move forward, not only to smoking cessation, but also to coordination of testing and treatment for those patients already devastated by the disease of lung cancer. He stated he came to the Task Force meeting from a clinic where he saw a 42-year-old patient who had a mass in his left lung, and who had been smoking for 24 years. That patient most likely was suffering from a primary lung cancer, and had volunteered that two of his uncles also suffered from lung cancer. Dr. Turner stated not only did the School of Medicine owe it to that patient to help him stop smoking, but owed it to him to go forward with cutting edge technology to make the diagnosis, and then further his treatment and care.

The School of Medicine not only had plans for additional programs, but also had ongoing programs that could benefit from additional financial support. Dr. Turner stated the school had excellent research programs through the Oncology Department, and new technology-based programs dealing with specific lasers and ultrasounds that were available nowhere else in the region, except at the School of Medicine. Dr. Turner emphasized that to continue with those programs and to assist in the development of further cutting edge technologies to diagnose and treat patients with lung cancer at its earliest, curable stages, the School of Medicine needed ongoing support.

Regarding the telemedicine initiative, Dr. Turner stated the school had ongoing programs, not only in rural Nevada and throughout the State, but had the ability to bring in professionals from other states and countries to help in telemedicine consultations with patients in Clark and Washoe Counties, and also in rural Nevada. According to Dr. Turner, the School of Medicine and the Pulmonary Department recently sponsored a symposium with experts in early lung cancer detection from Harvard University and the Thorax Clinic in Heidelberg via the AHEC link, and also the telemedicine initiative through the Supecomputer Center. That link provided access to the brightest minds in early lung cancer detection and treatment. Dr. Turner stated the School of Medicine would ask for support from the Task Force for those ongoing programs.

Dr. Kaiser stated he was certified in addiction medicine, and from participating in smoking intervention for the last several years, it was his impression that people were becoming severely or more seriously addicted, and the challenge of dealing with those people would also be greater. With the information currently available, persons who were able to quit smoking, by now probably would have. Another tenant of chemical dependency treatment, which included smoking intervention, was that treatment outcomes were generally proportional to the intensity of the treatment. Dr. Kaiser noted with that in mind, the School of Medicine, Department Family Medicine, started the Nevada Tobacco Users Help-line (NTUH) approximately 10 months ago. He indicated it was a help-line for the entire State, and provided service to patients who wished to stop smoking.

According to Dr. Kaiser, the smoking cessation process was really a behavioral change, combined with pharmacology currently available via Zyban and nicotine replacement, where people were moved through stages of change, with the ultimate goal being smoking cessation. The help-line program enjoyed a limited funding source through the State Health Division however, he stated volunteers provided much assistance. Dr. Kaiser indicated the other mission

of the Department of Family Medicine which was limited by the funding base, was teaching. He noted that education was provided to family medicine residents and medical students at the School of Medicine, as well as community physicians, the Community College of Southern Nevada Dental Program, along with the nurse practitioners at UNLV Student Health. Dr. Kaiser stated the NTUH program certainly complimented the AHEC statewide program, utilizing both the web-based and telemedicine technology.

Dr. Kaiser advised that the National Institute of Health (NIH) had funded a research study conducted by the UNLV Department of Psychiatry and the University of Nevada, Reno (UNR) Department of Psychology, which studied counseling treatments for smoking cessation. In addition, there was a pending NIH-funded study request to review environmental or side-stream smoke, which Dr. Kaiser advised was very prevalent in Nevada, and a grant was also being submitted by AHEC to the State's CDC anti-smoking program to take smoking cessation programs and anti-smoking education into high schools.

To summarize, Dr. Kaiser advised that the School of Medicine really wished to be a collaborative partner with State and county health departments, and other programs that expressed an interest, in order to provide direct service to persons who were currently smoking, and to train health care professionals in smoking cessation techniques.

Co-Chair Freeman stated prior testimony indicated the incidence of lung cancer in women was higher than that of breast cancer, and asked if the Medical School could provide any answers to the question of how to educate women about the dangers of smoking. She felt the Legislature could use help regarding how to successfully implement such a program. Co-Chair Freeman also asked about "chew" tobacco products, and the medical consequences that resulted from use of those products, stating there had been little testimony regarding that issue.

Dr. Turner affirmed that lung cancer had indeed surpassed other forms of cancer in women, to be the number one cancer death. In 1977, Baldini and Strauss published an article entitled *Waiting to Exhale*, which literally called the increasing rise of lung cancer in women an epidemic. Dr. Turner stated there had been a vast increase in lung cancer since women had become "liberated" in early 1960's and began smoking more and more. He remarked that much earlier in the century, tobacco companies actually began targeting women in terms of advertising campaigns, in order to get more women to start smoking.

Dr. Kaiser stated the issue of prevention was always challenging, and review of the "Best Practices" report, as well as other state's programs that had been successful in reducing the smoking rate, such as California and Massachusetts, was helpful. While Nevada could not copy those programs, the demographics of the State could be reviewed, and programs could be initiated that would have the greatest degree of success. Dr. Kaiser indicated that the Nevada Tobacco Users Help-line was named that because non-smoking tobaccos such as "chew" or "snuff" and other types of tobacco were addressed, as well as tobacco that was smoked.

Co-Chair Freeman stated it became a marketing issue, i.e., how to make those who were at most risk aware of the issues, and asked the School of Medicine to help the Task Force determine how to best use the available funds to implement its website, or other programs. She noted that the issue of "chew" tobacco was presented to the Task Force by the dental contingency, and there had been little input in that area. Once again, Co-Chair Freeman emphasized that "chew" tobacco products were part of the whole picture of tobacco use and its destructiveness. Co-Chair Buckley stated she hoped the Task Force could count on the School of Medicine being its collaborator in the process, and certainly the issue of "chew" tobacco was part of the whole discussion.

Mr. Mestre asked whether lower income persons were using the NTHU more than those in the upper income. He indicated in his chain of stores, the lower income stores would sell 23 to 25 percent of tobacco products, while those in the higher income areas would only sell 18 to 19 percent. Mr. Mestre indicated that low-income persons were purchasing cigarettes by the pack, which was far more expensive. He wanted to know whether those persons used the NTUH.

Dr. Kaiser advised the school's program was a Medicaid-based program, and a survey was conducted approximately 1 year ago of the patients who came into the clinic. That survey revealed over 50 percent of those patients did smoke, which was a much higher ratio than the State average as a whole. Dr. Kaiser did not believe the NTUH had looked at

income levels, although it was noted that the "quit" rates were better among those persons who were employed.

Mr. Mestre stated he felt the higher income persons would use a help-line more than those at the lower income level, and that would help in targeting advertising and educational programs to the lower income areas. Dr. Kaiser stated the idea behind the telephonic help-line was to prevent transportation problems and to help people at the lower income levels, as well as those who had an availability of resources. He advised he did not know another way to conduct a program that would be as cost effective from the transportation standpoint, or as accessible as a local help-line. Co-Chair Buckley stated as the Task Force began moving in the direction of allocating funds, such information would be needed, as well as success rates and accountability. If the Task Force did not have some guarantee of success, it would find it difficult to fund a program.

Mr. Fend advised he heard testimony presented to the Long-Term Care Committee, regarding the number of doctors in the rural areas. There was testimony at that hearing regarding a telephonic or other type of network between urban facilities and the various facilities in rural areas, where county health nurses could relate information to central hospitals as part of a treatment program. Mr. Fend asked whether any progress had been made in that area. Mr. Ackerman reported that was the compressed video network he had addressed earlier in his testimony, and a demonstration was conducted at the aforementioned Long-Term Care Committee hearing, by establishing a link with the Lovelock Hospital.

Mr. Ackerman indicated systems had recently been installed in Caliente and Battle Mountain, and if Tonopah remained stable, a system would also be installed there. The State was tied together via the compressed web, and Mr. Ackerman advised that the only rural hospitals not tied into the system were Boulder City, Carson City, and Incline Village. He stated a system was being considered for Owyhee and there was a system in operation in a small clinic in Eureka, Nevada.

Dr. Fildes asked Mr. Ackerman whether help-line services were available in the rural areas. Mr. Ackerman indicated it appeared to be statewide and the next step would be to make information about the help-line available to persons via the Internet and hospitals, along with various other types of advertising. Dr. Fildes then inquired whether interaction with patients who wanted to quit using tobacco was possible. Mr. Ackerman felt that would be possible via the compressed web. Ms. Buckley stated the advantages presented by technology was one reason why one-shot funding was allocated to telemedicine, because of the promise of an ability to link more cost effectively using available technology. Mr. Ackerman advised that the next round of funding, part of which would be from the tobacco settlement monies, would be used to review the smaller communities that were more isolated and did not have the advantage of a full-time doctor.

Ms. Morgan advised that public broadcasting was also an item on the Task Force hearing agenda (Exhibit A), and asked Mr. Ackerman whether there were developed advertisements that might be tied into public broadcasting. Mr. Ackerman advised that the University had tied into public television stations in order to use their downlinks for professional education programs, and then piped those programs through the compressed video system to rural Nevada, which operated on satellite dishes. Further, advised Mr. Ackerman, he did not have access to the resources needed to create advertisements, and suggested that was an area which needed further review. There was a public television network available throughout rural Nevada, which Mr. Ackerman felt should be one of the entities to approach for assistance. Dr. Kaiser commented that free advertising had been used for the NTUH as available, and an increase in calls had actually been noticed when the advertisements were aired.

Co-Chair Buckley explained that A.B. 474 provided funding to public broadcasting, and as a condition of that funding, public broadcasting stations agreed to air public service announcements at least 8 times a day for 10 years. It would behoove the Task Force and its collaborators to formulate the type of messages that would be aired on public broadcasting, i.e., the toll free help-line number during children's programs, and how to partner with public broadcasting to be the most effective. She referenced the dental proposal that recommended public service announcements regarding the use of "chew" tobacco products targeted at the pre-teen and teen age group.

Next to testify was Dr. Michael Johnson, Senior Consultant, Government and Health Division, Gallup Organization. He stated he would address the importance of evaluation of tobacco control programs, and share some of the more salient lessons learned, based on his experience. Dr. Johnson explained he was trained as a clinical psychologist, working for

several years with the Stanford Heart Disease Prevention Program. He advised California was the model for many large community-based heart health programs, and stated he had served for the past 10 years as Chief of Evaluation for the California Tobacco Control Program. He was currently employed by the Gallup Organization, providing technical assistance to states around the country in the development of evaluation activities for tobacco control programs.

Dr. Johnson explained that Gallup's experience was rather extensive, and it had worked as an independent evaluation contractor with the California Tobacco Control Program for the past 4 years, conducting independent evaluation of that program. The essence of Gallup's scope of work was to answer the question regarding what worked best in tobacco control. The Gallup Organization had a similar contract with the State of Maine, as well as with the State of Illinois, where it was essentially conducting a statewide independent evaluation, along with an independent evaluation of four primary counties within the State of Illinois. Gallup also worked with the State of Indiana to evaluate its media program, consulted with the States of Colorado, Hawaii, and Washington, D.C., and Nevada's Clark County Health District.

According to Dr. Johnson, evaluation of a program was important to determine whether the program was effective, to modify the program as needed, to identify the strengths and weaknesses of the program, to validate to constituents that the program was needed, to meet requirements of funding sources or the CDC, to be accountable to the Legislature, and to refute the aggressive claims by the tobacco industry that control programs were ineffective. The two key questions faced by every state were what was the number of smoking adults and youth in the state, and what were the program methods that worked.

Dr. Johnson stated the two basic strategies to answer those questions were to ensure surveillance activities were put in place at the beginning of the program, and that outcome-focused evaluations at both the state and local levels were put into place. Data collection was a point that was extremely important, emphasized Dr. Johnson. One important issue was the focus on intermediate indicators of change, i.e., attitude, behavioral change, and environmental changes such as policies. He indicated many states did not put enough emphasis on the measures of change, and wanted to look at more outcome indicators of change such as prevalence and consumption of tobacco, as the ultimate indicator of success. Dr. Johnson stated those were the short yardage gains in programs, and were measures that needed to be tracked by surveillance systems.

Dr. Johnson pointed out that there was always concern regarding the money needed to fund programs, and explained that California's program was funded at approximately $129 million per year, and Massachusetts' program was funded at approximately $36 million a year; those were the first two major programs in the country. The funding for a Nevada program would range from $13 to $31 million, however, Dr. Johnson stated even at those funding levels, it was still very much a "David and Goliath" battle. Even with a funding base of $129 million for California's programs, the conservative estimate was that the tobacco industry out-spent that figure at 10:1 ratio on marketing and promotional activities.

Continuing, Dr. Johnson remarked the program focus in California and several other states where programs had been in existence for a few years, was a comprehensive and integrated approach, which included using the media to keep the tobacco control issue on the public agenda, and provide support for local programs that carried out prevention, tobacco control policies, and cessation efforts. He explained California's program was funded and housed within the Department of Health Services, and was essentially divided into three units:

1. The Media Unit that monitored the various media advertisements, i.e., television, printed material, billboard efforts, and public relations activities.
2. A Local Program Unit that monitored funding of all county health departments.
3. An Evaluation Unit, which monitored the surveillance and evaluation activities.

Also, he noted there were two oversight committees in California. The Tobacco Education Research Oversight Committee (TEROC), a legislatively mandated oversight committee, met quarterly to provide guidance over the Department of Education and the Department of Health Services' tobacco control activities. TEROC consisted of 13 members, 8 of which were appointed by California's Governor. The second committee was the Evaluation

Task Force (ETF), a blue chip committee of tobacco control and evaluation experts from around the world that met annually to provide guidance regarding modification of the program.

Dr. Johnson stated the adult smoking prevalence for the United States and California indicated that in 1988, prior to the start of its program, the baseline was 26.7 percent of adults in California were smoking, and data collected through 1999 indicated that 18 percent of Californians now smoked. He stated since 1996, California's percentage had remained "flat" at approximately 18 percent. According to Dr. Johnson, there were a variety of reasons for that phenomenon, i.e., reaching the population of hardcore smokers where strategies might need to be adjusted in order to target that population. He also noted there had been a stepped-up presence of the tobacco industry in California, especially since the master settlement agreement, an influence that could not be ignored.

Another indicator that was tracked was consumption and/or sales of cigarettes, and Dr. Johnson indicated there had been a declining trend in adult per capita consumption, with acceleration in the decline when the tax on cigarettes went into effect and California's tobacco control program began. He noted consumption trends were most sensitive to price and/or tax increases, and in California over the past 10 years there had been three price increases. An increase in the price of cigarettes did much to take cigarettes out of the hands of youth and out of the hands of those with less discretionary income.

Dr. Johnson advised the picture for California youth smoking showed that for the most part, youth smoking had not increased during the 1990's in the 12 to 17-year-old age group, as it had increased nationally. He indicated the program had simply put a "finger in the dike," and there still remained much work to be done in California's youth program.

Some salient lessons learned from California and Massachusetts showed that tobacco control programs worked best when they engaged public support from the beginning. Dr. Johnson referenced California's Proposition 99, and Massachusetts' Question One Coalition, which pushed the health issue over a period of time, and played a major role in tobacco control programs in those states. Increases in the cost of tobacco products also had an immediate effect on tobacco control, however, Dr. Johnson noted it was relatively short-lived.

Dr. Johnson indicated a program should be large enough to compete with the tobacco industry, even though it could not match the industry dollar-for-dollar. The CDC funding range for Nevada was $13 million to $31 million, and the California funding base was $129 million, however, he noted CDC's range for California was $240 to $660 million, which meant California's program was severely under-funded. Dr. Johnson emphasized it was important for Nevada to keep in mind what it was up against.

An effective tobacco control program included surveillance and evaluation from the beginning, stated Dr. Johnson, something that was done right in California's program. Surveillance and evaluation activities had been put in place early in the program, in order to answer those questions regarding the number of smokers and what worked best, as well as other more specific program and population focused questions. The program in the State of Arizona put creative media and program activities into place, however, had no process or outcome monitoring evaluation to answer questions about its success.

Dr. Johnson stated coordination of the media campaign closely with community-based activities that supported the statewide message locally, and aggressively confronted the tobacco industry, was a "signature" piece of the programs in California, Massachusetts, Florida and Arizona, where media campaigns went after the tobacco industry very aggressively. Also, he noted promotion of smoke-free environments and strengthening the non-smoking norm became one of California's most powerful cessation messages. Surveillance activities found that smokers heard that message, and many homes voluntarily went smoke-free, even where both parents smoked, particularly in homes with younger children.

Dr. Johnson emphasized that an effective tobacco control program responded quickly to changing industry strategies with new media messages. California produced many media messages early in its program, but also evolved in that area as the industry strategy evolved. The program should emphasize reduction in youth demand for tobacco, in addition to reducing youth access to those products. Dr. Johnson indicated that focusing on educating youth about how the tobacco industry was targeting and manipulating them was a powerful message that had worked well in California, along with

the use of youth organizations and schools for youth-specific programs using research-based strategies.

In conclusion, Dr. Johnson stated Gallup was currently working with Clark County in the development of a strategic evaluation plan, which basically included: (1) An analysis of gaps in the current surveillance and evaluation efforts; and (2) Recommendations based on lessons learned in Gallup's experience for maintaining and enhancing such efforts. The first steps had been taken in Clark County's program, and Gallup would be working with the county over the next several months to further develop its program.

Ms. Brower referenced the media components currently in use by the California and Massachusetts programs, and asked if Dr. Johnson envisioned a media component for Nevada. Dr. Johnson replied in the affirmative, emphasizing it was critical to have a media component in order to spread the program message, keep the message fresh, and keep tobacco control issues on the public agenda. He stated the media spots that tended to work best were ones that aggressively went after the tobacco industry. According to Dr. Johnson, the American Legacy Foundation's national campaign was using similar spots that were aggressively aimed at the tobacco industry. He related that even after California's program had been in existence for 10 years, he continued to advise that the media campaign was one critical component of the overall program, but the local community programs were really the "heart and soul" of the program. While media was a critical component, it was not the entire program, and should be presented as part of an overall comprehensive approach.

Dr. Ellerton asked whether there was information available from the California program about the effectiveness of restricting youth access to purchasing cigarettes as either an intermediate or long-term goal. Dr. Johnson stated California tracked the rate of illegal sales to youth, and saw a decline over a 4-year period from 52 percent down to 13 percent. In other surveillance activities, however, 16 percent of youth surveyed indicated they actually attempted to purchase cigarettes, and the other 84 percent who smoked advised they got them through other social sources by "bumming" from friends, by stealing cigarettes from family members, or asked other people to buy them. The California program continued to fund efforts to reduce illegal sales to youth, and some resources were shifted to review the whole issue of social sources and how that might be addressed.

Dr. Fildes referred to the Clark County Anti-Tobacco Task Force report (Exhibit G), and noted in the "Budget" section it was estimated that approximately $300,000 would be needed for the program's surveillance and evaluation component, and asked whether that was sufficient. Dr. Johnson stated the goal standard set forth by CDC was that 10 percent of the total budget should be devoted to surveillance and evaluation activities. He indicated the recommendation for California's program was 10 percent funding for that component, and the amount would depend upon the final budget. Dr. Johnson noted that Exhibit G indicated a $2 million base fund amount, and $300,000 would provide just over 10 percent to conduct the surveillance and evaluation efforts.

Co-Chair Freeman noted Dr. Johnson had mentioned a legislative oversight committee that monitored the California program, and asked if the Task Force granted a contract to a private, for-profit agency, who would monitor the funds, and what should the grant process entail in order to achieve the maximum benefits. Dr. Johnson stated the TEROC in California provided an "oversight" capacity, but did not actually approve funding. That occurred through the Department of Health Services and ultimately California's Governor. The Department basically assembled review committees whenever RFP's were released for community-based grants, and submitted a recommendation for consideration by TEROC, who would either endorse or raise concerns regarding the recommendations. Co-Chair Freeman then inquired how a legislative oversight committee, such as TEROC in California, was funded. Dr. Johnson replied that TEROC operated at the State level, and dealt with State level staff and administration. California, in turn, had oversight and responsibilities over county offices of health throughout the State, making that a State level function.

Dr. Fildes asked Dr. Johnson to explain California's ETF. Dr. Johnson explained the TEROC was a legislatively mandated committee that provided broad oversight to media, local programs, evaluation, school-based activities, and offered general support to the program. The ETF was a specific technical committee, specific to surveillance and evaluation, and was composed of experts in tobacco control evaluation.

Dr. Don Kwalick, Clark County Health Officer, testified next before the Task Force, and explained it was his role to summarize previous testimony and present NTPC's recommendations. He reiterated that tobacco control programs that

had been effective nationwide, had been well funded and comprehensive. The preceding testimony presented Nevada's tobacco control needs and outlined some specific programs and plans to be created or expanded in order to address those needs at the State, and Clark and Washoe County levels. Dr. Kwalick emphasized that the smoking rate for Nevada was over 30 percent, while the national rate was approximately 20 percent, and the national goal for the Healthy People 2010 program was set at 12 percent. He remarked that Nevada spent many hundreds of dollars per year on tobacco related diseases and had a long way to go.

According to Dr. Kwalick, many states were far ahead of Nevada in the process of comprehensive tobacco control, and Nevada had begun to look at what other states had done and the lessons learned from those programs. Dr. Johnson from the Gallup Organization referred to the lessons learned in the early years of the programs in California, Arizona and Massachusetts, where money and energy were spent on programs that were not evaluated, and in some cases funding was not renewed to support innovative programs because of the lack of an evaluation plan. Dr. Kwalick stated those experiences indicated Nevada needed strong evaluative tools, along with collaboration between, and support from, each organization involved in tobacco control in order to reach the overall goal of decreasing tobacco use in Nevada. NTPC's vision was to develop and implement an effective tobacco control program in Nevada that was comprehensive, sustainable, and accountable, utilizing available public and private resources. Dr. Kwalick emphasized Nevada's program should use the components of CDC's "Best Practices" report, and have outcome-based evaluative tools to guide its priority setting.

Dr. Kwalick testified that the NTPC's ultimate goal was to reduce the tobacco use rates of youth and adults in Nevada. In order to reach that vision and goal, NTPC would recommend that the Task Force for the Fund for a Healthy Nevada support, financially and philosophically, the following programs and initiatives, not necessarily in priority order, (Exhibit J):

1. Support the two successful Nevada programs that were evidence-based, were components of CDC's "Best Practices" report, and were losing funding: The AG's Tobacco Retailer Enforcement Program, which mirrored the CDC's enforcement components, and the University of Nevada, School of Medicine's Nevada Tobacco Users Help-Line, a smoking cessation program that reflected CDC's cessation component. As part of a Nevada comprehensive tobacco control program, both of those programs would aid in the reduction of tobacco use in Nevada.
2. Coalition building: Increased funding of current coalitions and task forces was necessary to enhance, expand and strengthen community outreach and thereby foster locally driven initiatives to decrease tobacco use. In order for those groups to be effective, existing State tobacco preemption laws must be repealed, which would allow local options to be considered and implemented.
3. Evaluation: Development and implementation of an evaluation plan which included baseline data gathering, as well as independent evaluative tools for specific programs. Efforts were underway to expand and develop those tools with existing programs such as those previously discussed.
4. Coordination of activities: In order to maximize both public and private resources allocated to tobacco control, it would be critical to provide statewide coordination of all tobacco control efforts, and in so doing, facilitate communication and integration of services. States across the country had addressed that issue in many ways, some by utilizing state and local health departments, while others had looked toward independent statewide bodies to handle the administrative and oversight function. The Task Force would need to decide what was the best coordinating mechanism for the State of Nevada, to ensure the quality, accountability, and continuity in its comprehensive tobacco control program, and NTPC looked forward to helping the Task Force reach consensus on the structure of that coordinating body.
5. Fund those programs which met CDC's "Best Practices" guidelines: In considering how to spend tobacco settlement funds, NTPC recommended funding only those programs and activities that were components of the "Best Practices" report.

Dr. Kwalick advised that the tobacco control needs of the State were great, and the Task Force had a unique opportunity to have an impact on tobacco use in Nevada, thereby reducing disease, disability and death, with tobacco settlement funds. NTPC supported the work of the State to reduce the toll of tobacco on Nevada's health and wealth.

Co-Chair Buckley announced that the Task Force would next hear testimony from representatives of the Public

Broadcasting System. Patricia Miller and Betsy Dickinson from KNPB, Channel 5 in Reno, introduced themselves. Ms. Miller indicated she was Vice-President of Promotion, Education and Outreach at Channel 5. According to Ms. Miller, for the past year Channel 5 had been diligently planning to turn on its digital signal September 29, 2000. She advised that Channel 5 would be broadcasting in both analog and digital for sometime, and planned to conduct some testing and experimenting when the signal was first turned on, in order to ascertain the limits of the new technology. When the station went on the air with the digital signal, Ms. Miller announced that digital signal would only reach the areas of Reno and Sparks, and would eventually expand to other parts of northern Nevada, where the analog signal would continue.

Ms. Miller indicated Channel 5 was appropriated $1 million from A.B. 474, which it was required to match with $3 million. Ms. Miller reported that the station had raised $1.1 million that would be earmarked for digital television as a portion of the required match. She indicated that the station had every reason to believe it would be able to meet the match requirement, and had requested donations from foundations, other corporate supporters, and individual donors. Ms. Miller indicated a request for federal funds in the amount of $500,000 had been submitted for the purchase of equipment that was needed in order to go on the air in September 2000.

The legislation also provided for 8 daily airing of spots, and Ms. Miller stated Channel 5 planned on airing those spots as they were received, on both the analog and digital signals, and would begin as early as September 2000, or upon receipt. Obviously, she noted, it would take some time for the public to catch up with the type of equipment necessary to take full advantage of the digital signal. Ms. Miller emphasized that Channel 5 did feel it could play a definite role in the public education process of the tobacco control plan. Ms. Miller advised that Channel 5 had requested that the Interim Finance Committee (IFC) make an initial disbursement of one-third of the $1 million allocation to it after July 1, 2000, which would be used for the September launch of the digital signal.

Mr. Fend asked for clarification regarding the cost to covert to digital. Ms. Miller advised that the $3 million she referenced was the required match to the $1 million received through the legislation. She indicated it would cost approximately $8 million to convert fully to digital signal, and the transition would be a gradual procedure.

Co-Chair Buckley noted if there was a possibility to begin airing spots in September, there should be some thought regarding how to produce such spots, perhaps by asking for help with the design. Ms. Miller remarked that the American Cancer Society had produced a number of spots that Channel 5 could begin airing. She felt there would eventually be a need for localized spots that addressed the needs of Nevada, however, she reiterated the spots currently available could be used in the beginning.

Mr. Fend stated there was the possibility of creating a public access station with a studio that could be used by organizations to make spots, for a lesser charge than other studios would require. He asked if that were possible, would Channel 5 be able to air those spots? Ms. Miller replied that it depended entirely on the program, and another possibility was to look for available programming that would serve the need as well. She noted that Channel 5 did have a relationship with the public access channel, programming 6 hours a day on that channel, and it would behoove all parties to work together in that endeavor.

Lee Solonche, Director of Distance Learning for KLVX Communications, indicated he would echo some of Ms. Miller's remarks, and noted KLVX had also been involved in long-term planning for digital television. The station had secured a variety of sources and initiatives that were providing it with the resources to qualify for the mandated matching funds. Once those sources were adequately documented, KLVX would submit for reimbursement to IFC. Mr. Solonche concurred with the importance of an integrated media campaign to assist the Task Force in its efforts for tobacco control. He indicated KLVX worked diligently on its children's programs, which reached a significant number of children, and he felt it was wise to "piggyback" with that effort to get the tobacco control message across. As a major educational provider in the southern Nevada area, Ms. Solonche stated that KLVX also provided a large variety of educational media, and had a 7,000-title media collection available to schools, of which tobacco education materials were part. He reiterated KLVX looked forward to working with the Task Force in a broad-based, integrated type of

campaign to meet those objectives.

Co-Chair Buckley suggested that perhaps "point" people should be selected, who would coordinate with public broadcasting stations and assist with the implementation of the spots, et cetera. While unsure as to the source of those persons, Co-Chair Buckley indicated she would pursue the possibility. Dr. Fildes stated she also felt that public broadcasting should be involved in the strategic planning process, to add its support to the tobacco control plan. Mr. Solonche emphasized that public broadcasting stood ready to assist in that effort.

Mr. Welch asked for clarification of analog and digital signals, and the transitional period where broadcasting would be done via both technologies. It was his understanding that digital reception required a special unit, and his concern was that if both analog and digital signals were not broadcast on an ongoing basis, there would be many parts of rural Nevada unable to receive the programming. Mr. Welch felt there was a large segment of the population that would not be able to afford the appropriate receivers for digital television. In order that the anticipated public service messages would be broadcast to the entire population, he felt both analog and digital signals should continue.

Ms. Miller indicated that would be done, however, the Federal Government would mandate that public broadcasting stations turn off the analog signals at some point, and that spectrum would then be auctioned to other telecommunication organizations. The cut-off was currently anticipated for the year 2006, however, Ms. Miller explained that an extension was anticipated, because current legislation stipulated that at least 80 percent of persons in the broadcast area must be ready to receive the digital signal before the analog signal was turned off. Mr. Welch asked whether that meant in the year 2006, television sets would contain digital capacity, so persons purchasing those sets would automatically be able to receive the digital signal, or would separate units continue to be required. Ms. Miller advised she did not know the answer to that question, but noted that totally digital television sets were available on the market today. She felt it was one of the areas where the industry needed to catch up with the trend toward the move, and there was every reason to believe that prices for digital sets would come down dramatically, as had happened over the past year.

Mr. Solonche commented that while prices were coming down, there was still concern related to that area, and significant discussion was underway regarding the digital situation. The reality was that the industry would be required to abide by the dictates of the Federal Government, but as long as public broadcasting channels had the capacity to serve the need, it would continue to do so. Co-Chair Buckley opined that hopefully the Federal Government would not be so obtuse as to jeopardize the ability of lower income families to enjoy the benefits of public television.

Mr. Fend then asked whether his conventional receiver would pick up a digital signal. Mr. Solonche stated there was an adaptive device that could be purchased for non-digital televisions. Mr. Fend then inquired if purchase of such a device was necessary, or could a "box" be rented from the cable companies. Mr. Solonche indicated that was correct, and digital adapters were currently available on the market. Ms. Miller further explained that a cable "box" would be for a digital cable signal, which was not the same as the digital signal under discussion. She noted the question of the cable relationship was still very much "up in the air." That concluded the agenda item regarding public television stations.

Co-Chair Buckley noted she had been asked why the request for allocation of money to support the Attorney General's existing tobacco retailer enforcement program had been placed on the Agenda, since the Task Force had established a program for distribution of the tobacco settlement funds. She noted that item had been placed on the agenda at the request of the Attorney General, due to the unusual circumstances resulting from the recent U.S. Supreme Court decision that struck down the FDA's authority in the area of enforcement, and explained the Task Force could consider several different alternatives for the program.

John Albrecht, Senior Deputy AG advised that in 1999, Nevada won an award from The Center for Substance Abuse/Prevention in total quality management. The AG's Office won that national award because it was able to pull people together within the State in an attempt to reduce youth access to tobacco. The AG's Office worked closely with the retail industry, specifically in the "We Card" program, a national program funded by the retail and tobacco industries, that offered training programs for sales staff. Mr. Albrecht indicated training materials from that program were sent out under cover letter from the AG's Office, which retailers felt would encourage businesses in the use of that material. Also, the list of retailers from the "We Card" Program was made available to the FDA when Nevada converted to that program.

In 1998, Mr. Albrecht advised, a very unusual program was developed with the "We Card" program, consisting of a 10-question multiple-choice test that was distributed to all tobacco retailers in the State. Retailers could then give the test to their clerks, and return the test to the Nevada Petroleum Marketers, who scored the tests and sent the results to the AG's Office. A letter was then sent to every store that participated in the test from the AG's Office, which revealed the average scores on a statewide basis, so retailers could conduct training programs in the problem areas.

Mr. Albrecht then referred to Exhibit K, a packet of information regarding the AG's Tobacco Retailer Enforcement Program. He indicated in 1994, the American Cancer Society and the Bureau of Alcohol and Drug Abuse (BADA), conducted two different studies, and it was found that 63 percent of the time an underage person walked into a store, they were able to purchase cigarettes. The chart contained in Exhibit K indicated the youth buy rate from 1994 to 1999. Mr. Albrecht noted that information contained in the exhibit had been drawn from the YRBS, and depicted the percentages of high school students who purchased their own cigarettes, either over the counter or via vending machines from 1995 to 1999.

One of the questions asked by the YRBS was how high school students purchased their cigarettes, and Mr. Albrecht stated in 1995, 1.6 percent of those students purchased cigarettes from vending machines. The AG's Office had been working to eliminate vending machines in areas accessible to children. According to Mr. Albrecht, in 1999, the percentage of children who bought their cigarettes from vending machines dropped to .3 percent. He wanted to emphasize the AG's cooperation with the business community, indicating there had never been a formal charge against a retailer for selling tobacco to a minor from a vending machine, but rather had checked vending machine locations, asking that those accessible to young persons be moved to other areas such as bars or gaming areas, where children were not allowed. Mr. Albrecht indicated that in the past year, the AG's Office had actually documented the moving of 70 vending machines. The YRBS supported that action, indicating that children were less likely to purchase cigarettes from a vending machine. Mr. Albrecht stated another area of success related to retailers requesting proof of age. In 1995, the percentage of retailers not requesting proof of age was 12.2 percent, which had dropped in 1999 to 7.5 percent.

Mr. Albrecht reported that the AG's Office was "drafted" into tobacco enforcement, and was assigned the task of enforcing compliance with the Synar Amendment in 1995. That Amendment was attached to the Substance Abuse Prevention and Treatment Grant, from which Nevada received $9.6 million. Mr. Albrecht explained that if the youth-buy rate was not kept at 20 percent or lower, the State could lose up to 40 percent of the $9.6 million grant to BADA, or $3.8 million.

The AG's Office recently had a contract with the FDA, where it conducted 300 inspections per month of over-the-counter retailers. Mr. Albrecht noted the FDA would charge and fine businesses, and the AG's Office would mail a warning ticket to the sales staff involved. That was done because under the FDA contract, the AG's Office could not do an immediate notification at the store, due to concern about the safety of the youth involved, and the possibility of notification being provided to other stores. At the same time, explained Mr. Albrecht, the AG's Office inspected the aforementioned vending machine locations.

Mr. Albrecht indicated that the FDA program began in 1998, and prior to that time, the State budgeted the AG's Office $60,000 to $66,000 per year to offer contracts to local law enforcement agencies throughout the State, offering to pay whatever costs necessary to conduct a sting program. He indicated most local law enforcement agencies would not sign that contract, because the agencies felt there were other more important priorities. Mr. Albrecht stated that the AG's Office had attempted for the past 3 years to find other agencies to take over the enforcement program, however, had been unsuccessful.

The AG's Office proposed to continue the program, and was requesting a reduced budget amount from $242,000 provided by FDA, to $222,203 per year, in addition to the $58,000 allocation from the Legislature. Mr. Albrecht indicated the request was out of sequence with the grant process of the Task Force, but the AG's Office lost the FDA funding due to the aforementioned U.S. Supreme Court decision. Use of the FDA funding had reduced the need for State funding, which was basically successful for a period of 2 years when the FDA funding subsidized the AG's Office enforcement of State tobacco laws.

Mr. Albrecht went on to explain how the AG's Office currently conducted tobacco checks. There had been much testimony regarding the CDC's recommendations, and Mr. Albrecht noted enforcement was one of the nine components of the "Best Practices" report. The CDC also recommended 43 cents to 80 cents per capita for that component, which for Nevada would translate to a minimum of $774,000, and Mr. Albrecht indicated the AG's program would operate on a budget of $280,209, $58,000 of which was allocated by the State.

Regarding tobacco related lawsuits, Mr. Albrecht indicated there was one challenge, *PTI, Inc. v. Phillip Morris, et al,* (U.S. District Court – California), that was brought by tobacco wholesalers against all 46 states involved in the settlement, in an attempt to set aside the master settlement. In Nevada, the AG's Office was defending *Rickerts v. Quinn*, which was a civil action filed by Medicaid recipients for a portion of the tobacco settlement. A motion to dismiss had been filed on April 27, 2000. Mr. Albrecht indicated he was not so concerned about the related pending litigation as he was about the related possible litigation.

Under the master settlement, Nevada was required to pass a State law that required non-participating manufacturers to put 1 cent per cigarette sold into an escrow account. He explained those were the manufacturers that did not sign the settlement. If Nevada filed a reimbursement action, such as was done against the major manufacturers, it could recover the settlement or judgment from that account. Mr. Albrecht advised the AG's Office had sent out letters asking for voluntary compliance, and there were five companies who voluntarily deposited $44,553 into an escrow account, however, those funds were not yet available to the State. According to Mr. Albrecht, letters had been mailed to 21 non-participating manufacturers indicating the possibility of a civil action under A.B. 667, because they had not notified the AG's Office by the April 15 deadline that an escrow account had been established for the sale of cigarettes in 1999. Three companies advised they were not manufacturers of cigarettes, and those claims would be verified via the Department of Taxation. One tobacco wholesaler had signed the master settlement agreement and was paying $2.09 per carton into that escrow account. Mr. Albrecht indicated that was the preferred outcome, and the request to establish an escrow account created an incentive for companies to sign the master settlement. Under the master settlement, explained Mr. Albrecht, the State of Nevada was required to take reasonable steps to enforce A.B. 667, which was being done via the AG's enforcement program.

Mr. Welch asked if the Task Force were to agree to award the $223,203 request, would that be a one-time request, or one that the Task Force would consider on an annual basis, and would there be other funding opportunities in the future to continue the program. Mr. Albrecht advised that he felt the funding would be on an annual basis, and noted the AG's Office did receive an allocation of approximately $58,000 from the State for operation of the program.

Mr. Welch felt the program was very worthwhile, and asked about the success of the enforcement efforts, referencing the chart on page 1 of Exhibit K, which showed the youth-buy rate for tobacco products from 1994 to 1999. Mr. Albrecht indicated the 1998 study, which produced the statistics for that year, actually took place in August and September of 1998, and was completed after receipt of FDA resources. The chart depicted an increase in the youth-buy rate from 1998 at 16.8 percent to 1999 at 22.96 percent, and Mr. Albrecht explained that was because most of the minors employed in the program were above the age of 15. He noted that by 1999, only 10 percent of the checks were being conducted by 15-year-old youths. Mr. Albrecht indicated he had developed a practice where there was always a 15-year-old minor employed in the program, which helped to reflect a more realistic buy rate. Mr. Welch then asked what programs would be affected by a reduction in the Substance Abuse and Treatment Grant funds to $3.8 million if the State's youth-buy rate was not at 20 percent or less. Mr. Albrecht advised the majority of that grant money was allocated to the BADA for alcohol and drug prevention treatment programs, and he felt that agency could provide a more detailed answer to Mr. Welch's question.

Ms. Brower indicated her concerns were not with the program itself, and stated it was her understanding that the Task Force would initiate a competitive round of RFP's prior to allocating funds. She stated she would not be in favor of allocating program funds at the current time.

Mr. Mestre indicated that prior to the 1990's there was no enforcement of youth tobacco purchases, and children were often sent to the store to purchase cigarettes for family members. Since the AG's Office began its program, retailers were using the "We Card" program with a training element that he felt was extremely helpful. Mr. Mestre advised that

retailers offered a reward of $100 to clerks who passed the test by not selling tobacco products to minors. Mr. Mestre asked if Mr. Albrecht had received the information he forwarded regarding a funding program for tobacco sales compliance checks from the Substance Abuse and Mental Health Services Administration and, if so, did he feel that funding program would be helpful. Mr. Albrecht stated Maria Canfield, Chief, BADA, could answer that question in more detail. The Center for Substance Abuse Prevention was rather vague, and Mr. Albrecht commented that it allowed a portion of the $9.6 million grant allocation to be used for the random probability study, but not for enforcement.

The State was spending money on compliance at the retail level, advised Mr. Mestre, but he found discount cigarettes available on the Internet, with over 65 companies advertising the sale of export cigarettes. According to Mr. Mestre, his 12-year-old grandson was able to order a carton of cigarettes, which were shipped via U.S. Mail. He asked whether there was any plan to attempt to educate the Postal Service and/or other delivery services about the compliance requirements for purchase and delivery of cigarettes. Mr. Albrecht stated his preference would be to sting the Internet companies via a warning letter. One problem was that the enforcement program was in such flux at the current time that development of a plan to expand beyond current endeavors was not possible. Mr. Albrecht indicated Internet cigarette sales had been reviewed over the past 6 months, and he advised the AG's Office would like to be in the position to send warning letters, as was previously done to retail businesses.

Mr. Welch indicated he had no concerns regarding the AG's program, and was aware that funding would end July 1, 2000, however, he noted that A.B. 474 indicated the procedure for allocation of funds required at least one competitive round of RFP's. He felt that procedure should be adhered to, and asked whether the $58,000 provided by the State allocation would tide the program over for the next approximately 75 days until the Task Force actually solicited RFP's. Mr. Albrecht stated the $58,000 would be allocated on July 1, 2000, and the program costs were approximately $25,000 per month.

Per Dr. Ellerton, he was actually concerned about the program, because in his scientific opinion, it was a "surrogate" endpoint. The State had a problem with youth smoking, so it created an intervention that prevented youth from purchasing cigarettes at stores and from vending machines, and called it successful because buy rates were down. As Dr. Johnson pointed out in his earlier testimony, youth simply purchase cigarettes somewhere else. Dr. Ellerton stated the bottom line was whether a youth stopped smoking, or never started in the first place, and no evidence had been presented that the real endpoint to cure the problem was helped by such an enforcement program. The youth survey for Clark County in 1999 reported that approximately 10 percent of youths attempting to purchase cigarettes were not carded, a higher percentage than the overall State figure.

Dr. Ellerton agreed that there was a problem with the timing of the allocation request, and also felt it was a substantial amount to be allocated without applying the criteria established by the Task Force per the NRS. He also felt that the AG's program was without an evaluation tool to answer the question of whether it was effective in reducing the number of persons who smoked, rather than just the number of persons purchasing cigarettes. He referenced the example presented to the Task Force by Dr. Turner regarding the 42-year-old patient who had been smoking for 24 years and was recently diagnosed with lung cancer. Dr. Ellerton noted that patient apparently began smoking at the age of 18, and the AG's enforcement program would not have prevented him from smoking, because he was of legal age when he started. Dr. Ellerton stated he was concerned about the program from a fundamental, scientific point of view, and was also concerned about its value. He stated he was equally concerned that the Task Force procedure, as dictated by law, would not allow it to provide funding to any program at the present time.

Co-Chair Freeman stated Dr. Ellerton verbalized her frustration regarding issues of children smoking. She stated during the 1995 session of the Legislature, the Health Committee considered a bill that would have been very helpful in preventing youth smoking, however, what eventually transpired was the funding for the AG's enforcement program, because of the federal dollars involved. She indicated she had no complaints about the way the program had been handled over the years, and also noted how complex the entire issue of Internet sales was. Co-Chair Freeman felt the Task Force should take a serious look at the request, and review the enforcement issue with regard to where it might fit within the purview of the Task Force.

DR. ELLERTON MOVED TO DENY THE REQUEST FROM THE ATTORNEY GENERAL'S

OFFICE FOR ALLOCATION OF FUNDS FOR THE RETAIL ENFORCEMENT PROGRAM. MS. BROWER SECONDED THE MOTION.

Mr. Mestre inquired whether Dr. Ellerton's motion was to deny the request without opportunity to reapply, or was it simply to deny the request at the present time. Dr. Ellerton explained that his motion was for denial at the present time, in order to follow the procedure established by the NRS.

Co-Chair Buckley inquired whether there was a possible funding source for the enforcement program from attorney fees received by the AG's Office as a result of the master settlement agreement. Mr. Albrecht stated he believed those funds were completely budgeted out, and noted since the enforcement program was being funded through the FDA at that time, additional funding sources were not deemed necessary. Co-Chair Buckley stated she asked that question because Mr. Albrecht's proposal requested attorney time to defend the master settlement against legal action from Medicaid recipients, which was not an area currently funded under the FDA grant. Mr. Albrecht explained he had used the State allocation of $58,000 for that endeavor, rather than FDA funding. He explained his request included all aspects of activities under youth tobacco funding. Co-Chair Buckley remarked that she felt retailer enforcement and other tobacco legal enforcement issues that defended the master settlement, were two separate areas. Mr. Albrecht asserted those areas were tied to some extent, i.e., the non-participating manufacturers requirement kept cigarette prices up at a certain level, and children were sensitive to price increases.

Dr. Fildes conveyed her concern regarding the possibility of removing the motivation for the AG's enforcement program, which had shown positive results, and was part of the CDC's "Best Practices" guidelines. While the program certainly could be improved, Dr. Fildes felt it was an important program and should receive further review by the Task Force. She realized the Task Force was bound by the NRS regarding disbursement of funds, but reiterated it was extremely important that enforcement be a component of the comprehensive program.

Co-Chair Freeman asked about the success of the program in areas where local law enforcement was involved, as opposed to areas where law enforcement did not participate. Mr. Albrecht replied he could not provide a specific number, and explained there was a broad range of cooperation from local law enforcement agencies, consisting of communities not accepting a contract at all; accepting a contract, but not conducting stings; accepting a contract and performing a few stings, but not charging the retailer; accepting a contract, conducting a few stings and charging those retailers; and, accepting a contract and conducting many stings with the resultant charges against the retailers. According to Mr. Albrecht, when charges were filed, it was reported by the media, which created the perception that the program was operating throughout the State and retailers who sold cigarettes to minors would be penalized. He reiterated some law enforcement agencies were simply not interested in participating in the program. Co-Chair Freeman stated that validated her belief that the program was not necessarily a law enforcement issue, and perhaps it was time to reevaluate. She stressed that she had no problem with the way the program had previously been conducted, but felt it was time to reevaluate, because she was not sure the program had done the job as intended by the Legislature.

With no further discussion, Co-Chair Buckley called for a vote on the motion.

THE MOTION CARRIED UNANIMOUSLY VIA VOICE VOTE.

Co-Chair Buckley advised Mr. Albrecht that it was clear some members of the Task Force were very supportive of the program, while others expressed concerns. The drop in the youth-buy rate was because of the program, but the question was how to keep that momentum in the attempt to reduce youth access to tobacco products. Co-Chair Buckley suggested that if the AG's Office was a collaborative participant seeking grant funding as part of the comprehensive plan, perhaps there would be some funds available through that effort.

Next to address the Task Force was Dr. Randall Todd, Chief, Bureau of Disease Control and Intervention Services, DHR, who provided an overview of the requirements of the American Legacy Foundation regarding planning and programs grants, (Exhibit L). Dr. Todd explained as part of the master settlement agreement with the tobacco companies, an organization was established to reduce tobacco usage in the United States, and that organization was known as the American Legacy Foundation. The Foundation had four key goals: (1) Reduction of youth tobacco use; (2) Reduction of exposure to secondhand smoke among all ages and populations; (3) Increased successful quit rates

among all ages and populations; and, (4) Decreased tobacco consumption among all ages and populations.

Dr. Todd disclosed that the American Legacy Foundation had announced the availability of $35 million in grant funds, to establish and support statewide youth movements against tobacco use, through a 3-year competitive program. It was important to note that only those states and territories identified in the master settlement agreement were eligible to apply for the grant funds. Through the grant, explained Dr. Todd, the American Legacy Foundation had three key aims or objectives: (1) Engage youth in community action against tobacco use by development of a statewide coalition that reflected the state's ethnic and social diversity; (2) Build or extend statewide youth movements against tobacco use; and, (3) Foster meaningful youth-led tobacco prevention activities or programs targeted toward the reduction of youth tobacco use. According to Dr. Todd, the youth-led prevention activities or programs would also be targeted toward encouraging and increasing youth empowerment, positive development, civic involvement, leadership, decision-making responsibilities, reducing the positive attitudes about tobacco use by de-glamorizing tobacco use, and reducing youth exposure to secondhand tobacco smoke.

Continuing, Dr. Todd indicated the American Legacy Foundation offered two types of awards under the grant announcement, a one-time planning grant in the range of $50,000 to $75,000, which would be only for those states that had not completed or initiated the youth tobacco survey; the second grant was referred to as a program grant and was in the range of $500,000 to $1 million per year. The program grants were for those states that had completed or at least initiated a youth tobacco survey. Dr. Todd explained that the Foundation would offer a second application round in 2001 for those states that undertook a youth tobacco survey after the first round deadline. Each of the program grants could be renewed annually for a total grant period of 3 years, with the overall award size ranging from $1.5 to $3 million.

With regard to the youth tobacco survey, Dr. Todd indicated the Legacy Foundation had adopted the youth tobacco survey as its measurement to meet the requirements of demonstrating youth tobacco use within a state, as required by the master settlement agreement. The youth tobacco survey would serve as a state's baseline on youth prevalence, and measure future progress.

Dr. Todd advised that the eligibility requirements for the planning grants consisted of three key elements: (1) The entity submitting the application had to document that it represented a state or local political subdivision; (2) The entity had to agree to adhere to the American Legacy Foundation's guiding principles; and, (3) The entity had to provide at least a 1:1 cash match that reflected the allocation of new funds, which could be from the local share of the state's settlement funds, however, could not be federal or tobacco company funds. In addition, a planning grant had to support a needs assessment to prepare the state or local political subdivision for application for one of the program grants.

Further, Dr. Todd indicated the planning effort had to demonstrate the grantee's ability to bring together a partnership that included, but was not limited to, major youth organizations, community-based organizations, agencies serving the homeless, runaways and gay youths, health departments, departments of education, voluntary health organizations, business organizations, and others. As with the program grants, the planning grant application submitted for that funding opportunity was required to explicitly demonstrate youth roles in program development, implementation, and in all other aspects over the life of the project. Dr. Todd explained that during the planning grant period, a state would also be required to commit to conduct a youth tobacco survey. The planning grant would then culminate with an interim progress report that would be submitted on February 15, 2001, and eligible planning grant applicants would then also be able to submit a program grant application on that date. Dr. Todd remarked that program grants were used to establish and support statewide youth movements against tobacco use. The states that completed or initiated at least one youth tobacco survey since 1998 would be eligible. The eligibility requirements for the program grants were identical to those of the planning grants, with one additional requirement regarding the youth tobacco survey.

Continuing his presentation, Dr. Todd commented it was important to note that in cases where a state did not plan to conduct a youth tobacco survey, the Legacy Foundation would accept applications from localities that had completed a youth tobacco survey. Awards granted under those circumstances would, in all likelihood, reflect an amount less than the $500,000 minimal level. The aforementioned three key aims or objectives would also apply to program grant applications. Dr. Todd disclosed that applicants would also be required to demonstrate that they would address Health People 2010 risk reduction objectives, would involve coalition partners on the local level, and incorporate the CDC's

"Best Practices" guidelines. He emphasized that preferences would go to program grant applications that demonstrated innovative strategies and program designs, demonstrated an ability to galvanize a strong statewide or regional coalition that reflected the state's ethnic and social diversity, and demonstrated a strong likelihood for a sustainable effort after the grant period.

Co-Chair Buckley asked Dr. Todd to explain the youth tobacco survey requirements. Dr. Todd replied that the youth tobacco survey consisted of between 54 to 60 questions and was designed for implementation in a classroom setting. The existing YRBS asked similar questions, but was actually part of a multi-topic survey, and the youth tobacco survey would focus specifically on tobacco issues. He stated because the youth tobacco survey was a single topic survey, it could deal with areas that could not be addressed in the YRBS. Both surveys would deal with the basic demographics, the prevalence of cigarette smoking, and to some degree, where youth were obtaining cigarettes. Dr. Todd further explained that the youth tobacco survey would deal with issues regarding cigarette brand preferences, smokeless tobacco use, cigar smoking, pipe smoking, as well as the attitudes demonstrated by the youth population relative to smoking, i.e., what did they think about trying cigarettes for the first time, what would they do if their best friend offered them cigarettes, what were their beliefs about the addictive nature of tobacco, their beliefs about health effects, messages heard about tobacco and from whom, and would ask about certain tobacco-related events where cigarette companies were sponsoring sporting events, or giving away tee shirts with tobacco industry logos, et cetera. The survey would also address the area of environmental tobacco smoke exposure. Dr. Todd indicated it was not necessarily better than the YRBS, but rather provided a more comprehensive look at youth attitudes, and also provided an evaluation mechanism.

Co-Chair Buckley then asked what age group would participate in the youth tobacco survey, and was school distribution a requirement. Dr. Todd stated it was his understanding that the survey was designed for middle and high school age youth. He advised there were states that implemented youth-tobacco type surveys in venues other than schools, and in terms of receiving useable data, that might be an acceptable alternative. However, he noted in terms of meeting the requirements for the American Legacy Foundation grant, nothing would be accepted other than a school or classroom-based survey. Part of the rationale behind that decision was the fact that the Foundation hoped to conduct a comparison between participating states, and there were technical concerns regarding the consistency of sampling methodology from one state to the next.

Co-Chair Buckley inquired whether Nevada had any plans with regard to the American Legacy Foundation grant. Dr. Todd acknowledged that the Health Division had submitted letters of intent to apply for grant funds. Co-Chair Buckley queried whether there had been initial contacts with the various school districts regarding the issue of the survey. Dr. Todd replied that the Health Division had been in contact with the Nevada Department of Education, and it was his understanding some concerns were voiced regarding the amount of time required to administer the survey in the classroom setting. He would defer to the Department of Education for a more complete discussion regarding that issue.

Larry Spitler informed the Task Force he was an independent contractor representing the Clark County School District, and said that the district had a strong desire to decrease smoking among its student population. He stated the district needed additional information regarding the American Legacy Foundation survey in terms of the time element involved, the types of questions asked, and how the district might integrate that into its schedule. Mr. Spitler assured the Task Force that Clark County School District was more than willing to work toward a partnership in the administration of the survey.

Regarding the allocation to the public broadcasting system for the technology of digital conversion, Mr. Spitler noted within that mix, there was no funding available to produce local public service announcements or advertisements that would actually reflect the situation in Nevada. He indicated in order for public broadcasting to comply with the required number of spots, they would be purchased from sources outside the State. Mr. Spitler felt if all concerned parties could form a partnership, possibly with grant funding, spots could be produced locally. Mr. Spitler indicated that was but one example of the many different partnering opportunities available to the school district.

According to Mr. Spitler, while the school district did have some smoking cessation programs and did discouraged children from smoking on its campuses, he felt there were many other opportunities available through partnering with the State. Mr. Spitler emphasized that the Clark County School District would be happy to work with the Health

Division, and he would offer his services as liaison. Co-Chair Buckley stated it was her understanding that the State Department of Education felt it had made a commitment to local school districts not to besiege them with surveys, and was attempting to be responsive to its constituents. The Task Force understood the requests on school districts might seem excessive when their mission was to provide quality education, however, if there were ways to partner, it would assist the Task Force in its endeavor to allocate funds, and perhaps a more creative way to utilize the school districts and students could be formulated. Also, perhaps through planning grant funding, some way might be found to reward the school districts and students for partnering with the State. Co-Chair Buckley asked Mr. Spitler to work with his Washoe County counterpart, along with a representative from the rural communities so that all could benefit from partnering efforts.

Dr. Ellerton asked Dr. Todd if the youth tobacco survey would be conducted every year or every other year. Dr. Todd replied it was his understanding that the YRBS was traditionally conducted every other year, with the off years being taken up by the Safe and Drug Free School survey. The Department of Education was combining those two surveys so there would actually be one survey conducted every other year. According to Dr. Todd, the youth tobacco survey required by the American Legacy Foundation would be conducted every other year. Dr. Ellerton then asked for clarification regarding the grant application timeline. Dr. Todd indicated that applicants need not have completed or initiated a youth tobacco survey to qualify for the planning grant, however, to qualify for the first round of funding from the program grant, applicants were required to have at least initiated a youth tobacco survey prior to the end of the year 2000.

Mr. Welch stated per Dr. Todd's previous testimony, the Health Division had submitted a letter of intent to apply for grant funds from the American Legacy Foundation, and information contained in Exhibit L stipulated a deadline of May 15, 2000. If that was a correct date, did the Health Division have a specific focus it would pursue as far as planning or program grants. The exhibit also stated grantees would be required to provide at least a 1:1 cash match that reflected the allocation of new funds, e.g., state settlement funds or the local share of the state's settlement funds, and if Dr. Todd were seeking funding for that match, it would appear to create a timing problem. Dr. Todd explained the Health Division had submitted letters of intent for both planning and program grants, recognizing that it might have a problem meeting at least one of the eligibility requirements for the program grant. The Division felt it was appropriate to at least submit its letter of intent, as it was easier to withdraw from the competition than it was to enter late. Dr. Todd indicated Mr. Welch was correct about the 1:1 cash match, and further clarification would be requested from the Legacy Foundation regarding whether any of the settlement money that was allocated for tobacco control purposes would not, indeed, qualify as that cash match.

Continuing, Co-Chair Buckley announced there had been a bit of confusion surrounding the Senior Pharmacy Program and the role the Task Force would play in oversight and authorization of funds to be used for administration of the program. Co-Chair Buckley stated she and Co-Chair Freeman would seek to address those concerns prior to the next Task Force meeting and, therefore, would hold Agenda Item IX (Exhibit A) in abeyance until the June 2, 2000, meeting. She explained the Task Force supported the Senior Pharmacy Program, and because it was committed to that endeavor, did not want administrative expenses to be paid from the program funds. Co-Chair Buckley indicated the Task Force had received an LCB Opinion that administrative costs could not be paid to the DHR from the 2 percent administrative funds set aside for use by the Treasurer's Office. The Task Force asked the DHR to approach the IFC for funding for requested positions, however, IFC voted not to award funding from Maximus, and referred the decision back to the Task Force. Co-Chair Buckley emphasized she would not support a vote to allocate administrative costs from the aforementioned 2 percent, in accordance with the LCB Opinion; however, she felt costs could be awarded from the funds set aside for the Senior Pharmacy Program. The State Treasurer's Office advised it would only utilize .5 of 1 percent to administer the programs, and any funds allocated from program dollars would remain under the 2 percent cap.

Charlotte Crawford, Director, DHR, concurred with Co-Chair Buckley's statement, however, advised the DHR received an AG's Opinion (Exhibit M), which indicated the balance of the 2 percent administrative fees set aside for use by the Treasurer's Office could be made available to the DHR. The Task Force had asked the Department to approach IFC for a determination of whether its staffing request for the Senior Pharmacy Program was at an appropriate level. Ms. Crawford advised that IFC did affirm the staffing level, however, did not authorize the funds to support the positions, and indicated the use of the State General Fund or Maximus, which was a reversion into the General Fund, was not

appropriate. The IFC stipulated that tobacco funds were intended to support the tobacco programs, and deferred the decision regarding funding of the positions requested by the DHR to support the Fund for a Healthy Nevada back to the Task Force. Ms. Crawford called attention to the Memorandum dated April 20, 2000, (Exhibit M), which would provide members with recap of the IFC's decision.

Co-Chair Buckley stated Task Force members had the option of asking any questions concerning the positions to ensure that they were needed, reiterating that the IFC had reviewed the requested positions and concluded they were necessary. Ms. Brower asked for clarification regarding the number of positions requested by DHR and ultimately approved by IFC without funding. Ms. Crawford remarked that DHR had requested a total of 5-1/4 positions, 3-1/4 positions in the director's office to support the mandates required by A.B. 474 in support of the Task Force and its activities, and to support the Senior Pharmacy Program. Two of the requested positions were dedicated to the Aging Division, which had responsibility for the Independent Living Program. The Aging Division was charged with the same responsibility as the Task Force in the grant process for that program. Ms. Crawford reiterated the Task Force had requested that the DHR defer the request for the two Aging Division positions, which was approved by IFC. Ms. Crawford disclosed that the IFC did authorize the 3-1/4 positions in the director's office.

Mr. Fend remarked that the State Treasurer indicated his office would not need the entire 2 percent administrative fee, and asked if the balance could be allocated by the Treasurer's Office to the DHR. Ms. Crawford indicated that the Treasurer's Office had advised it would not expend the entire amount, however, the LCB Opinion stipulated that the balance could not be transferred to DHR. She noted the AG's Opinion received by the DHR indicated that possibly a reasonable person could conclude that the balance could be transferred. Mr. Fend pointed out that if the 2 percent set aside for administration were used by the Treasurer's Office, it would be gone, and if it was not used by the Treasurer's Office, could it possibly be used to address other problem areas.

Dr. Fildes inquired about the 3-1/4 positions, asking whether those positions would be used only to administer the Senior Pharmacy Program, or would they also be assigned other duties. Ms. Crawford emphasized that the 3-1/4 positions were to support the Senior Pharmacy Program in the development and administration of that program, as well as the tasks assigned to the DHR in support of the Task Force for the Fund for a Healthy Nevada.
Co-Chair Buckley stated the theory was that if the State Treasurer's Office did not use the entire 2 percent set aside for administration, then the remaining balance could flow back into the general "pot," and be divided among the different funds administered by the Task Force for the Fund for a Healthy Nevada. If the Task Force felt it was reasonable to fund the positions to support the Prescription Drug Program, it could allocate funds subject to stipulated conditions.

Dr. Fildes again inquired whether the 3-1/4 positions were requested to administer the Senior Pharmacy Program, or would other duties also be assigned. Ms. Crawford emphasized that the 3-1/4 positions would support the development and administration of the Senior Pharmacy Program, as well as the tasks assigned to the DHR in support of the Task Force. Co-Chair Buckley then inquired how much time would be dedicated to the support of the Senior Pharmacy Program, and how much time in support of the Task Force. Ms. Crawford indicated she could not provide exact detail because, as she understood, the Task Force had deferred the request to the IFC to determine the appropriateness of the positions. She indicated the requested positions were a Management Analyst IV, a Management Analyst II, an Auditor position, and a 1/4-time Management Assistant II.

According to Ms. Crawford, the Management Analyst IV was a lead position which would be dedicated to the initial start-up policy development in the Senior Pharmacy Program, and would also take a lead role in assisting the Task Force as it moved toward the assignment of developing a methodology for RFP's, evaluation of those grants, and would generally assist the Task Force as required by statute. The Auditor position was scheduled to be online by January 2001, because programs would not require auditing prior to that time. She noted that was the point at which the statute envisioned and mandated that any allocation made by the Task Force was to be followed-up and assured by the DHR. The 1/4-time Management Assistant II position would be applied to an existing position in the Department to make it full-time, which would support both of the Management Analyst positions and the Auditor position. She explained the Management Analyst II would conduct much of the day-to-day operational activities of the Senior Pharmacy Program. Ms. Crawford stated the DHR had responsibility in the current program design to conduct the eligibility determinations, maintain a tracking record and, under A.B. 474, the DHR would also be responsible for disbursing payments. She advised the proper structure for disbursing payments was that the Treasurer's Office would transfer the funds to the

DHR, and it would be responsible for actually administering the accounts and disbursing the funds as the Task Force awarded the grants.

Mr. Mestre asked for clarification regarding the Task Force's ability to use program funds for administration. Ms. Morgan explained that A.B. 474 actually stipulated that the Task Force was to reserve not more than 30 percent for the Senior Pharmacy Program, which meant it could reserve 28 percent, thereby allowing the cost for administration to be allocated from whatever percentage that was not reserved for the program. The Opinion of the Legislative Counsel was that any direct transfer of administrative funds set aside for use by the Treasurer's Office to the DHR was improper. Ms. Morgan stated it was her understanding that the Treasurer officially announced his office would only reserve approximately $59,000 for administration, and the balance had been put back into the general program category, from which the Task Force could allocate administrative funds to the DHR.

Dr. Ellerton asked Ms. Crawford whether there were any respondents to the RFP's issued for the Senior Pharmacy Program. Ms. Crawford replied that the DHR had not received a responsive bid. Dr. Ellerton noted the deadline for response to the RFP was past, and inquired whether the process would be repeated. Ms. Crawford stated the DHR had scheduled a meeting for May 18, 2000, with licensed insurers in the State of Nevada, and other interested parties to determine why it had not received a responsive bid to the RFP. The RFP would be reconstructed and re-released as soon as possible, in order to solicit a responsive bid.

Ms. Brower referred to Exhibit C, which indicated the funds that would be set aside for use by DHR in FY 2000 were estimated at $35,840, and $191,460 for FY 2001, and asked Ms. Crawford whether that was a correct estimate. Ms. Crawford replied in the affirmative. Ms. Brower then inquired whether those amounts included the funding for the requested positions. Ms. Crawford explained those figures addressed the cost of the administrative package, including support of the positions, with a small portion set aside for contract assistance during the eligibility period of the Senior Pharmacy Program.

Ms. Brower then inquired whether the Task Force was legally protected if a protest was issued regarding the method used to allocate the funds. Ms. Morgan explained that the members of the Task Force were protected by the sovereign immunity statutes, as long as they were taking reasonable action, and acting within the scope of their statutory duties. Co-Chair Buckley commented that the Task Force relied on its counsel, and many times that was considered the benchmark in terms of appropriate behavior of a public board or entity, and she did not feel the Task Force was recommending any action that was beyond the scope of its legal advice.

Mr. Welch asked Ms. Crawford whether the allocations indicated in Exhibit C were reflective of the distribution of the time for the requested positions. Ms. Crawford stated she would defer to Mr. Stevens and Debbra King, Administrative Services Officer, DHR, for further detail, however, believed the figures did reflect the distribution of employee time. Mr. Welch then inquired what funding source would be used for the positions in FY 2002, and would they be incorporated into the DHR's fiscal budget, or would funding continue to be allocated from tobacco settlement funds. Ms. Crawford noted the source of future funding would depend upon resolution of the current issue. She indicated there were some very different perspectives surrounding the funding issue for the requested positions, and stated normally the administrative costs were levied against the fund being administered. Ms. Crawford remarked that was not how the Task Force would like to see the positions supported, which placed her in the dilemma of attempting to develop the Senior Pharmacy Program without the resources to do so and to sustain the program. According to Ms. Crawford, if the Task Force did not appropriate the funding for the positions from the tobacco monies, or if it declined to support the positions, the issue would take on a very different character.

Mr. Welch stated he attended the recent IFC meeting, and noted a different set of figures had been used at that hearing; he asked for clarification regarding the amount requested by the DHR for administration costs, (Exhibit C). Ms. Crawford explained the actual funds that would be "passed through" the DHR budget were included in the figures used by the IFC, because they were part of the account. In the case of the Senior Pharmacy Program, she noted the actual dollars being spent on the subsidy was included in the total.

Co-Chair Buckley asked Mr. Stevens and Ms. King to explain how the figures in Exhibit C had been derived. Ms. Stevens stated the amount depicted in the exhibit, $59,531, was the amount requested for reservation by the State

Treasurer for potential use in FY 2001. The DHR figures, $35,840 in FY 2000 and $191,460 in FY 2001, were the same as the work program figures recently reviewed by the IFC. Those totals were allocated among the different programs, based on information provided by the DHR regarding the amount of time each of the requested positions would spend on each of the program areas. Basically, indicated Mr. Stevens, the positions were allocated based on the anticipated 30 percent share for the Senior Pharmacy Program, and the 20 percent share for the other two programs. The request for funds for the two positions for the Division of Aging Services in FY 2000 was deferred by the IFC, however, there was a request for FY 2001 in the amount of $68,333 for the positions, which would only benefit the Independent Living Program administered by the Division of Aging Services.

Co-Chair Buckley inquired about the positions and what part they would play in administration of the other programs under the purview of the Task Force. She asked what functions of those programs they would implement, i.e., auditing or review of applications and/or performance, et cetera, and also asked what portion of time would be spent on Task Force programs. Ms. Crawford deferred to Ms. King for reply, and offered to provide Task Force members with a copy of the work programs, as submitted to the IFC, which delineated the duties of the requested positions.

Ms. King explained the Management Analyst IV position would have primary responsibilities for the activities of the Fund for a Healthy Nevada, and would have overall supervisory responsibility, as well as being primarily focused on the Senior Pharmacy Program. The Management Analyst II position would have primary responsibility for the grant programs, i.e., writing of the grants, grant policies and procedures, and providing technical assistance for the grantees. According to Ms. King, the Auditor II position would be split between the Senior Pharmacy Program, where both the applications and the contractor would be audited and the grant program. That position would also conduct program and fiscal audits for the grantees. The Management Assistant II position would be equally split between the two functions. According to Ms. King, the Management Analyst II position would assist in the acceptance of applications and conducting evaluations and eligibility determinations in August and September 2000, for the Senior Pharmacy Program. Overall, stated Ms. King, Exhibit C was a reasonable allocation of the cost and time allocation for the positions.

Co-Chair Buckley noted there was a request for an Auditor position by the Division of Aging Services, and asked whether the auditing of that program could be done by the Management Analyst II position, which would audit the Senior Pharmacy Program. Ms. King stated whether that would be possible would depend on the number of grants issued by the Task Force, and the degree of difficulty in the process. One possibility that had been discussed was not bringing the grant positions online until January 2001. Ms. King advised the Task Force that by October 2000, DHR would have a much better idea about what the level of activity would be for all the programs.

Dr. Ellerton stated it was his understanding that in order for the Senior Pharmacy Program to function, a Management Analyst IV position and an Auditor position would be required. Ms. Crawford remarked that the Auditor position would not be online until January 2001. The Management Analyst IV and the Management Analyst II were the two positions that would be brought online initially.

Mr. Welch stated while he had some reservations about allocating administrative funds because the Task Force was charged with the responsibility of distributing tobacco settlement funds to programs, he did recognize Ms. Crawford's difficulty in being able to adequately administrate a program when she was not provided the necessary staff. It was his understanding that the funds requested by the DHR would fall within the 2 percent cap, and would not change the original amount the Task Force had to expend for tobacco-related programs.

MR. WELCH MOVED TO APPROVE THE REQUEST BY THE DHR FOR FUNDING FOR THE REQUESTED POSITIONS.

Co-Chair Buckley noted the Task Force had a motion on the floor, and asked Mr. Stevens to clarify whether the Task Force would remain with the 2 percent cap if it approved the request for position funds from DHR, as well as the Treasurer's projected figure for administrative funding. Electing to respond was Ms. Crawford, who noted that the 2 percent cap figures were $98,000 in FY 2000 and $720,000 in FY 2001, and the total requested amount would remain well below the cap.

Ms. Brower asked that the motion be amended to reflect that the funds for the requested positions would be allocated as previously described from Senior Pharmacy Program dollars; Co-Chair Buckley replied in the affirmative. Dr. Ellerton inquired if the Task Force was approving the request for a 2-year period through FY 2001, and stated he felt it would reduce the amount of money available to the Task Force to distribute to the various funds. Co-Chair Buckley commented if the Task Force did not commit any funding toward administration, obviously it would have more to distribute. She agreed with Ms. Crawford's statement that the funding would remain well under the 2 percent cap.
Mr. Welch concurred with Co-Chair Buckley's statement regarding a reduction in funds to be allocated for programs because of administrative costs, however, his point was that the Task Force was given a financial presentation at an earlier hearing, based upon the full 2 percent allocation being transferred to the Treasurer's Office. His rationale for the motion was based on the fact that the Treasurer's Office was only requesting .5 of 1 percent of the 2 percent allocation. Mr. Stevens informed the Task Force that review of the tobacco settlement funds in aggregate revealed that the requests by the DHR and the Treasurer's Office remained within the 2 percent cap, and also remained within the cap for the Fund for a Healthy Nevada.

Co-Chair Buckley asked Ms. Crawford whether the positions, as funded from the Fund for a Healthy Nevada, would only perform tasks as represented and presented to the Task Force by the DHR. Ms. Crawford stated it was more of a question of how many of DHR's existing staff would be required to assist with the programs. She emphasized that the projections represented an extremely lean staffing level to administer the Senior Pharmacy Program and also complete the tasks required by grants awarded by the Task Force. Ms. Crawford assured the Task Force that it would take 100 percent of the requested resources to administer the programs. She emphasized that a new program could not be constructed without staff resources. If it was found that DHR did not need the requested positions, Ms. Crawford stressed that she would not dedicate those positions to performing other duties not related to the fund. She advised she was also deeply sensitive to the need to put as many dollars as possible into the service area of the program, however, the DHR had to be able to develop and manage the programs in order to allocate the funds. She reiterated that DHR was not creating the positions in order to use them somewhere else within the Department, but rather was creating them to attempt to construct the program so that senior citizens would receive some benefits.

Co-Chair Buckley asked Ms. Crawford to understand that from her perspective, she had been assured that the programs could be absorbed using existing resources when A.B. 474 was being constructed, and the requested positions represented a "change in mid-stream." Obviously, she noted, sometimes projection and planning were different than actual implementation.

Mr. Fend asked if the requested funding would carry the positions through FY 2001; Ms. Crawford advised the projection was through FY 2001. Again, it was a new program, and it was very difficult to project exactly what funding level would be needed until the program was operational. She stressed adjustments might be necessary, however, noted that it was a very modest request for staffing. Mr. Fend stated the Legislature would be in session in 2001, at which time the DHR would be presenting a new budget request, and could determine what funding level would be required to administer the program. If the funding request would carry the program to the next Legislative session, when adjustments could be made, he would agree with Mr. Welch's motion.

MR. FEND SECONDED THE MOTION TO ALLOCATE FUNDING FOR THE REQUESTED DHR POSITIONS UNTIL THE 2001 SESSION OF THE LEGISLATURE WAS CONVENED.

To recap, Co-Chair Buckley stated the Task Force had before it a motion by Mr. Welch to approve 3-1/4 administrative positions as outlined in the submitted request (Exhibit M), to be allocated from the separate funds within the Fund for a Healthy Nevada, as submitted and reviewed by Mr. Stevens (Exhibit C), recognizing that it was an approval for FY 2000-2001only; a second to the motion was made by Mr. Fend. She then called for further discussion on the motion.

Co-Chair Freeman acknowledged that she had great sympathy for Ms. Crawford's position, and advised she would support the motion, however, philosophically she was opposed. Far too often, the State mandated that agencies perform certain functions and also raise the dollars necessary. Co-Chair Freeman found that IFC would not consider other possible funding sources because it might interfere with the "budget." She stated she was somewhat offended by that attitude, and felt that legislators should be more flexible in their thinking regarding how to fund the mandates it issued.

According to Co-Chair Freeman, she felt the auditor positions were absolutely critical in order to provide the necessary oversight, and she would review the issue carefully prior to the next session of the Legislature.

Co-Chair Buckley pointed out the next Task Force Agenda would schedule review of the allocation for the Senior Pharmacy Program in general, so it would have the opportunity to better understand where that program was headed. The allocation currently under consideration by the Task Force would allow the DHR to begin the very lengthy State hiring process, so that when the program issues were resolved, it would have staff in place to get the program up and running. With no further questions, Co-Chair Buckley called for a vote on the motion as previously recapped.

THE MOTION PASSED UNANIMOUSLY VIA VOICE VOTE.

At this time, Co-Chair Buckley opened the hearing for public comment, asking those persons wishing to present testimony to come forward.

Danielle Dreitzer, Director of Cancer Prevention and Control for the Southwest Division of the American Cancer Society pledged the American Cancer Society's support behind the recommendations presented earlier by the NTPC. Regarding the development of new spots using local resources in the media campaign, she felt that would be highly unnecessary. There were many states that had developed spectacular spots on a variety of different issues, while expending a great deal of resources in that endeavor, and Ms. Dreitzer felt to reallocate the limited and precious resources to redo that effort would be an unnecessary duplication of services. The Campaign for Tobacco-Free Kids had ads already in place where the name of the State Health Division or department simply needed to be added and they would be ready to use.
Ms. Dreitzer commented that effective media campaigns by other states required paid advertisements, and did not rely solely on public service announcements, due to the lack of ability to control when those would be aired and during what programming. She stated it was crucial to target demographics specifically for a successful media campaign related to tobacco control.

Mr. Fend agreed with Ms. Dreitzer, stating there were many programs available, however, if public broadcasting was going to receive $2 million from tobacco settlement funds, it should "buy" time for some type of programming. Ms. Brower concurred with Ms. Dreitzer's comments, stating there were some very interesting videos available.
Ms. Dreitzer offered her assistance by offering to provide a tape of spots that had been produced by The Campaign for Tobacco-Free Kids, which she felt were incredibly powerful. Dr. Fildes asked if the ready-made ads were totally free. Ms. Dreitzer indicated there might possibly be some cost involved to the actors who created the ads, but there were no production costs or costs for the use of the actual ad.

Maury Astley, Executive Director, Nevada Dental Association (NDA), thanked Dr. Fildes for providing information regarding the tobacco coalition and the Tar Wars program, which looked at the issue of "chew" tobacco products. Mr. Astley advised that the NDA was just becoming involved with that issue, which was being emphasized by the American Dental Association (ADA). He provided copies of brochures from the ADA regarding the dangers surrounding use of those products, (Exhibit N), and indicated those brochures were a resource that would not require further development. Mr. Astley stated the NDA felt that was an area where tobacco money would be well spent, and noted that "chew" products were being produced in more attractive packages. The "chew" products were also being promoted by cowboys, rodeo stars, country western stars, and baseball players, who carried cans in their back pocket which children viewed as "macho."

Mr. Astley stated the NDA had looked at a way it could become involved, and felt that the brochures could be handed out at various locations, dental offices, outreach centers, school nurses, et cetera. He also indicated he had talked to the Nevada Broadcasters' Association about its non-compensated service announcement program, which was an extremely effective way to use tobacco funds. Mr. Astley felt the ads and public service announcements should be aimed specifically at Nevada issues. He noted the NDA had designed a program that would cost approximately $75,000 to $100,000, which included the airtime and the development of the announcements, the brochures, the handling, and a part-time person to coordinate the program. According to Mr. Astley, the NDA would follow the Task Force's RFP process, applying for a small grant to help it get involved in a positive way with the problem.

Ms. Morgan stated the Task Force had expressed a need for a list of the types of dental programs available to low-income families in the community, and asked that Mr. Astley submit a report to the Task Force detailing the NDA activities in that area, including volunteer work performed by local dentists, so when the Task Force was ready to review that subject, it would be aware of what was currently available. Mr. Astley indicated he had testified earlier about local programs such as the sealant program, and advised local dentists were involved in a number of programs. Co-Chair Buckley noted the Task Force would be compiling a report that determined where the needs existed and how it would prioritize those needs, and asked that Ms. Astley submit a written report for review. Ms. Astley replied that he would be glad to provide such a report, and he also advised that the NDA would look for matching funding sources through the ADA, et cetera.

With no further business to come before the Task Force, Co-Chair Buckley adjourned the meeting at 4:55 p.m.

Submitted by:

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Carol Thomsen, Committee Secretary

APPROVED:

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Assemblywoman Barbara Buckley
Presiding Co-Chair