Task Force Members:

American Cancer Society, Texas Division

American Heart Association, Texas Affiliate

American Lung Association of Texas

Texas Academy of Family Physicians

Texas Cancer Council

Texas Commission on Alcohol and Drug Abuse

Texas Comptroller of Public Accounts

Texas Department of Health

Texas Education Agency

Texas Medical Association

Texas Parent Teachers Association

Other Participants:

Alliance of Black School Educators, Texas Chapter

Campaign for Tobacco-Free Kids

Texas Inter-Agency Tobacco Task Force

Legislative Plan

November 1998

Texas Inter-Agency Tobacco Task Force

As members of the Texas Inter-Agency Tobacco Task Force, we endorse the following plan on behalf of our agency/organization.

Mike Dany, Chief Executive Officer
American Cancer Society, Texas Division, Inc.

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American Heart Association, Texas Affiliate

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President and Chief Executive Officer
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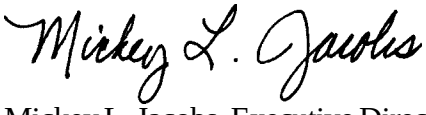
Stephen Benold, M.D., President
Texas Academy of Family Physicians



Mickey L. Jacobs, Executive Director
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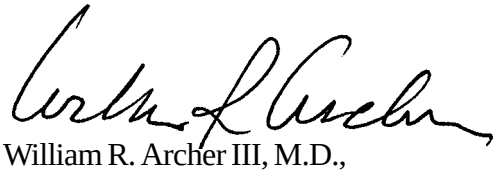
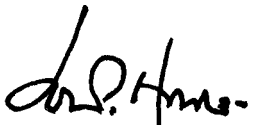


William R. Archer III, M.D.,
Commissioner of Health
Texas Department of Health

Mike Moses
Commissioner of Education
Texas Education Agency



John P. Howe III, M.D., President
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Gail McAda, President
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Texas Inter-Agency Tobacco Task Force
Legislative Plan

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Texas Inter-Agency Tobacco Task Force
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Each year more than 26,000 Texans die as a result of tobacco use. This is more than AIDS, crack, heroin, cocaine, alcohol, car accidents, fire and murder - COMBINED. The use of tobacco products generally begins before the age of 18, often leading children into a lifetime of addiction and suffering. The economic cost to Texas in terms of health care costs and lost productivity were last estimated in 1993 at over $4.9 billion per year. Texas sued tobacco companies based on violation of anti-trust, consumer protection, fraud, conspiracy and racketeering laws. Documents utilized by the state show that tobacco companies have blatantly marketed their products to children, routinely regulated nicotine levels in their products to addict users, and practiced other rogue activities. As a result of the settlement between the State of Texas and the tobacco industry, Texas will receive approximately $17.3 billion over the next 25 years as compensation for tobacco-related Medicaid costs to the State. The circumstances of the State's case show the urgent need for a substantial, well-planned and sustained tobacco prevention program. The fact that these billions of dollars were obtained through the settlement of this case makes a compelling argument to adequately fund such a program beyond the initial pilot, making adjustments as needed when the lessons of the pilot program come to light.

At the request of Senator William R. Ratliff and Representative Robert Junell, an inter-agency task force was convened by Texas Commissioner of Health William R. Archer, III, M.D., to develop a comprehensive plan for use of $200 million for a tobacco prevention pilot program. This pilot program will be funded by $200 million from the first settlement payment. Implementation and continuation of this program will be critical to prevent future premature death, disability and economic cost to the State.

A few states, most notably California and Massachusetts, have launched long-term comprehensive public health programs to prevent and reduce tobacco use. These programs are funded with increases in their states' excise tax on tobacco products and have served as models for other states. Per-capita consumption in both states has declined more rapidly than in the rest of the country (including Texas). Increases in tobacco use among youth in California and Massachusetts has also slowed in comparison to national trends and, most recently, are showing actual declines.

The California tobacco control program began in January 1989. During the period from January 1989 through June 1993, adult smoking prevalence went from 23.9% to 18.6% in 1993, a 1.9 times greater drop in California than the rest of the United States. California currently has the nation's second-lowest smoking rate, after Utah. If similar declines are achieved in Texas as a result of the Texas program, the State might expect to have 750,000 fewer adult smokers after four years.

The plan presented below is designed to be the beginning of the State's attempt on behalf of all Texans, particularly children, to reduce tobacco's toll on Texas. It is in this context that the task force unanimously presents this plan.

The goals of the Texas Tobacco Control Program will be to:

1. Prevent youth tobacco use

2. Motivate youth and adults to cease using tobacco (and utilize treatment for nicotine addiction when needed)

3. Protect the public from involuntary exposure to ETS (environmental tobacco smoke or secondhand smoke)

4. Eliminate disparities among diverse/special population groups

Program Elements:

Evidence-based analyses of other state programs demonstrates that effective tobacco control programs should be comprehensive, sustained over time, and utilize community partnerships. The Texas Inter-Agency Tobacco Task Force identified the following essential elements for a comprehensive tobacco control initiative:

I. Community and Local Coalitions and Programs Including School-based Youth/Parent Programs

II. Public Awareness Campaign and Media Resource Center

III. Tobacco Use Cessation and Nicotine Addiction Treatment

IV. Efforts Targeted to Diverse/Special Populations Such as Minorities, Persons in Rural Areas, and Youth in Alternative Settings

V. Surveillance, Evaluation and Research

VI. Enforcement of Tobacco Control Policies and Laws

VII. Statewide Program Coordination Including Training and Assistance

All of the above program elements must be included for a successful program, as research shows that they are not as effective if not integrated into a comprehensive approach. Individual elements should not be implemented separately.

The Texas Inter-Agency Tobacco Task Force recommends continuation of the Task Force as an advisory body to the Texas Department of Health Board of Health for implementation of the Texas Tobacco Control Program

I. Community and Local Coalitions and Programs Including School-based Youth/Parent Programs

Widespread, long term reduction in tobacco use is best effected through changes in the social environment. These changes can be facilitated in local communities through community partners. Community partners include a diverse and broad variety of organizations, systems, and networks at both the state and local level, such as: medical societies; public and private schools; colleges and universities; parent/teacher groups; voluntary health organizations; civic, social and recreational organizations; businesses and business associations; law enforcement agencies; labor groups; managed care systems; churches; and ethnic and minority organizations. Optimal tobacco control benefits occur when community-based strategies are implemented by partnerships composed of strong health advocates and local leaders. The assumption is that social change is more likely to succeed when those who will be affected are involved in planning, initiating, and promoting the change. Partners can work together most efficiently through coalitions of organizations which come together to promote a common goal.

Selected examples of community program activities:

- Mobilize culturally, ethnically, professionally, and geographically diverse local partnerships to reduce the use of tobacco products in collaboration with minority tobacco education networks.

- Provide educational programs to youth, parents, retailers, other business persons, enforcement officials, community leaders, health care providers, civic group members, school personnel, and members of diverse/special populations to equip and motivate groups to promote changes in their communities that alter the way tobacco is promoted, sold and used.

- Promote public health policies that empower communities and schools to set their own tobacco-free community norms. Such policies can focus on clean indoor air, access restrictions, product regulation, insurance coverage for treatment, cessation activities, restrictions on local advertising and promotions.

- Implement K-12, age-appropriate tobacco prevention programs in local schools that are based upon proven, effective principles.

Outcomes:

- Increased number of local environmental changes that promote:
  - Prevention of initiation among youth
  - Protection of the non-smoker (clean indoor air)
  - Reduction in youth and adult prevalence
- Increased number of local educational campaigns
- Increased focus on issues and concerns of diverse/special populations such as minorities, persons in rural areas and youth in alternative settings
- Increased availability of local programs (e.g. youth programs**,** cessation)
- Increased coordination of local activities with state and regional programs
- K-12, age-appropriate tobacco prevention programs that are based upon proven effective principles are implemented in all schools
- Increased development and enforcement of policies that require tobacco-free school facilities, grounds and events.

Funding Issues:

- Send RFP's to local communities. [Oregon's grants range from $10,000 to rural communities to $500,000 for large communities. Oregon has a population of 3 million people and has $3.25 million in this category. Texas' population is 6 times that of Oregon - a similar funding level for Texas would be 19.5 million.] Best practices from other states suggest that about $1.00 to $2.50 per capita annually to local government units or community organizations.

- Encourage public-private partnerships. Projects that focus on innovative solutions targeting the root causes of risky adolescent behavior will be particularly encouraged.
- Support programming which includes 1.5 full time employees dedicated to tobacco education at each of the 20 Education Service Centers. Each coordinator will be responsible for coordinating and training school district personnel, and serving as a liaison between the communities and the school district in planning and implementing the tobacco prevention program. Additional funds will be used for support staff, building use, travel, etc.

- Funding requirements for local health departments, community programs and schools will include activities that serve diverse/special populations. For local health departments and community programs, these activities will account for about 33% of funding, as approximately 33% of Texas' smokers are minorities. In Texas schools, about 50% of funding will address special/diverse populations based on minority enrollment data.

Budget: Community and Local Coalitions and Programs			
Activity	**FY2000**	**FY2001**	**FY2002-3**
Fund 64 Participating City/County Health Departments (minimum of $100,000 per LHD). At least 33% of funding shall be allocated to activities serving diverse/special populations.		$6.7 million + $3.3 million (33%)	**Spend balance of unencumb-ered funds**
Offer competitive grants for special innovative community tobacco prevention activities. (Special attention will be given to distributing funds so that all areas of the state are served. At least 33% of funds will be allocated to serve diverse/special populations. Public-private partnerships will be encouraged.)		$4.69 million + $2.31 million (33%)	
Support programming which includes 1.5 FTEs dedicated to tobacco education at each of the 20 Education Service Centers, support staff, building use, travel, etc.	$2.25 million	$2.25 million	
Grants to local school districts based on enrolled population ($1.50+ per student). Approximately half of this budget will be spent on diverse/special populations, based upon 50% minority enrollment in Texas Schools.	$1.5 million + $1.5 million (50%)	$3 million + $3 million (50%)	
Total	**$5.25 million**	**$25.25 million**	

II. Public Awareness Campaign and Media Resource Center

Just as the tobacco industry spends large sums of money on advertising and promotional campaigns (approximately $360 million per year in Texas), public health programs need to invest adequately in their own campaigns to serve the goals of prevention, cessation and protection from second-hand smoke. Tobacco control public awareness campaigns should contain the following: (1) Strategic Objectives; (2) Target Audiences; (3) Strategic Guidelines; (4) Media Plan; and (5) Evaluation Plan. With adequate frequency, pervasiveness and duration, public awareness campaigns can help lead to changes in knowledge, attitudes, and behavior as well as changes in public policy. Integrating public awareness campaigns with other program activities into a comprehensive approach is critical to maximize the effect.

Examples of public awareness and media resource activities include:

- the use of diverse direct and counter-advertising messages to youth and adults (including ethnic and culturally diverse audiences);
- the inclusion of positive accounts of good policy messages;
- the use of diverse media, including paid and public service radio and television, print, outdoor, events, and internet advertising;
- the identification (from available materials) and/or development of creative ads;
- the application of research to determine which approaches appear most likely to be successful;
- the combination of media with other interventions, i.e., school and community activities to create synergy;
- utilizing the principles of public relations and advertising;
- ensuring that the campaign is free of political and tobacco industry influence;
- the allocation of sufficient resources to ensure at least the minimum number of exposures of each message over a given period of time, as recommended by advertising agents.
- establishing a Media Resource Center to provide materials, training and support for local/community programs throughout the State. The media resource center should: identify and/or develop media messages and support integration of media strategies into local activities; provide technical assistance to local programs; develop calendars of local, regional and state media events; help plan and conduct press conferences; and serve as a liaison with researchers to make their data accessible to the public.

Outcomes:

- Increased perception of the risks of tobacco use by youth
- Decrease in the perceived social approval of tobacco use by youth
- Increase in the number of tobacco users trying to quit
- Increased public knowledge of telephone quit line, self-help, or counseling resources available
- Increased public knowledge of the benefits of not using tobacco products
- Increased public knowledge of the health risks of environmental tobacco smoke
- Increased public knowledge of the public policies related to tobacco use and exposure to environmental tobacco smoke
- Increased number of parents that choose to get involved in their community regarding tobacco issues.

Funding Issues:

Examples from other states with existing comprehensive media campaigns:

- California spends approximately $1.00+ per capita
- Massachusetts spends approximately $2.00 per capita
- Arizona spends approximately $3.25 per capita.

An acceptable figure at this time for a comprehensive media campaign in Texas would be $1.00 per capita.

Adult prevalence rates in Massachusetts have continued to decline from 23.5% (average of 1990-1992 prior to the program) down to 20.6% in 1997. In the rest of the country (excluding California), adult smoking rates declined from 24.1% in 1990-1992 to 23.4% in 1993-1995.

The prevalence of smoking among Massachusetts high school students (9-12 graders) declined in the Massachusetts Youth Risk Behavior Survey from 35.7% in 1995 to 34.4% in 1997 while increasing from 34.4% to 36.4% nationwide during the same time period.

At least 33% of all public awareness/education efforts will be used to target diverse/special populations based upon approximately 33% of Texas'smokers being minorities.

Budget: Public Awareness Campaign and Media Resource Center			
Activity	**FY2000**	**FY2001**	**FY2002-3**
Development of campaign concepts; implementation utilizing paid and public service radio and television ads, and print, outdoor and internet advertising; public relations/events and development of a media resource center At least 33% will be used to target diverse/special populations.	$5.36 million + $2.64 million	$13.4 million + $6.6 million	**Spend balance of unencumb-ered funds**
Total	**$8 million**	**$20 million**	

III. Tobacco Use Cessation and Nicotine Addiction Treatment

Smoking cessation and cessation of other forms of tobacco use must be part of any tobacco control program. Smokers and other tobacco users must know that cessation and nicotine addiction treatment services are available and accessible. To be effective, the cessation/treatment program should offer a continuum of proven services from the simplest quit technique to the most intensive treatment. Special attention will be made to ensure the availability of programs addressing the needs of pregnant women and diverse/special populations such as minorities, persons in rural areas and youth in alternative settings.

Examples of tobacco use cessation and nicotine addiction treatment activities include:

- Promotion of proven-effective training resources and programs (such as the U.S. Agency for Health Care Policy and Research clinical guidelines on smoking cessation) throughout the state to all health care providers, especially to those practicing in low income, minority or under-served areas.

- Working with insurance plans and beneficiary programs to promote policy changes so that they offer tobacco-use cessation and nicotine addiction treatment as a covered benefit.

- Development and promotion of resources and programs for youth.

- Establishing a bilingual, multi-ethnic telephone quit line (similar to the California Smokers' Helpline) offering advice, referral and multi-session counseling. Telephone quit lines offer the following advantages: convenience (no transportation or child care issues); no geographic barriers; no waiting for classes; fewer scheduling problems; anonymity (patients relate their problems earlier); enhanced accessibility (fewer language barriers, can be actively promoted, free of charge).

- Promotion of telephone quit line, self-help or counseling resources available.

A randomized trial conducted by the University of California demonstrated that telephone counseling had successful one-year quit rates comparable to quit rates with traditional cessation clinics.

Outcomes:

- Increased access of all tobacco users to proven clinical and non-clinical treatment interventions
- Increased number of insurance plans and beneficiary programs offering tobacco-use cessation and nicotine addiction treatment as a covered benefit
- Increased utilization of treatment interventions of proven effectiveness
- Increased number of tobacco users who make quit attempts
- Increased number of successful quit attempts
- Increased use of the Texas quit line service
- Increased access to tobacco use cessation and nicotine addiction treatment services by diverse/special populations.

Funding Issues:

Estimated costs of current state cessation programs.

California		
Quit line	$1,600,000	
Massachusetts		
Cessation programs	$2,780,000	(Includes an intensive physician training program)
Quit line	$780,000	
Cessation TA	$270,000	
Arizona		
Helpline	$500,000	(Only provides for limited counseling)
Statewide cessation plan	$2-3,000,000	

Budget: Tobacco Use Cessation and Nicotine Addiction Treatment			
Activity	**FY2000**	**FY2001**	**FY2002-3**
Distribution of clinical guidelines and materials on smoking cessation, establishment and promotion of a telephone quit line, technical assistance related to cessation, information and technical assistance for insurance companies to offer cessation and addiction treatment as a covered benefit.	$1.34 million	$2.68 million	**Spend balance of unencum-bered funds**
	+	+	
33% of funding will be allocated to cessation activities for diverse/special populations, representing approximately 33% of all Texas smokers who are minorities.	$660,000	$1.32 million	
Total	**$2 million**	**$4 million**	

IV. Efforts Targeted to Diverse/Special Populations Such as Minorities, Persons in Rural Areas, and Youth in Alternative Settings

Tobacco use causes devastating disease and premature death in every population in the United States. In Texas, two major racial/ethnic minority groups - African Americans and Hispanics - constitute approximately 33 percent of Texas' smokers. In addition, approximately 17 percent of Texans live in rural areas.

Selected examples of activities:

To address the needs of diverse/special populations in each of the elements of the comprehensive plan (Community and Local Coalitions and Programs Including School-based Youth/Parent Programs, Public Awareness, Cessation, Enforcement, Evaluation and Research) program staff would:

- Establish statewide minority tobacco education networks for African Americans, Hispanics, Asian/Pacific Islanders and other identified groups. These networks would: involve ethnic and rural community leaders and multi-ethnic youth in education, prevention, policy, and advocacy efforts; counter pro-tobacco messages which are targeted to minority populations; and inform and educate community members and leaders regarding ethnic and rural issues related to tobacco.

- Notify local groups serving diverse/special populations of opportunities for tobacco prevention funding.

- Assist local groups in developing capacity to successfully compete for tobacco prevention grants and provide technical assistance for program development.

- Review existing public awareness campaigns for content relevant to diverse/special populations and provide advice on development of new campaign elements.

- Promote tobacco "quit line" throughout the minority network as a tool reaching diverse/special populations. Assist in making information provided culturally relevant.

- Work with communities to develop cessation programs addressing the special needs of pregnant women and other diverse/special populations.

- Work with local health care providers to draw attention to the needs of special/diverse populations.

- Gather information on marketing practices which target diverse/special populations for tobacco use.

- Assess data needs for evaluating activities addressing diverse/special populations.

Outcomes:

- Reduction in youth and adult prevalence of tobacco use in minority, rural, and other special populations
- Reduction in the disparities among diverse/special population groups

Funding Issues:

- Fund ethnic tobacco education networks for African Americans, Hispanics and Asian/Pacific Islanders at $1,500,000 (similar funding level to California).
- Fund a rural tobacco education network.

Budget: Efforts Targeted to Diverse/Special Populations			
Activity	**FY2000**	**FY2001**	**FY2002-3**
Establishment of statewide minority education networks	**$500,000**	**$2 million**	**Spend balance of unencumb-ered funds**

Other funds designated for diverse/special populations from:			
Activity	**FY2000**	**FY2001**	**FY2002-3**
Competitive grants to communities/coalitions (33%)		$2.31 million	**Spend balance of unencumb-ered funds**
Grants to city/county health departments (33%)		$3.3 million	
Public Awareness Campaign (33%)	$2.64 million	$6.6 million	
Minority cessation activities (33%)	$660,000	$1.32 million	
School Programs (approx. 50%)	$1.5 million	$3 million	
Total	**$4.8 million**	**$16.53 million**	

V. Surveillance, Evaluation and Research

Surveillance and evaluation is needed to monitor the impact of program components on the environment and population. Surveillance is the continuous monitoring of measures such as behavior, attitudes, and health outcomes over a regular interval of time. Surveillance provides information on the achievement of ultimate outcomes such as prevalence of tobacco use among youth and adults, per-capita consumption, and exposure to environmental tobacco smoke. Evaluation surveys provide in-depth information about intermediate outcomes such as attitudes, beliefs, and behaviors (e.g., quit attempts). Surveillance and evaluation activities are an important way to target resources and demonstrate progress toward goals.

The state program should primarily implement best practices - the types of activities and campaigns that have been shown through evaluation to reduce prevalence, initiation, and exposure. But the program should also have a component for applications research in which some innovative projects are undertaken so as to add to the repertoire of best practices. Some innovative interventions may advance the state of the art and others may not, but with a strong evaluation built in, any attempt at innovation can be of benefit to all. State programs should learn from the activities carried out in the state and can share experiences with other states. Federal agencies such as the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI) can play a coordinating role in the diffusion of this knowledge.

Examples of surveillance, evaluation and research activities include:

- Surveillance systems designed to ensure continuous monitoring of performance objectives addressing all program goals (e.g., Youth Risk Behavior Survey, Behavioral Risk Factor Survey, cancer incidence data, state mortality data)

  Data collection methods to complement surveillance systems can include school-based youth tobacco surveys, adult tobacco surveys, school administrator surveys, teacher surveys, opinion leader surveys, health provider surveys, local program monitoring surveys, state and local policy tracking, monitoring of pro-tobacco activities, local media monitoring.

- Evaluation activities will be designed to evaluate implementation and intermediate program objectives and to assess outcomes in all strategy areas including:

  -activities conducted by city/county health departments
  -community-based programs
  -school-based programs
  -public awareness campaign (i.e., focus groups, phone surveys, etc.)
  -cessation activities

-tobacco programs addressing diverse/special populations
-enforcement and compliance with laws and ordinances restricting tobacco use

- Conduct research to evaluate new and innovative programs.

Funding Issues:

State health departments currently manage most tobacco surveillance systems. It is important for health departments to expand their resources to meet additional demands. Many states work in conjunction with universities or private entities to implement and coordinate surveillance, evaluation, and research activities. Ten percent of program resources should be allocated to fund evaluation efforts. It is essential that evaluation efforts be integrated with all program components and activities. Optimally, evaluation efforts will assess program components and the status of program goals as well as both intermediate and primary outcomes.

Estimated costs of current state evaluation:

California

FY '96	$5,119,000	
FY '97	$5,118,000	(Per capita approx. $0.16)

Massachusetts

FY'97	$1,450,000	(Per Capita approx. $0.24)

Oregon

FY'97	$600,000	(Per capita approx. $0.18)

Budget: Surveillance, Evaluation and Research			
Activity	**FY2000**	**FY2001**	**FY2002-3**
Collect baseline and ongoing information regarding tobacco use, attitudes, industry marketing practices, community and worksite policies, ordinances, and smoke-free public facilities at the local/community level; Work with local health departments/communities to develop surveillance/monitoring systems; Conduct knowledge, attitudes and behavior studies prior to and during public information campaign development including focus groups, telephone surveys, and other appropriate methods; Refine and collect baseline and ongoing data on minorities and tobacco use at the county or city level.	**$2 million**	**$5 million**	**Spend balance of unencum-bered funds**

VI. Enforcement

The enforcement of public and private policies that restrict advertising, restrict access to and possession of tobacco products, and reduce exposure to environmental tobacco smoke discourages youth from initiating tobacco use and protects the health of nonsmokers. From a public health viewpoint, the role of enforcement of such legislation is to protect the public health through compliance, not to punish violators.

Examples of enforcement activities include:

- Investigating complaints received through telephone hotlines regarding violations
- Conducting frequent retailer compliance checks to identify violations of ordinances and laws that prohibit retailers from selling tobacco products to youth.
- Educating and promoting enforcement of ordinances and laws at the local level. These include laws that restrict minors' access to and possession of tobacco products, reduce exposure to environmental tobacco smoke, and advertising restrictions.

Outcomes:

- Decreased accessibility to tobacco products by youth
- Increased compliance with existing local and state laws
- Reduced exposure of nonsmokers to environmental tobacco smoke
- Increased enforcement of clean indoor air laws, minor's access and possession laws, and signage and advertising restrictions.

Funding Issues:

- The Texas Department of Health currently receives approximately $277,000 from the FDA to conduct 4,500 compliance checks for illegal sales to minors per year (average of $62 per inspection) Inspections are conducted in 18 counties. There are approximately 17,000 retail outlets in these 18 counties. Continuation of FDA enforcement activities will be contingent on legal appeals regarding FDA authority to regulate tobacco products.

- The Texas Comptroller's office is currently using $400,000 to provide small grants to 81 local law enforcement agencies for enforcement.

Budget: Enforcement			
Activity	**FY2000**	**FY2001**	**FY2002-3**
Investigation of complaints, retailer compliance checks and education promoting enforcement of ordinances and laws at the local level (in addition to current FDA and Comptroller activities.	**$1 million**	**$ 2 million**	**Spend balance of unencum-bered funds**

VII. Statewide Program Coordination Including Training and Assistance

Implementation of an effective tobacco control program requires strong leadership and direction by knowledgeable staff. Currently, the Texas Department of Health oversees a number of activities geared towards achieving the goals of the Texas Tobacco Control Program; however, the expansion of tobacco control activities in the State will require additional leadership and support from the Texas Department of Health.

Examples of program coordination activities include:

- Recruitment and development of qualified and diverse technical, program, and administrative staff
- Awarding and monitoring program contracts and grants, coordinating implementation across program areas, and assessing program performance
- Creating an effective internal and external communication system
- Developing a sound fiscal management system and the ability to minimize start-up delays
- Incorporate surveillance and evaluation activities in program planning
- Assuring that the needs of diverse/special populations are met through planning and objectives for all program areas
- Provide training and technical assistance to increase capacity for local health departments, schools and community groups to write and implement grants

Outcomes:

- Increased consistency and accuracy of tobacco control messages presented throughout the state
- Improved financial management of programs and activities statewide, allowing more time for program implementation

- Increased resources for program development and improvement
- Increased capacity to write and implement grants
- Increased recognition of available resources for tobacco control activities in the state
- Increased coordination of all program elements

Funding Issues:

Best practices dictate that about 5% of total annual program funds be allocated to program administration and management.

Budget: Statewide Program Coordination			
Activity	**FY2000**	**FY2001**	**FY2002-3**
Recruitment and development of staff; coordinating implementation across program areas; assessing program performance; developing a sound fiscal management system; incorporating surveillance and evaluation activities in program planning; assuring that the needs of diverse/special populations are met through planning and objectives for all program areas; equipping office as needed.	**$2 million**	**$ 3 million**	**Spend balance of unencum-bered funds**

Texas Tobacco Control Program Budget

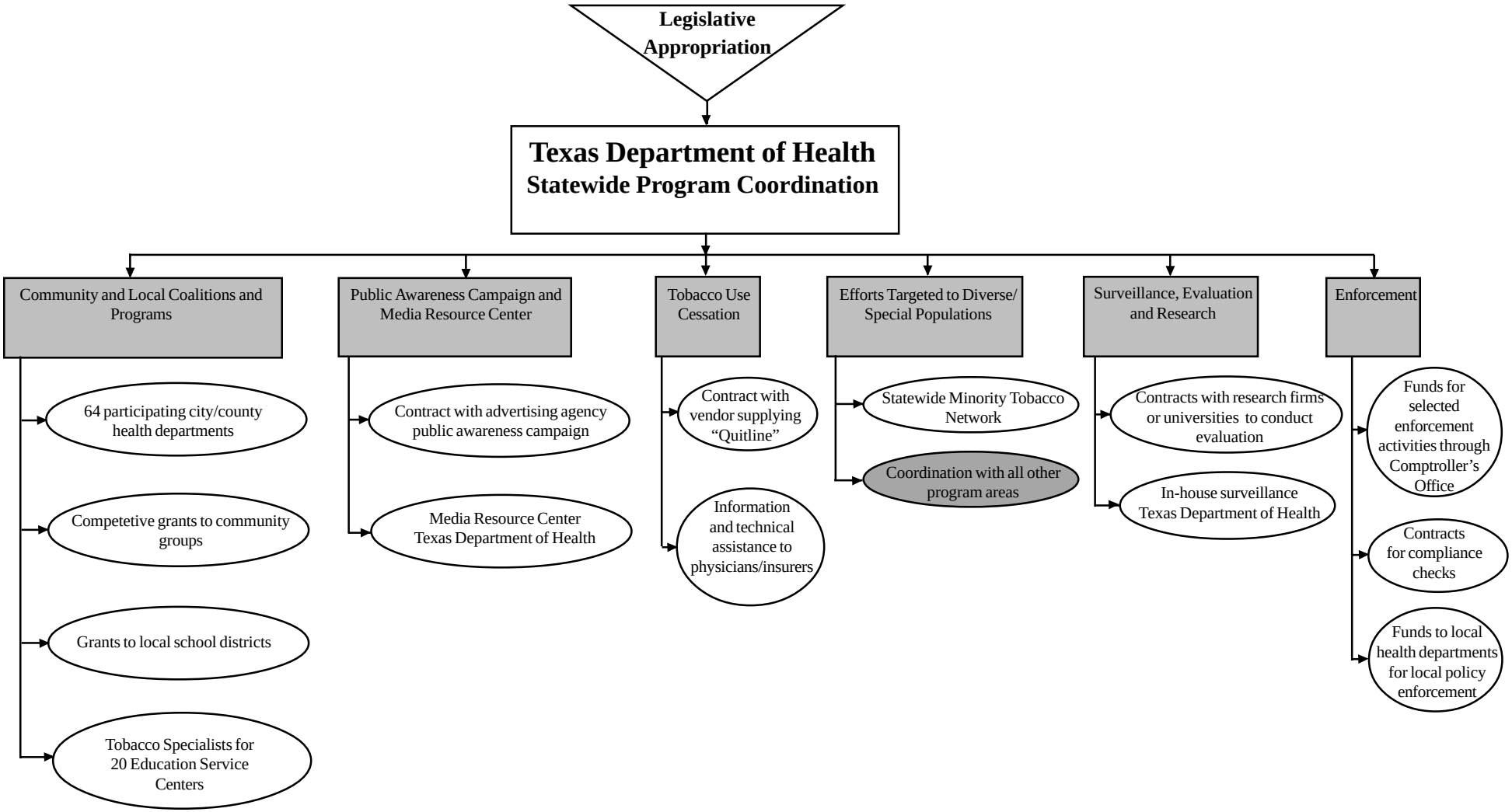
Method of Finance for the Appropriations

We recommend establishing a separate account in General Revenue with authority to invest the funding of $200 million. The investment income and depository interest should be retained in the account as funding for the proposed appropriations.

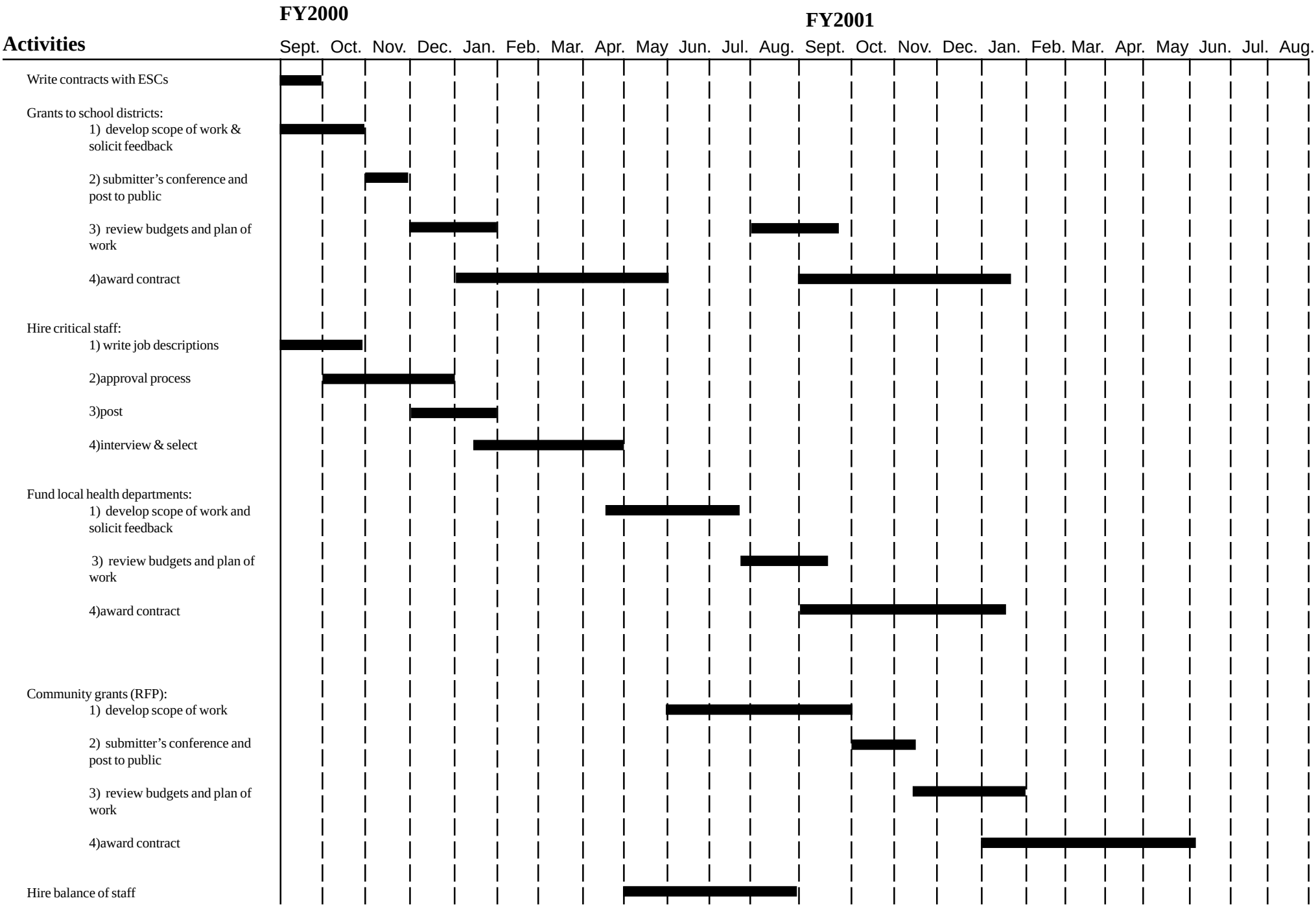
Budget Summary						
Activity		FY2000	FY2000 funding allocated for Diverse/ Special Populations	FY2001	FY2001 funding allocated for Diverse/ Special Populations	FY2002-3
I.	Community and Local Coalitions and Program including School-Based Youth/Parent Programs	$5.25 million	$1.5 million (50% of grants to local school districts)	$25.25 million	$8.61 million (50% of grants to local school districts, 33% of community and local health department grants)	
II.	Public Awareness Campaign and Media Resource Center	$8 million	$2.64 million *(33%)*	$20 million	$6.6 million *(33%)*	**Spend balance of unencum-**
III.	Tobacco Use Cessation and Nicotine Addiction Treatment	$2 million	$660,000 *(33%)*	$4 million	$1.32 million *(33%)*	**bered funds**
IV.	Efforts Targeted to Diverse/Special Populations	$500,000	$500,000 *(100%)*	$2 million	$2 million *(100%)*	
V.	Surveillance, Evaluation and Research	$2 million		$5 million		
VI.	Enforcement	$1 million		$2 million		
VII.	Statewide Program Coordination Including Training and Assistance	$2 million		$3 million		

TOTAL:	**$20.75 million**	**$5.3 million** (included in FY2000 Total: $20.75 million)	**$61.25 million**	**$18.53 million** (included in FY2001 Total: $61.25 million)	

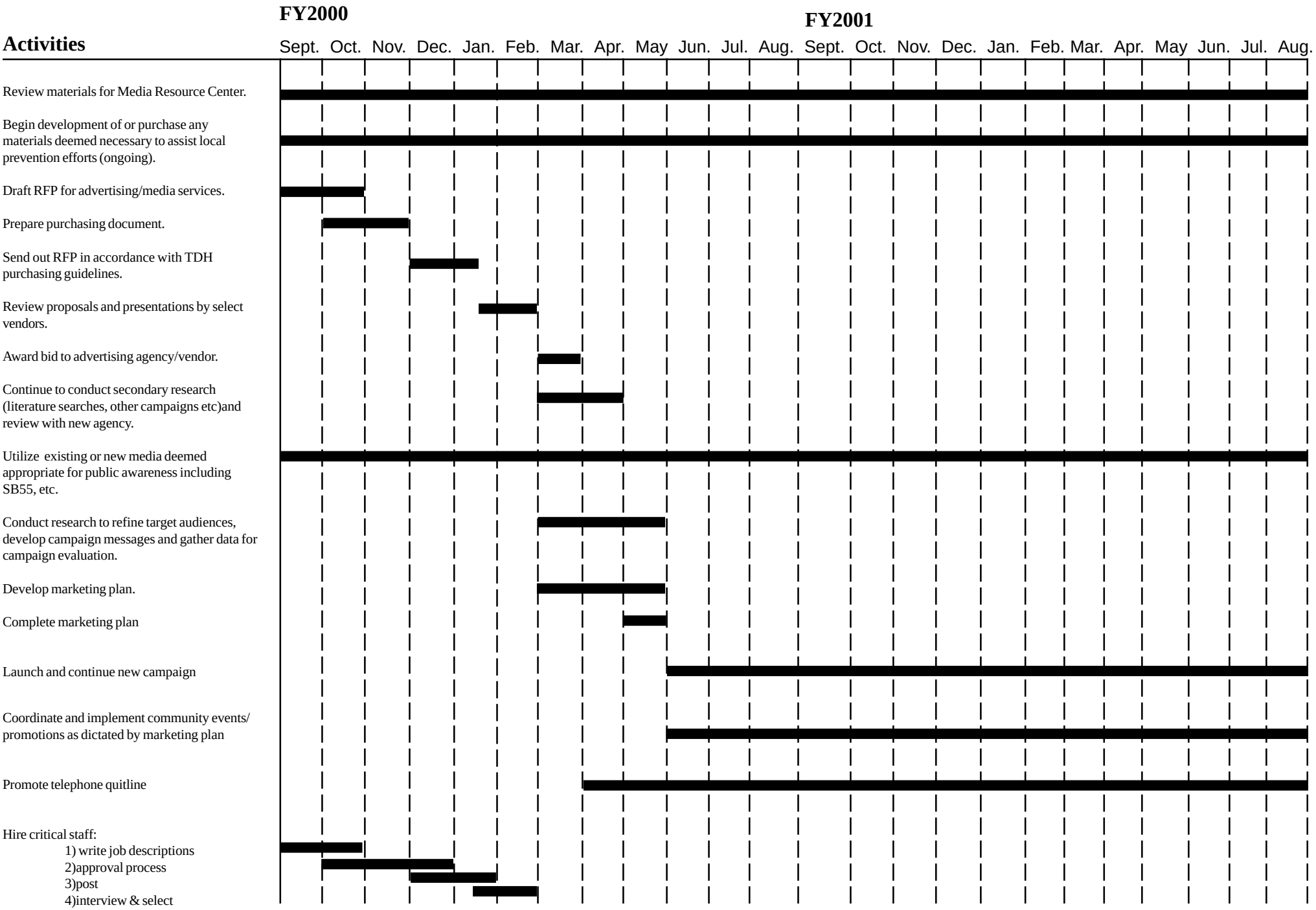
Funding Stream for Texas Tobacco Control Program



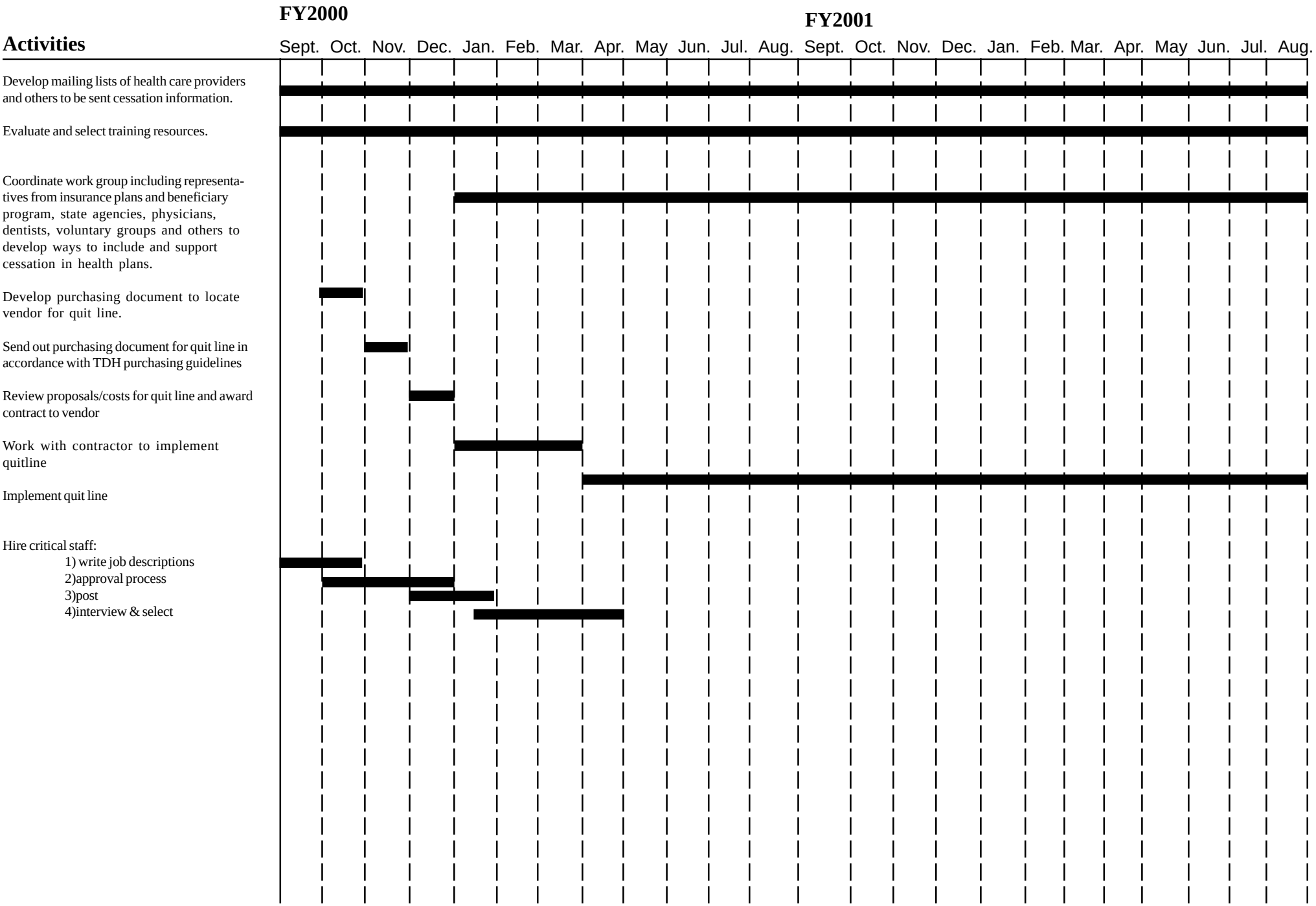
I. Community and Local Coalitions and Programs Including School-based Youth/Parent Programs



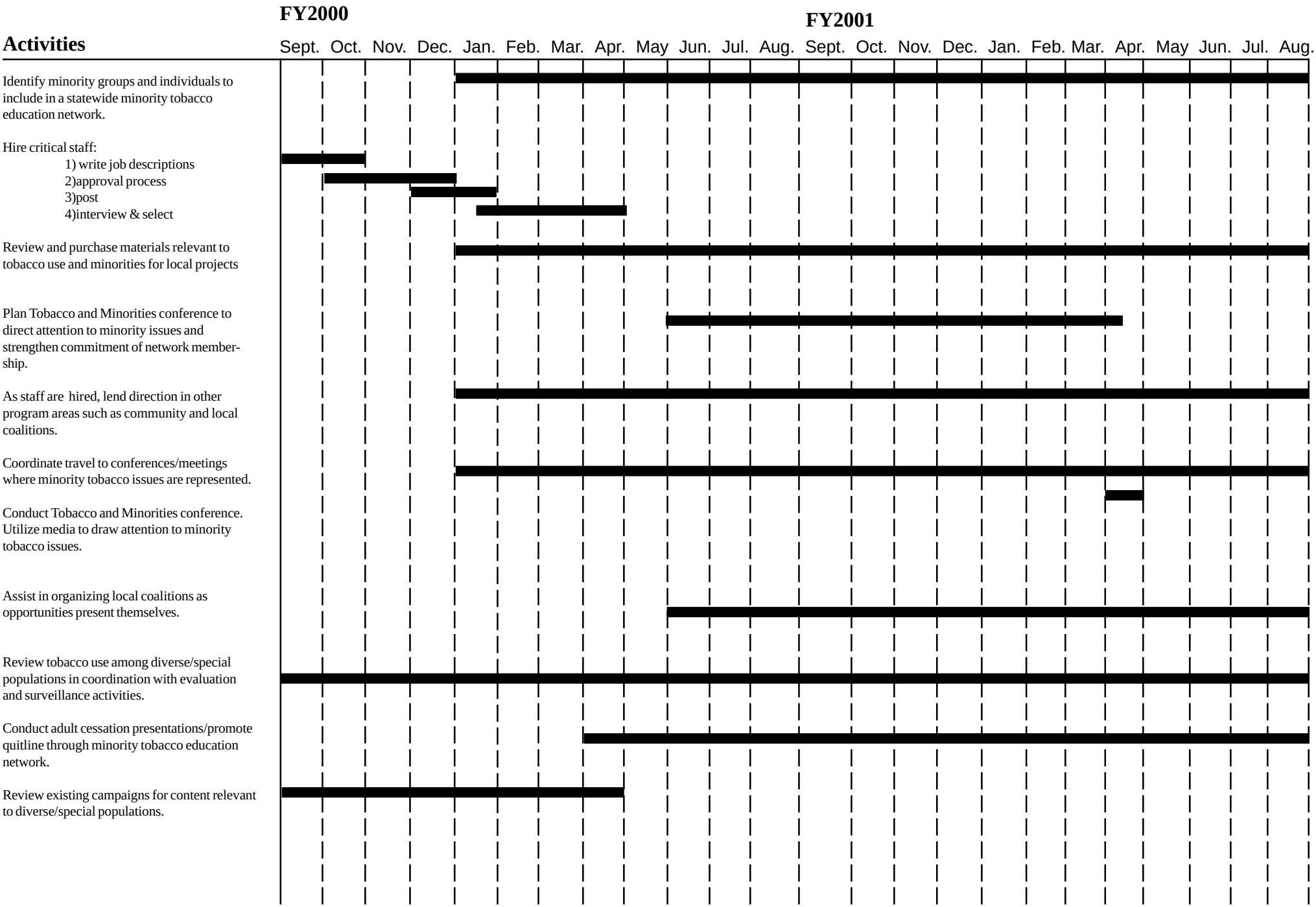
II. Public Awareness Campaign and Media Resource Center



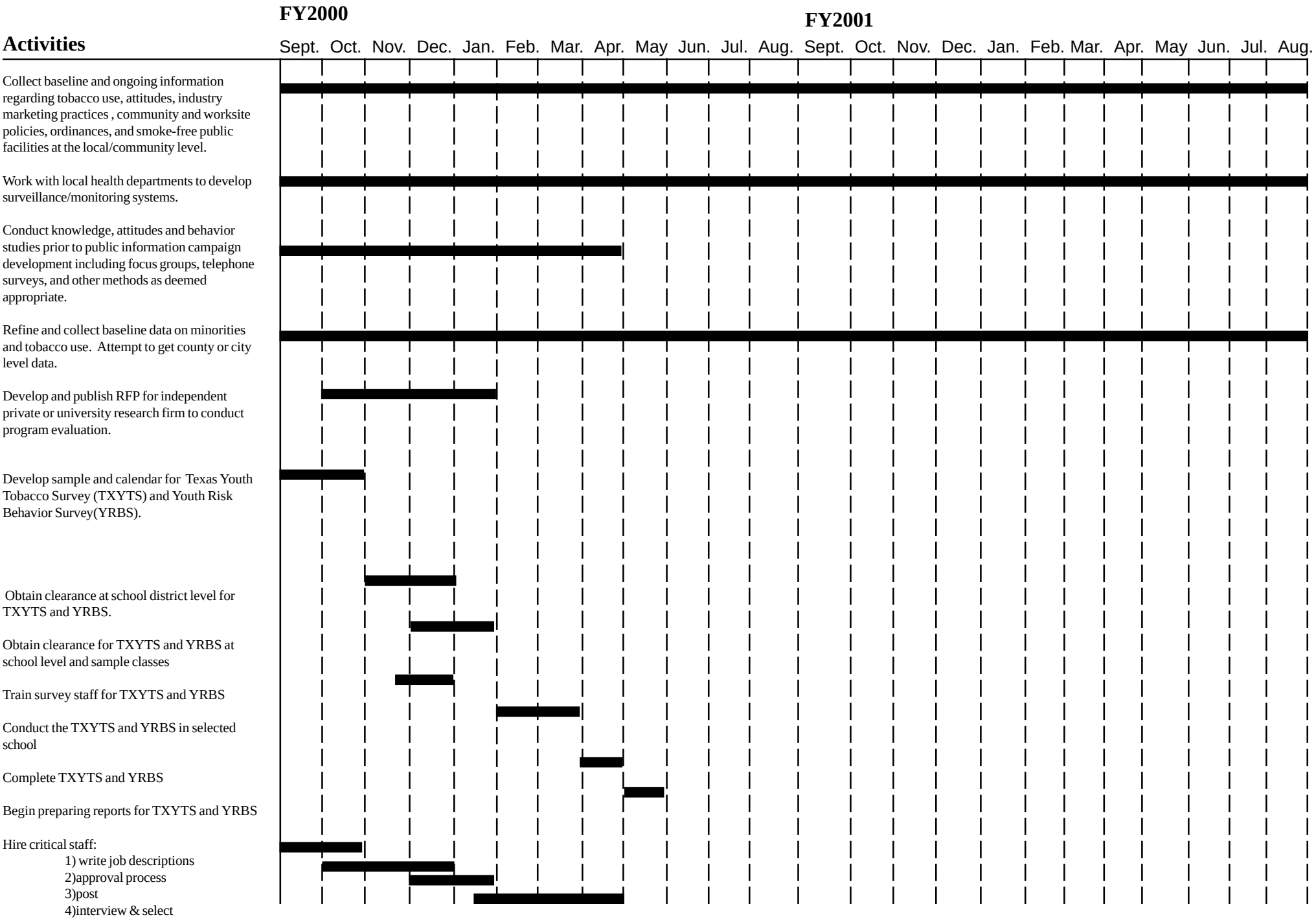
III. Tobacco Use Cessation and Nicotine Addiction Treatment



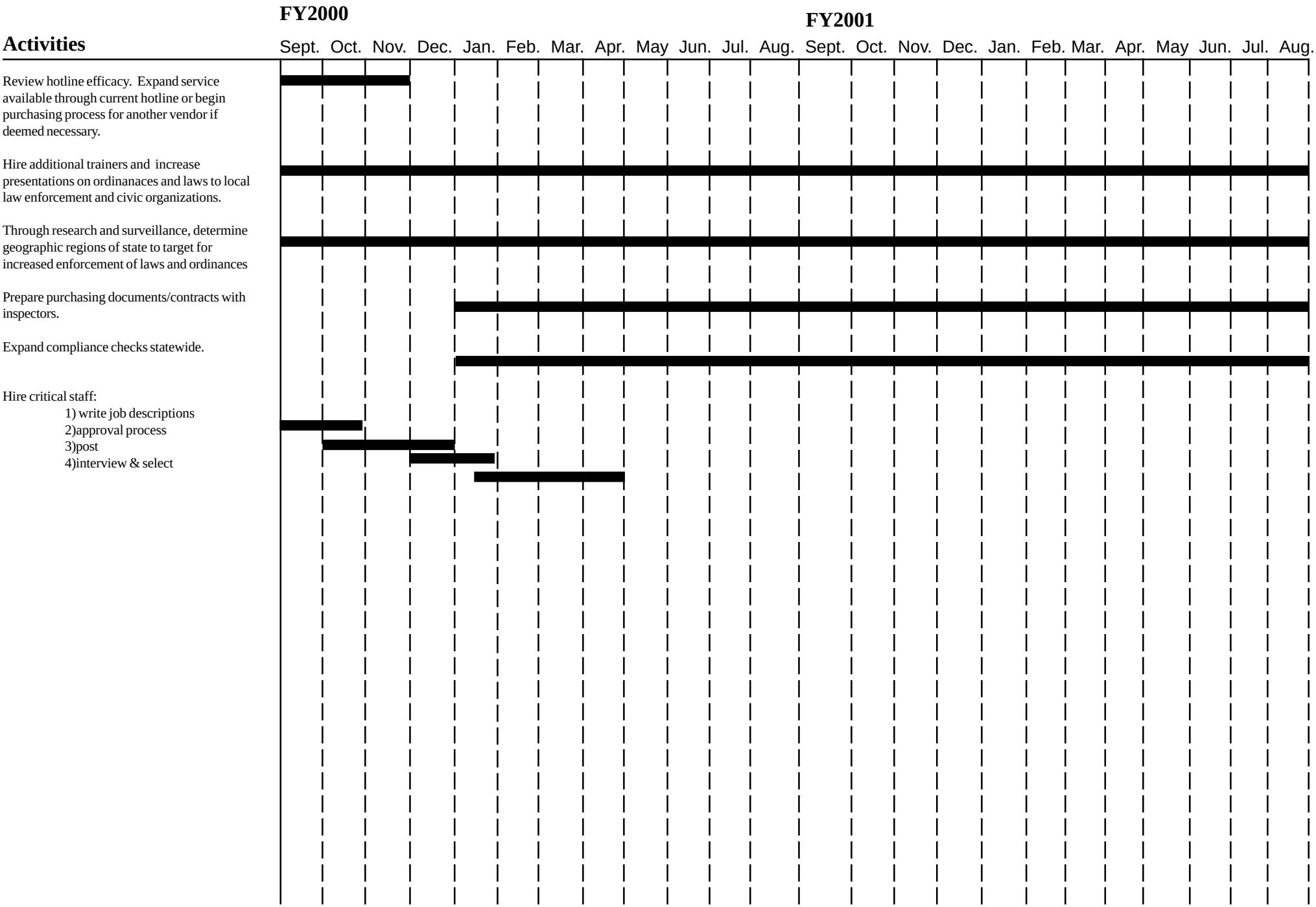
IV. Efforts Targeted to Diverse/Special Populations Such as Minorities, Persons in Rural Areas, and Youth in Alternative Settings



V. Surveillance, Evaluation and Research



VI. Enforcement of Tobacco Control Policies and Laws



VII. Statewide Program Coordination Including Training and Assistance