

Montana Tobacco Use Prevention Plan

Extended through 2010

Coordinated by the Montana
Tobacco Prevention Advisory Board

September, 2004

Acknowledgments

In the year 2000, the Montana Tobacco Use Prevention Five-Year Plan was prepared by members of the Governor's Advisory Council on Tobacco Use Prevention. That plan formed the foundation for development of the current document.

Expert technical assistance for the updated plan was provided by:

- Tom Kean, Strategic Health Concepts
- Dearell Niemeyer, Tobacco Technical Assistance Consortium, Emory University
- Jane Pritzl, Division of Adolescent School Health, Centers for Disease Control and Prevention
- Gerry Rainingbird, American Indian Tobacco Education Network
- April Roeseler, California Department of Health Services

In addition, many Montana tobacco use prevention partners provided thoughtful input.

Consultants Judy Garrity and Bob Moon provided services to update and rewrite the plan.

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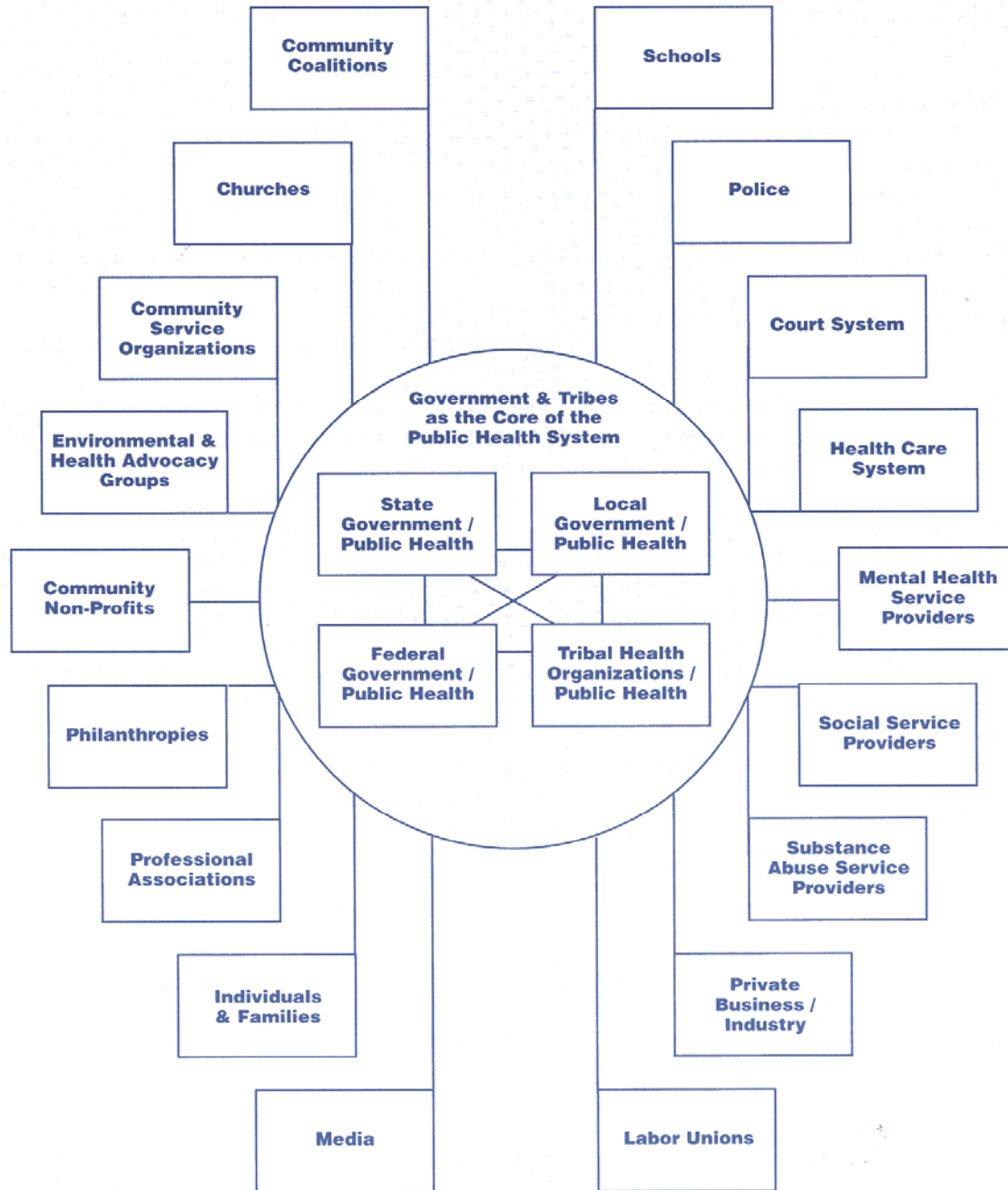
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Roles of State, Local Health Departments and Key Partners



For information on Montana stakeholders, see:

- ⇒ Appendix A: *Strategic Plan Participants*, pages 39-41
- ⇒ Appendix B: *Members of Community Coalitions*, pages 42-49

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Introduction and Summary

This strategic plan was developed by the Montana Tobacco Prevention Advisory Board in collaboration with many tobacco control stakeholders throughout Montana. It encompasses a vision, goals, and specific actions to reduce tobacco use in Montana by the year 2010. This extended plan is based on systematic input via key stakeholder interviews, website responses, and a February 2004 meeting with over 80 concerned participants. This plan updates and builds on the five-year plan prepared by the original Governor-appointed Advisory Council on Tobacco Use Prevention in the year 2000. Funding for tobacco use prevention comes from two primary sources:

- 1. The Master Settlement Agreement (MSA) with state Attorneys General.** In the year 2002, Montana voters passed Initiative 146 (I-146) that outlined funding appropriations from the MSA, including funding for tobacco use prevention. During the 2003 Montana Legislative Session, Senate Bill 485 codified the intent of I-146 with an allocation of \$3.2 million annually for tobacco use prevention. This law dedicated “a portion of the tobacco settlement proceeds to fund a statewide comprehensive tobacco disease prevention program designed to: (a) discourage children from starting use of tobacco; (b) assist adults in quitting use of tobacco; (c) provide funds for the Children’s Health Insurance Program; and (d) provide funds for the comprehensive health association programs.”¹ The law also established a 15-member tobacco prevention advisory board appointed by the director of DPHHS.
- 2. Grants from the Centers for Disease Control and Prevention (CDC).** The Montana Department of Public Health and Human Services (DPHHS) and the Centers for Disease Control and Prevention (CDC) have entered into a five-year cooperative agreement whereby CDC provides tobacco use prevention funding for the state based upon an annual reapplication process. In federal fiscal year 2004, CDC funding totaled \$875,000.

Whereas the previous tobacco use prevention plan was the sole responsibility of the Montana Tobacco Use Prevention Program (MTUPP), this updated plan reflects collaboration with many partners to provide the comprehensive, multifaceted approach necessary for success and is in alignment with the language of JR 11, enacted by the 58th Montana Legislature.

There is no single program component that by itself will prevent tobacco use. The DPHHS and its many state and local partners have adopted uniform goals and objectives to accomplish the plan with guidance from the Tobacco Prevention Advisory Board and CDC. Strategic directions in four key program areas guide the tobacco control community in meeting its mission and goals.

¹ Section 17-6-602, Montana Codes Annotated.

Guiding Principles

As the first step in its deliberations, the original Council adopted a set of guiding principles to direct work on the plan. These principles remain intact and are described below.

The Montana Tobacco Use Prevention Community will strive to:

- Expand public awareness regarding the public health crisis related to tobacco use.
- Promote evidence-based tobacco use prevention activities that best fit Montana’s unique social, political, and economic circumstances.
- Encourage innovative new strategies that are appropriate to Montana’s unique circumstances, including the use of new technologies.
- Implement an effective prevention program that involves all areas of the state.
- Measure accomplishments and publicly report outcomes.
- Involve all sectors of Montana communities including local boards of public health and local health departments, local business owners and medical providers. All tobacco use prevention efforts should reflect collaboration with these entities and other key stakeholders.

Mission

The mission of Montana’s tobacco use prevention community is to address the public health crisis caused by the use of all forms of commercial² tobacco products. The Montana tobacco use prevention community will work to eliminate tobacco use, especially among young people, via programs and policies throughout Montana.

Goals

Montana’s tobacco use prevention efforts will:

- Prevent youth from beginning a lifetime of addiction to tobacco products.
- Help people already addicted to tobacco to quit using it.
- Eliminate exposure to the hazardous effects of secondhand smoke.
- Change the way tobacco is used, sold, and promoted in Montana.
- Address all forms of tobacco use including cigarettes, spit tobacco, cigars, pipe tobacco, biddies, snuff, and any nicotine delivery devices that are **not** related to nicotine replacement therapy (NRT).
- Eliminate disparities related to tobacco use and its effects among Montana’s Native Americans, low income populations, spit tobacco users and women of childbearing age.

² All references to tobacco use refer to **commercial** tobacco use as opposed to the traditional use of sacred tobacco by Native Americans.

Objectives *To achieve the goals, the following objectives have been established:*

- Effectively coordinate with existing successful programs across the state, including those serving special populations.
- Establish a sustainable foundation for tobacco prevention through the strategic use of community resources.
- Substantially reduce the prevalence of tobacco use among youth and adults, with special emphasis on Native Americans, low-income populations, spit tobacco users, and women of childbearing age.
- Substantially increase smoke-free establishments, such as schools, workplaces, and public facilities, thereby eliminating exposure to secondhand smoke.
- Educate parents to reduce children’s exposure to secondhand smoke in their homes and cars.³
- Implement broad-based prevention programs targeting youth ages 4-17 and young adults 18-24 years of age.
- Change public knowledge, attitudes, and behavior from the acceptance of tobacco use to strong support for tobacco use prevention in Montana.
- Support and encourage health care providers to address tobacco use with their patients and the community.
- Aggressively promote and sustain cessation efforts, such as statewide quit line services and media communications.
- Develop a system to accurately assess progress and report on program impact.
- Ensure a stable state infrastructure that addresses the strategic directions of this plan and provides staffing for a comprehensive and sustainable tobacco control effort.

Key Program Areas

Strategic directions in key program areas guide the tobacco use prevention community in meeting the mission and goals. The Advisory Board has provided its view of the relative emphasis that the tobacco control community should place on each of the program areas. For purposes of determining relative emphasis, the Advisory Board has treated the four special emphasis populations as one program area. Relative emphasis indicates the recommended *effort* for each program area, not necessarily the proportion of funding for each area. For example, contracted services for media campaigns can be very expensive with a relatively small amount of effort from staff and/or community contractors. On the other hand, some community activities require tremendous effort and very little financing.

Based on interviews with key informants, work group input at the February 10 Advisory Board meeting, and input from Native American tribes, the

³ The U.S. Department of Health and Human Services and the National Cancer Institute have validated that exposure to secondhand smoke increases the risk for sudden infant death syndrome (SIDS), asthma, bronchitis, and pneumonia in young children.

Advisory Board has made the following recommendations for program areas and their relative emphases:

- Statewide Programs—30%
- Community-Based Programs—40%
- School-Based Programs—20%
- Special Emphasis Populations—10%
 - ◇ Native Americans
 - ◇ Low Income Populations
 - ◇ Spit Tobacco Users
 - ◇ Women of Childbearing Age

Section One: Background

Master Settlement Agreement

In 1998, the Attorneys General of 46 states signed a Master Settlement Agreement (MSA) with the four largest tobacco companies in the United States. The remaining four states (Florida, Minnesota, Texas and Mississippi) settled their tobacco cases separately. The MSA allows states to recover costs associated with treating smoking-related illnesses and prohibits tobacco manufacturers from directly or indirectly targeting youth.⁴

In the past five years, additional suits have been filed against the industry to resolve disputes over payments to states and for violating the prohibition against targeting youth through advertising and promotions.⁵ In June of 2003, the Attorneys General of 52 states and jurisdictions reached a \$160 million agreement with several tobacco companies, resolving disputes over payments required by the MSA. This most recent settlement assured the recovery of costs of smoking in the past and established “clear ground rules for the future.”⁶

In the 25-year period between 1998 and 2023, it is projected that payments to states by these tobacco companies will amount to \$206 billion.⁷ The base payment amounts allocated to states through the MSA are subject to various *adjustments* each year:

- The **volume adjustment** is based on decline in the sale of the top four US cigarette companies.
- The **inflation adjustment** is equal to 3% or the actual rate of inflation for each year, whichever is highest, compounded.⁸

While the volume adjustment has reduced payments to the states starting in 2000, the upward inflation adjustment has partially offset these downward adjustments.

Montana’s share is estimated to be \$922.1 million. Payments made to Montana to date are as follows:

1999	\$10.5 million	2002	\$30.9 million
2000	\$24.4 million	2003	\$28.9 million
2001	\$26.8 million	2004	\$25.4 million

⁴ National Association of Attorneys General (www.naag.org)

⁵ Ibid. Prohibited actions included distributing free cigarettes through the mail without verifying the age of recipients and placing cigarette advertisements in magazines that have a large percentage of young readers (age 12-17).

⁶ Ibid., News & Events.

⁷ Ibid, Tobacco Project

⁸ Campaign for Tobacco Free Kids, www.tobaccofreekids.org

Evidence-Based Practices

Research underscores the need for comprehensive, multifaceted strategies to: reduce exposure to secondhand smoke; reduce tobacco use initiation; and increase tobacco use cessation. Such studies have been noted in several seminal works including the following:

- *Best Practices for Comprehensive Tobacco Control Programs* published by the CDC (August 1999) recommends that States establish tobacco control programs that are comprehensive, sustainable, and accountable. The document also provides funding ranges for each programmatic recommendation. The CDC-recommended annual funding range for Montana is \$9.35 million to \$19.68 million for all program elements.
- *Treating Tobacco Use and Dependence: Clinical Practice Guideline*, Public Health Service (June 2000) updates the original 1996 report.
- *Reducing Tobacco Use: A Report of the Surgeon General*, August of 2000 focused on building comprehensive programs that can achieve the ambitious goals of Healthy People 2010.
- *Guide to Community Preventive Services: Interventions to Reduce Tobacco Use and ETS Exposure*, American Journal of Preventive Medicine, February of 2001, provides reviews, recommendations, and expert commentary on evidence-based approaches to tobacco use prevention and cessation.

Figure 1
Findings of Evidence-Based Studies⁹

<p>Strategies to reduce exposure to secondhand smoke ** Smoking bans and restrictions</p>
<p>Strategies to reduce tobacco use initiation ** Increasing the unit price for tobacco products ** Mass media campaigns</p>
<p>Strategies to increase tobacco use cessation ** Increasing the unit price for tobacco products ** Mass media campaigns combined with other interventions</p> <p><u>Health care system level intervention</u> * Provider reminders ** Provider reminders plus provider education * Reducing patient out-of-pocket costs for cessation therapies ** Multi-component patient telephone support</p>

** Strongly Recommended * Recommended

⁹ *Guide to Community Preventive Services: Interventions to Reduce Tobacco Use and ETS Exposure*, Am J Prev Med, February 2001

Montana Tobacco Use Prevention Efforts

Figure 2. Legislation and Policy Efforts

May 1997	Montana lawsuit filed to recover Medicaid-related tobacco costs from major tobacco companies.
November 1998	Master Settlement Agreement with 46 states, including Montana.
April 1999	Legislature approves \$7 million for Montana's Tobacco Use Prevention Program (MTUPP) for the 2000-2001 biennium.
June 1999	Missoula County Commissioners passed No-Smoking Ordinance effective September 1999.
September 1999	Governor appoints Advisory Council on Tobacco Use Prevention.
January 2000	Great Falls No-Smoking Ordinance in effect.
March 2000	Montana Tobacco Use Prevention Program (MTUPP) is launched.
November 2000	Constitutional Amendment 35 designated a "Trust fund for health care benefits, services, or coverage and tobacco disease prevention." Not less than 40% of the Montana MSA is to be placed in the trust. Only 90% of the interest can be appropriated.
April 2001	Legislature approves \$1 million for the 2002-2003 biennium, a reduction of \$6 million from the previous biennium. Legislature declared all state-owned and leased buildings as smoke free. Legislature approves <i>Trust Fund for Health Care</i> .
June 2001	Helena City Commission approved No-Smoking Ordinance by a vote of 4 to 1.
September 2001	Governor's Advisory Council allowed to sunset.
June 2002	Helena No-Smoking Ordinance passed by voters in a special election with 62% of the vote.
August 2002	Bozeman City Commission unanimously passed No-Smoking Ordinance with an effective date of November 1, 2002.
November 2002	Initiative 146 is approved by 65% of Montana voters.
April 2003	Legislature approves \$6.4 million for the 2004-2005 biennium.
May 2003	Legislature approves HB 758 prohibiting local jurisdictions from enacting smoking restrictions in any establishment with gaming machines. Legislature approves tobacco taxes in the amount of: 70 cents per package of 20 cigarettes; 35 cents per ounce of snuff tobacco products; and 25% of the wholesale price for all other tobacco products.
July 2003	DPHHS Director convenes Tobacco Prevention Advisory Board.
April 2004	Helena study showing reduced incidence of admissions for myocardial infarction associated with public smoking ban is printed in the British Medical Journal and cited by CDC as a policy recommendation.

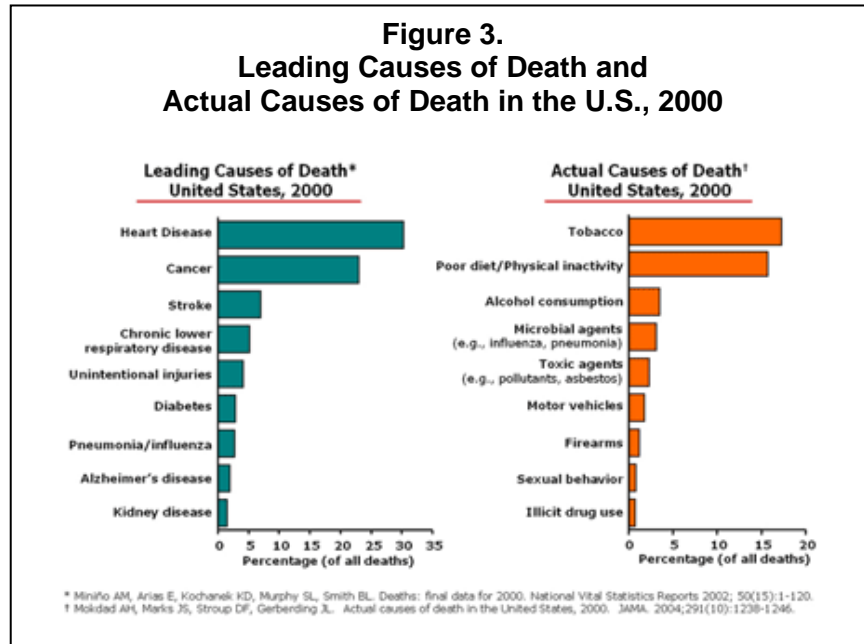
Advisory Board

The Advisory Board plays a critical role in implementing this extended plan, coordinating with other statewide prevention efforts and monitoring progress. Members of the Board represent many constituencies interested in tobacco use prevention and public health. Ad hoc members have also been named to provide additional input.

As this six-year plan is implemented, adjustments will inevitably be needed. The Advisory Board will review the plan on an annual basis. Progress will be charted and the need to make any changes to strategic directions will be determined by the Advisory Board with input from the public. The plan will be updated every two years prior to biennial legislative sessions to keep lawmakers and the public apprised of progress and/or impediments.

Section Two: Tobacco Use in Montana and the Nation

Effects of Tobacco Nationally



Effects of Tobacco in Montana

Tobacco use is the greatest cause of preventable death and disease in the United States. An estimated 46.2 million adults smoke cigarettes even though this single behavior will result in death or disability for half of all regular smokers. Cigarette smoking is responsible for more than 440,000 deaths in this country each year. If current patterns of smoking persist, 6.4 million people currently younger than 18 will die prematurely from a tobacco-related disease.¹⁰

The death toll from tobacco use in Montana is high – 1,434 Montanans (858 men and 576 women) died prematurely from smoking-related diseases in 1999.¹¹ During an average day, nearly four Montanans die of smoking-related disease. The leading causes of death in Montana attributable to cigarette smoking are lung cancer, chronic lung disease (COPD), and heart disease.¹² Smokeless (spit) tobacco, cigars, and pipes also have deadly consequences – including lung, larynx, esophageal, and oral cancers.¹³

¹⁰ Tobacco Information and Prevention Source (TIPS) www.cdc.gov/tobacco/

¹¹ Most current data available from Centers for Disease Control and Prevention, *State Tobacco Control Highlights—1999*, page 62.

¹² CDC SAMMEC estimates, based on 1999 Montana mortality and Behavioral Risk Factor Surveillance Survey (BRFSS) data.

¹³ TIPS, *ibid.*

Babies born to women who smoke during pregnancy are more likely to have lower birth weights, an increased risk of death from sudden infant death syndrome, and respiratory distress.

Secondhand smoke also harms nonsmokers. Each year, primarily because of exposure to secondhand smoke, an estimated 3,000 nonsmoking Americans die of lung cancer, and more than 35,000 die of heart disease.¹⁴

Cost of Tobacco to Montana

Tobacco use is costly for all Montanans. Medicaid costs alone are estimated at more than \$12 million per year for illnesses related to smoking (excluding prescription costs).¹⁵ The **total** direct health care costs, both public and private, attributable to smoking were **\$216 million in 1999** – or \$246 for each man, woman, and child in Montana.¹⁶

Another way to look at the high cost of tobacco use is the loss to society resulting from early death caused by smoking. In 1999, over 18,000 years of potential life were lost in Montana, or an average of 12.7 years for each death due to smoking.¹⁷

Tobacco Use in Montana

Tobacco use in Montana is regularly assessed through several surveys, including the following:

- The Behavioral Risk Factor Surveillance System (BRFSS) annual telephone survey for adults conducted by the DPHHS.
- The Montana Youth Risk Behavior Survey (YRBS) administered by the Montana Office of Public Instruction (OPI) every two years to students in grades 7 through 12.
- The Prevention Needs Assessment Survey (PNA) administered by DPHHS every two years to students in grades 8, 10 and 12.
- The Montana American Indian Survey, a DPHHS point-in-time survey of adult American Indians living on or near Montana reservations.

Responses to these surveys provide statewide tobacco use prevalence information and indicate trends in tobacco use among adults, youth, and American Indians.

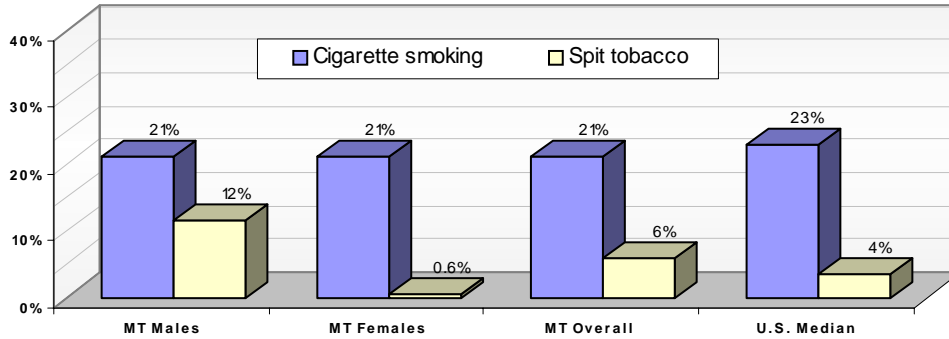
¹⁴ National Cancer Institute, *Health Effects of Exposure to Environmental Tobacco Smoke*, Smoking and Tobacco Control Monograph #10, 1999.

¹⁵ Montana DPHHS Medicaid Program, 1995-1999.

¹⁶ CDC SAMMEC estimates, *ibid.*

¹⁷ *Ibid.*

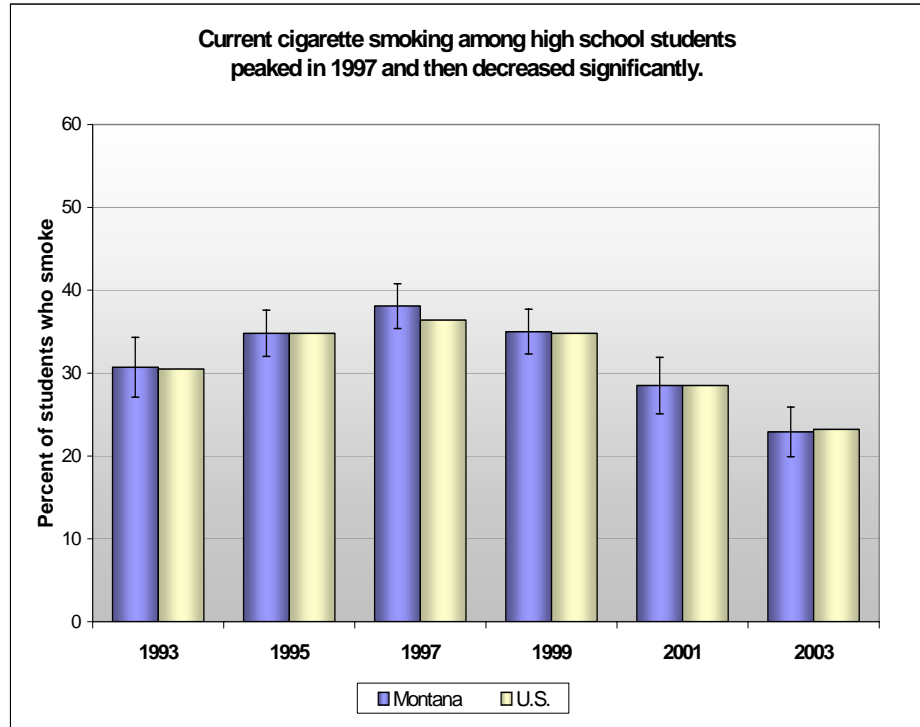
Figure 4. Prevalence of Current Cigarette Smoking* and Spit Tobacco Use Among Montana Adults Compared to the U.S. Median.**



Source: Behavioral Risk Factor Surveillance Survey (BRFSS).
Cigarette smoking – 2002; spit tobacco use – 2001 (MT) and 1999 (USA)

Adult Tobacco Use

- One in five adults in Montana (21.2%) smoked cigarettes in 2002, a prevalence similar to the national rate of 23%.
- The 6% rate of spit tobacco use among Montana *adults* was the second highest of the 12 Western states surveyed in 1999 and 2000. The Montana male rate was twice as high -- 13% of Montana men reported current spit tobacco use in 2000.



Source: Montana YRBS, grades 7-12, 1993-2003¹⁸

Cigarette smoking: smoked cigarettes on one or more of the past 30 days.

Spit tobacco use: used spit tobacco on one or more of the past 30 days.

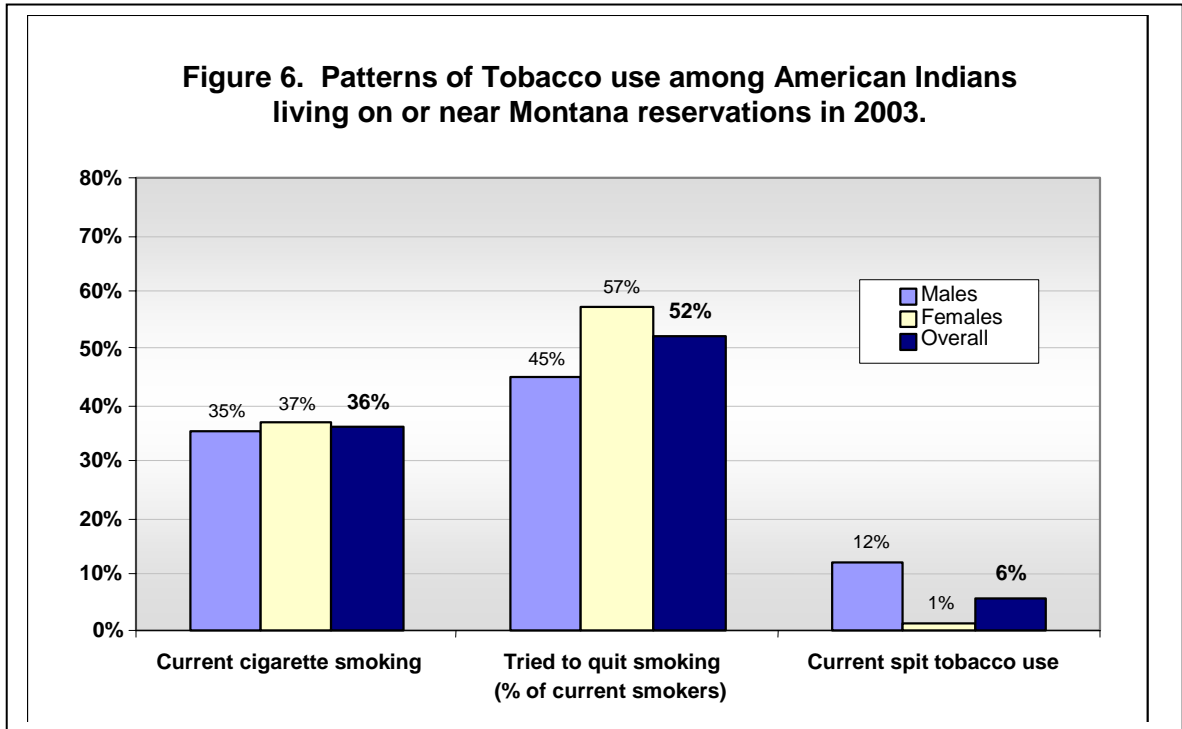
Youth Tobacco Use

- The percent of students in grades seven and eight who reported current cigarette smoking *decreased* from 23% in 1999 to 13% in 2003. For high school students, this rate *decreased* from 35% in 1999 to 23% in 2003.
- Nine percent of students in grades seven and eight and 18% of students in grades 9-12 used spit tobacco in 1999. By 2003, these rates *decreased* to 7% and 13% respectively.
- In 1999, 33% of Montana's high school boys used spit tobacco. By 2003, this rate had *decreased* to 20%.
- Nine percent of seventh and eighth graders and 20% of high school students smoked a cigar in the month preceding the survey in 1999. By 2003, these rates had *decreased* to 6% and 14% respectively.

Montana Tobacco Users Would Like to Quit

¹⁸ *Montana Youth Risk Behavior Survey*, conducted by the Montana Office of Public Instruction, 1999 – 2003.

- Overall, one in two (48%) of adult cigarette smokers tried to quit smoking in 2001. More females than males reported they tried to quit smoking cigarettes – 54% and 42% respectively.
- Montana youth also try to stop smoking cigarettes. In 2003, three of five (61%) of high school students who smoked cigarettes reported they tried to quit in the past 12 months.



Source: Montana DPHHS, 2003. The analyses are based on an unweighted sample of Native Americans living on or near Montana’s seven reservations.

Special Emphasis Populations

- In Montana, the rate of current cigarette smoking of adult Native Americans is almost twice as high as the overall adult smoking rate.
- In 2002, 19% of all women delivering babies in Montana reported smoking during their pregnancies.¹⁹

Section Three: Tobacco Use Prevention in Montana

¹⁹ Montana DPHHS Bureau of Vital Statistics, 2004.

Beginning in 1994, the Montana Tobacco Use Prevention Program used CDC grants to build infrastructure as well as the capacity to provide leadership and mobilize constituencies. This CDC funding allowed the program to: 1) develop an active statewide Tobacco-Free Montana Coalition; and 2) provide support to community-based tobacco prevention programs. The latest CDC grant to Montana in federal fiscal year 2004 totaled \$875,000.

MTUPP currently funds 28 contracts that provide community-based programs in 29 counties, on seven reservations, to the Little Shell Tribe, and to the five Urban Indian Centers.

Figure 7.
MTUPP Community-Based Contractors, FY 2004-2005

Community-Based Activities

In addition to the community-based programs, the current Montana Tobacco Use Prevention Program includes the following:

- Statewide education and awareness campaign
- Promotion of tobacco cessation programs
- Program surveillance and data collection
- Collaboration and partnerships
- Tobacco Quit Line services and promotion
- Education of Health Care Providers regarding cessation

Community-based program activities

- Community-based tobacco use prevention coalitions
- Community education and awareness
- Smoke-free worksites and public places
- School programs
- Education/cessation for minors in possession of tobacco
- Youth projects
- Community needs assessments
- Tobacco advertising awareness
- Promotion of community cessation projects
- Local media campaigns
- Public relations

Clean Indoor Air and Worker Protection

The effectiveness of smoking bans and restrictions in reducing exposure to secondhand smoke in the workplace has been established.

The national, independent Task Force on Community Preventive Services defines smoking bans and restrictions as “private, non-government, and government policies, regulations, and laws that limit smoking in workplaces and public areas. Smoking *bans* entirely prohibit smoking in geographically defined areas; smoking *restrictions* limit smoking to designated areas.”²⁰

Whereas some evidence exists that smokers in such workplaces consume fewer cigarettes, more research is necessary to provide conclusive results.

Montana’s statewide clean indoor air law restricts smoking to designated areas in most public places, private workplaces, and restaurants. In general, these laws consist of a requirement to post signs indicating where smoking is and is not allowed. In April of 2001, the Montana Legislature passed SB50, mandating that all state-owned or leased buildings be smoke-free.

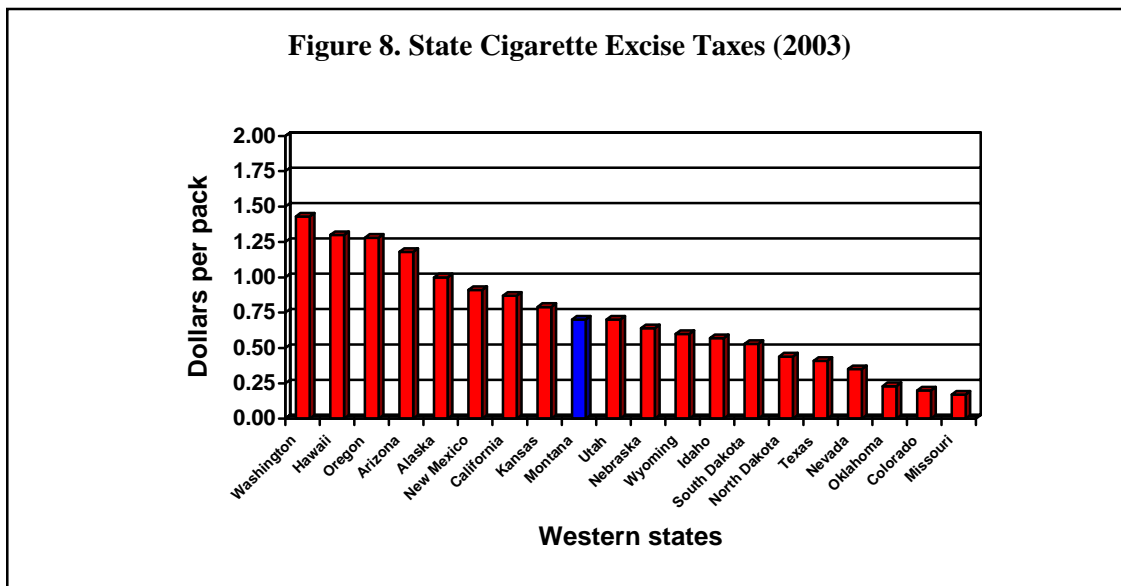
Original research by two Helena doctors was printed in the British Medical Journal in April of 2004. Results of the study indicated a significant drop in the number of Helena hospital admissions for acute myocardial infarction

²⁰ *The Guide to Community Preventive Services: Tobacco Use Prevention and Control*, American Journal of Preventive Medicine 2001;20(2S)

(heart attacks) during the six months the smoke-free law was in effect in Helena (June-November 2002).²¹

Taxation *Increasing the price of tobacco products is proven to be effective in reducing tobacco use prevalence and consumption among adolescents and young adults.*

Most adult smokers initiated smoking during their adolescent years. Because nicotine is strongly addictive, it does not take much time for adolescent tobacco users to become addicted.²²



Although the price of tobacco products can be influenced by several factors, increases in the excise tax have historically resulted in significant increases in tobacco product consumer pricing.²³ Research studies have proven that tobacco product price increases result in reductions in tobacco use in both adolescents and young adults.

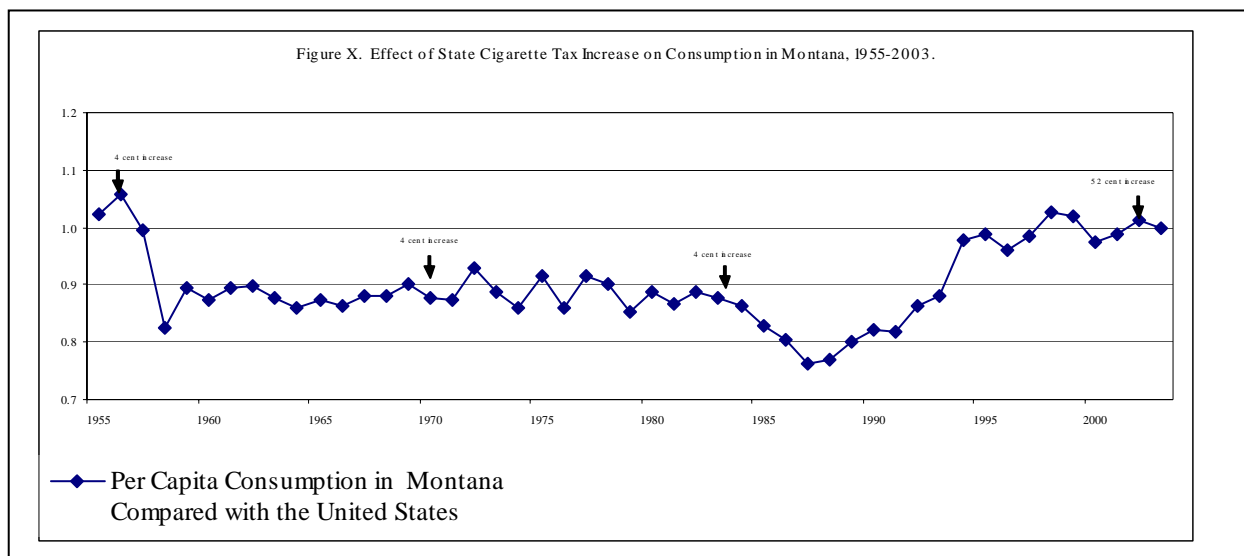
The cigarette tax in Montana was increased in June 2003 to 70 cents per package, giving the state a ranking of 22nd in the nation. Other tobacco products are currently taxed at 25% of the wholesale price. Increasing taxes even more would be an effective means of reducing tobacco use and would place Montana in the upper ranks of Western states' tax rates.

²¹ BMJ Volume 328, 24 April 2004, bmj.com

²² Lynch BS, Bonnie RJ, Institute of Medicine, Committee on Preventing Nicotine Addiction in Children and Youths. Washington, DC: National Academy Press, 1994.

²³ Centers for Disease Control and Prevention, *MMWR*, November 19, 1999.

Figure 9.
Effect of State Cigarette Tax Increase on Consumption in Montana, 1955-2003.



Mass Media Campaigns

Strong scientific evidence exists that mass media campaigns combined with other interventions are effective in increasing tobacco use cessation and in reducing consumption of tobacco products.²⁴

Campaigns are defined as “mass media interventions of an extended duration that use brief, recurring messages to inform and to motivate tobacco product users to quit.”²⁵ In addition to public service announcements these campaigns make extensive use of paid airtime on radio and television as well as paid print advertising. Media campaigns are particularly important in raising awareness about the statewide Tobacco Quit Line services and in tailoring messages to specific audiences.

Health Care System Interventions

A variety of interventions appropriate for health care providers and health care systems are recommended for tobacco use cessation and community involvement. Multi-component cessation interventions that include telephone support are strongly recommended²⁶

Provider reminders are recommended to: (1) identify tobacco product using patients; and (2) discuss/advise patients on cessation.²⁷ Chart stickers, vital sign stamps, medical record flow sheets, and checklists are some of the techniques that demonstrate effectiveness. Provider reminders plus provider education (with or without patient education) is strongly recommended.

Efforts to educate providers to identify and to intervene with tobacco using patients, combined with supplementary education materials have

²⁴ *The Guide to Community Preventive Services: Tobacco Use Prevention and Control*, Ibid.

²⁵ Ibid. page 30.

²⁶ Ibid.

²⁷ Ibid, pages 33-46

demonstrated success. Provider advice to quit is a strong success factor. Reducing financial barriers to patient use of cessation therapies has also shown evidence of effectiveness.

Techniques include: (1) providing services within the health care system; or (2) providing coverage to or reimbursement of patients. Patient telephone support for tobacco product users is strongly recommended. This service provides: cessation counseling; proactive followup; and assistance to quit and maintain abstinence.

In May 2004, the Montana Tobacco Quit Line was initiated. The Tobacco Quit Line offers tailored, proactive, evidence based tobacco use cessation information, counseling, nicotine replacement therapy (NRT) and self-help materials via a toll free telephone service.

Section Four: Environment for Tobacco Use Prevention in Montana

The Advisory Board has reviewed this six-year plan and analyzed the environment for tobacco use prevention in the state. Advisory Board members considered the assets and barriers to program implementation as well as positive and negative elements in the social environment that can work for or against the success of the plan.

Assets The Advisory Board has reconfirmed Montana’s most important assets for effectively implementing a tobacco use prevention plan:

Attitudes

- The public is aware about the epidemic use of tobacco
- The public is no longer tolerant of tobacco use and supports clean indoor air laws
- The image of tobacco use is no longer associated with being “cool” and “tough”
- The public is becoming more prevention-oriented and supports long-term results

Community Interest

- A well-educated voting public
- People who are interested, committed and willing to work
- Major commitment of state officials
- MTUPP currently funds 28 contracts that provide community-based programs in 29 counties, on seven reservations, to the Little Shell Tribe, and to the five urban Indian centers

A Track Record

- Evidence-based approach
- Basic programs in place
- Excellent working relationships among major groups and stakeholders
- Strong school support regarding policy and curriculum

Resources

- Pool of resident expertise
- Operational plan
- Availability of data
- Tobacco Prevention Advisory Board
- DPHHS staff
- Major stakeholders
- Ballot initiative process
- Health care trust fund
- Strong, committed advocates

Challenges The Council also considered the challenges that Montana must overcome in order to implement a plan, especially the following:

Tobacco Industry Influence

- Tobacco industry advertising, sponsorship and advocacy in the state
- Historical influence of the tobacco industry and its related Montana advocates/front groups

Political and Institutional Issues

- Varying perspectives among groups regarding settlement dollars
- State laws on clean indoor air, youth possession of tobacco and average tobacco taxes
- Overburdened school system that may not support new programs and policies
- Limited funding for prevention programs and policies
- Components of the health care system that are not coordinated with tobacco use prevention efforts
- Size and population density of state: isolated and scattered population groups
- Legislative funding that falls short of CDC recommendations and is much less than the tobacco industry spends on advertising

Opportunities The Advisory Board has updated the list of opportunities that are likely to facilitate implementation of this 6-year plan, especially:

Funding

- 2005 biennial budget from the settlement includes \$5.71 million for the Montana Tobacco Use Prevention Program
- Steady CDC funding to the DPHHS is likely

Involvement of People

- Openness of the DPHHS to community input
- Outreach by participants in the planning process with their own constituents around the state
- Advisory Board and tobacco control community input to DPHHS regarding grassroots concerns

Current Events

- Possibility of involvement from the business community and new members of the legislature

Section Five: The Future of Tobacco Use Prevention in Montana

Priorities and strategic directions in the four key program areas have been assigned by the Advisory Board to guide the MTUPP toward meeting its mission and goals.

General Priorities

Montana is striving for the *ideal* comprehensive tobacco use prevention program. A long-term commitment is necessary to sustain and provide resources for tobacco use prevention. Future funding should reflect evidence-based practices, the ongoing needs of Montana’s citizens, staffing to provide a sustained state infrastructure and demonstrated progress toward all Montana tobacco control efforts.

The tobacco control community should continue to advocate for an increase in the state tobacco tax that is indexed to the wholesale price of all tobacco products. An increase in the tobacco tax is part of an overall, long-term, comprehensive strategy for reducing tobacco use and is not a stand-alone approach to tobacco use prevention.

Time-Sensitive Priorities

The Advisory Board has established three time-sensitive priorities in keeping with the best interests of the long-term success of tobacco use prevention efforts.

- Encourage Montana courts to further define the balance between individual rights and the right of self-government, the constitutional right to a clean and healthful environment, and the ability to enact local ordinances to protect the health and well-being of all Montanans.
- Support an increased tax on tobacco products that places Montana among leaders in tobacco tax policy.
- Advocate for ensuring an adequately funded, comprehensive tobacco program and state infrastructure.²⁸

Statewide Programs

Statewide programs provide resources and tools to individuals and community groups, enhancing their ability to implement tobacco use prevention programs through education and awareness campaigns, policy and advocacy activities, training, technical assistance, and cessation programs. The programs build local capacity, enabling communities to realize long-term results.

²⁸ The Montana Tobacco Use Prevention Program collaborates with other statewide programs that have tobacco-related concerns (such as oral health, cancer and diabetes.)

Biennial Priorities

1. Promote sustainable funding for tobacco use prevention efforts by collaborating with other statewide organizations and building relationships with legislators.
2. Assure that tobacco policies are evidence-based and data driven.
3. Assure consistent messages and delivery of services by strengthening collaboration among those involved with tobacco use prevention.

2010 Strategic Directions

- Build the capacity of the tobacco use prevention community. Continue to provide training and technical assistance for state and local tobacco prevention personnel.
- Develop a highly skilled work force for tobacco use prevention. Provide specialized training and technical assistance to state and local tobacco prevention personnel in: policy development; tobacco use prevention and cessation infrastructure; successful education and awareness campaigns; strategies to counter tobacco industry sponsored advertising; media literacy; and youth advocacy.
- Assist Montanans to quit using tobacco products by:
 - Maintaining the statewide Tobacco Quit Line; and
 - Developing and implementing a well-coordinated, effective statewide campaign to publicize the Tobacco Quit Line.
- Develop a statewide network of youth advocacy organizations and sponsor youth advocacy projects related to tobacco use prevention and cessation.

Community-Based Programs

The goals of community-based programs are to: 1) support tobacco use prevention and cessation; 2) create conditions where tobacco-free environments are the norm; and 3) increase public awareness regarding the advantages of non-use.

These goals are accomplished by:

- increasing the number of organizations and individuals involved in tobacco use prevention
- developing education and awareness campaigns to educate the public
- promoting the adoption of public and private tobacco use prevention policies, including clean air policies
- adopting evidence-based prevention programs
- promoting cessation programs
- collaborating with state tobacco use prevention staff to develop consistent messages and move community-based programs forward

Biennial Priorities

1. Expand resources to develop and implement community education and prevention programs.
2. Collaborate with individuals or groups (such as health care providers, business professionals, youth advocates and school personnel) to provide evidence-based adult and youth cessation services and to promote the statewide Tobacco Quit Line.
3. Develop local clean indoor air ordinances as well as voluntary clean indoor air policies.

2010 Strategic Directions

- Provide education, training and technical assistance to: (a) strengthen the tobacco use prevention and cessation infrastructure; and (b) increase the number of youth involved in local tobacco prevention and cessation activities.
- Conduct campaigns to educate merchants about tobacco advertising products and placement. Increase merchant accountability and penalty for sale of tobacco to minors.
- Develop and implement a standardized process to assess community needs.
- Develop methods to counteract tobacco industry sponsorship, opposition, and strategies.
- Coordinate local education and awareness campaigns with statewide efforts.
- Develop methods to counteract tobacco industry opposition and strategies.

School-Based/ Youth Programs

School and youth-based programs help prevent the onset of tobacco use among children and youth as well as promote cessation among those who already use tobacco. The Montana tobacco use prevention community supports the development and maintenance of youth-driven advocacy and mentoring programs that target tobacco products. Collaboration between community organizations and schools is emphasized.

Biennial Priorities

1. Develop policies for tobacco free environments in institutions of higher learning.
2. Ensure evidence-based tobacco use prevention education targeting youth (K-12) as well as young adults (age 18-24). Coordinate with vocational schools, colleges and universities, military facilities, Job Corps, and employers to deliver this education.
3. Implement age-appropriate and evidence-based tobacco prevention curricula through collaboration with partners and stakeholders including

the Montana Office of Public Instruction (OPI), school administrators and other state level programs.

2010 Strategic Directions

- Promote enforcement of tobacco-free policies on school grounds through collaboration with relevant stakeholders (such as law enforcement, health groups, teachers, parents, and students).
- Establish a statewide grant program that recognizes “tobacco-free schools of excellence” while actively encouraging and working with schools motivated to become tobacco free.
- Evaluate school-based tobacco use prevention efforts in all Montana school districts.
- Provide training to all persons responsible for tobacco use prevention education.

Native Americans

Tobacco use rates among Montana’s Native American adults and youth are high, as are disease and death rates associated with tobacco use. The Native American Tobacco Work Group, established by MTUPP, has provided recommendations in the form of guiding principles and strategic directions as listed below.

Principles

- Spiritual and religious leaders as well as traditional healers should be involved in developing consistent messages about the power of tobacco when used in traditional ways and the harmful effects of **commercial** tobacco.
- Youths and elders should be involved in program planning, outreach and evaluation.
- Family support systems should be used to help prevent **commercial** tobacco use and encourage cessation.
- Existing resources should be used to provide education and technical assistance to Native Americans concerning the dangers of **commercial** tobacco use.
- Use of all **commercial** tobacco products should be discouraged and health promotion should be encouraged. This approach will preserve and protect the traditions of Native Americans in the sacred use of tobacco while discouraging the abuse of **commercial** tobacco.
- The tobacco use prevention community will acknowledge tribal sovereignty and government-to-government relationships.
- The Native American Tobacco Work Group is responsible for:
 - (1) Collaborating with other agencies that have a vested interest in tribal health;
 - (2) Obtaining input from each of the Native American communities (including elder input);

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- (3) Providing recommendations for funding allocations to Native American contractors; and
 - (4) Determining needs of and strategic directions for Native American populations.
- The State of Montana will provide for equal and adequate (in terms of population and severity of the problem) funding for each of the eight Tribal Governments and five Urban Indian Centers to develop and coordinate culturally appropriate, well-planned tobacco prevention activities.

Biennial Priorities

1. Develop culturally appropriate tobacco prevention training for professionals working with Native American adults and youth.
2. Support tribal advocacy efforts for developing revenue to sustain tribal tobacco use prevention efforts.
3. Provide funding and accountability measures for eight Tribal Nations and five Urban Indian Centers. This will enable the development and coordination of well-planned, culturally-appropriate tobacco use prevention and cessation programs.

2010 Strategic Directions

- Identify and assess the existing tobacco use prevention needs and programs for Native Americans in Montana. Develop tools for Native American communities to assess their unique tobacco-related needs.
- Coordinate with the Native American Tobacco Work Group to develop a comprehensive multimedia campaign for Native American populations. Include promotion of Montana's Tobacco Quit Line services.
- Coordinate with the Native American Tobacco Work Group to provide culturally appropriate education to all health care providers who serve Native American groups. Offer technical assistance to identify and assist individuals who want to quit tobacco use.
- Develop and provide a comprehensive, culturally-appropriate education program for preschools, K–12, tribal colleges, and universities that serve Native Americans.
- Support Tribal Council advocacy efforts to develop culturally-based policy for controlling tobacco products. Culturally-based advocacy may include tax allocations, licensing controls, local worker protection ordinances, and public health policies for cessation services and advertising.
- Provide education and cessation services for pregnant Native American women.

Low Socio-Economic Status

Throughout the world, the prevalence of smoking is higher among the poor and less educated.²⁹ In the United States in 1997, the smoking prevalence among blue-collar workers was nearly double the prevalence of white-collar workers, underscoring the need for new approaches to reduce social disparities in tobacco use.³⁰

Biennial Priorities

1. Develop strategies to move Medicaid, Medicare and other insurance providers toward support of Nicotine Replacement Therapy (NRT) and pharmacotherapy by: a) identifying other state plans that address gaps in services; and b) identifying barriers to service in Montana.
2. Identify and promote ways for this population to use the statewide Tobacco Quit Line as well as local cessation services.
3. Assess the needs of low-income groups by: a) identifying the highest groups of users; and b) determining which populations are most targeted by the tobacco industry.

2010 Strategic Directions

- Provide tobacco prevention and cessation support at the community level. Build partnerships with agencies such as WIC, Energy Share, county health departments, Head Start, hospitals, and cancer centers.
- Developing specific strategies that meet the needs of these low-income populations.

Spit Tobacco Users

According to the National Spit Tobacco Education Program, spit tobacco contains ingredients that frequently cause serious health problems, including receding gums, cavities, and even oral cancer.³¹ Youth in Montana use spit tobacco (otherwise known as smokeless tobacco, dip, snuff, chew, and chewing tobacco) at an alarming rate. Montana's male youth rate of spit tobacco use is 20% -- second-highest in the nation.

Biennial Priorities

1. Increase the tax on spit tobacco from 25% to 50% of the wholesale price.
2. Conduct statewide education and awareness programs to inform the public of health hazards associated with spit tobacco use. Coordinate these efforts with community-based programs so that the message is consistent.
3. Develop and strengthen linkages between spit tobacco prevention and cessation programs and all other Montana tobacco control efforts.

²⁹ *Reducing Social Disparities in Tobacco Use: A Social-Contextual Model for Reducing Tobacco Use Among Blue-Collar Workers*, American Journal of Public Health, Feb. 2004.

³⁰ Ibid.

³¹ National Spit Tobacco Education Program, www.nstep.org

Women of Childbearing Age

2010 Strategic Directions

- Promote the Tobacco Quit Line services for spit tobacco users.
- Develop training for and collaboration with community health care providers so that spit tobacco use is addressed as a high risk behavior.
- Identify the unique characteristics of spit tobacco users in Montana and develop effective prevention and cessation strategies.

Tobacco use among women of childbearing age is a double-edged problem because it affects the health of the women themselves as well as their infants.

Biennial Priorities

1. Promote programs that eliminate children's exposure to secondhand smoke.
2. Develop and implement community education materials in places frequented by women of childbearing age.
3. Educate the general population about the negative consequences of tobacco use during pregnancy (with a corresponding emphasis on healthful nutrition).

2010 Strategic Directions

- Develop and implement a train-the-trainer curriculum specific to women of childbearing age. Emphasize educating and collaborating with physicians, local public health programs, social service agencies, family planning clinics, and WIC. Heighten trainee awareness of specialized interventions.
- Assess the problem, identify barriers, and develop a plan to overcome the barriers.
- Develop a counter marketing campaign and link these messages to the statewide Tobacco Quit Line.

Section Six: Monitoring and Evaluation

The efforts of the Montana tobacco use prevention community are based on the CDC Logic Model as pictured in Appendix C. The logic model is divided into two main areas: inputs and outcomes that are subdivided into five topics as displayed in the table below.

Logic Model Development Guide ³²

Inputs		Outcomes (Intended Results)		
Resources	Activities	Outputs	Outcomes	Impact
<p>Resources include human, financial, organizational and community resources that are available for the project.</p> <p>Activities are what the program does with the resources.</p> <p>Outputs are direct products of program activities that may include types, levels and targets of services to be delivered by the program.</p> <p>Outcomes include short-term changes (1-3 years) and long-term changes (4-6 years).</p> <p>Impacts are system-level changes that occur within 7-10 years as direct results of the program.</p>				

The logic model demands that programs have sufficient resources to conduct activities that are proven to be effective (evidence-based) in order to achieve the desired results. The process also demands that progress measurements are established, reviewed and reported.

MTUPP community-based contractors are required to develop and implement Annual Action Plans that are based on the MTUPP 2010, long-term, intermediate, short-term, and annual objectives. Contractors will develop annual SMART (Specific, Measurable, Appropriate, Realistic, and Time-bound) objectives and evidence-based interventions with timelines.

Outputs: On a quarterly basis, MTUPP community-based contractors will report their outputs as defined in their Annual Action Plans. Reports will include interventions completed and interventions pending, as well as any barriers experienced.

Outcomes: (Short-term) On a biannual basis, MTUPP community-based contractors will complete a Service Area Profile that will illustrate short-

³² W. K. Kellogg Foundation Logic Model Development Guide
<http://www.wkcf.org/Pubs/Tools/Evaluation/Pub3669.pdf>

term changes in their communities. The Profile includes data including the number of school policies that are consistent with the CDC definition of effective school policy, the number of schools that provide evidence-based tobacco use prevention curricula, the number of smoke-free businesses as well as other public places, and other data (as determined by the MTUPP evaluator) that will show effectiveness of local programs to implement evidence-based interventions.

Outcomes: (Long-term) The MTUPP evaluator will oversee data collection that can be analyzed and interpreted to determine if community-based and state-based interventions appear to have been effective.

Impacts: MTUPP will monitor system-level changes on a regular basis as determined by the evaluation advisory group.

Healthy People 2010 Objectives

In January 2000, the U.S. Department of Health and Human Services launched *Healthy People 2010*, a comprehensive, nationwide health promotion and disease prevention agenda. This agenda contains 467 objectives designed to serve as a road map for improving the health of all people in the United States during the first decade of the 21st century.

Objectives related to tobacco use as well as exposure to secondhand smoke are listed in **Table 1** on page 36. The table displays Montana data for the years 1999-2003. Blank areas indicate that: the data was not collected during that year; or the data has not yet been analyzed for the current year. The last column of the table indicates the national targets for the Healthy People 2010 Objectives.

Data Sources

Evaluation systems collect baseline and ongoing surveillance data to monitor attitudes about tobacco use, trends in use, and secondhand smoke exposure. Evaluation methods are used to assess the effectiveness of the tobacco use prevention community efforts over time.

Baselines have been established regarding tobacco use among Montanans. Current data collection and monitoring include all segments of the population, including youth and Native Americans. Brief descriptions of current data sources are displayed in **Table 2** on page 37. Data sources are continually enhanced.

The DPHHS is encouraged to employ or contract with an evaluation expert and establish a committee of evaluation consultants from within Montana and from other state and federal programs to provide ongoing advice regarding surveillance and evaluation plans.

Table 1
Montana Data for 1999-2003
Compared to Selected Healthy People 2010 Objectives

Healthy People 2010 Objectives		Montana Data					National Target
	(Short Title)	1999	2000	2001	2002	2003	2010
27-1	Adult tobacco use:						
	• Cigarette smoking	20%	19%	22%	21%	n/a	12%
	• Spit tobacco	6%	6%	6%		n/a	0.4%
27-2	Adolescent tobacco use						
	• Cigarette smoking	35%		28%		23%	16%
	• Smokeless (spit) tobacco	18%		16%		13%	1%
23-3	Initiation of tobacco use						Developmental
27-4	Age at first tobacco use (adolescents age 12-17)		12 yrs		13yrs		14 yrs
27-5	Smoking cessation attempts by adults (everyday smokers)	48%	52%		45%	n/a	75%
27-6	Smoking cessation during pregnancy					16%	30%
27-7	Smoking cessation attempts by adolescents (grades 9-12)			66% (current smokers)			84% (daily smokers)
27-8	Insurance coverage of cessation treatment (all insurance)						Developmental
27-8b	Medicaid coverage of cessation treatment (Counseling + NRT)	Yes	Yes	Yes	Yes	Yes	Yes (All states)
27-9	Exposure to tobacco smoke at home among children	9% of MT homes					10% of children
27-10	Exposure to environmental tobacco smoke (non-smokers)						45%
27-11	Tobacco-free schools				29%		100%
27-12	Worksite smoking policies	78%	81%	82%		n/a	100%
27-13	Smoke-free indoor air laws					No	Yes (All states)
27-16	Tobacco advertising and promotion targeting adolescents and young adults						Developmental
27-17	Adolescent disapproval of smoking (8 th , 10 th , 12 th grades)		65%		71%		95%
27-19	Preemptive tobacco control laws (Placement, Access, Clean Indoor air)	No	No	No	No	Yes	No (All states)
27-21	Tobacco tax:						
	• Cigarettes	\$0.18	\$0.18	\$0.18	\$0.18	\$0.70	\$2.00
	• Other tobacco products	12.5%	12.5%	12.5%	12.5%	25%	Developmental

**Table 2
Data Sources**

Data Source (timeline for collection)	Methodology	Agency Responsible for Data
Tobacco use and sales data:		
Tobacco consumption data (annual)	Sales of cigarettes per capita, based on tax payments	Department of Revenue
SYNAR/FDA ongoing compliance checks	Random checks of Montana vendors to assess sale of tobacco products to minors	DPHHS, AMDD*
Adult tobacco use:		
Statewide BRFSS survey (annual)	Telephone survey of a random sample of adult Montanans assessing tobacco use and other health-related behaviors	DPHHS, PHSD**
Statewide tobacco point-in-time survey (2004)	Special telephone survey of a random sample of adult Montanans to assess tobacco use, environmental tobacco exposure, knowledge, and attitudes	DPHHS, PHSD**
Survey of Native Americans living on or near the reservations (biannual)	Special telephone survey of a random sample of adult Native American Montanans living on or near the seven reservations to assess tobacco use and other health-related behaviors	DPHHS, PHSD**
Pregnancy Risk Assessment Monitoring System (PRAMS)	Survey administered by DPHHS to pregnant mothers in Montana on a bi-annual basis	DPHHS** PHSD**
Adult Tobacco Survey (ATS)	Survey administered to Montana adults on a point in time basis. ATS is being conducted in 2004.	DPHHS PHSD**
School-based/youth surveys:		
Prevention Needs Assessment (biannual)	Survey administered to Montana 8th, 10th, and 12th grade classrooms assessing tobacco use and other health-related behaviors	DPHHS, AMDD*
Youth Risk Behavior Survey (biannual, opposite years from the Prevention Needs Assessment)	Survey of a random sample of Montana schools (7th–12th grades) assessing tobacco use and other health-related behaviors	OPI***
School Health Index	A self-reported survey that assesses a school's ability to provide a coordinated school health program	OPI***
School Health Profile	A self-reported survey of principals and health enhancement teachers completed on a bi-annual basis. Assesses health education and related school policies	OPI***
Other sources:		
Birth certificates	Tobacco use during pregnancy and related complications	DPHHS, Vital Statistics
Death certificates	Deaths associated with tobacco use (e.g. cardiovascular disease, cancer)	DPHHS, Vital Statistics

* Dept. of Public Health & Human Services, Addictive and Mental Disorders Division

** Dept. of Public Health & Human Services, Public Health and Safety Division

*** Office of Public Instruction

Glossary of Terms

Ceremonial or Sacred Tobacco	Tobacco used in certain Native American ceremonies. Many Native American communities have an ancient relationship with tobacco that is an essential component of their belief and religious expression. For many Native American people, tobacco is considered a sacred herb plant, a gift from the Creator that is used ceremonially to heal, to make agreements, and to pray. Tobacco is offered in the collection of other traditional plants and as a gift to others.
Cigarette Quota Agreements	There is an annual quota of tax-free cartons of cigarettes for each of the tribes. The quota is based on a formula that includes an average per capita consumption of cigarettes and the number of enrolled tribal members living on the reservation at the time of the agreement. In the event that a signed quota or revenue sharing agreement is <i>not</i> enacted between the tribe and the state, the language of 16-11-155, MCA is applicable.
Commercial Tobacco	Manufactured tobacco in many forms, including cigarettes, spit tobacco, bidis, cigars, and pipe tobacco.
Consumption	Packs of cigarettes or cans of spit tobacco purchased by the consumer in a specified time period. Consumption is measured by data on tax payments for all packages of cigarettes, spit tobacco, or cigars moved from wholesale warehouses to retail outlets.
Initiative 146	Initiative 146 was passed by voters in November 2002 with subsequent legislative changes in 2003. The initiative established that Montana's tobacco settlement monies be distributed as follows: <ul style="list-style-type: none">• 40% to be allocated to the tobacco trust fund• 32% to tobacco prevention/cessation programs• 17% to the children's health insurance program and comprehensive health association,• 11% to the general fund.
Nicotine Delivery Systems	Pharmacotherapeutic products such as nicotine gum, patches, lozenges, and nose sprays are delivery systems. Cigarettes and smokeless tobacco are delivery devices for the drug nicotine.
Prevalence	The percentage or ratio of people who consider themselves smokers (or users of spit tobacco) at a specific point in time, compared with the total number of people in a given community or group (such as 18- to 24-year-olds, students in grades 9 to 12, or pregnant women). For example, the smoking prevalence for Montana adults (18 and older) is 21%—21 of every 100 Montana adults smoke.
Secondhand Smoke	Secondhand smoke, also known as environmental tobacco smoke (ETS), is a mixture of the smoke given off by the burning end of tobacco products (sidestream smoke) and the smoke exhaled by smokers (mainstream smoke). Secondhand smoke contains a complex mixture of more than 4,000

chemicals, more than 50 of which are cancer-causing agents (carcinogens). People are exposed to secondhand smoke in the home, workplace, and in public venues such as bars, bowling alleys, and restaurants.³³

Surveillance and
Evaluation

Refers to the ongoing, systematic collection, analysis and interpretation of data essential to the planning, implementation and evaluation of public health practice that is closely integrated with the timely dissemination of the data to those responsible for prevention and control, stakeholders and the general public.

Tobacco Revenue
Sharing Agreements

Under the terms of the Tobacco Revenue Sharing Agreements, the state and the tribal government agree that only *one* sovereign entity will levy the tax on tobacco products sold on the reservation. The tribe agrees to levy the tax in the same amounts as the state. The state collects all tobacco taxes from the tobacco wholesalers and remits an amount to the tribe based on a formula set forth in the agreement, which approximates sales to enrolled tribal members living on the reservation

Trust Fund

In November 2000, Montana voters approved Constitutional Amendment 35 that dedicated at least 40% of the tobacco settlement to a permanent income-producing trust fund. Of the interest earned by this trust fund, 90% must be used for health care benefits, services, education programs and tobacco disease prevention. The remaining 10% is reinvested in the trust fund. From fiscal year 2001 to 2003, the larger share of the tobacco payments (60%) was deposited in the general fund and appropriated by the legislature.

³³ U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 1999

Appendix A: Strategic Plan Participants

Eighty-two participants attended an Advisory Board meeting on February 10, 2004 in Helena to provide input regarding the programmatic structure of this six-year plan. Participants were divided into six groups (statewide, community-based, school/youth, Native Americans, special emphasis populations, and monitoring/evaluation) according to individual preferences. The names of individuals participating in each group are listed below.

Statewide Group

Facilitator: Tom Kean, Strategic Health Concepts, Denver, CO

Participants:

Teri Boettcher, Tobacco Free Lake County, Polson
Dorothy Bradshaw, Lewis and Clark City-County Health Dept., Helena
Maggie Bullock, Public Health and Safety Division, DPHHS, Helena
Galen Hollenbaugh, Department of Justice, Helena
Karen Klahn, Tobacco Use Prevention Program, DPHHS, Helena
Bill Lombardi, Lombardi Communications, Helena
Dave McAlpin, Protect Montana Kids.org, Missoula
Joan Miles, Lewis and Clark City-County Health Department, Helena
Jennifer Rankosky, Flathead City-County Health Department, Kalispell
Julie Reardon, Department of Administration, Helena
April Roeseler, CA Department of Health Services, Sacramento, CA
Kevin Santamaria, Tobacco Free Ravalli, Hamilton
Dr. Richard Sargent, Protect Montana Kids.org, Helena
John Sinrud, Montana House Representative, Bozeman
Bill Witts, Lake County Sheriff's Office, Polson

Community- Based Group

Facilitator: Judy Garrity, Metamorphosis Coaching, Helena, MT

Participants:

Elizabeth Andrews, Protect Montana Kids.org., Helena
Jeri Domme, American Heart Association, Helena
Adrienne Fabich, Park Co. Tobacco Use Prevention, Livingston
Linda Gnojek, Benefis Health Care, Great Falls
Jessica Grennan, American Cancer Society, Missoula
Georgiana Gulden, Tobacco Use Prevention Program, DPHHS, Helena
Traci Gullege, Flathead Co. Health Department, Kalispell
Linda Lee, M & R Strategic Services, Missoula
Marianne Roose, Lincoln County Commissioner, Eureka
Laura Rubin, VISTA Member, Richland Co. Health Dept., Sidney
Shirley Smith, Tobacco Use Prevention Program, DPHHS, Helena
Ellen Wangsmo, Yellowstone City-County Health Department, Billings

School and Youth Group

Facilitator: Erin McGowan, State Auditor's Office, Helena, MT

Participants:

Ralph Boerner, Butte/Silver Bow County, Butte
Richard Chiotti, Office of Public Instruction, Helena
Dan Haffey, Butte/Silver Bow County Health Department, Butte
Vonda Lancaster, American Cancer Society, Missoula

Luann McLain, HELP, Havre, MT
Johanna Oitzinger, Youth Representative, Helena, MT
Kristin Osborn, Springs Cultural School, Bozeman, MT
Sharon Patton-Griffin, Great Falls School District, Great Falls, MT
Jane Pritzl, Centers for Disease Control, Denver, CO
Jay Schuschke, HELP, Havre, MT
Jan Stetzer, Tobacco Use Prevention Program, DPHHS, Helena, MT
Laurissa Stigen, Bozeman Public School District, Bozeman, MT
Shaun Whitworth, University of Montana, Missoula, MT
Nate Williams, Youth Representative, Helena, MT

Native American
Group

Facilitator: Gerry Rainingbird, Northwest Portland Area Indian Health Services, Portland, Oregon

Participants:

Margene Asay, Flathead Reservation, St. Ignatius
Charlene Hanson, University of Montana, Missoula
Lynn Hendrickson, Confederated Salish-Kootenai Tribes, Flathead Res.
John Johnson, Rocky Boy Reservation, Box Elder
D.J. Lott, Indian Family Health Clinic, Great Falls
Kristin Page Nei, American Cancer Society, Missoula
Lori New Breast, Blackfeet Nation, Browning
Tina Rusch, Helena Indian Alliance, Helena
Jane Smilie, DPHHS Health Systems Bureau, Helena
Ruby Stump, Rocky Boy Reservation, Box Elder
Videl Stump, Rocky Boy Reservation, Box Elder
Nicole Toves-Gourneau, Fort Peck Tribes, Poplar
Kenny Watson, Rocky Boy Reservation, Box Elder
Sharon Watson, Rocky Boy Reservation, Box Elder
Faye Whitford, Rocky Boy Reservation, Box Elder
Lisa Whitford, Rocky Boy Reservation, Box Elder

Special Emphasis
Populations Group

Facilitator: Beki Brandborg, Mediator/Meeting Facilitator, Helena, MT

Participants:

Cliff Christian, American Heart Association, Helena
Cheryl Hackett, Benefis Health Care, Great Falls
Sandra Hood, Dawson County Health Department, Glendive
Clare Lemke, Park Co. Tobacco Use Prevention Program, Livingston
Mary McCourt, Missoula City-County Health Department, Missoula
Patricia Nichols, Combined Counties Tobacco Use Prev. Prog., Superior
Rae Olson, Independent Contractor, Helena
John Schrom, Kids First, Hamilton
Scott Smith, St. Peter's Hospital, Helena

Monitoring and
Evaluation Group

***Facilitator:* Robert Moon, Northwest Health Partners, LLC, Helena**

Participants:

Patrick Aberle, New West Health Services, Helena

Susan Cummings, Independent Evaluator, Helena

Linda Davis, Lake County Health Department, Polson

Dan Dennehy, Butte/Silver Bow Health Department, Butte

John Esp, Montana Senate, Big Timber

Lois Fitzpatrick, Carroll College, Helena

Todd Harwell, Diabetes Program, DPHHS, Helena

Robin Morris, HELP, Havre

John Schroeck, Chronic Disease Prevention, DPHHS, Helena

Jason Swant, Cardiovascular Health Program, DPHHS, Helena

Bert Winterholler, Montana Dental Association, Billings

Appendix B: Members of Community Coalitions

1st Bank
1st Choice Collision
710 Auto Glass
A.W.A.R.E.
Achievements, Inc
Action Auto
ADCOM
Addictive & Mental Disorders Division
Adolescent Resource Center
Adventures in Advertising
Aging Services – Wolf Point
Agri Industries Inc
Alcohol and Drug Services of Gallatin County
All Seasons Motorsports
All West Ranch Supply
Alliance for Youth, Inc
Alumni of the American Cancer Society Speak Out
American Cancer Society
American Heart Association
American Indian Recruitment into Careers
in Health -MSU
American Legion Auxiliary
American Lung Association
Amurud's Camper Sales
Angela's Piazza – Women's Drop-in Center
Anna's
Area Agency on Aging
Arlee Schools
Asbestos Related Disease Network
Ashland Community Health Center
Association of Physician Assistants
AT&T Broadband
B&B Builders
Bainville City Council
Bainville Public Schools
Bainville Student Council
Baker Boy Bakery
Balanced Care
Barrett Memorial Hospital & Healthcare
Beagle Properties
Beartooth Hospital and Health Center
Belgrade Public Schools
Bench School
Benefis Healthcare Foundation
Beyond the Pipe IN-CARE Network
Big Brothers/ Big Sisters - Ronan
Big Brothers/Big Sisters of Butte
Big Sandy Public Schools
Big Sky Airlines
Big Sky Siding and Windows
Big Sky Video
Billings Alternative School
Billings Central High School
Billings Fire Department
Billings Gazette
Billings Mental Health Center
Billings Praise Center
Billings School District
Bitterroot Youth Board
Blackfeet CD Program
Blackfeet Community College
Blackfeet Nation
Blackfeet Tribal Business Council
Blaine County – MSU Extension
Blaine County Commissioners
Blaine County Health Dept
Blue Cross/Blue Shield of MT
Blue Rock Beverage
Blue Rock Products
Blue Sky Schools
Bob's Pickup and Delivery
Boss Inc.
Box Elder Schools
Boyd-Andrew CD Center
Boys & Girls Club of the Hi-Line
Boys and Girls Club of Cascade County
Boys and Girls Club of Dawson County.
Boys and Girls Club of the Blackfeet Nation
Boys and Girls Club of the Northern Cheyenne
Nation
Bozeman County Public Schools
Bozeman Deaconess Hospital
Bozeman Public Schools
Breast & Cervical Health Program - DPHHS
Brenner & Averett
Bridgman (Gate City)
Brockton City Council
Brockton Schools
Brockton Student Council
Bronson District #11 School
Bureau of Indian Affairs Rocky Mountain
Region
Busch Agricultural Resources Inc
Butte Cares
Butte Community Health Center
Butte Head Start
Butte School District
Butte Silver Bow CD Services
Butte Silver Bow Health Department
Butte-Silver Bow Fire Department
Butte-Silver Bow Police Department
Cabin Creek Gallery
Camp Fire USA North Central MT Council
Camp Fire Camp Fire USA Ponderosa Council

Camp Make a Dream
 Capital High School Link Crew
 Carbon County Commissioners
 Carbon County Health Department
 Cardio-Pulmonary Rehabilitation
 Carpenter's Storehaus
 Carroll College Parish Nurse
 Cascade City-County Health Department
 Cascade County Sheriff's Office
 Castle Rock Middle School
 Cattle-Ac
 Cenex Harvest States
 Center Catholic High School
 Centre Theatre
 Chad's Furniture
 Charlo School
 Cheerful Heart, Inc.
 Cheerio Lounge
 Cherry Valley School
 Chester Public Schools
 Chief Joseph Middle School Breakfast Club
 Chief Redstone Medical Center
 Child & Family Therapy - Polson
 Child and Family Intervention Center of Montana
 Children and Family Services – DPHHS
 Children's Comprehensive Services of Montana
 Chinook Public Schools
 Chippewa Cree – Rocky Boy
 Chippewa Cree Tribal Health
 CHMS PC
 Choteau Acantha
 Choteau County Commissioners
 Choteau County Health Department
 Choteau Kiwanis Club
 Choteau Public Schools
 Choteau-Pendroy United Methodist Parish
 Church of Christ
 Citizens for Smoke Free Bozeman
 City of Billings
 City of Colstrip
 City of Glasgow
 City of Shelby
 Clark Fork Valley Hospital
 Cliff's Sales and Service
 Coalition for Kids
 College of Nursing - MSU –Bozeman
 College of Surgeons
 Colstrip High School
 Colstrip Public Schools
 Columbus Middle School
 Combined Counties Tobacco Use Prevention Program
 Commonweal Consulting
 Communities That Care
 Community Care of Missoula
 Community Health Partners, Inc
 Community Incentive Program – Bozeman
 Community Incentive Program – Plentywood
 Community Physician Center - Missoula
 Community, Counseling and Correctional Services
 Computer Design Consultant
 Confederated Salish & Kootenai HHS
 Confederated Salish & Kootenai Tribal Education
 Confederated Salish & Kootenai Tribes – Department of Human Resource
 Confederated Salish & Kootenai Tribes of the Flathead Nation
 Conrad High School
 Conrad Mission Church
 Conrad Police Department
 Conrad Public Schools
 Corvallis School District
 Country Cottage
 County Market
 Cresap & Irgoin, PC
 Crestwood Inn
 Cross Petroleum Service
 Cross Roads Counseling
 Crossroads Correctional Center
 Crow Nation
 Crow Tribal Council
 Culbertson Chamber of Commerce & Ag.
 Culbertson Schools
 Culbertson Searchlight
 Culbertson Student Council
 Curry Health Center
 D&S Services
 D.O.V.E.S.
 Daniels County Extension
 Daniels County Public Health
 Danielson's True Value
 Darby's Active Resourceful Teens (DART)
 DARE – Gallatin Co. Sheriff's Dept.
 D'Aste Service Group
 Dawson Community College
 Dawson Co. Health Communities Coalition
 Dawson Co. Health Department
 Deaconess Billings Clinic
 Dawson County High School
 Deaconess Billings Clinic Pulmonary Rehabilitation
 Deaconess Cancer Program - Billings
 Deaconess Cancer Treatment Center
 DeBorgia Happy Homemakers Club
 Dennis Insurance
 Department of Family Services – DPHHS
 Designs by Claudia
 Dixon School - 21st Century Program
 Dixon Schools
 Dollar Outlet

Drug Free Schools
Dutton Public Schools
Dyngneson Ranch Inc
Eaglemount - Big Sky Kids
Early Childhood Services
East Mont Enterprises
Eastern Region Prevention
ECS-Headstart
Edward Jones
Effective Marketing Concepts
Electric Land
Elk River Printing
Elks Clubs
Employee Benefits/State of Montana – Department of
Administration
Ennis Target Project
Enterprise Community
Equine Sports Massage
Eureka Schools
F.R. Human Rights Coalition
Fairfield Public Schools
Fairview School
Family Planning Lake County Health
Family Practice Doctors of Pondera County
Farm and Home Supply
Farm Bureau Insurance
Farm Credit Services
Ferrilgas
Flamen Rentals & Plow Team Equipment
Flathead City-County Health Department
Flathead Human Rights Coalition
Flathead Reservation and Lake Co. Coalition for Kids
Flathead Schools
Flathead Valley Chemical Dependency
Flaxville Schools
Flaxville Student Council
Flukerson's Funeral Home
For One Another
Fort Belknap Indian Community
Fort Benton Schools
Fort Harrison Veterans Hospital
Fort Peck Community College
Fort Peck Regional Health Coalition
Fort Peck Tribal Council Health and Welfare Committee
Fort Peck Tribal Crisis Center
Fort Peck Tribal Health
Fort Peck Tribes
Foster Grandparents Program
Foundation for Community Care
Four Seasons Trailer Court
Friends to Youth
Froid Public Library
Froid Public Schools
Froid Student Council
Frontier Student Council

Futures at WORD
Gabert Medical Clinic
Gaffaney's
Gallatin City-County Health Department
Gallatin County Treatment Court
Gallatin Community Clinic
Gallatin County Board of Health
Gallatin County Public Safety Department
Gallatin Valley Family Clinic
Gary & Leo's IGA
Gateway Community Services
Gem City Motor
Gem City Motors
Geraldine Public Schools
Girl Scouts of the Big Sky Council
Girl Scouts Treasure Trail Council
Glasgow Mental Health Center
Glaxo Wellcome
Glendive Coca Cola
Glendive Medical Center
Glendive Police
Glendive Public Schools
Governor's Office
Great Falls Clinic
Great Falls Indian Family Health
Great Falls Public Schools
Gulliver's
Hallmark Shoppe
Hamilton Middle School
Hamilton School District
Hardee's
Hardin County Health Department
Harlem Public Schools
Havre High School
Havre Public Schools
Hayden Marketing and Public Relations
Head Start
Headington Oil
Health Enhancement Department Shelby
Public Schools
Healthy Smiles Dental Group
Hedahl's Inc
Helena Fire Department
Helena High School
Helena Indian Alliance
Helena Police Department
Hellgate High School
Hellgate High School Freshmen
HELP Committee
Helping Hands of West Yellowstone
Hi-Line Home Programs
Hill County Commissioners
Hill County Health Department
Hill County MSU Extension
Homestead and South 40

Hot Springs Crime Prevention
Hot Springs School
Human Resources Council
Indian Family Health Tribes of the Flathead Nation
Indian Health Board of Billings
Indian Health Service – Billings
Indian Health Services – Browning
Indian Studies - Havre High School Integrative Physical
Therapy
Interstate Engineering
JC Penney
Jefferson Elementary
JL Services
Jock Stop
John Stockhill Jewelers
Johnson Hardware and Furniture
Judy's Catering
Juli-Ana's
Kalberer's Heating Inc.
Kalispell Regional Medical Center
Kentucky Fried Chicken
Kids First of Ravalli County
Kids n Cowboys
KTHC
KTVQ TV Billings
KUMV-TV
KXGN Radio & TV
Lake County Chemical Dependency
Lake County Commissioners
Lake County DUI Task Force
Lake County Emergency Preparedness
Lake County Health Department
Lake County Red Cross
Lake County Schools
Lake County Sheriff's Department
Lake County Youth Court Service
Lake County Superintendent of Schools
Lake County Attorney
Lambert School
Laurel Middle School
Learning Partners Family Center
Lee's Tire Service
Lewis & Clark City-County Health Dept
Lewis and Clark Middle School – Billings
Libby Area Community Advisory Group
Libby Area Tech. Assistance Group
Libby City Commission
Libby Community Interagencies
Libby County WIC Program
Libby Ranger District
Liberty Christian School
Liberty County Commissioners
Liberty County Supt. of Schools
Liberty County Hospital
Life's End Institute

Lili Pad
Lincoln County Commissioners
Lincoln County Justice Court #2
Lincoln Elementary
Lincoln McKinley Elementary
Links for Learning
Listerud Rural Health Clinic
Literacy Volunteers of America – Butte
Literacy Program
Little Shell Tribe of Chippewa Indians of
Montana
Livingston HealthCare
Lone Tree Archers
Lone Tree Motor Inn
Lone Tree Typesetting & Design
Lower Yellowstone REA
Lucky Lil's
M & C Beverage, Inc
M & R Cycles
M & R Strategic
Manhattan Public Schools
Many Voices, One Message
Marcus Daley Memorial Hospital
Marias Health Care
Martini Siding & Windows
Martini Steel/Seamless Gutters
Maternal Child Health
MCCHD
McDonalds
McLaughlin Research Institute
MDU
Medicine Lake City Council
Medicine Lake Schools
Mental Health Association
Mercy Recovery Center
MHA - An Association of Montana Health Care
Providers
Mid-Rivers Communications
Mineral County
Mineral County 4-H Council's Shooting Sports
Mineral County Fair/Rodeo Board
Mineral County Health Department
Mineral County Visitors Center
Mini Mart #712
Miss Indian Montana Pageant
Missoula City-County Health Department
Missoula Community Hospital
Missoula County Public Schools
Missoula County Public Schools
Missoula County WIC
Missoula Forum for Children and Youth
Missoula Indian Center
Missoula Indian Center Drumming Group
Missoula Indian Health Center
Missoula Psychological

Missouri River Medical Center
Mitchell's Oilfield Service
MonDak Ford
Mon-Dak Historical Society
Montana Army National Guard
Montana Association of Counties
Montana Athletic Club – Libby
Montana Board of Education
Montana Board of Nursing
Montana Board of Public Education
Montana Broadcasters Assoc
Montana Breast Cancer Resource Guide
Montana Cancer Center
Montana Cancer Consortium
Montana Cancer Institute
Montana Cancer Specialists
Montana Central Tumor Registry
Montana Chamber of Commerce
Montana Chemical Dependency Center
Montana Council of Boy Scouts
Montana Dental Association
Montana Dental Hygienists' Association
Montana Hospital Association
Montana Disability & Health Program
Montana Nurse's Association
Montana Education Talent Search
Montana Federation of Teachers
Montana Medical Association Montana
Montana Nurses' Association
Montana Office of Rural Health
Montana Primary Care Association
Montana Public Employees Association
Montana Retail Association
Montana River Ranch Country Inn
Montana Science Teachers Association
Montana State Fire Marshal
Montana Smiles
Montana State Head Start Association
Montana State University – Billings
Montana State University – North
Montana State University – Office of Health Promotion
Montana Tech
Montana Turf 'n Wheels
Mutual Rural Insurance Co.
NAPA Auto Service
National Jewish Medical and Research Center
Native Reign
Netzer Law Office
New Day
New West Health Services
Nick Jones Real Estate
Nicotine Anonymous
Nicotine Dependency Center
Norco Medical Equipment
North Am. Indian Alliance – Butte

Northeast Montana Health Services
Northeast Montana Health Services
Northeast MT Tobacco Prevention Coalition
Northern Cheyenne
Northern Montana Hospital
Northern Montana Medical Group –East
Northern Rockies Cancer Center
Northside School
Noxon High School
Olson Plumbing
Omni Communications
Omni Electronics
Outlook City Council
Outlook School
Outlook Student Council
Pamida Discount Center
Parcel Outlet
Park Clinic
Park County Board of Health
Park County Job Service
Park Co. Tobacco Use Prevention Program
Park High School
Park High School Advocacy Group
Park Plaza Motel
PATH
Paws Point
Peerless Schools
Peerless Student Council
Pella Lutheran Church
Pella Lutheran Church
People's Center
Phillips County Coalition for Healthy Choices
Pizza House
Pizza Hut
Plains Public Schools
Plentywood Boy Scout Troop #283
Plentywood Child and Family Services
Plentywood City Council
Plentywood Clinic
Plentywood Cub Scouts
Plentywood HS Council
Plentywood Jr. High
Plentywood School
Plum Creek
Plus Duramed
Polson Episcopal Church
Polson Fire Department
Polson Mayor
Polson Partnership Project
Polson Partnership Project
Polson Schools
Polson Superintendent of Schools
Pondera County Commissioners
Pondera County Health Department
Poplar City Council

Poplar High School
Poplar High School Student Council
Poplar Middle School
Power Public Schools
Program Strategic Health Concepts, Inc
Project Help
Protect Montana Kids
Prudential Financial
Public Housing Authority
Quilings Market
Quilts & More
Quit for Life
R C & D
Rainbow Vacuums
Ranger Lounge
Rau DeSigns
Rau School District #21
Ravalli County Extension Office
Ravalli County Head Start
Ravalli County Health Department
Ravalli County Sheriff
Ravalli County WIC
Ravalli County YMCA
Reach to Recovery
Redline Audi & Cellular
Rehein Farms
Reintegrating Youthful Offenders Correctional Facility
Representative Daniel Fuchs
Representative Edith J. Clark
Representative Eileen J Carney
Representative Joan Hurdle
Representative Kim Gillian
Representative Larry Jent
Representative Larry Lehman
Representative Mark Noennig
Representative Norman Ballantyne
Representative Ralph Lenhart
Representative Roy Brown
Respond First Aid
Respond First Aid Systems
Restorx
Reynolds Warehouse Grocery
Ribbon and Rail
Richland County Conservation
Richland County Fair and Rodeo
Richland County Health Department
Richland County Juvenile Justice
Richland County Sheriff's Office
Richland Development
Richland Federal Credit Union
Richland Motor Inn
Richland Youth Hockey
Rimrock Foundation
Riverfront Counseling
Riverside Family Clinic

Riverside Middle School
Rocky Boy Health Board
Rocky Boy Schools
Ronan Boys and Girls Club
Ronan Mental Health
Ronan Public Schools
Ronan School Dist #30
Ronan State Bank
Roosevelt County Commissioners
Roosevelt County Extension
Roosevelt County Health Department
Roosevelt County Sheriff's Department
Roosevelt Memorial Hospital
ROPES – Reaching Out for Positive
Educational Success
Rosebud High School
Roundup
RSVP - Retired Senior Volunteer Program
Rug Emporium
S.A.F.E. Harbour
Sacajawea Middle School Breakfast Club
SAFE – Supporters of Abuse Free
Environments
Safe and Drug Free Schools Advisory Board,
Salish & Kootenai College
Safe Kids Safe Communities – Richland
County
Salish & Kootenai Housing Authority
Salish Kootenai College Gear Up
Salish Kootenai College Nursing Program
Salish Kootenai Tribal Health
Salish Kootenai Tribal Juvenile Probation
Salish Kootenai Tribal Juvenile Probation
Salish Kootenai Tribal Law & Order
Sanders County 4-H Clubs
Sanders County Fair Board
Sanders County Health Department
Savage School
Schwartz Photography
Scobey High School Student Council
Scobey Schools
Scobey Student Council 2ndCircle Sentinel HS
Screen Play
Seltz Insurance
Senator Daniel McGee
Senator Jerry Black
Senator John Bohlinger
Senator Mike Sprague
Senator Royal Johnson
Senior High School – Billings
Seven S Ranch Supply Inc.
Shelby Elementary School
Shelby First Baptist Church
Shelby High School
Shelby Key Club

Shelby Volunteer Fire Department
Sheridan Chamber of Commerce and Agriculture
Sheridan County Commissioners
Sheridan County Extension
Sheridan County Health Dept
Sheridan County Youth Action Council
Sidney Country Club
Sidney County Fair Board
Sidney Electric
Sidney Gymnastics
Sidney Health Center
Sidney Herald-Leader
Sidney Insurance
Sidney Jaycees
Sidney Job Service
Sidney Junior High School
Sidney Liquor Store
Sidney Livestock
Sidney Millwork Co.
Sidney Paint and Glass
Sidney Police Department
Sidney Public Library
Sidney Public Schools
Sidney Red-E-Mix
Sidney Rental
Sidney Senior High School
Sidney Soccer Association
Sidney Sugars, Inc
Sidney Tax Service
Sidney Woodworker & Lumber
Silk Rose Gallery
Skyview High School
Sleeping Giant Community School
Small World Daycare
SMART Moves
Smith, Lange & Associates
Southside Schools
Southwest CD Program
Southwest Montana AIDS Network
SPF #23
Spotted Bull Treatment Center
Springs Cultural Schools
St. Ignatius Schools
St. Ignatius Superintendent of Schools
St. John's Lutheran Hospital
St. Luke Hospital
St. Patrick Hospital
St. Patrick Wellness
St. Pats Teen Treatment Center
St. Peter's Hospital
St. Vincent Hospital
Star Haven
Stevensville High School
Stevensville Middle School

Stillwater Community Hospital & Extended
Care Unit
Stockman Bank
Sunburst Community Service Foundation
Sunburst School District
Sunrise Floral
Sunrise Inn
Sunrise Music
Superior High School
Sweet Medical Center
Taco John's
Teen Institute
Teens in Partnership – Dawson County
Teens in Partnership –
Sleeping Giant Middle School
Temporarily Yours
Tesoro
Teton County Health Department
Teton County Sheriff
Teton Medical Center
The Bean Bag
The Depot
The Embroidery Connection
The Parallel
The Parenting Place
The Ranger Review
The Rush
The Shelby Promoter
Thirud Office Supply
Three Forks Public Schools
Three Rivers Ranger District
Tobacco Free Gallatin
Tobacco Free Lake County
Tobacco Free Missoula County
Tobacco Free Ravalli
Toole County Commissioners
Toole County Coroner
Toole County Health Department
Toole County Sheriff's Office
Treasure County Board of Health
Treasure County Commissioners
Treasure County Schools
Triangle Night Club
Tri-County Implement
Trinity Hospital
Trout Creek Public Schools
Truck Suppliers
Tumbleweeds
Turning Point
Two Eagle River School
Union Gateway Inc
United Agri Products
United Building Center
United States Postal Service
United Way

University of Great Falls
University of Montana
University of Montana - Continuing Education
Upper Missouri G & T Electric
USDA-ARS
V & S Inc
Valley Motor Supply
Veterans Administration
VFW
Victory Schools
Video Hot Spot
Wakina Sky Learning Center
Washington Middle School
Westby Student Council
Western Vet Clinic
White Drug
White Wolf Song and Dance Pack
Will James Middle School
West Yellowstone Public Schools
Wells Fargo
West High School – Billings
West Side Elementary
West Yellowstone Public Schools
Wells Fargo
West High School – Billings
West Side Elementary
Westby City Council

Westby School District
Willard School
Winner's Pub
Wolf Point Boys and Girls Club
Wolf Point Cancer Support Group
Wolf Point Chamber of Comm. & Ag.
Wolf Point City Council
Wolf Point City Police
Wolf Point Mental Health Center
Wolf Point Ministerial Association
Wolf Point Public Schools
Wolf Point Schools Roosevelt County
Wolf Point Student Council
Wolf Point Wellness Center
Women's Opportunity and Resource
Development
Women's Voices of the Earth
Wotanin
Wowapi
Yellowstone Chiropractic Clinic
Yellowstone City County Health Dept
Yellowstone County Commissioners
Yellowstone Merc.
Yellowstone Co. Youth Court Services
YMCA Teen Leaders
Your Place Go-Karts
Youth Board – Libby Community Interagency

CDC

Tobacco-use Prevention and Control Logic Model

