

A red circular logo with the text "CAMPAIGN For TOBACCO-FREE Kids" in white, stylized font.

CAMPAIGN
For
TOBACCO-FREE
Kids®

THE TOBACCO CONTROL NETWORK
AND THE
CAMPAIGN FOR TOBACCO-FREE KIDS
PRESENT

Where's The Money? A Fresh Look at Sustaining Tobacco Control Programs



MONDAY, JANUARY 14, 2013

3:00 – 4:30 PM ET

Dial in for audio: 1-888-450-5996 / Participant code: 937686

All participants have been muted.

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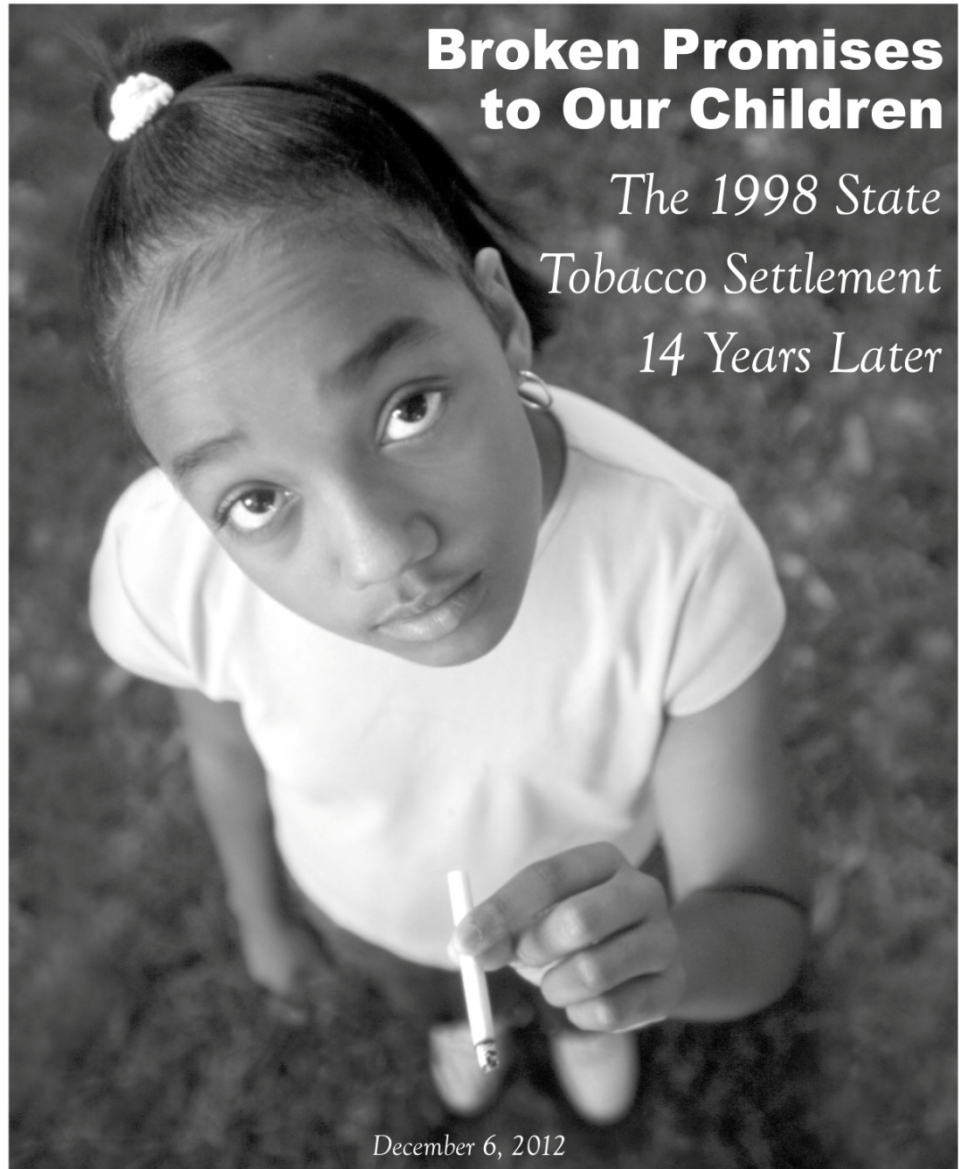
Agenda

- I. **Welcome and Introductions** - *Madeleine Solomon*, Moderator; Director of Policy and Community Programs, Tobacco Technical Assistance Consortium (TTAC)
- II. **Overview of the Broken Promises report and related resources** - *Meg Riordan*, Director of Policy Research, Campaign for Tobacco-Free Kids
- III. **New funds from MSA to States** - *Danny McGoldrick*, Vice President of Research, Campaign for Tobacco-Free Kids
- IV. **Examples from State Health Departments and Advocacy Partners:**
 - **North Carolina** - *Jim Martin*, Director of Policy and Programs, North Carolina Dept. of Health and Human Services
 - **Wisconsin** - *Maureen Busalacchi*, Executive Director, Health First Wisconsin
 - **California** - *Kimberly Amazeen*, Vice President, Programs and Advocacy, and *Vanessa Marvin*, Director, Center for Tobacco Policy & Organizing, American Lung Association in California
- V. **Questions and Answers**



Annual Report on State Tobacco Prevention Spending

Meg Riordan
Campaign for Tobacco-Free
Kids



The State Tobacco Settlement Presented an Historic Opportunity to:

- Save Lives
- Protect Children
- Drive Down Health Care Costs



MSA Calls for States to Invest Tobacco Settlement Funds to Prevent and Reduce Tobacco Use

- In 1998, the MSA settled the states' Medicaid lawsuits against the major tobacco companies for recovery of their tobacco-related health-care costs
- As part of the MSA, the companies agreed to curtail or cease certain marketing practices (transit ads, billboards, cartoon characters)
- Tobacco companies also agreed to pay, in perpetuity, various annual payments to the states to compensate them for some of medical costs of caring for persons with smoking-related illnesses
- MSA contains explicit language that shows the parties to MSA expected and intended that the payments to the states would be used to prevent and reduce tobacco use, especially among children



Excerpts from MSA

the Settling States and the Participating Manufacturers are committed to reducing underage tobacco use by discouraging such use and by preventing youth access to tobacco products;

the undersigned Settling State officials believe that entry into this agreement ... is necessary in order to further the Settling States' policies designed to reduce Youth smoking, to promote the public health and to secure monetary payments to the Settling States;

the Settling States and the Participating Manufacturers . . . Have agreed to settle their respective lawsuits and potential claims pursuant to terms which will achieve for the Settling States and their citizens significant funding for the advancement of public health, the implementation of important tobacco-related public health measures...



Supportive Quotes from High Ranking State Officials

“Every penny of these funds should be used for health purposes including prevention programs and counter advertising to protect kids, cessation programs and community partnerships to serve those who have already put their health at risk by smoking, in addition to existing important health programs such as charity care and KidCare.”

Press Release from Governor Christie Whitman (R), New Jersey, November 16, 1998.

"It's premature to rush to spend this [tobacco settlement] money," said Attorney General Betty Montgomery, who was joined at the announcement by members of the public health community. **"The reason we got in this fight was to protect public health and prevent underage smoking. A significant portion of this money should go toward these causes."**

Press Release from Attorney General Betty Montgomery (R), Ohio, November 18, 1998.

"Emphysema, heart disease, cancer — more than 20,000 Pennsylvanians die from tobacco-related diseases each year," Attorney General Mike Fisher said. **"I sued the tobacco industry because it conspired to increase the addictive properties of tobacco products and suppressed vital information about the deadly nature of tobacco. This money will not bring back those who have died, but it may be used to keep others from starting this deadly habit."**

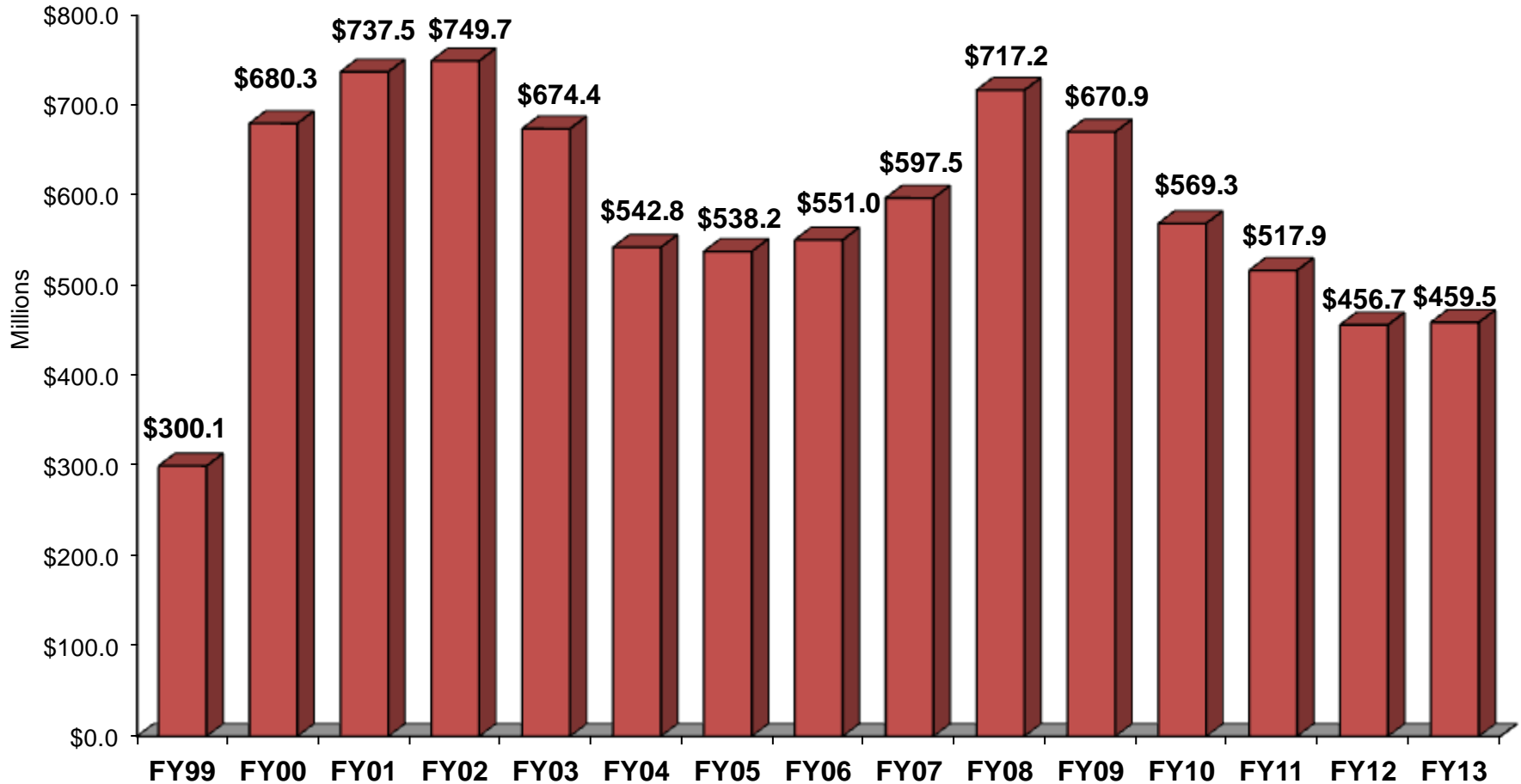
Press Release from Attorney General Mike Fisher (R), Pennsylvania, November 16, 1998.



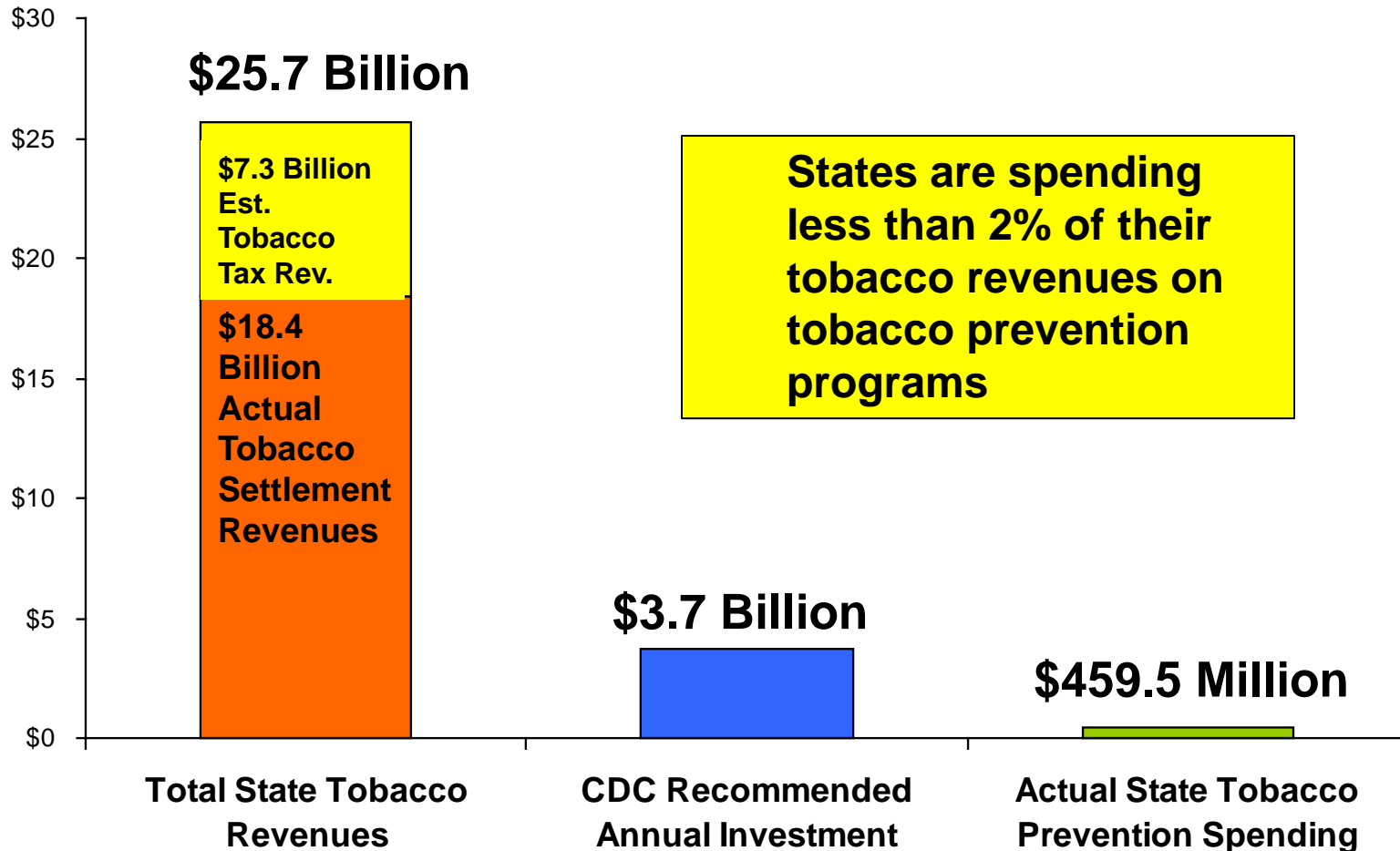
Broken Promises

- States continue to spend just a tiny fraction of their tobacco revenues to fight tobacco use
- Funding this year is essentially flat with the \$456.7 million budgeted last year; Only 2 states are at CDC recommended level – AK and ND
- States have failed to reverse deep cuts that reduced annual funding for tobacco prevention by 36%, or \$260 million, between FY08 - FY12
- We need to remind our policymakers what the MSA was all about and a renewed commitment to our programs

State Tobacco Prevention Spending, FY1999 - FY2013



Tobacco Money for Tobacco Prevention, FY 2013





IMPACT ON YOUTH SMOKING, DEATHS & RELATED HEALTH COSTS FROM CHANGES TO NORTH CAROLINA TOBACCO PREVENTION FUNDING

Current State investments in tobacco prevention: \$17.3

[CDC recommended tobacco prevention funding for North Carolina: \$106.8 million]

Youth Smoking Impacts from Cutting Tobacco Prevention Funding to \$2.7 million

- Increase in youth smoking rates: 2.3%
- More state kids growing up to become addicted adult smokers: 12,990
- More kids growing up to die prematurely from smoking: 4,670
- Related increase in future healthcare expenditures in state: \$227.3 million
 - State Medicaid Program's increased healthcare spending: \$24.0 million

Resources Available

BENEFITS AND SAVINGS FROM SMOKING DECLINES IN IOWA

Since 2000, smoking rates in Iowa have declined significantly, sharply reducing the harms and costs caused by smoking in the State.

	<u>2002</u>	<u>2010</u>	<u>Fewer Current Smokers</u>
<i>High School Youth Smoking</i>	24.0%	17.0%	12,140

	<u>2000</u>	<u>2010</u>	<u>Fewer Current Smokers</u>
<i>Adult Smoking</i>	23.2%	16.1%	114,210

Because of these declines:

- **49,490** fewer kids alive today in Iowa will grow up to be addicted adult smokers
- **42,660** fewer of today's residents in Iowa will ultimately die prematurely from smoking

Resources Available



COMPREHENSIVE TOBACCO PREVENTION AND CESSATION PROGRAMS EFFECTIVELY REDUCE TOBACCO USE

Tobacco control programs play a crucial role in the prevention of many chronic conditions such as cancer, heart disease, and respiratory disease. These programs can help prevent kids from starting to smoke and encourage policymakers about policies that address the ever-present tobacco industry.

Recommendations for state tobacco prevention and cessation programs. Center for Disease Control and Prevention. *Tobacco Prevention and Cessation Programs*. In this guidance, we provide recommendations that are comprehensive, sustainable, and based on public education intervention and tobacco cessation management.¹



RETURN ON INVESTMENT FROM STATE TOBACCO PREVENTION AND CESSATION PROGRAMS

It is well established that comprehensive statewide tobacco-prevention and cessation programs prompt sharp reductions in smoking levels among both adults and kids by both increasing the numbers who quit or cutback and reducing the numbers who start or relapse.* As shown by the experience of those states that already have comprehensive tobacco-prevention programs, these smoking reductions save thousands of people from suffering from the wide range of smoking-caused illnesses and other health problems. Recent research indicates that tobacco prevention and cessation programs not only reduce smoking and save lives, but also save money by reducing tobacco-related health care costs.

Tobacco Prevention Funding – Key Message Points (You can replace national data with state-specific data from table on page 2)

- Tobacco use kills more than 400,000 Americans every year and costs the nation almost \$100 billion in health care costs annually – much of it borne by taxpayers. Nearly 90 percent of smokers began as kids, and nearly 4,000 kids try their first cigarette every day. Comprehensive tobacco prevention and cessation programs are a proven method of preventing kids from starting to smoke and helping adult smokers quit.
- The states take in more than \$25 billion annually in tobacco taxes and tobacco settlement payments. It just makes sense to use some of this money on programs to prevent kids from smoking and help smokers quit. It would take less than fifteen percent of this total to fund tobacco prevention programs in every state at the level recommended by the Centers for Disease Control and Prevention (CDC).

Washington
states were
used by
saving

The Star-Ledger

Editorial/Opinion

N.J. among worst tobacco-fighters

Blair Horner

29 December 2012

We've known for a while that a lack of funding for New Jersey's tobacco prevention program hurt its effectiveness. Now, it has hit a new low on a national stage.

"A Broken Promise to Our Children: The 1998 State Tobacco Settlement 14 Years Later," recently released by the American Cancer Society Cancer Action Network, American Heart Association, American Lung Association, Campaign for Tobacco-Free

Kids, the Robert Wood Johnson Foundation, and the Centers for Disease Control and Prevention reviewed states' spending on tobacco prevention. New Jersey ranked 50th in spending.

The report used data from the Centers for Disease Control and Prevention as its source. It found that for every dollar spent on tobacco prevention, the state saves 10 cents of every dollar in health care costs.

More than 4,300 people die each year from tobacco-related causes. More than 4,300 people die each year from tobacco-related causes. More than 4,300 people die each year from tobacco-related causes.

Resources: Recent Opeds on program funding from NJ and NC

The Raleigh News & Observer

Editorial/Opinion

Just when teen smoking rates were declining

By Michael Schwalbe

17 December 2012

December 16 2012

Looking back at actions by the N.C. General Assembly in 2012, one stands out for its stunning shortsightedness: defunding the enormously successful Tobacco Reality Unfiltered media campaign.

Owing largely to this decision, North Carolina now has the dubious distinction of ranking last nationally in spending to prevent kids from becoming addicted to tobacco.



WHAT NOW?

- **Get the team together –program team AND advocates!**
- **Develop strategy, materials and define roles**
- **Get your messages and materials out there!!**



How to Deliver the Message

- Communicate your messages on an ongoing basis
- Everyone has a role – state program staff, local program staff, community partners and advocates
- Grassroots pressure – build and demonstrate broad base of support
- Make Contact – reach out to policymakers face to face



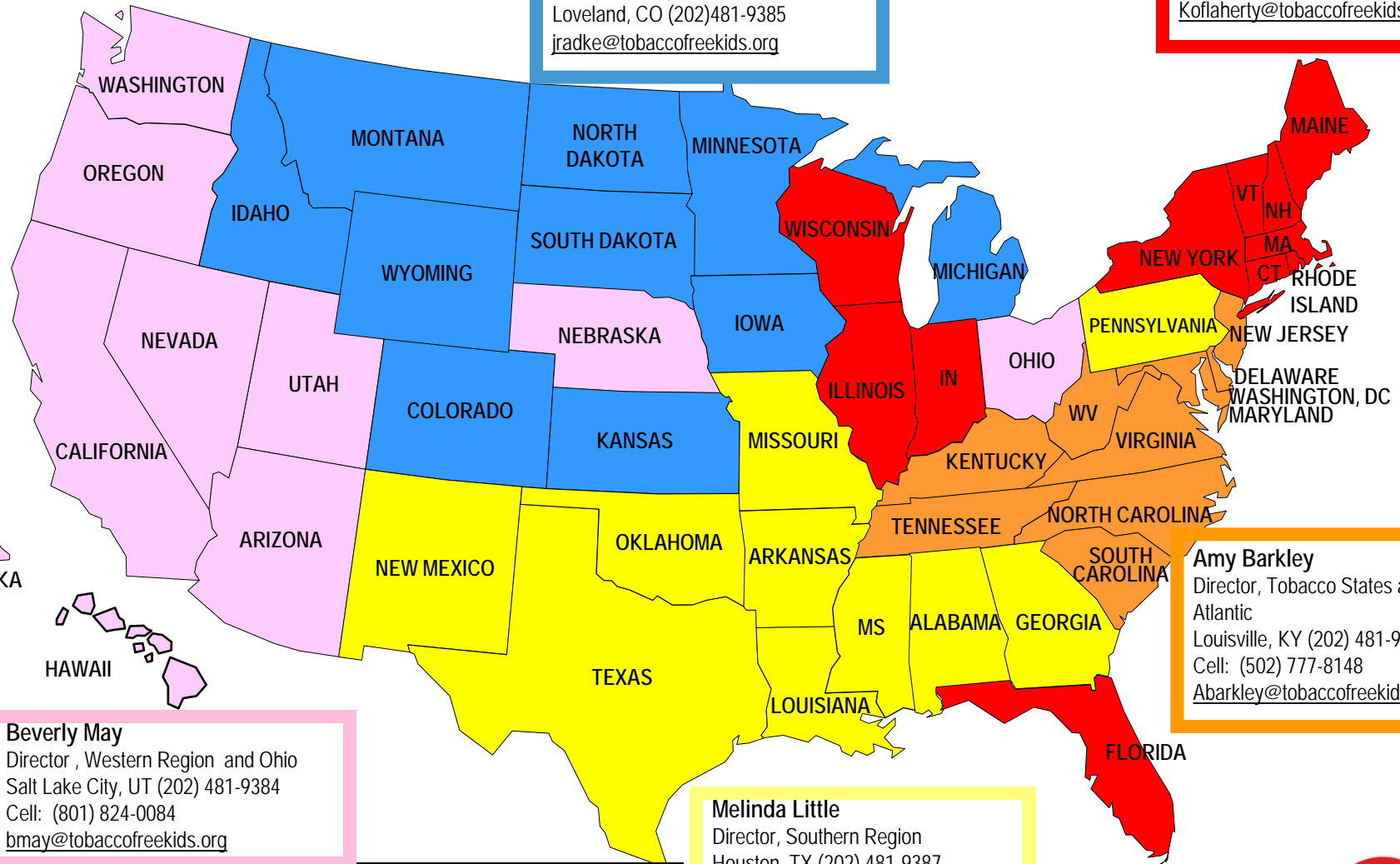
Key Points

- **Our programs are in serious jeopardy if we don't act**
- **We can't give up**
 - Rates are still too high
 - Tobacco Companies are not quitting
- **Sustainability activities are critical to success – national partners and other states can help**

Regional Advocacy Directors

Jodi Radke (Cell) 970-214-4808
 Director, Rocky Mountain/Great Plains
 Loveland, CO (202)481-9385
jradke@tobaccofreekids.org

Kevin O'Flaherty
 Director, Northeastern Region
 New York City, NY (202) 481-9383
 Cell: (646) 919-0469
Koflaherty@tobaccofreekids.org



Beverly May
 Director, Western Region and Ohio
 Salt Lake City, UT (202) 481-9384
 Cell: (801) 824-0084
bmay@tobaccofreekids.org

Peter Fisher, Vice President for State Issues
pfisher@tobaccofreekids.org
 1400 I Street, Suite 1200, Washington, DC 20005
 202-296-5469 phone; 202-296-5427 fax

Melinda Little
 Director, Southern Region
 Houston, TX (202) 481-9387
 Cell: (713) 498-4299
mlittle@tobaccofreekids.org

Amy Barkley
 Director, Tobacco States and Mid-Atlantic
 Louisville, KY (202) 481-9382
 Cell: (502) 777-8148
Abarkley@tobaccofreekids.org





FOR MORE INFORMATION

- **Visit Our Website @**
www.tobaccofreekids.org

- **Call or E-Mail Me @**
Meg Riordan
Campaign for Tobacco-Free Kids
(202) 296-5469
mriordan@tobaccofreekids.org

A red circular logo with white text. The text reads "CAMPAIGN For TOBACCO-FREE Kids" in a mix of uppercase and lowercase letters, with "For" in a smaller font size.

CAMPAIGN
For
TOBACCO-FREE
Kids®

New MSA funds to States

Danny McGoldrick, Vice President of Research,
Campaign for Tobacco-Free Kids



Brief History of the Master Settlement Agreement (MSA) & Tobacco Prevention and Cessation in N.C.

Jim D. Martin, MS
Director of Policy and Programs
NC Tobacco Prevention and Control
Branch

NEWS & OBSERVER

TUESDAY, AUGUST 24, 1999

FINAL EDITION
50 CENTS

www.news-observer.com

Youth smoking up in N.C.

A new CDC report says that 35.8 percent of teens use cigarettes. Another study suggests the state needs to spend more on prevention.

BY JOEL B. OBERMAYER
STAFF WRITER

The smoking rate among high school students in North Carolina has increased by about 22 percent in six years, the U.S. Centers for Disease Control and Prevention

reported Monday.

The CDC report shows that 35.8 percent, more than one out of three North Carolina high school students, smoked occasionally or regularly in 1997, the latest year for which data were available.

Experts worry that the overall rate will rise as these students grow into adult smokers. Some blame "smoking chic" emanating from Hollywood and easy access to cigarettes.

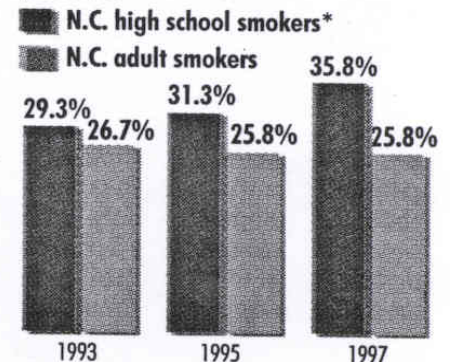
A related CDC report also suggests that North Carolina may be spending only a small fraction of the

money needed to be effective in combatting smoking among all segments of the population.

"It's a serious problem. ... The rates of smoking among youth in North Carolina have been increasing similar to the rest of the nation," said Terry Pechacek, associate director for science at the CDC Office on Smoking and Health in Atlanta. "We are estimating that even if the youth smoking rates level off, 166,000 youths in North Carolina now under

Young smokers

Youth smoking continues to rise, even as adult rates have hit a plateau.



*Percentage of students in grades 9 to 12 who said they had smoked in the past 30 days.

Source: U.S. Centers for Disease Control and Prevention

FRANK MEDLIN / The News & Observer

SEE **SMOKING**, PAGE 8A

NC MSA Allocation History

- ▶ Every April, NC receives approximately \$140 million in MSA payments
- ▶ 25% went to the Health and Wellness Trust Fund (HWTF) 2001–2012.
 - Investments in tobacco prevention and cessation increased from \$6.2m (FY02–03) to \$19.2 m (FY08–09).
 - 2004, NCGA scheduled \$350 million over time for HWTF to pay debt on **capital construction for health-related facilities, but unrelated to prevention and cessation services**
 - This debt service **reduced the amount available for tobacco prevention and cessation to about \$17 million in 2009–10.**
 - **HWTF was abolished in FY11–12**, with the remainder of funds coming to NC Division of Public Health to complete the tobacco prevention and cessation obligations for the year.

Other Components of NC's MSA:

- ▶ 50% goes to the **Golden Leaf Foundation** (per the consent decree) for community economic development in tobacco dependent communities. <http://www.goldenleaf.org/>
- ▶ 25% goes to the **Tobacco Trust Fund** Commission <http://www.tobaccotrustfund.org/>

Successful MSA Investments in Evidence-based Tobacco Prevention and Cessation, 2002-12

NC Policies and Programs that Work



SmokeFree  NC.gov
North Carolina. Now serving smoke-free air.



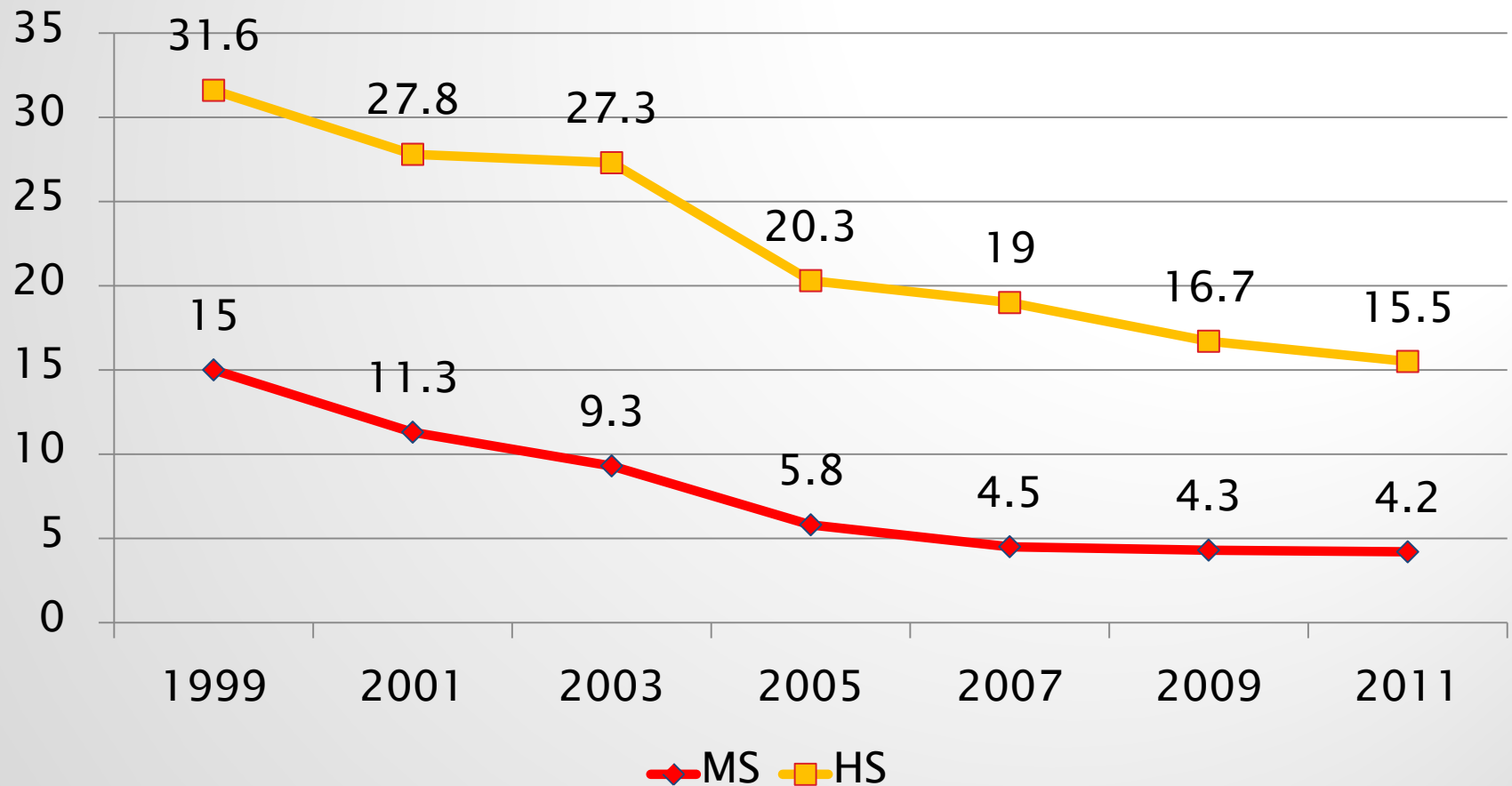
1-800-784-8669



**100% Tobacco-Free
Schools**

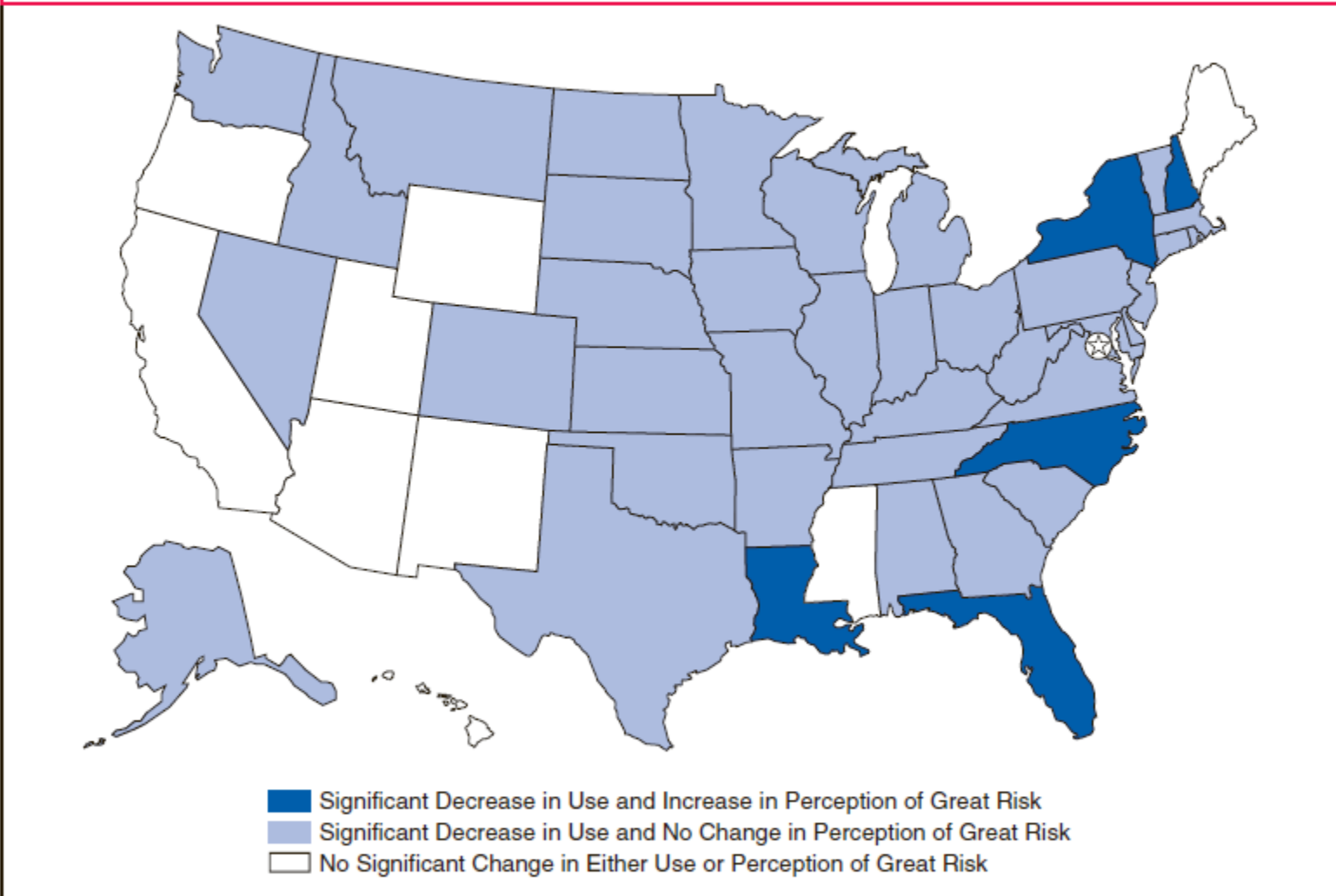


Percentage of middle and high school students who are current smokers: NC YTS 1999–2011



*Current use defined as use of one or more of the past 30 days

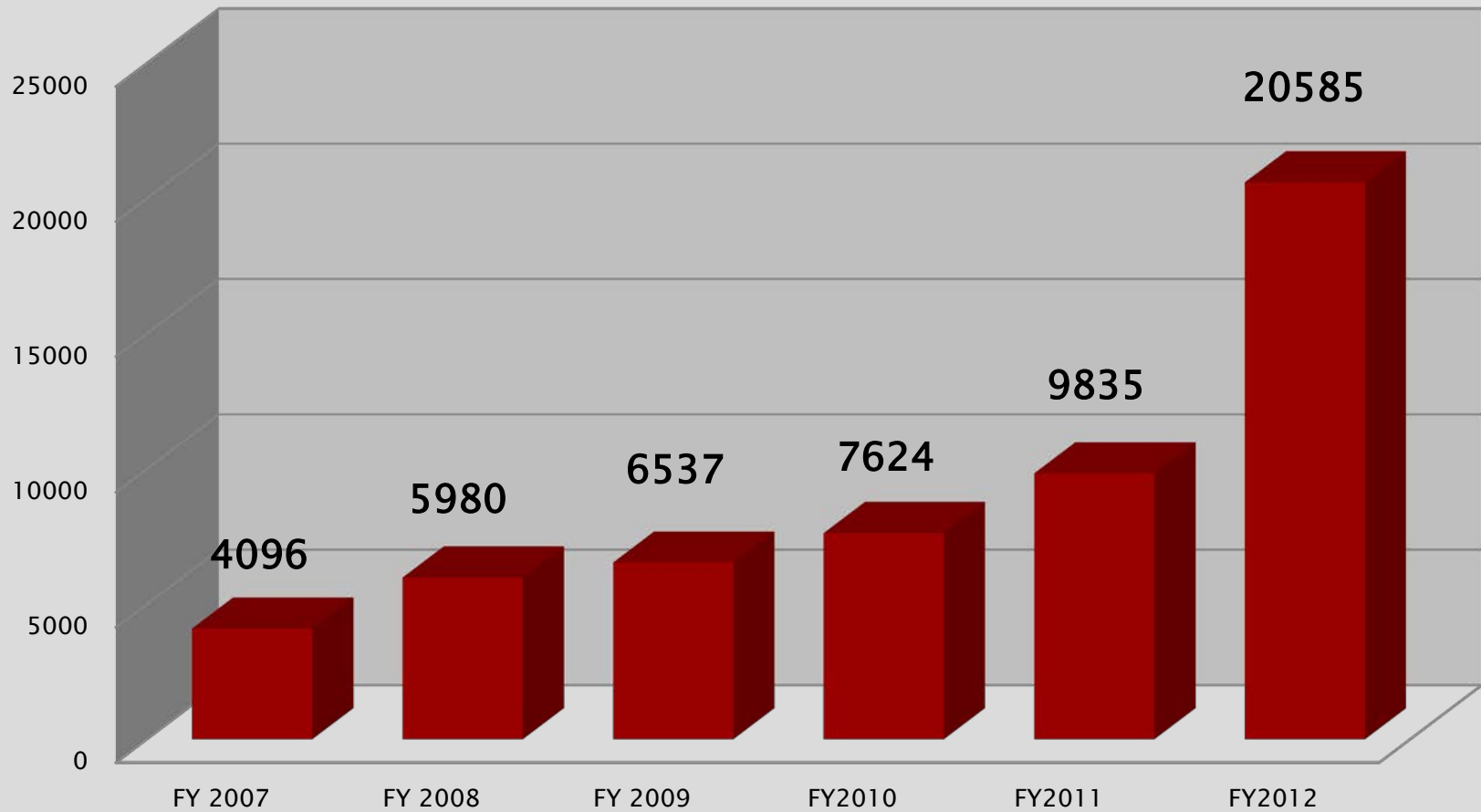
Figure 3. States with Significant Change in Past Month Cigarette Use and Perceptions of Great Risk from Smoking One or More Packs of Cigarettes Per Day among Persons Aged 12 to 17: 2002-2003 to 2009-2010



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2002, 2003, 2009, and 2010 (revised March 2012).



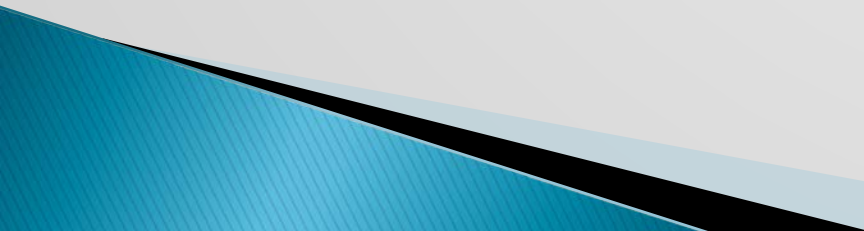
QuitlineNC Annual Enrollments



NC's Tobacco Prevention and Cessation Return on Investment

The NC MSA investment in the Teen Tobacco Prevention and Cessation Initiative, showed a strong return on investment of \$8.35 for every \$1.00 spent on the initiative.

-- Chenoweth & Associates, Inc.
2011



More Recent History of NC MSA Allocation

- ▶ The FY12–13 State Budget cut funding \$17.3 million in MSA funds down to \$2.7 million in non-recurring funds (2012–13)
- ▶ Source: Federal Social Services Block Grant
 - Funding must go to local services (no funding for administration or evaluation)
 - Without state funds, NC lost \$223,108 in matching funds from the annual Federal Financial Participation funding that was previously used for Medicaid eligible who enroll in QuitlineNC
- ▶ Limiting Language
 - Prohibits statewide media campaign; does not prohibit local campaigns
 - Target is K–12

Estimated Health Impact of 85% Program Reduction

According to CTFK, program reduction will INCREASE:

- ▶ Youth smoking rate by 2.3%;
- ▶ By 12,990, the number of N.C. kids who grow up to become smokers;
- ▶ By 4,670, the number of N.C. kids who will grow up to die prematurely from smoking; and,
- ▶ Future healthcare expenditures by \$227.3 million. State Medicaid healthcare spending ALONE will increase by \$24 million.

Sustainability Study

- ▶ **Message Framing to Gain Policymaker Support for NC Tobacco Prevention and Cessation Programs;**
Conducted by UNC School of Medicine, Tobacco Prevention and Evaluation Program; Interviewed recent former legislators and lobbyists in June 2012
- ▶ Key themes that emerged from the interviews:
 1. Awareness of tobacco as a health hazard high, but awareness of program impact and link to Master Settlement Agreement limited.
 2. Economic concerns could easily trump support for tobacco prevention; economic data more effective than health data.
 3. Succinct and contextualized messages most effective at securing policymakers' attention and support.



North Carolina Alliance for Health

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 [About Us](#) |
 [Tobacco-Use Prevention](#) |
 [Obesity Prevention](#) |
 [Take Action](#) |
 [Membership](#) |
 [Donate](#) |
 [Contacts](#)

As of January 2, 2010, secondhand smoke is no longer a threat to the health of workers and customers in North Carolina restaurants and bars. Thanks to members of the North Carolina General Assembly and Governor Bev Perdue for making public health history.

Thanks to these dedicated lawmakers, we can all breathe a little easier.



Policy Priorities

See our Policy Priorities

Obesity Prevention

See our Obesity Prevention

Tobacco-Use Prevention

See our Tobacco-Use Prevention

Join the Alliance

We invite you to become a member of the North Carolina Alliance for Health for 2013! Membership is open to both individuals and organizations.

Donate

The Alliance gratefully accepts financial contributions from organizations and individuals who support the mission and advocacy goals of the Alliance.

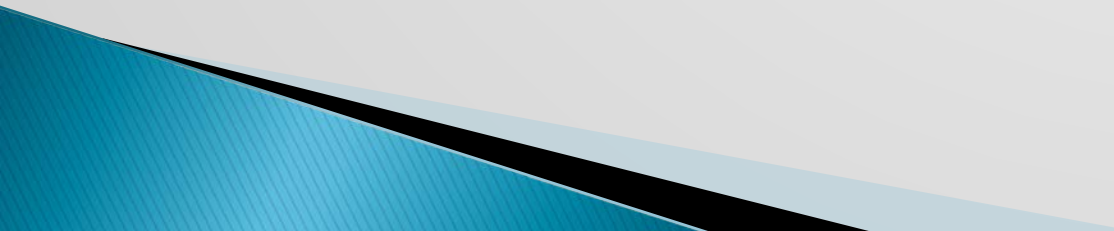
News & Announcements

**March 4, 2013 from 1:30-3:30-
Membership Meeting at TBD**

Example of Strategic Outreach and Education

- ▶ Tobacco Prevention and Control Branch and NC Alliance for Health invited to present to three health-related legislative task forces
 - NC Child Fatality Task Force
 - Justus-Warren Health Disease and Stroke Prevention Task Force
 - NC Advisory Committee on Cancer Coordination and Control

Summary Points

- ▶ Initiate Strategic Education About the MSA, including History
 - ▶ Work with Partners on Messaging and Framing
 - ▶ More Attention to Economic Messages (ROI) when Sharing Program Successes
 - ▶ Determine Clear Roles between the Health Department and Partners
- 



GEARING UP FOR 2013: NEW LEGISLATORS ARE COMING, ARE YOU READY?

Presented by Maureen Busalacchi, Health First Wisconsin

■ *I'm tired of hearing it said that democracy doesn't work. Of course it doesn't work. We are supposed to work it.*

Alexander Woollcott

TIMELINE, JUNE – DECEMBER 2012

JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
<p>1 – Candidate filing deadline</p> <p>Gov sends letters to dept heads regarding budget</p> <p>Election rules training</p> <p>Candidate forum planning & recruiting</p>	<p>Community Candidate Forums (primary election)</p> <p>Candidate Education</p>	<p>14 - Primary Election</p> <p>DHS begins state budget process (program funding)</p> <p>Candidate Education</p> <p>Face-to-face candidate meetings</p> <p>Lobby DHS</p> <p>Lobby other relevant agencies (DPI, etc.)</p>	<p>Community Candidate Forums (general election)</p> <p>Candidate Education</p> <p>Face-to-face candidate meetings</p>	<p>Community Candidate Forums (general election)</p> <p>Candidate Education</p> <p>Face-to-face candidate meetings</p>	<p>6 - General Election Day</p> <p>Late Nov - Legislative Leaders elected</p> <p>Late Nov - Joint Finance Committee appointed</p> <p>Begin in-district meetings with policy makers</p> <p>Lobby Governor</p>	<p>Early Dec - Statewide Initiatives Kickoff</p> <p>Policymaker, Media, & Community Education</p> <p>In-district meetings with policy makers</p>

TIMELINE, JANUARY – JULY 2013

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY
<p>Policymaker, Media, & Community Education (cont)</p> <p>In-district meetings with policy makers</p> <p>Cultivate JFC attendees; LTE writers</p> <p>LTEs educating about benefits of tobacco control</p> <p>Governor's Grasstops Event</p>	<p>Governor's budget introduced</p> <p>Finish in-district meetings w/ policy makers</p> <p>Cultivate JFC attendees; LTE writers</p> <p>Editorial board visits</p>	<p>Joint Finance Budget Hearings</p> <p>Joint Finance budget deliberations</p> <p>JFC – testimony, speakers, f/u with LTE's</p>			<p>Budget passed?</p>	



JUNE 2012



IMPORTANT DATES



June 1st

Nomination papers

August 14th

Primary election

November 6nd

General election

January 7th, 2013

Inauguration

WHO IS TALKING TO CANDIDATES?



CANDIDATE EDUCATION MATERIALS

We Need to Protect Wisconsin Kids from Tobacco

Many kids start using tobacco by age 11, and many are addicted by age 14¹

New Tobacco Products Appeal to Our Kids

- Flavored and smokeless tobacco product use is on the rise among youth.²
- These products aren't safe – consequences can include cancer, tooth loss, gum disease, and increased risk of heart disease and stroke.³



3 Ways Kids are in Danger

Flavoring like Candy

- Candy flavoring and bright colors make tobacco products extremely appealing to young people.⁴
- “Kid flavors” include chocolate, cherry, vanilla, apple, grape, and watermelon.

“As parents we need all the help we can get when it comes to protecting our kids from these products.”

-Angel Flemister, Milwaukee

Cheap Pricing

- Because little cigars are classified as “other tobacco products” they are taxed at a much lower rate than cigarettes.
- This tax loophole makes fruit-flavored little cigars cheaper and more accessible to youth.

Packaging like Candy

- New product packaging makes tobacco products look like candy.



It can be hard to tell the difference between candy and tobacco

Adults need to know these products exist. Kids need more help to resist them.

¹ Centers for Disease Control and Prevention. *You(th) & Tobacco Information Sheet*, 2010. (http://www.cdc.gov/tobacco/youth/information_sheet/index.htm)

AUGUST, SEPTEMBER AND OCTOBER 2012



NOVEMBER 2012

- Nov. 6th: General election—legislature elected
- Legislative leadership elections and joint finance committee appointed mid to late November
- New Governor to begins to put budget together
- Good time to hold in-district meetings



DECEMBER



JANUARY

- Editorial Board meetings and/or Letters to the Editor on your top priority
- New session and new legislation can be introduced



- **Continue:**
 - In-district meetings
 - Policy-maker, media, community education
 - Town Hall events
 - Seeking co-sponsors (lobbying)

JANUARY, FEBRUARY, AND MARCH 2013



Wisconsin Cessation Outreach Programs

Saving Lives, Saving Dollars

The UW-CTRI Outreach Program and the Wisconsin Tobacco Quit Line help residents quit tobacco use. These programs are funded by the Wisconsin Department of Health Services Tobacco Prevention & Control Program.

Return on Investment

Every year, Wisconsin Medicaid spends \$500 million in health-care expenses directly caused by smoking. Every smoker costs Wisconsin \$1600 per year in added health-care costs (CDC). For more, view a 90-second video at <http://www.ctri.wisc.edu/balancebudget.html>

Senate District 3: Senator Tim Carpenter

3853 callers from your district have received help from the Wisconsin Tobacco Quit Line since it launched in May 2001.

The Wisconsin Tobacco Quit Line provides free telephone coaching on how to quit, a two-week starter kit of quit-smoking medications, plus web-based learning and support tools to anyone who calls the toll-free number, 1-800-QUIT-NOW. With coaching and medication, smokers are four times more likely to quit.

Since 2001, the Quit Line has fielded more than 160,000 calls and provided services to more than 120,000 Wisconsinites.

WISCONSIN TOBACCO
QuitLine
800-QUIT-NOW

Unfortunately, as a result of the 2009 program cuts, Quit Line funding was reduced and we could help fewer smokers to quit (see chart).

"Your program made me feel like I'm not alone. I want to thank you for being there for me and answering a lot of tough questions."

—recent Quit Line caller



FEBRUARY

- Governor's budget introduced
- Focus on budget process and recruiting supporters for upcoming events



- **Finish:**
 - In-district meetings
 - Town Hall events
 - Seeking co-sponsors
- **Continue**
 - Policy-maker, media, community education

MARCH



MARCH

- Joint Finance Budget hearings
- Organize testimony, speakers, and Letters to the Editor
- Continue
 - Policy-maker, media, community education



APRIL AND SUMMER 2013



APRIL AND SUMMER 2013

- Joint Finance Committee begins deliberations
- Policy-maker, media, and community education is finished
- Budget supposed to pass (June)

JUNE 2013 BUDGET SESSION OVER?



**Non-fiscal
policy making
begins!**

**Unless the
budget doesn't
balance...**

2013

- Legislative session January – March
- If no veto's or budget shortfall, session is over in March 2013
- Elections in Fall

THANK YOU



Maureen Busalacchi

Executive Director,

Health First Wisconsin

608.268.2620

mbusalacchi@healthfirstwi.org

Keeping the Focus on Sustainability: The California Experience

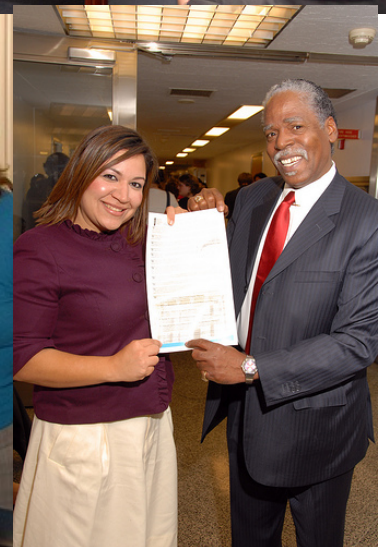


Our Sustainability Plan

Capitol Information & Education Days

Local Legislative District Days

New Legislator Orientation



I&E DAYS GOALS



Bring together representatives from Proposition 99-funded programs and representatives from local tobacco control coalitions to engage in meetings with elected officials

Train participants on how to effectively communicate with elected officials

Educate elected officials about timely and relevant tobacco control issues

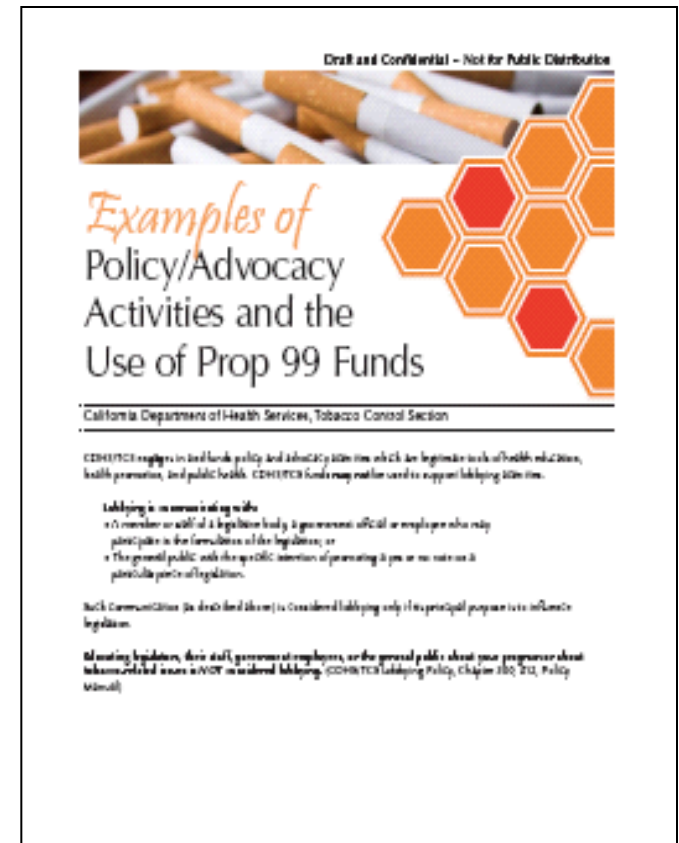
Follow up and continue to meet with and build relationships with elected officials in their district offices.

LOBBYING VS. EDUCATING

Lobbying is communicating with a member or staff of a legislative body, a government official or employee who may participate in the formulation of the legislation; or the general public with the specific intention of promoting a yes or no vote on a particular piece of legislation.

Such communication is considered lobbying only if its principal purpose is to influence legislation.

Educating legislators, their staff, government employees, or the general public about program or about tobacco-related issues is NOT considered lobbying.





BUILD YOUR TEAM
KNOW YOUR POLITICS
ASSESS THE CURRENT ENVIRONMENT
WALK THE LINE
TELL YOUR STORY
SHARE YOUR SUCCESSES
EMBRACE YOUR CHALLENGES
MEASURE YOUR IMPACT
LOOK TO THE FUTURE



LOCAL LEGISLATIVE DISTRICT DAYS

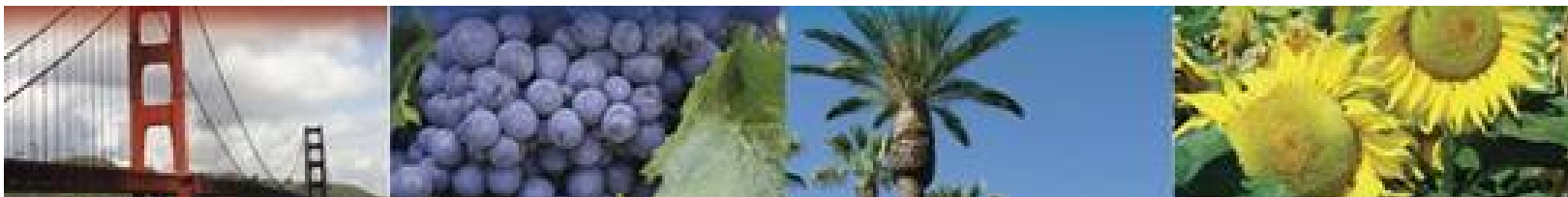
Strengthening Legislative Relationships at the Local Level

- Keep the Tobacco Control Issue Relevant and Local
- Remember: Out of Sight Out of Mind
- Coalition Engagement + Local Involvement = More Local Faces Can Get Involved
- More Opportunities for Visibility
- You Become the Go-To Person for District Staff

LOCAL LEGISLATIVE DISTRICT DAYS



NEW LEGISLATOR ORIENTATION



**TODAY'S STAFFER OR
COUNCIL MEMBER
IS TOMORROW'S
LEGISLATOR**

Every two years nearly a third of the California Legislature turns over, bringing many new legislators to the Capitol.



California Policy Update

November 2012 Election Results

During the November 6, 2012 election, California voters decided on new state Assembly Members and Senators. Because of redistricting, every state legislative race resulted in the winning candidate (incumbent or not) occupying a newly created legislative district. Often times these districts are similar or cover portions of the areas previously represented by incumbents, but all in all, significant changes to the legislature resulted from redistricting. Although many incumbents were reelected there were 43 newly elected legislators (9 in the Senate, 34 in the Assembly) noted with an asterisk below. These newly elected legislators will have up to 12 years total in either the Assembly, the Senate or any combination of the two before being termed out. For all incumbents, the previous term limits apply. The new session of the California Legislature will convene on December 6.

Below are listed all of the Senate and Assembly districts in which an election was held (every Assembly district and all odd number Senate districts). Also listed are the counties each legislator represents to make it easy to figure out who is representing your county. You can find your legislators [here](#). The previous district number of all incumbent legislators is included in the occupation column to provide information about the areas they previously covered.

To see if a new legislator has accepted any money from tobacco interests, you can search by their name on the Center's Database of Campaign Contributions of Tobacco Interests, available at www.Center4TobaccoPolicy.org/database. Contributions data is through June 2012. Members who served in the 2011-2012 legislative session are listed on the Current Legislator search; while candidates or members who served in the legislature prior to the 2011-2012 session are listed on the past legislators search. If a new legislator's name is not listed on either search it means they have not taken any tobacco interests' contributions through June 2012. To see how legislators who were previously members of the legislature voted on tobacco-related bills from 2002 to 2012, you can view the Tobacco Vote Records, available at www.Center4TobaccoPolicy.org/bills_voterecords.

District	New Legislator	Counties Represented	Occupation	Phone Number
California State Senate				
01	Ted Gaines (R)	Alpine, Amador, Butte, Calaveras, Del Norte, El Dorado, Humboldt, Lassen, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne, Yuba	Senate Member SD-1	(916) 651-4001
03	Lois Woik (D)	Colusa, Contra Costa, Lake, Marin, Napa, Sacramento, San Joaquin, Solano, Sonoma, Sutter, Yolo	Senate Member SD-5	(916) 651-4003
05	Cathleen Galgiani (D)*	Alameda, Contra Costa, Sacramento, San Joaquin, Santa Clara, Stanislaus	Assembly Member AD-17	(916) 651-4005
07	Mark DeSaulnier (D)	Alameda, Contra Costa, San Joaquin, Santa Clara	Senate Member SD-7	(916) 651-4007
09	Loni Hancock (D)	Alameda, Contra Costa	Senate Member SD-9	(916) 651-4009

The Center for Tobacco Policy & Organizing • American Lung Association in California
 1029 J Street, Suite 450 • Sacramento, CA 95814 • Phone (916) 554-5864 • Fax (916) 442-8585 • www.Center4TobaccoPolicy.org

EMBRACING CHALLENGES

Don't Use Budget as an Excuse

Overcoming the Fear Factor of
Using Tobacco Tax to Tell Your Story

Make the Training Relevant to
Everyone

Be as Inclusive as Possible

Build on Your Strengths

Don't Use Budget as an Excuse



I&E DAYS GUIDE

Now you can learn how to create an event like this for yourself!

The Guide includes tips on logistics, behind the scenes preparation, materials and more

www.Center4TobaccoPolicy.org/I&EGuide



Capitol Information and Education Days Guide

start planning >



RESOURCES FOR YOU

www.Center4TobaccoPolicy.org/iedays
www.Center4TobaccoPolicy.org/districtdays

www.Center4TobaccoPolicy.org/Blog
<http://Twitter.com/TobaccoPolicy>
www.YouTube.com/TobaccoPolicy
<http://www.flickr.com/photos/TobaccoPolicy>





California's Center for Tobacco Policy & Organizing

Contact Info

American Lung Association in California
Center for Tobacco Policy & Organizing

Kimberly Amazeen
Vice President, Programs & Advocacy
Kimberly.Amazeen@lung.org

Vanessa Marvin
State Director, Advocacy
Vanessa.Marvin@lung.org

1531 I Street, Suite 201
Sacramento, CA 95814
(916) 554.5864 (LUNG)

www.center4tobaccopolicy.org
www.lungusa.org/california