

Jeanne Prom's comments – 10/29/2009 AC meeting:

1. Thank you for your support of me and faith in me. I appreciate it. I value it. And I pledge that I will do my best to continue to earn it.
2. I'm very impressed with the work the Advisory Committee and Executive Committee has done since January. The volume of accomplishments and the significance and quality of your work are incredible. When you think that much of your energy is volunteered, it shows a dedication I hope I can match. Thank you for all you have done!
3. I'm also extremely impressed with the work that has happened in the state at both the state and local levels since 2001, when tobacco settlement money finally made its way into the hands of tobacco control advocates. The breadth and scope of the tobacco program that I led can't compare to what Kathy, Javayne, Pat – and others did when you set up and managed the settlement-funded community health grant program. The state program with its systems for granting and reporting and its quitline, and surveillance; and having all local public health units funded – this could not have happened without funding. We also wouldn't have had the policy success – 2005 state smoke-free law – without Kathy making sure the focus was on good policy and Best Practices. The program I left at DOH and the one there now – there's no comparison. Kathy really made that program sophisticated and managed it well.
4. Having worked in tobacco control fulltime in the 10 years leading up to the Master Settlement Agreement and its first payments to the state – but before any MSA funds were spent on tobacco control -- I have a knowledge and experience in those previous very lean, lonely years coordinating a small state health department tobacco control program. By small, I mean in funding AND staff. I believe that I was the only one in the state working fulltime on tobacco control. I could use part of a secretary's time. The first grants to local health units were \$5,000 for six months, as Pat McGeary will attest. But I think that we started proving right away that we could do a lot with a little. In just over six months, 5 of 6 local public health units that received funding passed ordinances to limit the location of cigarette vending machines to bars.

5. Back in the mid- and later- 1990s, we state tobacco program directors across the country were still trying to get every single state health department of health funded with a CDC grant. I started at the Department of Health with a small part of a block grant. There was no grant specifically for tobacco control. That changed in 1993 – we got \$200,000 in our first CDC tobacco grant. That increased to \$1.2 million before I left. In that time, we were able to increase the number of local public health units that were funded and also increase the amount of funding each received. That & providing first-class training by experts brought into North Dakota, and by providing funding to send local public health units to good training in other places – this was key to our success. In my time at the health department, the local public health units helped pass more than 30 local policies, including city ordinances, to prevent & control tobacco use.
6. I provide this background so you know where I've come from. Having worked in tobacco control in those early, underfunded years has shaped my vision of what a good tobacco control program needs to be.
7. First I want to say that because I lived through the lean tobacco years means that I know that much can happen without lots of money. So I will be expecting progress commensurate with the increase in funding. I'm like the irritating aunt you know who lived through the Great Depression, always with a story about how they did more with less. The difference is I'm happy we have full funding. So I'll be expecting full results.
8. Of course, the comprehensive program needs to be policy focused. The AC wrote an excellent State Plan. I will impress upon everyone that they need to know and live the State Plan through everything we do. It must tie directly to state or local policy or health systems changes.
9. You need to fund and train advocates in state and local agencies – public health agencies & our partners agencies. This training needs to be in media and policy advocacy, community organizing, policy analysis, political messaging. You need everybody nurturing

relationships with policy makers at all levels. These are not typical applied health/patient care kinds of skills. I have a degree in English and communications and I think my communications background has been invaluable in this work.

10. You need a comprehensive program to get really impressive results. This means a comprehensive health communications approach with paid media & so much more (like taking on tobacco industry sponsorship). This means, of course, continuing the policy approach. This means providing an entire system to make it easy to quit & to keep promoting that system through adequate paid advertising. You need a high-level presence at the state Department of Health. That means the bully pulpit of the state's leading public health advocate, the State Health Officer. That also means a tobacco program in the department. That means working together so we are greater than the sum of our parts. You need good evaluation and enough of the right kind of surveillance to pass policy & evaluate programs. And you need to get that data analyzed & reported out. You need to network with other states and their people who are doing great things. I was lucky to have Dr. McDonough to serve as a mentor, but I was also fortunate to know colleagues in other states who gave me program advice & still do.
11. In fact, Carol Russell is still giving me advice! Another piece of advice I got from a colleague recently is to use every paid ad to promote the quit line. This serves several purposes: First and most importantly, if you run effective ads, the ads will increase calls to the quitline and justify your ads. You can prove this with real numbers. Second, you can run more effective, hard-hitting ads with this justification. Who could say more calls to the quitline is a bad thing? This is what they do in New York and they have good results.
12. I think REAL STRENGTHS of the North Dakota program it's the people's program. They voted for it. They wanted it. And all of YOU are representing those people. We have a great AC and EC. You need to be actively engaged in the state and local policy efforts. You need to be the voice of the people to legislators and other leaders. We need to keep this program connected directly to the people and we need to continue to tell our legislators that the people wanted this.

13. What I'm learning from Kathy's example is first things first. That is a VERY important part of the State Plan – Goal 4 – building capacity and infrastructure. That section of the State Plan points directly to the skills of your executive director. I will be very focused on this, because from this all else will flow. We need to set up the office and its systems, hire the rest of the staff, and get down to business. You'll hear more about that under another agenda item.

14. As you can tell, I'm very excited!

15. Email or call anytime.

Finally, I'm adopting Kelly Schmidt's slogan: ONWARD.

Again THANK YOU.

(Jeanne Prom, Executive Director)