

The State of Tobacco Control in North Dakota: 2017-2019

*Addressing new challenges. Building statewide coordination.
Protecting North Dakotans from tobacco.*



About the North Dakota Tobacco Prevention and Control Program (TPCP)

Tobacco use remains the number one cause of preventable death for North Dakotans, annually costing the state \$559 million in direct medical expenditures and lost productivity related to tobacco use. In the 2017 biennium tobacco funding in the state was cut by 42 percent and the structure of tobacco control work was shifted to again be solely coordinated by the North Dakota Department of Health (NDDoH). See Appendix H for a timeline.

To implement tobacco control best practices with limited funding, the NDDoH coordinated these efforts under a new partnership: the Tobacco Prevention and Control Program (TPCP), a partnership of 41 organizations at the local, state, and regional levels. This group revised the North Dakota Comprehensive Tobacco Prevention and Control State Plan ("State Plan"), outlining goals and strategies for reducing the negative health and economic consequences of tobacco use in North Dakota. The TPCP is responsible for implementing the five components of CDC's Best Practices for Tobacco Control: cessation, social norms change through state and community interventions, health communications, evaluation and surveillance, and administration and infrastructure.

Purpose of this report

This is the first evaluation report to summarize the efforts of the collective TPCP. It is a synthesis of multiple reports led by the external evaluation team, Professional Data Analysts (PDA). Detailed information on each component of this evaluation can be found in the individual reports or other PDA deliverables (Appendix E).

Acronyms & Initialisms

ACS:	American Cancer Society
AHA:	American Heart Association
AI:	American Indian
ALA:	American Lung Association
BRFSS:	Behavioral Risk Factor Surveillance Survey
CDC:	Centers for Disease Control and Prevention
CTFK:	Campaign for Tobacco-Free Kids
EHR:	Electronic Health Referral
ENDS:	Electronic Nicotine Delivery Systems
FDA:	Food and Drug Administration
FY:	Fiscal Year
LPHU:	Local Public Health Units
MUH:	Multi-Unit Housing
NCI:	National Cancer Institute
ND:	North Dakota
NDDHS:	North Dakota Department of Human Services
NDDoH:	North Dakota Department of Health
NDQC:	NDQuits Cessation Grant Program
PDA:	Professional Data Analysts, Inc.
PETF:	Public Education Task Force
SHS:	Secondhand Smoke
TFND:	Tobacco Free North Dakota
TPCP:	Tobacco Prevention and Control Program
TTS:	Tobacco Treatment Specialist
WYSAC:	Wyoming Survey & Analysis Center
YTS:	Youth Tobacco Survey

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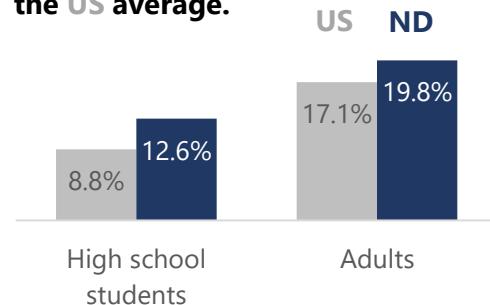
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The state of tobacco control in North Dakota

Tobacco remains a persistent, expensive problem in North Dakota.

The number of North Dakotans who use tobacco, both adults and high school students in grades 9 – 12, remains higher than the United States average. Further, the use of a relatively new type of tobacco product, electronic nicotine delivery systems (ENDS), has spiked in North Dakota and nationally, with about 21 percent of high school students in grades 9 – 12 reporting ENDS use in 2017 (compared with 12 percent nationally)¹. Tobacco use remains the number one cause of preventable death for North Dakotans, annually costing the state \$559 million in direct medical expenditures and lost productivity².

Cigarette use in ND is higher than the US average.



Countering this cost, evidence-based cessation initiatives, such as NDQuits, are cost effective. Under the current tax rate, for every \$1 spent on NDQuits, North Dakota saves \$3.00 to \$3.29. Even if an additional “user fee” was implemented at \$1.50 per pack, the savings would remain at \$2.15 - \$2.29 per pack for every \$1 spent on NDQuits.

The North Dakota tobacco prevention and control efforts had funding and resources cut significantly in the 2017 – 2019 biennium, with the budget for tobacco control cut by \$9.8 million for the biennium, de-funding of the Center for Tobacco Prevention and Control Policy (“the Center”) and the net loss of seven staff working full-time to support tobacco prevention and control efforts. This necessitated change in the structure of the TPCP. Now, the NDDoH is once again the primary agency responsible for coordinating and ensuring the quality and effectiveness of a comprehensive tobacco control program. This is similar to how the TPCP operated upon inception nearly 30 years ago.

To document successes and areas for improvement, the NDDoH contracted with Professional Data Analysts (PDA) to conduct a comprehensive evaluation of the TPCP. Organization of this report is centered around the State Tobacco Plan and reported in response to the questions in the table of contents.

The strength of local tobacco work, paired with the strategic coordination of the NDDoH, facilitated success despite limited resources.

In just 18 months since experiencing major resource limitations and restructuring, the TPCP has demonstrated success in many areas, **meeting or exceeding over half of the State Plan’s 19 goals**. The nine goals that have not yet been reached are in progress and at least some are likely to meet the goal by the end of the biennium. Progress so far has protected:



North Dakotans in **9,390 MUH units from SHS**. This far exceeds the goal of 6,583 smoke-free MUH units.



North Dakotans visiting **145 outdoor settings**, mostly parks, from SHS, especially children.



Tobacco users who receive brief interventions in healthcare systems. **Ten NDQC grantees have been able to document** brief tobacco interventions within the EHR.

¹ Wang TW, Gentzke A, Sharapova S, Cullen KA, Ambrose BK, Jamal A. Tobacco Product Use Among Middle and High School Students — United States, 2011–2017. MMWR Morb Mortal Wkly Rep 2018;67:629–633. DOI: <http://dx.doi.org/10.15585/mmwr.mm6722a3>

² Tobacco’s Toll on North Dakota, 2017. Tobacco Fact Sheet, <https://www.ndhealth.gov/tobacco/Facts/TollOfTobacco.pdf>

Selected results of coordinated efforts in the face of new challenges

The TPCP has strengthened partnerships and strategic, coordinated collaboration.

The TPCP relies on partnerships among the 41 organizational partners, with the NDDoH coordinating efforts and providing technical assistance and support, but not driving all decisions. The expectation is that each of the LPHUs take a leadership role in their own communities. At the quarterly partners meetings, there is space on the agenda for updates from the workgroups, voluntary partners, and other program or partnership efforts. One of the LPHUs indicated that "It's been a lot of fun again...it's been a lot more exciting and fun and you feel like you are able to use some creativity and have input and it is fun working with other people. We're all a big team."

Positive receipt of BreatheND branding supports its continued use.

Although the BreatheND brand was created by PETF and Odney prior to the Center, it became closely tied with the Center and it was unclear whether it should continue to be used after the 2015-2017 biennium. After rebranding with a closer tie to local public health, results indicate that keeping this well-known brand was received positively. Odney indicated: "We've been running brand awareness ads on a paid site on social media and seeing them do incredibly well. As for social media engagement, Odney staff has reported an increase in "positive attention."

The TPCP is facing unprecedented challenges as vaping and ENDS use is rising among both adults and youth.

The tax on tobacco products in North Dakota has been stagnant since 1993, though the price of cigarettes has continued to rise. It is estimated that the costs over a lifetime for a smoker who starts at age 18 is \$1,191,219 per smoker. Further, new tobacco products such as JUUL and other ENDS have dramatically increased the number of North Dakotans using tobacco. ENDS use among youth in North Dakota is higher than the US average, with 20.6 percent of North Dakota high schoolers in grades 9 – 12 reporting use of ENDS. Implementing a tobacco tax could potentially provide additional resources to address ENDS.

"Costs of many things have gone up in the last 25 years, but our tax rate has held steady and so the value of that tax dollar has diminished over time as health care costs rise, as insurance rates rise."

- Heather Austin, TFND executive director

Coordinating resources is working to successfully change policies, which are an evidence-based approach to protect North Dakotans from the harms of tobacco.

The model policies created by the policy workgroup are available for all LPHUs to use and modify for their own city, county, or region. The number of policy changes passed at the local level has exceeded the goals in the State Plan for both outdoor areas and multi-unit housing. Further, the 41 partners of the TPCP share resources and lessons learned during the quarterly partners meetings, an example of how coordination and pooled resources create synergy to create change.

Communities rely on the TPCP partners to be the tobacco experts, particularly to help address the ENDS epidemic among youth.

School administrators, educators, public safety personnel, and hospitals are turning to their local tobacco coordinators for information and resources to combat ENDS use, particularly among youth. Southwestern District Health Unit created a listing of vaping devices, which was shared with all LPHUs at the October 2018 quarterly partners meeting. Similarly, Bismarck-Burleigh Public Health has examples of various vaping devices and liquids that are used to educate on the various forms and flavors of ENDS.

What were the challenges in establishing the TPCP?

During the 2017 biennium, when the Center was defunded and funding for tobacco control was cut by 42 percent, it was imperative that the TPCP take creative and swift action to ensure continuation of best practices in tobacco control, especially in the midst of new challenges such as ENDS. Embracing their new role as lead coordinator for the TPCP, the NDDoH did respond swiftly, launching a strategic planning effort in July 2017 that convened 41 local, state, and regional partners in tobacco control for strategic planning for the TPCP. This strategic planning initiative was the first effort to shift the culture of tobacco control to a more unified and coordinated partnership – the TPCP. As a partnership, the TPCP relied on coordinated efforts among its 41 partners to maintain best practices in tobacco control during the 2017-2019 biennium.

There were many challenges in establishing the TPCP as it exists today. These included:

Reduction in state level staff meant less capacity to do the work – Prior to 2017, the tobacco control efforts at the state level were done by a total of approximately 12 staff, including four staff at the NDDoH and eight at the Center. After the Center was defunded and tobacco control funding cut in the 2017 legislative session, state-level coordination experienced a loss of eight full-time staff. The NDDoH was able to hire one additional full-time staff member for the TPCP. Despite the overall loss of funding and staff, the NDDoH continued efforts to advance TPCP efforts with these limited resources.

Baseline data was unavailable or incorrect – To revise the State Tobacco Plan and ensure accuracy of the TPCP evaluation, it is vital to have baseline data by which to measure progress. Prior to the biennium, the Center provided some data to the NDDoH to establish these baselines, but many of them had to be revised. For example, as the NDDoH began working more closely with the TPCP partners, they learned that the baseline number of colleges and universities with tobacco control policies was higher than previously recorded so they revised the baseline from 6 to 15. External evaluation efforts are essential for continued program learning and improvement, as well as understanding the impact of the TPCP efforts.

Culture change in the management of tobacco control work – In an interview study conducted by PDA, all interviewees reported that the management style of the Center was top down, which made it challenging for LPHUs to maintain local control of tobacco control efforts in their own communities. In the 2017 – 2019 biennium, the NDDoH assumed responsibility for coordinating tobacco control efforts, with all activities guided by the state plan. With this shift, implementation of the work was dispersed among the 41 partners. This was a culture shift for many of the LPHUs and the voluntary organizations and understanding of this new partnership is still evolving.

Uneven participation of the TPCP partners – The success of the TPCP relies on active participation and contribution by each of the 41 partners. Many partners are heavily involved – participating in workgroups, attending quarterly partners meetings, and working at the local level. However, some partners have not been as involved – participating in quarterly partners meetings and other TPCP activities infrequently or not at all, reporting very little in quarterly reports or routinely submitting quarterly reports after the deadline.

Evaluation efforts – Prior to the 2017-2019 biennium, the tobacco control program was managed by two entities. As a result, data on the TPCP activities and outcomes were not comprehensive. This made it difficult to evaluate the TPCP in the current biennium because baseline data on the state of the TPCP were either not available or in some cases inaccurate. Evaluation efforts this biennium largely focused on collecting accurate and comprehensive data to establish baselines and set the stage for future evaluations.

The TPCP is responsible for implementing the five components of CDC’s Best Practices for Comprehensive Tobacco Control Programs: cessation, social norms change through state and community interventions, health communications, evaluation and surveillance, and administration and infrastructure. However, most funding for tobacco control interventions comes from the states, and of the \$54.4 million (estimated) received from the tobacco settlement in 2018, the state allocated \$5.8 million to tobacco prevention. A primary purpose of the strategic planning work in July 2017 was to identify how to best allocate limited resources to maintain CDC best practices in the 2017 – 2019 biennium.

The TPCP program components that were maintained, modified, and not done in the current biennium due to reduced funding.

	What was maintained ⊖	What was modified △	What could not be done ⊗
Cessation interventions	Two cessation interventions: NDQuits (telephone and web quitline) and NDQC (health systems).	Number of postpartum sessions for BABY & ME Tobacco Free Program (BMTFP) was reduced from 12 to 6.	Could not do two planned ad hoc studies to explore ways to improve the quitline user experience and overall use.
Social norms change	Funding was allocated to each of the 28 LPHUs and tribal nations (2 of the 4 tribal nations are using the funding).	Reduced total funding allocated to the LPHUs. Coordination for PETF is an unpaid responsibility of the LPHUs.	Could not do targeted local-level evaluation for the LPHUs and for the tribal nations.
Mass reach health communications	A health communications plan was created and implemented.	Prevention/social norms campaign is now exclusively digital and social media, which is an emerging evidence-base.	Could not use broadcast media for prevention or social norms change, which is evidence-based. No new creative elements were developed for any media campaigns.
Surveillance and evaluation	The number of surveillance data sources was expanded.	Evaluation resources are limited, focus on priority questions only.	Could not do an external evaluation of health communications.
Infrastructure, administration, & management capacity	All five components of CDC Best Practices are being implemented.	The structure of the TPCP is now partnership-based, and not a top-down model.	There was a net loss of 8 full-time staff at the state level.

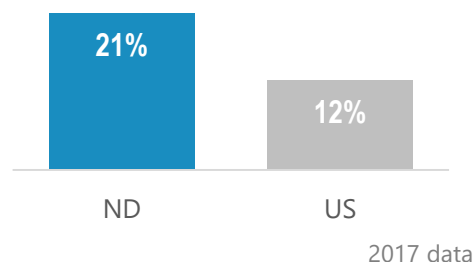
2 What is the TPCP doing to address ENDS?

Electronic nicotine delivery systems (ENDS) are an emerging concern for tobacco prevention and control efforts. The TPCP partners have described the surge in ENDS use among youth in North Dakota as one of their greatest challenges. Nationally, some health officials tout ENDS as a safe alternative to combustible tobacco. Research models, however, suggest that at the population level, e-cigarettes produce more harm than benefit.³ Furthermore, the health effects of long-term ENDS use are still unknown. As such, the NDDoH does not support ENDS as safe alternatives to conventional tobacco products and approaches prevention and control of ENDS as they do all other tobacco products.

The concerns about ENDS

- Youth who use ENDS are more likely to initiate use of combustible tobacco products than non-ENDS users.⁴
- JUUL violations have been reported in all school levels in North Dakota, including elementary schools.
- In December 2018, the Surgeon General issued an advisory on e-cigarette use among youth urging the nation to “take aggressive steps” to curb the “epidemic” of ENDS use among youth.
- Among smokers who want to quit, ENDS use reduces the likelihood of successfully quitting.⁵ In North Dakota, 7 percent of tobacco users who called NDQuits reported using ENDS seven months after enrolling in the program. The majority (80 percent) of these individuals were using ENDS as a cessation tool.
- Among all adult tobacco users in the state, 11 percent currently use ENDS. The long-term health effects of ENDS use are still unclear, but vaping aerosols contain ultrafine particles and other toxins that may increase risk of cardiovascular and lung disease.⁵

E-cigarette use among youth in **ND** is higher than the **US** average.



Sales and marketing of ENDS products

- In 2015, NDSU researchers studied the nicotine content of e-liquids sold in unlicensed vape stores in North Dakota and found that 17 percent contained more than the labeled quantity and 34 percent contained less than the labeled quantity by 10 percent or more. One sample contained 172 percent more than the labeled quantity. The NDDoH will fund the next phase of this study in 2019.⁶
- In September 2018, the FDA cracked down on the makers of e-cigarettes with new enforcements targeting illegal sales to youth and kid-friendly marketing.

“It is crucial that the progress made in reducing cigarette smoking among youth and young adults not be compromised by the initiation and use of e-cigarettes.”

-- Surgeon General Report, E-Cigarette Use Among Youth and Young Adults, 2016

³ Soneji SS, Sung H-Y, Primack BA, Pierce JP, Sargent JD (2018) Quantifying population-level health benefits and harms of e-cigarette use in the United States. PLoS ONE 13(3): e0193328

⁴ Leventhal AM, Strong DR, Kirkpatrick MG, et al. Association of electronic cigarette use with initiation of combustible tobacco product smoking in early adolescence. JAMA. 2015; 314: 700-707.

⁵ Glantz, S. A., & Bareham, D. W. (2018). E-cigarettes: use, effects on smoking, risks, and policy implications. Annual review of public health, 39, 215-235.

⁶ Buettner-Schmidt, K., Miller, D. R., & Balasubramanian, N. (2016). Electronic cigarette refill liquids: child-resistant packaging, nicotine content, and sales to minors. Journal of pediatric nursing, 31(4), 373-379.

The TPCP partners are implementing multiple, diverse strategies to address ENDS use in their local communities and in the state. This includes: research, policy, education, youth advocacy, and cessation interventions. LPHUs are aware that they are “looked to for expertise on ENDS, so [we] need to become the experts quickly.” Below are examples of how the TPCP partners are finding innovative ways to address ENDS use and fold ENDS into existing best-practice strategies for tobacco prevention and control.



Changing policies

- Updating model policies to include ENDS. The TPCP policy workgroup updated existing model policies to include ENDS and set a requirement that all future model policies include ENDS.
- Changing city ordinances to regulate sales of ENDS products as tobacco products. For example, Fargo Cass Public Health influenced local policymakers to include vape shops under the same regulations as tobacco shops. Doing so ensures that retailers can be fined for selling vape devices with nicotine to youth.
- Proposing policies to restrict the sale of flavored tobacco products. Valley City has passed a flavor ban.



Building local and state capacity

- Creating and sharing ENDS resources. Southwestern District Health Unit created an inventory of common vaping devices with photos and shared the list with the TPCP partners at a quarterly meeting.
- TFND and Bismarck-Burleigh Public Health Unit led an ENDS training for the TPCP partners.
- TFND created a model ENDS presentation and trained LPHUs in how to deliver the presentation to members of their communities.
- The NDDoH partners with NDSU to conduct research to better understand risk of ENDS products including a study to compare actual to labeled nicotine content in e-liquids.
- LPHUs leverage memberships in multiple health coalitions to increase reach of ENDS education and prevention messages.



Including ENDS in cessation interventions

- The BABY & ME – Tobacco Free Program (BMTFP) and NDQuits have been adapted to ask participants about ENDS use and include conversations about ENDS in counseling.
- Nine of 11 NDQC grantee health systems have built ENDS use into their AAR initiative (Ask every patient about tobacco/ENDS use at every health care visit and if using either product, Advice patient to quit and Refers to an evidence-based cessation program).
- Among NDQC grantee health systems, 8 health systems provide TTS counseling and 7 health systems provide bridge Nicotine Replacement Therapy (NRT) to ENDS-only users.



Educating and raising awareness about ENDS

- The TPCP partners have responded to an increasing number of requests from schools and community organizations including healthcare providers, legislators, fire departments, EMTs, and police to provide education about ENDS.
- LPHUs educate ENDS retailers about the importance of compliance with ID laws to prevent sales to youth.
- The TPCP partners are educating the public about the dangers of ENDS through earned, paid, and social media.
- Engaging youth in peer-education initiatives about dangers of ENDS and deceptive marketing techniques to target youth.

3 How are policy efforts supporting tobacco control?

Implementing a tobacco price increase is one of the most effective ways to reduce the number of youth who try tobacco. Also known as a “user fee,” a price increase on tobacco products can also increase the number of tobacco users who try to quit, while ensuring that tobacco users are paying more toward the \$559 million of annual cost of direct tobacco-related expenses in North Dakota.

Currently, North Dakota has the fourth lowest tax on tobacco in the United States, at 44 cents per pack. By comparison, the CDC recommends a significant increase to have an impact on encouraging current smokers to make a quit attempt. Tobacco Free North Dakota and the American Cancer Society have a goal to pass legislation in North Dakota that would raise the price of tobacco products by \$1.50 per pack for cigarettes, or 28% of the wholesale price for all other tobacco products in the 2019 legislative session.

For every 10 percent increase in the price of tobacco, the number of youth that try tobacco is reduced by more than 5 percent⁷.



The proposed tobacco user fee is aligned with tobacco best practices and would bring North Dakota more in-line with other, similar states such as Montana (\$1.70) and South Dakota (\$1.53), though still below neighboring state Minnesota (\$3.04).

Increasing tobacco prices by \$1.50 would prevent 5,200 kids from ever trying tobacco. Further, the Campaign for Tobacco-Free Kids has documented the positive effects a tobacco user fee has on budgetary and political gains.

Local tobacco control work continues decades-long history of passing local tobacco-related policies.

Since the late 1980s and early 1990s, the TPCP has had a strong focus on giving local communities, through the LPHUs, control and support in making local progress in tobacco control. This is done in coordination with state-level efforts to advance policy and programmatic work. As an example of the power of local control in North Dakota, from 1990 to 2004 there were 38 local ordinances passed to restrict youth access to tobacco products. When the Center was created in 2008, this relationship shifted, but with the NDDoH now supporting local efforts, the importance of local leadership has regained traction.

"In less than two years, JUUL changed the trajectory in a way that threatens to undermine all the work in reducing tobacco use over the last three decades."

--Matthew Myers, President of the Campaign for Tobacco-Free Kids

As one example of this work, Valley City has adopted a flavor ban ordinance. This has inspired other cities to work towards a flavor ban as part of revisions to their youth ordinance. In some communities, these revisions may also include raising the fines for retailers who sell tobacco to minors, including ENDS, as there is data showing increased availability of tobacco products to teens. More information about ENDS is in Section 2 of this report.

⁷ Chaloupka FJ, et al. (2001). The Impact of Price on Youth Tobacco Use: Changing Adolescent Smoking Prevalence. Tobacco Control. Monograph 14. Also: The Tax Burden on Tobacco, 2017.

How is the TPCP preventing initiation of tobacco use?

Preventing North Dakotans from ever starting tobacco use is the most “upstream” and effective strategy for addressing the negative health and economic consequences of tobacco use in the state. The two primary approaches that the North Dakota TPCP is taking to prevent initiation of tobacco use are to **make it more difficult to access tobacco products** and **cultivate social norms that discourage tobacco use**. Both approaches are endorsed by the CDC as best practices for comprehensive tobacco control.

* See **Section 3** for description of how the TPCP is using **policy change** to reduce initiation of tobacco use.

Tobacco prevention youth summit engages youth to become tobacco prevention leaders in their communities.

Organized by Bismarck-Burleigh Public Health, the statewide summit exceeded attendance goals by drawing 140 youth and adult advisors from 14 schools around the state to Bismarck for a day of educating and inspiring youth to become tobacco control leaders. Students created video public service announcements (PSAs) to align with the summit theme, #WasntBornYet, which refers to the fact that the state tobacco tax hasn't increased since 1993 – before students were born. Because of high interest in and success of the summit, organizers are actively planning for ways to make the summit accessible to even more students and schools in 2019.

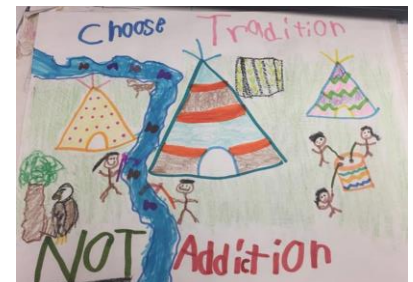


“If young people don’t start using tobacco by age 26, they almost certainly will never start.”

--Surgeon General Report, Preventing Tobacco Use Among Youth and Young Adults, Consumer Booklet, 2012

Strong community partnerships engage youth in tobacco prevention in tribal nations.

At Spirit Lake Nation, the tobacco coordinator partners with the Alcohol and Other Drugs and Native Connections programs to deliver prevention messages to youth. Collectively referred to as “Spirit Lake Prevention,” this group of community partners facilitates a youth prevention committee that meets monthly to plan education events. The group also oversees the “Spirit Lake Prevention” Facebook page, which currently has over 300 followers.



Poster from the Spirit Lake Prevention Youth Poster Art and Video Contest

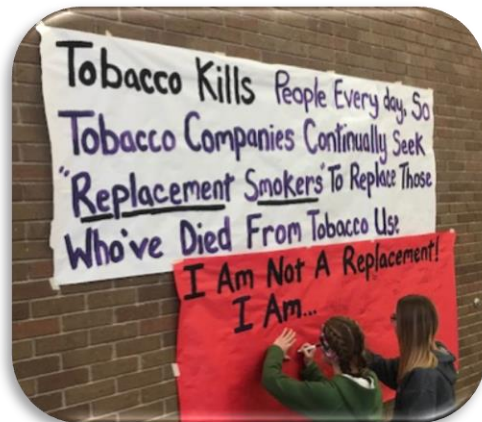
Changing social norms in tobacco prevention and control means creating “a world where seeing people smoke or use other tobacco products is the exception, not the norm.”⁸ One way that the TPCP contributes to shaping tobacco-free social norms is through education at the community level and through mass-reach communications.

The TPCP partners are educating North Dakotans about tobacco prevention and control in diverse settings across the state.



Schools

LPHUs work with TFND and use resources from the Campaign for Tobacco Free Kids to educate students, staff, and administrators about tobacco’s harms and deceptive tobacco industry marketing tactics to target youth. LPHUs work with school staff to engage youth in peer-education activities to align with national tobacco prevention and cessation awareness days like Kick Butts Day and the Great American Smokeout.



Community settings

TFND created presentations and policy talking points that LPHUs can adapt for their own advocacy efforts in their respective communities. The TPCP partners also provided education at public events including cancer walks, community health fairs, and public information sessions.



Health systems

NDQC grantee health systems, in partnership with LPHUs, held two successful large-scale tobacco education conferences for healthcare providers.



Mass media

The TPCP partners shared tobacco prevention and cessation messages with the public through earned and paid media including social media, television interviews, radio, and podcasts.



Tobacco retailers

LPHUs educate tobacco retailers about the importance of complying with laws to prohibit youth access to tobacco and ENDS products.



Employers

LPHUs and NDQC grantee health systems provided tobacco prevention and cessation education and resources at employer sponsored health fairs.

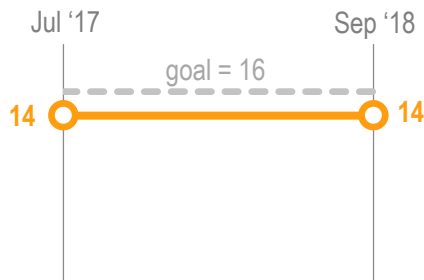


⁸ U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Consumer Booklet. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

5 What is the TPCP doing to eliminate exposure to secondhand smoke?

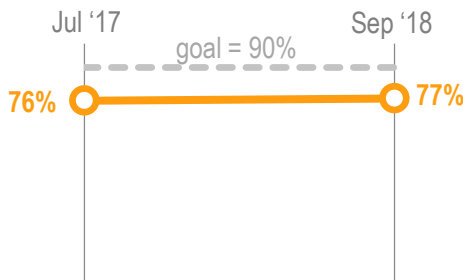
One critical role of the TPCP is to protect North Dakotans from the harms of SHS. This means working to maintain and uphold the integrity of the North Dakota Smoke-Free Law passed in 2012 and expanding protection from SHS at **schools, universities, and workplaces** not covered by existing law.

The number of colleges with tobacco-free grounds policies remained steady at 14 and is below the state goal.



The LPHUs' Model Policy Workgroup developed a model policy for tobacco-free grounds, which included a checklist of key policy components. They presented the model policy to the North Dakota University System, which was receptive to the recommendations and is interested in passing a policy at the university system level. There are 14 tobacco-free campuses and another 17 are smoke-free.

The percent of local education areas covered by tobacco-free policies has remained steady at 77 percent and is below the state goal.



Across the state, 77 percent of school districts are covered by a comprehensive tobacco-free policy. However, while some LPHU service areas have 100 percent coverage, others have fewer than 50 percent coverage including some large school districts. Focusing policy efforts on those large school districts has potential to reach the most students.

Increased the number of tobacco-free policies in workplace settings not covered by state law.

LPHUs and NDQC grantee health systems helped to pass tobacco-free building and grounds policies in multiple new workplace settings, including childcare centers, dental practices, museums, libraries, and long-term care facilities. Two notable sites that implemented a tobacco-free policy include:

- DHS Regional Human Service Centers, which serve about 17,000 people each year
- Heartview Foundation, which is an alcohol/drug treatment and education program



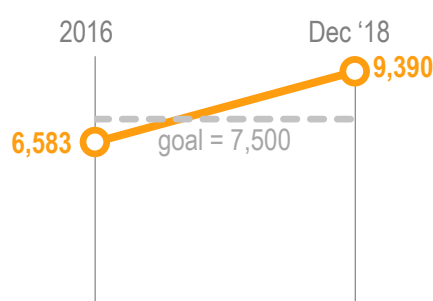
Engaging tribal nations to implement smoke-free policies in casinos.

The smoke-free casino project consists of three phases: 1) air quality testing, 2) survey of employees, community members, and VIP patrons, and 3) presenting results from air quality testing and surveys to tribal leadership. To date, air quality has been tested in six casinos, 763 surveys have been completed, and casinos in two tribal nations are smoke-free (Spirit Lake and MHA Nation).

Thanks to the TPCP, more North Dakotans are protected from involuntary exposure to SHS in their **homes** and while enjoying **public outdoor spaces**. In addition to providing technical support to help landlords of public housing units implement HUD's Smoke-free Public Housing Rule that went into effect August 2018, LPHUs proactively engaged landlords of private MUH properties to encourage them to follow suit. Additionally, LPHUs worked with youth and local coalitions to support the passage of new tobacco-free policies in public outdoor areas around the state.

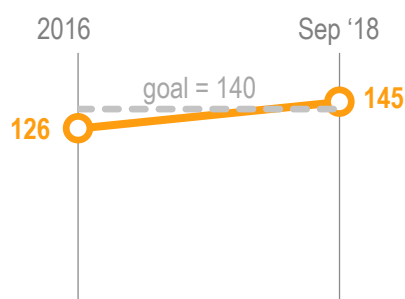
The TPCP EXCEEDED state goals for number of smoke-free MUH policies and smoke-free policies in public outdoor areas not covered by the North Dakota Smoke-Free Air Law

Increased the number of smoke-free multi-unit housing policies from 6,583 to 9,390.



LPHUs provided resources and technical support to property owners implementing the federal Housing and Urban Development's new smoke-free housing policy. LPHUs also proactively contacted MUH property owners to inquire about existing smoke-free policies and when appropriate, encouraged owners to consider adopting new, or strengthening existing smoke-free policies. For MUH property owners who were interested in going smoke-free, LPHUs provide critical resources to support them, including: model policies, policy talking points, sample lease agreements, cessation resources, signage, and technical assistance for policy implementation and enforcement.

Increased the number of smoke-free policies in public outdoor areas not covered by the North Dakota Smoke-Free Air Law from 126 to 145.



LPHUs used a multi-pronged approach to support passage of tobacco-free parks policies. They provided signage to parks, provided education and advocacy tools to community groups to advocate for tobacco-free parks policies, met with city officials about adopting tobacco-free parks policies, and educated the public about the benefits of smoke-free parks through articles published in coalition newsletters and local newspapers.



6 How is the TPCP supporting North Dakotans who are ready to quit tobacco?

"Promoting cessation is a core component of a comprehensive state tobacco control program's efforts to reduce tobacco use." (CDC Best Practices) The NDDoH promotes three primary programs to offer population-wide interventions, targeted interventions for priority populations, and systems changes within health care and community-based organizations (see table below). Additionally, LPHUs support cessation in a variety of ways, including referrals to cessation programs, in-house cessation programs, and community partnerships to support cessation among priority populations.

The NDDoH's three primary cessation programs served about 13,650* North Dakota tobacco users in the last fiscal year (July 1, 2017 – June 30, 2018).

	Program type	Targeted populations	Amount of counseling	Medication provision	Incentives
NDQuits: Quitline & Web-based Services	Phone counseling	General population	5 calls for the general protocol.	8-weeks of NRT for under or uninsured and all AI protocol enrollees.	None for general or AI populations.
	Web-based cessation information	Pregnant women	10 calls for the tailored protocols.		\$5/session completed during pregnancy.
		Postpartum women	Unlimited web access to all.		\$10/session completed during postpartum.
American Indians (AI)					
BABY & ME – Tobacco Free Program (BMTFP)	In-person counseling	Pregnant women Postpartum women	4 prenatal sessions and 6-12 post-partum sessions.	No medication provision.	\$50 diaper voucher /postpartum session.
NDQuits Cessation Grantees (NDQC)	In-person counseling	General population, Behavioral health, Cancer patients,	Brief in-person interventions.	2-weeks of bridge NRT.	None
	Systems change	Low socio-economic status, Young adults			

*NDQuits (n=2,472), BMTFP (n=181), NDQC (n=11,000+)

LPHUs play a critical role in connecting tobacco users to available cessation services and supporting healthcare providers with cessation initiatives.

LPHUs are critical in maintaining referral networks to all of the cessation programs and connecting tobacco users to the correct program(s) to help them quit. Almost all of the LPHUs (n=23) reported referring clients to NDQuits throughout the biennium. Some LPHUs are able to provide cessation services themselves. A total of ten LPHUs offer face-to-face individual counseling, group counseling and/or the BMTFP to clients.

LPHUs are also crucial resources for healthcare providers. Fifteen LPHUs reported working with 79 different clinics and community organizations to support implementation of the systems approach to tobacco cessation. Further, LPHUs network with organizations that serve populations who suffer high rates of tobacco addiction, which promotes equitable access to cessation programs across the state.

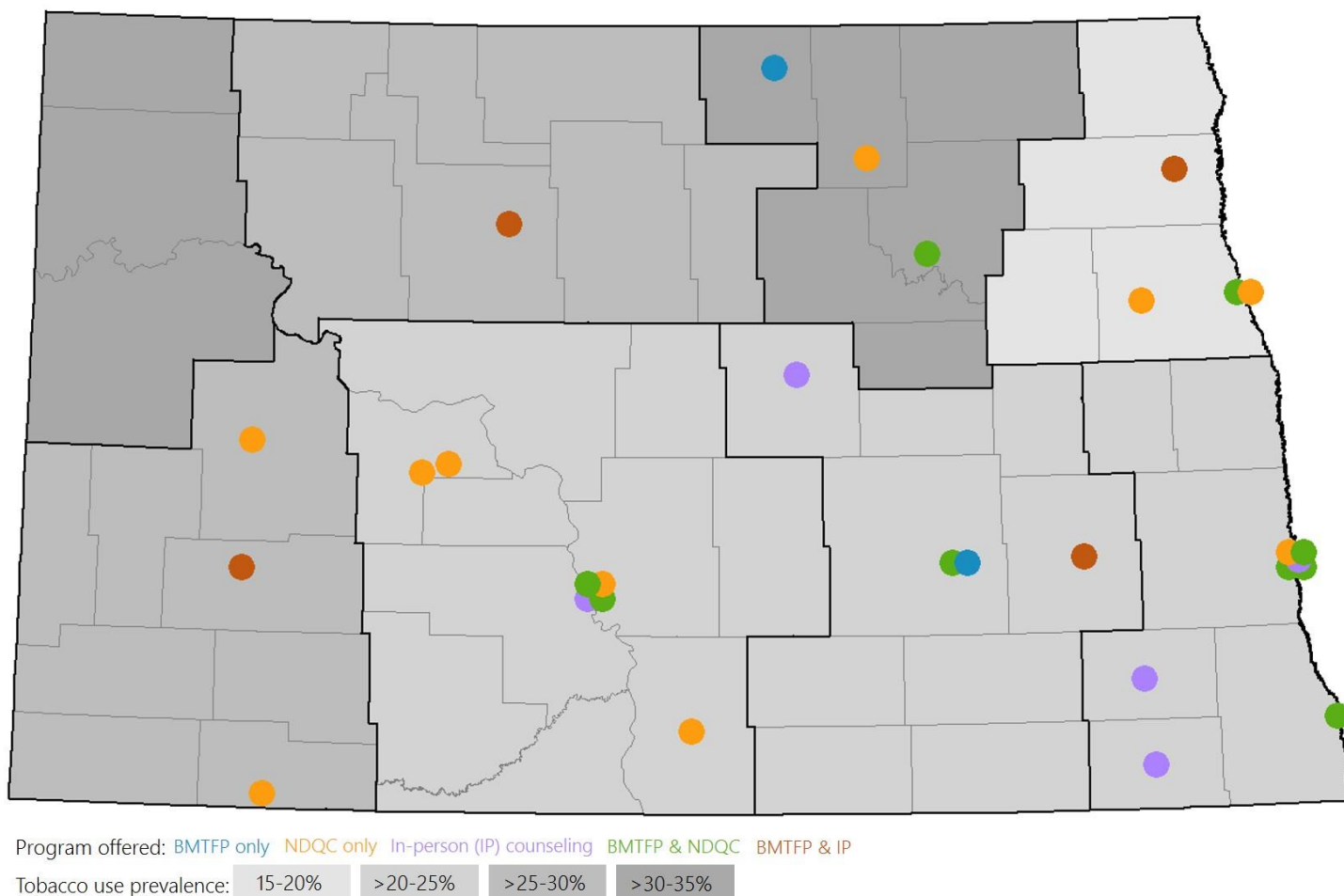
Access to cessation services across the state is vital in assuring North Dakotans who are ready to quit tobacco are connected to cessation assistance. Furthermore, tobacco users respond differently to different modes of interventions (in-person, online, telephone). Ideally, no region would be left without access to cessation services and all regions would have a variety of cessation service modes to choose from. Across the state, all regions are offered access to NDQuits; however, the types of and availability of in-person programs offered vary by region.

Cessation programs are available to all North Dakotans via NDQuits; however, availability of in-person programs is lowest in areas with high tobacco prevalence.

The multiple program options offered to North Dakotans enable tobacco users to find the best program to fit their tobacco cessation needs and continue to make quit attempts until successfully abstinent from tobacco. The map below depicts the locations of in-person cessation services, and the gray shading indicates the tobacco use prevalence in that region. Additional to these in-person programs are the statewide quitline and web-based services provided through NDQuits.

As shown below, in-person cessation services are offered fairly consistently across the state. However, in-person treatment options are less available in the northwest and north central regions where tobacco prevalence is high. To continue to support North Dakotans ready to quit tobacco, the NDDoH should expand in-person services in regions with high tobacco use prevalence where it is feasible to do so.

In-person cessation programs and tobacco use prevalence by region

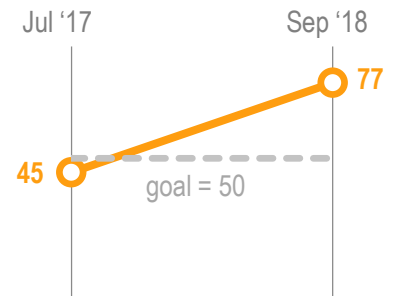


For a map with labels of each of the cessation program locations, please refer to Appendix F.

The TPCP exceeded state goals for health care settings using the systems approach.

Increased the **number of health care settings assessed that use the systems approach** for tobacco dependence treatment from 45 to 77.

As specified in the CDC Best Practices for Tobacco Control Programs, a key strategy to promoting cessation is support of systems changes that embed tobacco treatment protocols in clinical and community organization policies and practices. In FY18, the number of healthcare settings that use the systems approach increased from 45* to 77 healthcare settings from LPHUs. Additionally, all ten NDQC grantees have established a tobacco treatment program, offer NRT, and refer to NDQuits.

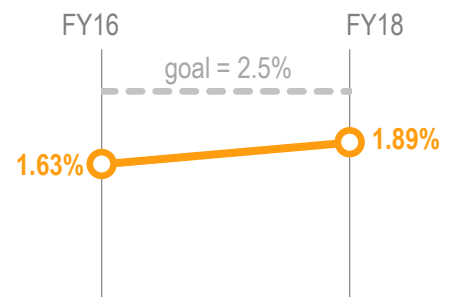


*Data may include duplicate organizations due to limitations in baseline data.

The TPCP continues to strive to meet the state goals of NDQuits treatment reach and the number of North Dakotans making a quit attempt.

Increase the **annual treatment reach of NDQuits** to all North Dakota cigarette smokers to 2.5 percent.

Another strategy in promoting tobacco cessation across the state is by increasing the number served by the NDQuits treatment program. This is done through increasing medical provider referrals, referrals from other NDDoH-funded cessation programs, and earned, social and digital media. In FY18, a total of 2,472* unique tobacco users received one or more calls, one or more shipments of NRT, and/or one or more logins to the NDQuits website. This represents 1.89 percent of all adult tobacco users in North Dakota and is a significant increase from the previous year (1.63 percent). To further improve treatment of tobacco addiction through NDQuits, the NDDoH may consider increasing local media or referrals networks as is feasible, and continuing expansion of EHRs to decrease barriers to provider referrals to NDQuits services.

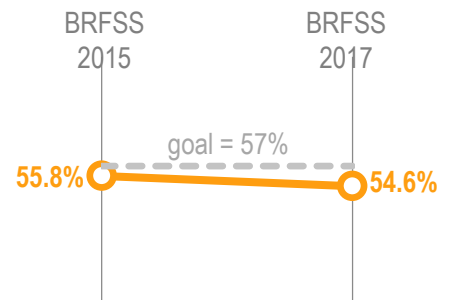


*Note: web login data are not available for Jul. 2017 – Dec. 2017. As such, the reported treatment reach is an under-report of the proportion treated through NDQuits.

The percentage of quit attempts has remained statistically steady.

Increase the **percent of adult smokers who have attempted to quit** once in the past year to 57 percent.

Making quit attempts is an important part of the cessation journey, and it often takes tobacco users more than one quit attempt before successfully quitting tobacco. To assess this important first step to quitting tobacco, the CDC tracks the number of adult smokers who have attempted to quit once in the past year. In 2015, this was 55.8 percent of all North Dakota smokers. In 2017, 54.6 percent of adult tobacco users attempted to quit at least once. While this is a decrease, it is not a statistically significant decrease from previous years. The NDDoH should continue to strategize ways to further educate and engage North Dakota tobacco users in quit attempts. Some strategies to consider are: increased media efforts, growth of referral networks, further adoption of systems approach to tobacco treatment, and/or expansion of cessation services.



To what extent did the TPCP increase capacity to meet emerging tobacco control needs in the state?

The overall resources dedicated to tobacco control during the 2017-2019 biennium are significantly less than in recent years, cut by \$3.2 million annually. However, the leaders and partners of the TPCP were able to build upon North Dakota's long history of tobacco control leadership to be strategic about how to most effectively use the reduced resources to meet best practices in tobacco control.

As an example of the power of this response, the NDDoH was able to respond quickly to the reduced funding and restructuring of tobacco control that was passed during the 2017 legislative session. Strategic planning sessions were initiated the first month of the next fiscal year (July 2017) and quarterly partners meetings were initiated that same month with all 41 local, state, and regional partners invited and expected to attend (which they did, and continue to do). Collaboration is continued between quarterly meetings through the activities of six workgroups: coalition, cessation, policy, health communications, youth, and evaluation.

TFND is pivotal in the TPCP maintaining consistent momentum.

In the current biennium, the role of TFND is stronger and more sustainable than in the recent past, despite losing 90 percent of their budget in the last legislative session. For over 30 years, TFND has served to advocate, educate, and lobby to advance issues related to tobacco control, and historically played an important role in the passage of the 1987 North Dakota Clean Indoor Air Act (HB 1272) and its subsequent expansion in 2015 (SB 2300). TFND continues to play a key role in policy work, as described in Section 3 of this report.

The more recent expansion of TFND's role is to work closely with North Dakota's 28 LPHUs on health communication, advocacy, and advancement of tobacco control policies. Heather Austin, TFND Executive Director, works to make sure that the relationship between TFND and LPHUs is mutually beneficial. Ms. Austin brings a strong background in membership development and programming, and TFND now has multiple levels of support.

In addition to grant funding, TFND is supported by contributions from each of the 28 LPHUs, individual donations, as well as several corporate partnerships. The diversity of support and partnerships of TFND has been pivotal in ensuring a consistent level of support.

"[We] want to keep [support] more of a plateau of ongoing support and work rather than these big peaks and valleys. A big part of what we were trying to work on and **why we wanted to partner with the local public health units is because then you don't have to rebuild every single time you work on a new policy or issue. You've always got something percolating in the background and people ready to be engaged in a moment's notice** ...when you have these big peaks and valleys, then you've got to start from scratch with education too and get everyone ready to be engaged and if you can mitigate some of that then it makes the whole process smoother."

-- Heather Austin, TFND Executive Director

Evidence around the importance of mass communication efforts on issues that affect the public's health have been documented since the early 1970s, with the first statewide campaign occurring a couple decades later. Health communications is one of the five key strategies in the CDC's comprehensive tobacco control best practices and has been documented to provide a cost savings for prevention and cessation media efforts. This work is essential in countering the millions of dollars tobacco companies continue to spend on targeted promotion of their products – with a large percentage of these dollars spent targeting youth. Most recently, tobacco-funded efforts have focused on promotion of e-cigarettes, JUULs, and various flavored tobacco products. In fact, a \$10 million television ad campaign, "Make the Switch", was recently launched to promote JUUL as a cessation device. The NDDoH does not support ENDS, including JUUL, as a cessation device. Data from North Dakota supports this position as the quit rates of individuals who used ENDS were not significantly different from those who did not, in a seven-month follow-up of NDQuits users in FY18. To combat these efforts, the CDC recommends counter-tobacco media campaigns be developed around three areas: prevention, cessation, and social norms change. A summary of media data is included in Appendix G.

Coordination and emerging practices with health communications.

Health communications of counter-tobacco media in North Dakota is a coordinated effort with two brands, managed by two entities, as described to the right. Due to limited funds, strategic decisions were made to (a) utilize existing media, and (b) maximize use of digital and social media to stretch limited media dollars.

The two campaigns try to "piggy-back on each other's messages" on Facebook. This is possible because the same contractor, Odney, manages the two campaigns. The NDDoH Health Communications lead stated that Odney "knows the State Plan, they know the media place, and they do a really good job making sure that messages are shared across the two campaigns."



BreatheND
Local Public Health Working For You.

This brand was created in 2006 by PETF and Odney. In 2017, it was decided that it was fiscally responsible to keep the brand, but to emphasize local public health. PETF controls this brand and leads the digital media campaigns on prevention and social norms change. Media included three paid digital flights in 2018, as well as paid and organic social media efforts.

Amid some early indicators of success with digital campaigns, the increase of vaping and addiction among youth is of high concern.

While the use of broadcast counter-tobacco media is an evidence-based practice, limited funds made this prohibitive for the BreatheND campaign, and more limited for the NDQuits campaign. There are some early indicators that digital campaigns have had some success, but this is an emerging practice.

Odney uses education and resources via social media outlets to "empower other people to help us de-norm the tobacco industry." As one example, Odney posted an article about the chemicals in e-cigarettes on Facebook and it "took off like wildfire...we had 180 people sharing it, we had parents tagging their kids in it. That's the goal of the BreatheND page – to get that community involvement."

NDQuits
1.800.QUIT.NOW
www.ndhealth.gov/ndquits

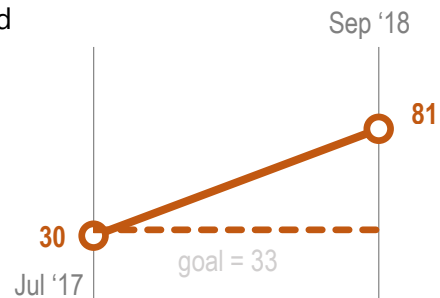
The NDDoH works with contractor Odney to lead the cessation-focused campaign. This includes both digital and broadcast media, with a goal of driving tobacco users who are ready to quit to cessation services in the state (see Section 6).

One way to maximize resources is to have focused and coordinated efforts of populations with relatively high rates of tobacco use, and populations specifically targeted by the tobacco industry. Populations disproportionately targeted by commercial tobacco include: American Indians, young adults (age 18-24), pregnant women, North Dakotans with behavioral health issues, and residents who identify as lesbian, gay, bisexual, or transgender (LGBT). Cessation initiatives tailored for American Indians and for pregnant women are discussed in the cessation section of this report, Section 6. In North Dakota, there is also a focus on use of smokeless tobacco, as use of this type of tobacco in North Dakota is higher than the US average.

Prioritizing populations most affected by tobacco can maximize resources.

The TPCP has dedicated resources towards outreach and education to ensure that health care organizations serving these populations have resources to address tobacco use. LPHUs have specifically reported working with federally qualified health centers, behavioral health care facilities, and substance abuse treatment facilities. This also includes integrating tobacco dependence treatment into routine health care delivery. Finally, North Dakota is addressing population disparities by conducting targeted outreach to increase the state quitline's reach to underserved populations with high smoking rates. The NDQuits media campaign includes a flight targeting LGBT populations.

Increased the **number of health systems and community organizations working to target special populations** from 30 to 81*.



*Data may include duplicate organizations due to limitations in baseline data.

Powerful examples of earned media.

While funding cuts prompted a shift in North Dakota's counter-tobacco communications strategy from television and radio messaging to increased social and digital media strategies, the TPCP has found ways to gain exposure through earned and organic media. LPHUs ran advertisements in county newspapers, posted on social media sites, and earned interviews on local television and radio stations to raise awareness about the increasing prevalence of ENDS use among youth and dangers of ENDS products. Appearances were made on the North Dakota Today Show, KFYR-TV, and KX News, and Coffee time on Radio Works. Perhaps the most salient example of LPHUs coordinating to educate the public on the dangers of ENDS products was in the wake of the nicotine poisoning of a Jamestown school administrator after confiscating an ENDS product from a student – an incident that drew local and national attention to the dangers of ENDS.

State and local coordination of ENDS messaging

In March 2018, when a high school administrator in Jamestown suffered from nicotine poisoning after skin contact with liquid from a confiscated e-cigarette, the NDDoH issued a press release to warn against the dangers of e-cigarettes. Many LPHUs distributed the press release in their communities, which generated community interest in and invitations to speak about ENDS. The expertise of LPHUs and the NDDoH and their swift coordinated response to this unfortunate incident proved to be a valuable resource to communities as concerns and questions about ENDS emerged in response to the news.

Minot News

Officials warn about nicotine poisoning caused by e-cigarettes

By: Nathalie Gomez

Posted: Mar 28, 2018 01:15 PM CDT
Updated: Mar 28, 2018 01:40 PM CDT



What is the result of North Dakota's coordinated tobacco control effort?

In 2017, the TPCP was awarded 53.9 percent of the CDC recommended funding level. The state received \$54.4 million (estimated) in tobacco settlement payments and taxes, though only \$5.8 million was allocated to tobacco control. Given the changing landscape in tobacco prevention and control, the need to have policies and programs in place to prevent tobacco use and to increase cessation efforts is great. Through partnership, there has been some progress, though sustaining this work will require continued resources at the state level to coordinate efforts, and at the local and regional levels to implement targeted services across the state.

The tobacco tax not been increased in North Dakota since 1993.

As was discussed in Section 4, the 140 youth attending the annual youth summit in Bismarck were not born the last time the tobacco tax in North Dakota was increased. This concept was continued in the 2019 legislative session, with an emphasis at the Tobacco Coalition Day on January 24, sponsored by ACS and TFND.

"The **challenge** related to tobacco prevention work is **keeping up with the tobacco industry and all the new vaping products** out in the market to entice youth."

--Bev Voller, Emmons County Public Health



In North Dakota,
21% of high school students
currently identify as a
vaping product user.

From the NDDoH Facebook page

The TPCP partners are maintaining current laws.

LPHUs reported multiple activities and collaborations to maintain and enforce the current North Dakota Smoke-free law. Of particular focus is to decrease the percentage of retailers who sell tobacco to minors. Updates to statewide legislation could ensure that ENDS are included as tobacco products – currently, ENDS are not classified as a tobacco product across North Dakota.

Achieving the retail compliance goal in the State Plan requires the coordinated efforts of the North Dakota Department of Human Services (NDDHS), the NDDoH, local law enforcement, and the LPHUs. From July 2017 to September 2018, the LPHUs reported 15 instances of training and educating local tobacco retailers on state and local youth access laws. This form of education keeps awareness of local and statewide tobacco sale regulation fresh for retailers. Additionally, post-compliance check follow-up letters serve to inform noncompliers of their violation and provide the action(s) needed to bring their retail location into compliance. About 16 of the 28 LPHUs participated in a Synar training (retail compliance checks for tobacco) in December 2018, which will equip them with the needed tools to further educate local tobacco retailers.

We continue to update our lists of new businesses within our communities and make face-to-face visits to bring them signage and explain North Dakota law regarding tobacco sales. We also provide them with a calendar that shows the current date and helps staff easily identify that the person purchasing tobacco is legally able to do so.

--Lake Region District Health Unit

Selected Recommendations

Continued partnership-building is essential.

It was a direct and intentional response to diminished resources to strengthen and engage the TPCP partners and for the NDDoH to coordinate tobacco control efforts. In the past 18 months, there has been notable progress made in communicating the new, partnership-based structure of the TPCP. While the majority of the partners have responded positively, the shift in structure remains difficult for a minority of partners. There is still some progress to be made in having clear communications of such a large partnership, especially with the net loss of eight state-level staff to conduct this coordination. Given the immediate response in engaging the partners in strategic planning and the subsequent structure that the NDDoH implemented in the current biennium, it is highly likely that this partnership building will continue to be strengthened.

Maintain broadcast media when the funding is available; when that is not an option, continue to evaluate the effectiveness of digital and social media campaigns.

While the use of broadcast counter-tobacco media is an evidence-based practice, limited funds made this prohibitive for the BreatheND campaign, and more limited for the NDQuits campaign. There are some early indicators that digital campaigns have had some success, but this is an emerging practice. Odney is currently collecting data to inform the effectiveness of all media campaigns, and this is shared with the health communications workgroup, as well as the external evaluation team. LPHUs with social media accounts might also immediately benefit from Odney's findings, so it is encouraged that strategies that work well, as well as those that do not, are shared more broadly. Increased or effective new creative elements can also drive tobacco users to cessation services, which would increase the State Plan goals of increasing treatment reach and quit attempts.

"If you don't have media and coalitions out there to raise awareness, educate, and put pressure on legislators, it's hard to get people motivated."

—PETF member

Consider focusing on areas with the least coverage, or where there may be gaps in services.

In both prevention and cessation components of the TPCP, there is some unevenness in either the distribution of resources or the effectiveness of those resources across the state. For example, on the prevention side, there are some LPHUs where 100 percent of school districts have passed a model tobacco policy, and others where less than half have such policies (there are also some large districts without a policy). On the cessation side, the western part of the state has fewer options for in-person cessation programs. Some LPHUs, such as Emmons County Public Health, Walsh County Health District, Cavalier County Health District, and Custer Health have established successful partnerships with healthcare systems to promote cessation, sponsor TTS training, and provide NRT - these are models that could be expanded.

Continue focus on efforts to improve the quality of data collection and use.

The NDDoH has a strong history of putting resources into ensuring strong and transparent data and reporting processes are in place, both internally and for their contractors. There are multiple examples of this in the cessation-related reports referenced in Appendix E, and there are already plans to continue this work in the creation of a BMTFP application that is intended to enhance feasibility for grantees, and allow real-time use by the grantees of their own data.

Selected Recommendations

Continue to periodically re-evaluate the programmatic and evaluation priorities.

Given the limited funding, programmatic and evaluation-related activities had to be prioritized, and not all important components could be implemented. Given the rise of ENDS use and the continued evolution of the TPCP, it is essential that the priorities are regularly reflected on so that the most essential components of the TPCP are implemented and evaluated. Surveillance data is essential for understanding population-level trends across the state and this data can inform local-level efforts, providing support for focusing resources on populations with high tobacco use, or geographic areas with above average prevalence.

The resources available to the TPCP are not commensurate with the continuing need for cessation services, or with the ENDS epidemic.

While there have been numerous successes highlighted in this report, as well as in the documents listed in Appendix E, many of these successes have come from the many individuals across the state who are going above and beyond what they are paid to do. Many of these individuals have been involved in tobacco control in North Dakota for a decade – some for more than two decades. It is because of this longevity and the willingness for so many individuals to work beyond what they are paid to do that there have been so many successes in the current biennium.

Further, some of this success is due to the fact that North Dakota had been funded at CDC-recommended levels until mid-2017. This allowed for appropriately-funded media campaigns that educate all North Dakotans about the dangers of tobacco and drive those who use tobacco to cessation services. Further, it allowed many of the partners to establish some processes that were able to be continued without current sufficient funds – such as the management of PETF. The ability to keep all aspects of the CDC Best Practices in Tobacco Control in place will slowly erode if resources stay at the current funding level.⁹ And since tobacco use is the number one cause of death for North Dakotans, the people of the state will be the most negatively affected if this progress is allowed to erode.

Continue investing in evaluation, surveillance, and learning.

This report was only possible because of the time, resources, and energy that the TPCP partners put into evaluating where they've been, where they are now, and how to be even more effective moving forward. Prior to the biennium, evaluation efforts were split between the Center and the NDDoH, and this evaluation was limited in its ability to build on previous evaluation efforts. The TPCP is being built as a comprehensive, unified system, which is perhaps one of the most significant outcomes of the evaluation – that a commitment to evaluation and strategic planning resulted in a shared vision of what the TPCP is and how it works. Indeed, if the state is interested in understanding what the TPCP is doing and the extent to which it is saving lives and money, it has to document and understand the nature of the partnership itself. The NDDoH and external evaluation contractors designed multiple systems for collecting data from the TPCP partners and the TPCP partners submitted data quarterly. Partners are already using data and evaluation findings to improve their work. Continued investment in evaluation and learning supports data-driven decision-making, encourages responsible use of resources, and helps to ensure that the TPCP continues to work effectively to produce more benefits than harm.

⁹ Farrelly MC, Pechacek TF, Chaloupka FJ. The impact of tobacco control program expenditures on aggregate cigarette sales: 1981–2000. *Journal of Health Economics* 2003;22(5):843–59.

Appendices

Appendix A. What is the TPCP? Who does the work?

Appendix B. Evaluation approach and methods

Appendix C. Comprehensive, partnership-based logic model

Appendix D. Progress on the North Dakota state tobacco plan

Appendix E. References to PDA's reports on specific components of the TPCP

Appendix F. Labeled map of cessation services in North Dakota

Appendix G. Paid media campaigns, impressions, and flights

Appendix H. Timeline of key tobacco control events

Appendix A: What is the TPCP? Who does the work?

North Dakota's TPCP is a partnership-based initiative that coordinates the work between the North Dakota Department of Health, the 28 local public health units (LPHUs), state partners, voluntary organizations, and contractors. These efforts are coordinated and led by the seven TPCP staff at the NDDoH, listed on the right.

Voluntary Organizations: American Cancer Society, American Heart Association, American Lung Association, Campaign for Tobacco Free Kids

State Partners: The North Dakota Department of Health (NDDoH), Tobacco Free North Dakota, Public Education Task Force (PETF), North Dakota Department of Human Services, North Dakota Attorney General, North Dakota's Tribal Tobacco grantees

Local Partners and Grantees: Each of North Dakota's 28 Local Public Health Units has a tobacco coordinator, health systems grantees, BABY & ME-Tobacco Free grantees

Contractors: Odney (media campaigns), Public Health Law Center (policy review, technical assistance), Professional Data Analysts (external evaluation), National Jewish Health (quitline vendor), WYSAC (NDQuits follow-up survey vendor, NDSU, UND

The TPCP staff and roles at the NDDoH:

Division Director,
Susan Mormann

Program Director,
Neil Charvat

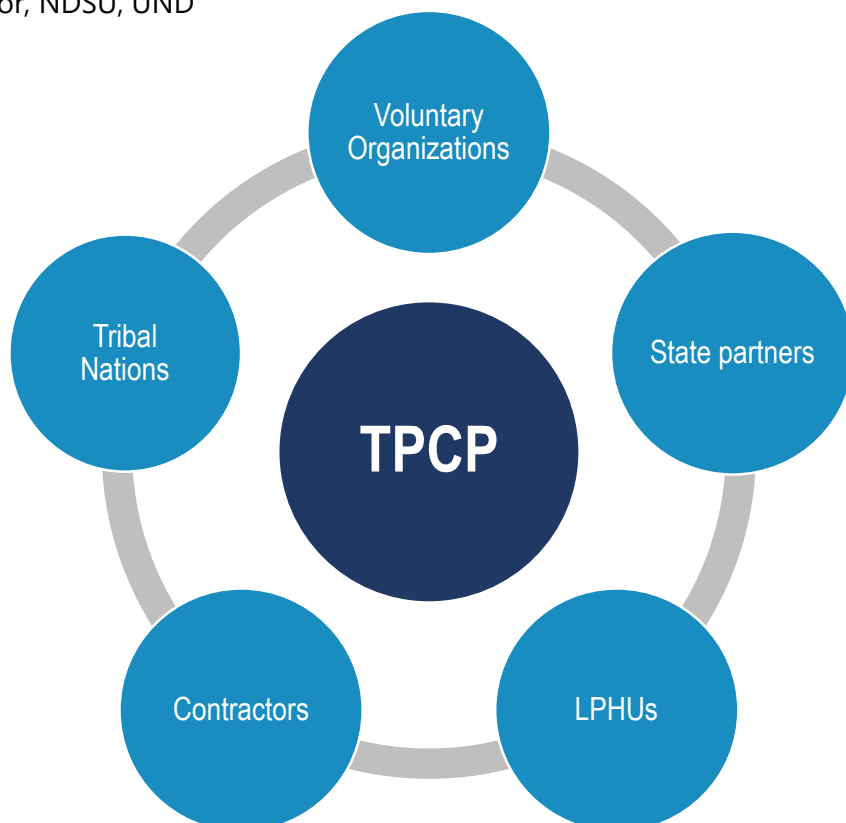
Health
Communications and
Equity Specialist,
Kara Hickel

Tobacco Cessation
Coordinator,
Kara Backer

Community Programs
Coordinator,
Abby Erickson

Epidemiologist,
Clint Boots

Division of Community
& Health Systems
Support Staff,
Diana Greff-Kramer



Appendix B: Evaluation approach and methods

Utilization-Focused Evaluation (U-FE) and Evaluation Standards

PDA takes a utilization-focused approach to evaluation, meaning that one of our first activities is to identify the primary intended users of the evaluation and to engage those users throughout the evaluation process. Of primary concern is that there is stakeholder involvement throughout our evaluation process, heightening the buy-in and use of the results. PDA balances this by following the guiding documentation of our professional standards, particularly the Program Evaluation Standards (version 3). The Standards provide guidance that evaluations should balance issues of feasibility, propriety, accuracy, utility, and accountability.

Evaluation Questions and Methods

Evaluation purposes, guiding questions, methods, analysis, and reporting are detailed for each of the five CDC best practice areas. Full details are available in PDA's biennial evaluation plan, and in various evaluation reports (see Appendix E for a list of reports).

1. Cessation Interventions

There are three cessation programs: NDQuits, NDQC grantees (systems change), and BMTFP (pregnant women). These efforts have been led and managed by the NDDoH for many years. The guiding evaluation question across all three cessation initiatives is: To what extent is North Dakota implementing "population-level, strategic efforts to reconfigure policies and systems in ways that normalize quitting and that institutionalize tobacco use screening and intervention within medical care?"

A. NDQuits annual evaluation

PDA has been conducting a formative and summative evaluation of NDQuits since 2011; this longevity has allowed the evaluation to be responsive to ongoing changes to the program. PDA uses information collected from quitline registrants at registration (intake data, collected by the quitline vendor) as well as data from a follow-up survey administered to a sample of quitline users (follow-up data collected by PDA's sub-contractor, Wyoming Survey & Analysis Center, WYSAC). Analysis methods implemented by PDA include descriptive statistics, reach calculations response bias analysis, and outcomes. To explore the predictors of quitting, PDA conducts a multivariate logistic regression. Full details of these methods are included in PDA's annual reports to the NDDoH.

B. Quality Assurance (QA) and data coordination for NDQuits

The evaluation of NDQuits involves data coordination with three vendors. First, the quitline vendor, National Jewish Health (NJH), collects intake data from program registrants, as well as utilization data for the web program, the general population telephone program, and the telephone utilization data for two priority populations (pregnant women and American Indians). Second, the counselors for the general population quitline calls are from the counselors at the University of North Dakota's Department of Family and Community Medicine. Third, the quitline vendor provides counseling for registrants who opt-in to the American Indian or the pregnancy protocols. All of the follow-up data is collected by WYSAC. Regular (monthly) quality assurance checks are implemented by PDA. When the program or data changes, PDA ensures there is reliable and transparent data available so that the NDDoH can understand program intake, utilization, and outcomes for NDQuits, to report to key stakeholders, including the North Dakota Legislature.

C. BABY & ME – Tobacco Free Program (BMTFP)

The evaluation questions include both process questions as well as inquiry into program outcomes. Similar to the NDQuits evaluation, prior evaluation efforts have informed and have been responsive to programmatic changes. For example, in FY18, PDA started to incorporate program outcomes for birth weight. A new exploration that will be reported on in FY19 is the impact of the dedicated counselor model on program outcomes. Full results are reported annually in a report prepared by PDA.

Evidence to address these evaluation questions include the quarterly data reported by BMTFP grantees, including participant registration and program use (prenatal and postpartum). In addition, PDA uses surveillance (vital statistics) and supplemental program documentation (quarterly calls with the national BMTFP founder, success stories, narrative reporting on successes and challenges).

Analysis includes descriptive statistics and narrative descriptions. Further, PDA calculates an Intention to Treat (ITT), which is an approach to analysis that allows comparisons between groups where dropout may otherwise lead to biased results. No one is excluded from analysis who has had enough time to achieve each outcome. In the BMTFP analysis, this method is used for calculation of abstinence rates at each program visit. Operationally, this means it is assumed anyone who did not return to a session, but should have, is still using tobacco and is kept in the analysis. This is done in order to avoid inflation of the abstinence rates observed at each time point.

D. NDQuits Cessation (NDQC) Grantees

PDA has been conducting a process evaluation of these efforts since FY15. Following the FY17 report, PDA identified data limitations and proposed to revise the quarterly data collection process, including the questions asked. Interviews were conducted with each of the NDQC grantees, and revisions to the quarterly data collection tool were made, incorporating review by the NDDoH and feedback from the grantees. The goals of this revision were to improve data quality, and to account for and document the context-specific successes and challenges of the grantees, who represent a variety of health systems, from large, multi-state systems to rural systems that span a large geography.

Evidence to address these evaluation questions primarily include an annual planning document, and quarterly reports that track progress toward grant-related work. These reports include both quantitative and qualitative reporting. PDA will prepare and deliver an annual process report on NDQC grantee activities on an annual basis. In addition to an annual process report, PDA conducts analysis quarterly and provides each NDQC grantee with a quarterly dashboard.

2. State and Community Interventions

A key component of a strong tobacco control program is grassroots or locally-led efforts in the areas of tobacco prevention, cessation, and social norms change. In North Dakota, 28 LPHUs are provided funding to implement these efforts. In addition, the NDDoH funds several tribal grantees to lead similar efforts in tribal areas. Finally, various supportive organizations are funded through special initiative grants relating directly to priority elements in the State Plan, including TFND and PETF.

A. Local Public Health Units (LPHUs)

The 28 LPHUs work on the four goals for the State Plan: (1) preventing initiation of use in youth and young adults; (2) eliminating exposure to SHS; (3) promotion of cessation with youth and adults; and (4) building capacity and infrastructure to implement a comprehensive tobacco control program. The evaluation of this work is both formative and summative; quarterly report dashboards are created and shared with each of the grantees so they can understand how their work relates to and contributes to the statewide progress on the tobacco plan.

Annual report data sources included: the quarterly reports, workgroup documents, notes from the quarterly partners meetings, documentation of the strategic planning session, documentation and results of the sustainability planning, model policies created by the policy workgroup, and other supporting documents (e.g., documentation of the Youth Summit collected by Bismarck-Burleigh Public Health).

B. Tribal grantees

North Dakota has four federally-recognized tribal nations: Spirit Lake Sioux Tribe, Standing Rock Sioux Tribe, Three Affiliated Tribes, and Turtle Mountain Band of Chippewa. Since 2008, the NDDoH has funded tribes directly to implement CDC's Best Practices in Tobacco Prevention and Cessation. Currently, two of the funded tribes has a dedicated Tribal Tobacco Prevention Coordinator (TTPC) that leads and coordinates these efforts. The NDDoH also funds a Smoke-Free Casino effort, led by Stephanie Jay of Turtle Mountain. PDA reviewed annual reports from the tribal grantees that were submitted to the NDDoH. PDA also conducted three interviews: one with the NDDoH Tobacco Equity Specialist, one with the lead for the Smoke-Free Casino effort, and one with the tobacco coordinator in Spirit Lake. Some LPHUs coordinate with tribes, and PDA incorporated that information when that collaboration in the LPHU quarterly reports.

C. Legislative Efforts

The Public Health Law Center wrote legislation for a tobacco tax increase, which was completed in the fall of 2018. Partners such as TFND and PETF will be instrumental in advocacy and education efforts related to the tax increase. PDA will track efforts around the tobacco tax increase on the LPHU quarterly reporting forms, in tracking of legislative efforts, and in conversations with the NDDoH. Findings will be incorporated into PDA's synthesized report of all tobacco control activities.

3. Health Communications

A strong, state-level health communications intervention is essential to affect cessation, prevention, and social norms change. The media methods implemented should include wide-reaching broadcast media (television and radio ads), as well as social media, earned media, billboards, press releases, conferences, and health promotion activities. Evaluative information was collected by various entities, including the media vendor, the LPHUs, the NDDoH, and PDA. Odney takes the lead in collecting quantitative data related to media campaigns, including digital flights, Facebook analytics, and other indicators. In late spring 2018, PDA conducted a small interview study. Telephone interviews were conducted with the following: the NDDoH, PETF, TFND, and Odney. A report was delivered to the NDDoH at the end of FY18.

4. Surveillance and Evaluation

The focus of a strong surveillance and evaluation plan is having a process in place to monitor trends around attitude, behaviors, and outcomes related to tobacco in the state over time. The primary purpose of such a system is to demonstrate accountability and program effectiveness. At the start of the biennium, the NDDoH has strong surveillance in place, with systems already set up to provide public-facing documents that show trends in tobacco use, tobacco use initiation, tobacco consumption, cessation, tobacco-related policy, and economic indicators around tobacco. A primary evaluation goal for this biennium (2017 – 2019) is to build more efficiently and effectively the surveillance into this comprehensive evaluation work, particularly since PDA is able to collaborate with the surveillance capacity at the NDDoH.

5. Infrastructure, Administration, and Management

This component of an effective tobacco control program centers around having adequate resources to provide program oversight, training, and technical assistance. This includes funding, staff knowledge and skills, and other resources related to program sustainability. Evidence to address this best practices component include site visits and attendance (in person or virtual) in the quarterly partners meetings; review of white papers and other technical documents produced by the NDDoH and partners; and this synthesis report of the five components of tobacco control.

Appendix C: Comprehensive, partnership-based logic model



Appendix D: Progress on the North Dakota Comprehensive Tobacco Prevention and Control State Plan (State Plan)

North Dakota has historically been a leader in the development of a state-level tobacco plan – in 1986 the state was among the first seven states to have such a plan. This plan serves to align national health goals (e.g., The Guide to Community Preventative Services for Tobacco Control Programs¹⁰), statewide prevalence, and the economic impact of tobacco use on the state and local-level priorities and work. It coordinates the work between partners and provides an accountability mechanism for biennial reporting to the North Dakota Legislature.

The 2017 – 2019 biennium Comprehensive Tobacco Prevention and Control State Plan (State Plan)¹¹ was created through partnership, following the historical precedent set in the state. The State Plan is a living document that is periodically reviewed, modified, and updated throughout the biennium. The 2017 – 2019 State Plan was created following strategic planning with the TPCP partners in July 2017. The State Plan was submitted to the North Dakota Legislature in September 2017, and progress on the State Plan's objectives will be reported to this legislative body during the 2019 session.



Key



Goal is in progress



Goal has been met

¹⁰ The Guide to Community Preventative Services for Tobacco Control Programs, <https://www.thecommunityguide.org/topic/tobacco>

¹¹ North Dakota Comprehensive Tobacco Prevention and Control State Plan, https://www.ndhealth.gov/tobacco/NDDoH_TPCP_State_Plan_Update.pdf

Goal 1. Prevent the Initiation of Tobacco Use Among Youth and Young Adults

Objective 1.1: By June 30, 2019, increase the price of cigarettes and other tobacco products by the minimum amount necessary to effectively lower health impacts, excluding FDA approved Nicotine Replacement Therapy products (Current tax: 44 cents Source: North Dakota Tax Department).



In progress.

Objective 1.2: By June 30, 2019, the North Dakota Department of Health (NDDoH) and North Dakota School Board Association (NDSBA) comprehensive model tobacco-free school policy will cover 90 percent of Local Education Associations (LEAs) (from 76 percent in 2017. Source: Center for Tobacco Prevention and Control Policy (CTPCP) data).



77 percent of LEAs covered by tobacco-free policy.

Objective 1.3: By June 30, 2019, increase the number of state and tribal college campuses in North Dakota with tobacco-free grounds policies to 16, adequately addressing ENDS (from 14 in 2017. Source: TPCP).



14 total campuses as of September 31, 2018.

Objective 1.4: By June 30, 2019, increase to 10 the number of local and tribal TPCPs engaging North Dakota youth to become advocates to counteract tobacco industry marketing influences (from 4 in 2017. Source: North Dakota Department of Health Tobacco Prevention and Control Program (NDDoH TPCP) data).



27 total local organizations and tribal entities engaging youth as of September 31, 2018.

Objective 1.5: By June 30, 2019, reduce to 10 the percentage of retailers selling tobacco products to minors as determined by the Synar tobacco compliance check program (from 7.7 percent in 2017. Source: North Dakota Department of Human Services-NDDHS).



Synar grants went out in Sept/Oct 2018. The 2018 percentage is 8.8.

Goal 2. Eliminate Exposure to Secondhand Smoke (SHS)

Objective 2.1: By June 30, 2019, eliminate/reduce exposure to secondhand smoke in North Dakota by maintaining the North Dakota Smoke-Free Law as passed in November 2012.



Documented examples locally. Also, marijuana provision did not pass (Nov 2018).

Objective 2.2: By June 30, 2019, prevent preemption in all North Dakota state tobacco prevention and control laws.



Training from and consultation with Maggie Mahoney (Oct 2018).

Objective 2.3: By June 30, 2019, reduce the number of North Dakotans exposed to secondhand smoke at home by increasing number of smoke-free multi-unit housing policies encompassing 7,500 housing units (from 6,583 housing units in 2016. Source: CTPCP data).



9,390 units as of Sept 30, 2018.

Objective 2.4: By June 30, 2019, reduce the number of North Dakotans exposed to secondhand smoke at work and by increasing to 4 the number of smoke-free policies and laws in areas not covered by the North Dakota Smoke-Free Law (from 2 in 2017. NDDoH TPCP).



Still at 2.

Objective 2.5: By June 30, 2019 reduce the number of North Dakotans exposed to secondhand smoke in public outdoor areas by increasing to 140 the number of smoke-free policies in areas not covered by the North Dakota Smoke-Free Law (from 126 in 2016. Source: CTPCP data).



There are 145 parks policies as of September 30, 2018.

Goal 3. Promote Quitting Tobacco Use

Objective 3.1: By June 30, 2019, reduce the number of tobacco users in North Dakota by increasing the annual treatment reach of NDQuits to all North Dakota cigarette smokers to 2.5 percent (from 1.63 percent in 2016. Source: NDDoH TPCP).



FY18 reach is now 1.89 percent.

Objective 3.2: By June 30, 2019, reduce the number of tobacco users in North Dakota by increasing to 50 the number of health care settings assessed that use the systems approach for tobacco dependence treatment as recommended in the US Public Health Service Treating Tobacco Use and Dependence, Clinical Practice Update 2008 (from 45 in 2017. Source: NDDoH TPCP data).



77 healthcare settings now use the systems approach.

Objective 3.3: By June 30, 2019, reduce the number of tobacco users in North Dakota by increasing the percentage of adult smokers in North Dakota who have attempted to quit once in the last year to 57 percent (from 55.8 percent in 2015. Source: North Dakota Behavioral Risk Factor Surveillance System (BRFSS)).







54.6 percent in BRFSS 2017.

Objective 3.4: By June 30, 2019 increase to 33 the number of health systems and community organizations working to target special populations with tobacco cessation treatment interventions (from 30 in 2017. Source: NDDoH TPCP data).



81 health systems (HS) and community organizations (CO) work to target special populations with tobacco cessation.

Goal 4. Build Capacity and Infrastructure to Implement a Comprehensive, Evidence-Based Tobacco Prevention and Control Program

- | | | |
|---|---|---|
| Objective 4.1: By June 30, 2019, maintain the administrative structure to manage the comprehensive North Dakota Tobacco Prevention and Control Program in concurrence with CDC Best Practices for Tobacco Prevention and Control Programs. |  | Maximize staffing. |
| Objective 4.2: By June 30, 2019, maintain and enhance infrastructure and capacity to collaboratively deliver evidence-based tobacco prevention and control interventions from the most current CDC Best Practices for Comprehensive Tobacco Control Programs. |  | Quarterly meetings, strategic planning, State Plan. |
| Objective 4.3: By June 30, 2019, maintain effective, ongoing tobacco prevention and control health communication initiatives that focus on changing the broad social norms of tobacco. The communications initiatives will deliver strategic, culturally appropriate and high-impact earned and paid messages through sustained and adequately funded campaigns integrated into the overall comprehensive North Dakota Tobacco Prevention and Control Plan. |  | Interview study, materials from Odney. |
| Objective 4.4: By June 30, 2019, update the North Dakota comprehensive statewide surveillance and evaluation plan. |  | PDA created a comprehensive plan. |
| Objective 4.5: By June 30, 2019, update sustainability efforts previously described in the latest version of the North Dakota Comprehensive Tobacco Prevention and Control Plan. |  | In progress – UWash process was conducted in spring 2018. |

Appendix E: References to PDA's reports on specific components of the TPCP

This report is the culmination of several reports and planning documents that were produced by Professional Data Analysts. These documents are cited below and referenced throughout this report. Please contact Neil Charvat at the North Dakota Department of Health and Melissa Chapman Haynes at Professional Data Analysts with questions about these documents. Contact Neil Charvat for questions about reports that are not available online.

Comprehensive evaluation plan for the TPCP, 2017-2019

PDA created a comprehensive evaluation plan for the TPCP, specifically framed around the CDC Best Practices. Of primary interest is the progress that the TPCP is making on the biennial state plan goals and objectives. The evaluation plan is located here:

https://www.ndhealth.gov/tobacco/NDDoH_Eval_Plan.pdf

State and Community Interventions

LPHU quarterly reports - PDA has produced quarterly reports on collective progress the LPHUs have made toward each of the State Plan goals, starting in FY18, quarter 2.

Comprehensive LPHU report – PDA created a comprehensive evaluation report on the work of the LPHUs from July 1, 2017 – December 30, 2018.

October quarterly partners meeting presentation (2018)

Cessation Interventions

NDQuits – Since 2011, PDA has produced an annual report on the process and outcomes, including reach. https://www.ndhealth.gov/tobacco/Reports/Report_NDQuits_FY17.pdf

NDQC – Since 2014, PDA has produced an annual report that includes processes and outcomes.

NDQC quarterly reports - PDA has produced quarterly reports on collective progress the LPHUs have made toward each of the State Plan goals, starting in FY18, quarter 2.

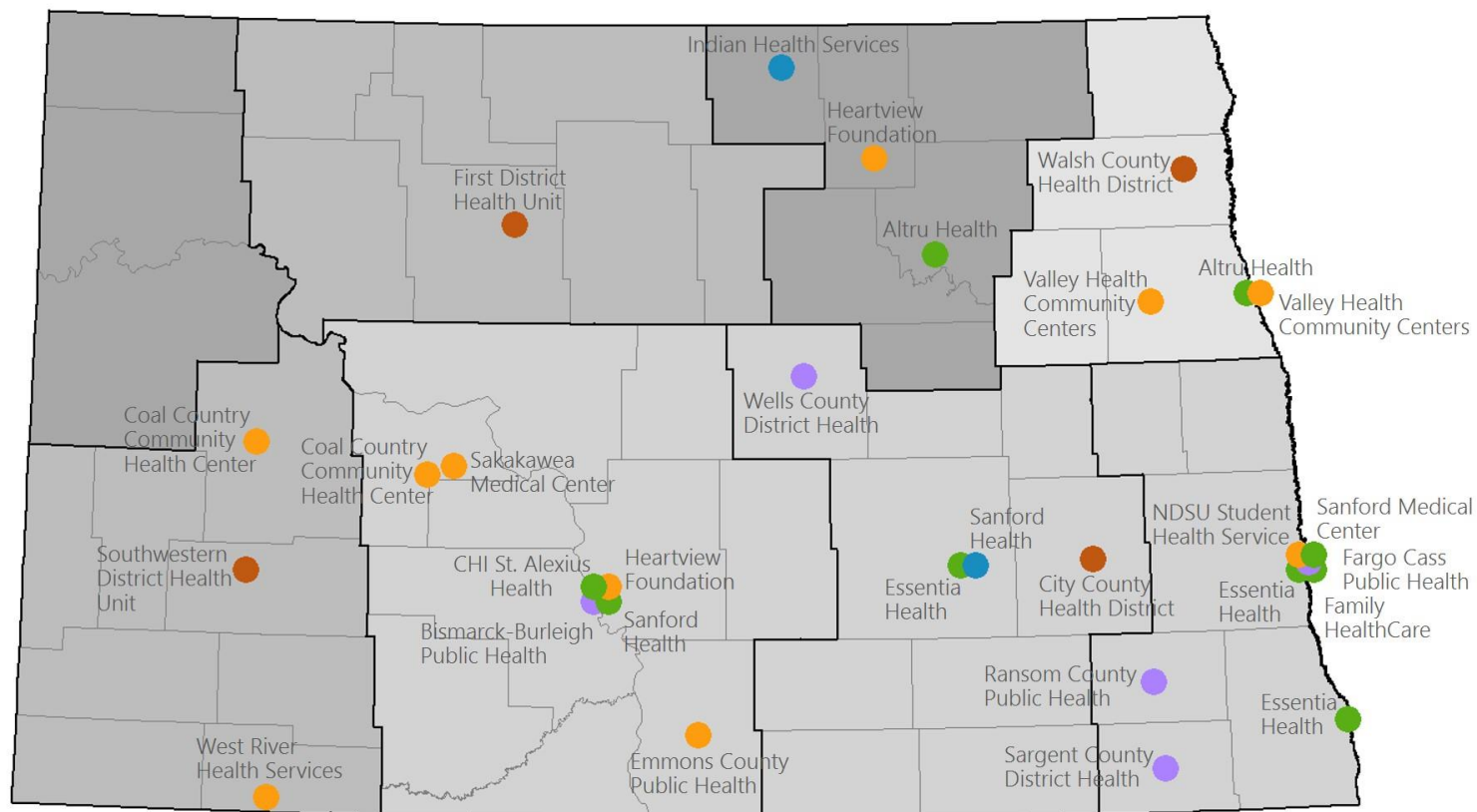
BABY & ME - Tobacco Free Program (BMTFP) – PDA produces an annual report that includes processes and outcomes.

Health Communications

Interview report – In June 2018, PDA produced a report based on interviews with the NDDoH, PETF, Odney, and TFND.

Appendix F: Detailed map of cessation services in North Dakota

The map below depicts the cessation programs offered across North Dakota. Each program is labeled by the grantee or location of the cessation service. The color key demonstrates the variety of programs while the shading shows tobacco prevalence by human service region.



Program offered: BMTFP only NDQC only In-person (IP) counseling BMTFP & NDQC BMTFP & IP

Tobacco use prevalence: 15-20% >20-25% >25-30% >30-35%

Appendix G: Paid media spending, impressions, and flights

Odney is the contractor for both media campaigns, BreatheND and NDQuits, and is responsible for documenting the flights and evaluating the effectiveness of these campaigns. The BreatheND campaign is managed by PETF. The fiscal agent for PETF is Upper Missouri District Health Unit. The NDQuits campaign is managed by the NDDoH. This appendix is based on a report prepared by Odney on 12/14/18.

BreatheND

All campaigns targeted adults age 18-54 and the market/DMA was statewide. All flights included a combination of paid digital, paid social media (Facebook advertising), and organic social media. The paid digital campaigns used the created "Sizmek" in flight 1, and "Amobee" in flights 2 and 3.

Flight information	Dates	Digital (cost)	Social (cost)	Total Investment*	Total estimated added value
Flight #1: Tobacco Industry De-normalization	3/12/18 – 6/03/18	\$91,995.82	\$4,000.00	\$91,196.03	\$4,382.06
Flight #2: Tobacco Industry De-normalization	6/18/18 – 9/09/18	\$91,998.38	\$4,000.00	\$95,998.38	\$2,673.04
Flight #3: Tobacco Industry De-normalization	9/24/18 – 12/16/18	\$96,828.27	\$4,740.00	\$101,568.27	\$2,388.90

*Total investment is the sum of the digital and social campaigns, minus rebates.

NDQuits

The NDQuits campaign was able to use television and radio, a best practice, along with digital and social media campaigns.

Flight information	Dates	Audience	Media types	Total Investment*	Total bonus spots
Flight #1: General Tobacco	7/31/17 – 8/13/17	Adults 25-64	Radio	\$24,728.02	\$15,143.90
Flight #2: Amanda	9/11/17 – 9/30/17	Adults 25-64; Women 18-34	Broadcast TV, cable TV, radio, social	\$148,767.21	\$86,747.85
Flight #3: General Tobacco	12/26/17 – 2/18/18	Adults 25-54; Adults 18-64	Broadcast TV, radio, digital, social	\$255,484.99	\$80,414.80
Flight #4: LGBTQ	2/19/18 – 4/15/18	Adults 18-16 LGBTQ	Digital, social	\$49,872.24	n/a
Flight #5: Chew Tobacco (2 flights)	4/16/18 – 06/10/18	Adults 18-24; Adults 25-54	Broadcast TV, cable TV, digital, social	\$208,489.22	\$78,181.00

Appendix H: Timeline of Key Tobacco Control Events

State level activities

Local level activities

North Dakota Department of Health assumes responsibility for statewide tobacco prevention and control. The TPCP is formed.

North Dakota **legislature de-funds the Center**.

Measure 3 passed and **the Center** for Tobacco Prevention and Control Policy is created.

Statewide clean indoor air law passed.


Statewide tobacco **quitline** is launched, NDQuits.

SB 2380 is passed, creating the **Community Health Grant Program**.

SB 2045 is passed, mandating all North Dakota counties be covered by one of the 28 LPHUs.

HB 1272 is passed which strengthens clean indoor air legislation. Legislators pass **tobacco tax increase** to \$0.27 per pack.

Surgeon General's Report on the health effects of second-hand smoke is released.

 **First state tobacco plan** is developed.

1985

First tobacco control coalition in the state is formed. Originally called Smoke-Free North Dakota, the name was changed to Tobacco Free North Dakota in 1986.

2017

2008

2005

2004

2001

1999

1987

1986

1990

1993

2002

2001

2017

2018

PETF re-brands BreatheND to emphasize local public health.

PETF and Odney collaborate to **create the BreatheND brand**.

Public Education Task Force (**PETF**) is formed.

Minot city council passes **smoke-free restaurant ordinance**.

The **STAMP Coalition** is formed.

Jamestown passes **first local tobacco retailer licensing ordinance** in the state.

Grand Forks City Council **passes first local tobacco control ordinance** in North Dakota, which restricted placement of cigarette vending machines to establishments that were not accessible to minors.

Fargo passes ordinance to **regulate vape shops as tobacco retailers**.