

# North Dakota Comprehensive Tobacco Prevention and Control State Plan 2019 - 2021





***Tobacco use is the single most preventable cause of death and disease in North Dakota and the United States, causing more deaths annually than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides, combined.***

The current North Dakota Comprehensive Tobacco Prevention and Control State Plan (State Plan) is a state plan coordinated by the [North Dakota Department of Health \(NDDoH\), Tobacco Prevention and Control Program \(TPCP\)](#). The TPCP seeks the input and collaboration of many partners, from state agencies to grassroots community organizations, working together in implementing this plan to reduce North Dakota's burden from tobacco.

## **MISSION**

The mission of the TPCP is to improve and protect the health of North Dakotans by reducing the negative health and economic consequences of the state's number-one cause of preventable disease and death - tobacco use.

## **GOAL**

The goal of the TPCP is to reduce disease, disability, and death related to tobacco use by:

- Preventing initiation among youth and young adults
- Eliminating exposure to secondhand smoke
- Promoting quitting among adults and youth
- Identifying and eliminating tobacco-related disparities among specific population groups

Through this State Plan, the TPCP implements a process-based and outcomes-based evaluation of programs to keep state government officials, policymakers, and the public informed. The TPCP recognizes that monitoring and evaluating the planning activities and status of implementation is as important as identifying strategic issues and action steps. The State Plan is intended to be dynamic and will be updated as progress is made, or change is indicated. Regularly scheduled meetings will occur so that the TPCP, its advisory teams, and partners can clarify and analyze progress, issues, challenges, and lessons learned. This will allow the TPCP the opportunity to change recommendations, plans, and resources as required and continuously evaluate progress and outcomes.

The State Plan was officially reviewed by the NDDoH State Health Officer Executive Leadership Team on December 14, 2018, with additional recommendations incorporated after the 66th Legislative Assembly and the May 2019 ENDS (Electronic Nicotine Delivery Systems) Summit.

## MODEL FOR COMPREHENSIVE TOBACCO PREVENTION AND CESSATION

The State Plan for comprehensive tobacco prevention and cessation is based on [Best Practices for Comprehensive Tobacco Control Programs](#) (Best Practices) model outlined by the National Centers for Disease Control and Prevention (CDC). Best Practices describes an integrated programmatic structure for implementing interventions proven to be effective. The model also relies on [The Guide to Community Preventive Services for Tobacco Control Programs \(Community Guide\)](#), which provides evidence on the effectiveness of community-based tobacco interventions within three areas of tobacco use prevention and control:

- Preventing tobacco product use initiation
- Increasing cessation
- Reducing exposure to secondhand smoke

In addition to the Community Guide, the [2008 Update of the Clinical Practice Guideline for Treating Tobacco Use and Dependence](#) has shaped the tobacco control interventions being implemented in North Dakota.

The TPCP continues to incorporate the program elements recommended by the CDC. It is important to recognize that these individual components must work together to produce the synergistic effects of a comprehensive tobacco control program, which includes:

- Community based programs
- Cessation interventions, including [NDQuits](#), North Dakota's telephone and web-based tobacco cessation service
- Statewide public education campaign
- Evaluation and surveillance
- Infrastructure, administration, and management

## JUSTIFICATION FOR FOCUSING ON GOAL AREAS

The State Plan goal areas, based on Best Practices and Community Guide recommendations, also include crosscutting interventions based on recommendations from these sources.

### Prevent Initiation of Tobacco Use Among Youth and Young Adults

#### Increase the unit price of tobacco products.

Rationale: Projections of research findings from the Campaign for Tobacco-Free Kids' indicate that each 10% cigarette price increase reduces youth smoking by 6.5%, adult smoking rates by 2%, and total consumption by about 4% (adjust down to account for tax evasion effects). [The Guide to Community Preventive Services](#), November 2012, confirms, "public health effects are proportional to the size of price increase and scale of intervention" (pages 1-2). [CDC Best Practice for Comprehensive Tobacco Control Programs](#), January 2014 recommends an increase of the unit price of tobacco products for preventing tobacco use among youth (page 19).

#### Implement effective school and college tobacco use policies throughout North Dakota.

Rationale: "Community programs and school and college policies and interventions should be part of a comprehensive effort, coordinated and implemented in conjunction with efforts to create tobacco-free social norms, including increasing the unit price of tobacco products, sustaining anti-tobacco media campaigns, and making environments smoke-free." ([Best Practices for Comprehensive Tobacco Control Programs](#), January 2014, page 19). A tobacco-free school policy promotes a tobacco-free lifestyle and environment for all students, staff, and visitors as well as establishes a tobacco-free social norm.

#### Mobilize the community to restrict minors' access to tobacco products, in combination with additional interventions (stronger local laws directed at retailers, active enforcement of retailer sales laws, and retailer education with reinforcement).

Rationale: In the [2012 Surgeon General's Report on Preventing Tobacco Use Among Youth and Young Adults](#), "Prevention efforts must focus on both adolescents and young adults because among adults who become daily smokers, nearly all first use of cigarettes occurs by 18 years of age (88%) with 99% of first use by 26 years of age. Advertising and promotional activities by tobacco companies have been shown to cause the onset and continuation of smoking and other tobacco products use among adolescents and young adults" (page 8). The tobacco industry's own internal correspondence and testimony in court, as well as widely accepted principles of advertising and marketing, support the conclusion that tobacco advertising recruits new users as youth and reinforces continued use among young adults (page 508). Emerging (e.g., ENDS) and traditional tobacco products are the instruments for recruitment.

## Eliminate Exposure to Secondhand Smoke

### Maintain [comprehensive smoke-free laws in North Dakota](#).

Rationale: In November 2012, North Dakota passed one of the strongest laws in the U.S. to protect all citizens from secondhand smoke and prevent youth initiation use of tobacco products. Secondhand smoke is a mixture of over 7,000 chemicals, which contaminates both indoor and outdoor air. Exposure to secondhand smoke may lead to adverse health effects to all exposed, especially children. Some adverse health effects experienced by children are middle ear disease, respiratory symptoms, impaired lung function, asthma, pneumonia, and sudden infant death syndrome. These symptoms and diseases have been causally linked to secondhand smoke. Adults exposed to secondhand smoke also have causally linked evidence from nasal irritation to lung cancer, coronary heart disease, and reproductive effects in women, (i.e. low birth weight of infants). Chronic diseases caused by smoking are clearly articulated in the [2010 U.S. Surgeon General's Report on How Tobacco Smoke Causes Disease](#), (page 11). There is no safe level of exposure to cigarette smoke.

### Prevent preemption in all North Dakota state tobacco prevention and control laws.

Rationale: "Preemption can eliminate the benefits of state and local policy initiatives. Preemption can also have a negative impact on enforcement, civic engagement, and grassroots movement building." ([Assessing the impact of federal and state preemption in public health: a framework for decision makers](#), page 1). Assessing the Impact of Federal and State Preemption in Public Health: A Framework for Decision Makers. *Journal of Public Health Management Practice*, <https://www.ncbi.nlm.nih.gov/pubmed/22759986>

### Increase the number of policies addressing smoke-free multi-unit housing and work places not protected under the current smoke-free law in North Dakota.

Rationale: Secondhand smoke is a well-established risk factor for morbidity and mortality due to the hundreds of toxic carcinogens found in secondhand smoke. North Dakota's smoke-free air law protects persons at work and in other public places. However, multi-unit housing still represents a major source of secondhand smoke exposure due to transfer of secondhand smoke through shared walls, hallways, ventilation systems, electrical lines, and plumbing systems. Exposure in multi-unit housing can be as high as 65% when air comes from other units via ventilation and smoke drift. Drifting smoke is a commonly reported complaint in multi-unit housing. Smoke-free and tobacco-free multi-unit housing benefits include decreased apartment cleaning costs, fire risks and liability, and increased marketability.

### Increase the number of smoke-free policies in outdoor areas not protected under current smoke-free law in North Dakota.

Rationale: North Dakota's smoke-free air law covers indoor spaces; consequently, many citizens may be exposed to secondhand smoke and the resultant toxins at outdoor venues. Outdoor venues that are smoke-free and tobacco-free promote healthy, active living, and a tobacco-free lifestyle, providing a great example for children and youth. Tobacco-free outdoor areas reduce environmental clean-up cost, potential fire concern, and toxic waste exposure for children and animals. Local control for smoke-free and tobacco-free outdoor venues give communities the solutions that address specific local concerns.

## Promote Quitting Tobacco Use

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

Rationale: *The Community Guide* from Community Preventive Services Task Force, August 2012, recommends “three interventions effective at increasing use of quit lines: mass-reach health communications interventions that combine cessation messages with a quit line number; provision of free evidence-based tobacco cessation medications for quitline clients interested in quitting; and quitline referral interventions for health care systems and providers. Evidence also indicates a quitline can help to expand the use of evidence-based services by tobacco users in populations that historically have had the most limited access to and use of evidence-based tobacco cessation treatments” (page 1). CDC baseline target rate is 6% treatment reach, which no state has yet achieved.

Increase the number of health care settings assessed that use the systems approach for tobacco dependence treatment.

Rationale: *The Community Guide* from Community Preventive Services Task Force, August 2012, recommends “quit line interventions, particularly proactive quit lines (i.e. those that offer follow-up counseling calls), based on strong evidence of effectiveness in increasing tobacco cessation among clients interested in quitting” (page 1). Communication regarding policies and programs changes to health care providers and tobacco users increases awareness, interest in quitting, and use of evidence-based treatments.

## Build Capacity and Infrastructure to Implement a Comprehensive Evidence-Based Tobacco Prevention and Control Program

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*.

Rationale: A comprehensive tobacco prevention and control program requires considerable funding to implement. Therefore, a fully functioning infrastructure must be in place in order to achieve the capacity to implement effective interventions. Sufficient capacity is essential for program sustainability, efficacy, and efficiency; sufficient capacity enables programs to plan their strategic efforts, provide strong leadership and foster collaboration among the state and local tobacco control communities. An adequate number of skilled staff is also necessary to provide or facilitate program oversight, technical assistance, and training. (*Best Practices for Comprehensive Tobacco Control Programs*, January 2014, page 64)

Strategies without specific listed activities provide flexibility for grantees and partners to identify appropriate activities.

# STATE PLAN GOALS, OBJECTIVES, STRATEGIES AND ACTIVITIES JULY 1, 2019 – JUNE 30, 2021.

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

Objective 1.1: By June 30, 2021, increase the price of cigarettes and other tobacco products by the minimum amount necessary to effectively lower health impacts, excluding Federal Drug Administration (FDA)-approved Nicotine Replacement Therapy products (Current tax: 44 cents. Source: North Dakota Tax Department).

Strategy 1.1.1: Meet with partners and stakeholders to coordinate efforts to move forward with price increase implementation.

Activity: Assist the Tobacco Free North Dakota (TFND) coalition in building capacity to serve as the lead partner in price increase efforts.

Activity: Continue strategic planning to increase the price of tobacco products.

Activity: Identify and engage local and state community champions willing to support price increase efforts.

Activity: Form a partner workgroup to directly address tobacco prevention advocacy issues.

Strategy 1.1.2: Collaborate with Office of the Attorney General representative and the Public Health Law Center to ensure price increase efforts do not adversely affect current tobacco taxation efforts.

Strategy 1.1.3: Provide resources and guidance for Local Public Health Unit (LPHU) Tobacco Prevention and Control Programs (TPCPs) and Tribal Tobacco Prevention and Control Programs (TTPCP) to promote the benefits of tobacco product price increases to their communities.

Activity: Work with LPHUs to develop and expand local coalitions to provide a local voice for community-backed price increase efforts.

Activity: LPHU and TTPCP coordinators and their local coalitions work to engage local leaders on the importance of tobacco price increase efforts.

Strategy 1.1.4: Work with political subdivisions to designate Electronic Nicotine Delivery Systems (ENDS) as tobacco products.

Activity: Promote NDDoH ENDS Position Statement as guidance for ENDS-related prevention and cessation efforts in North Dakota.

Activity: Assist TFND in building capacity to serve as the lead partner in ENDS public education efforts.

Activity: Form a partner workgroup to directly address tobacco prevention advocacy issues.

Strategy 1.1.5: Engage Tribal TPCPs to implement or increase the price of tobacco on North Dakota American Indian (AI) reservations to match or exceed state pricing.

Strategy 1.1.6: Work with local communities to promote awareness of the current ENDS youth-epidemic as reference by the U.S. Surgeon General in his December 2018 Advisory.

Activity: Facilitate continuation of the May 2019 ENDS Summit to expand efforts to address ENDS-related issues.

Objective 1.2: By June 30, 2021, the NDDoH and North Dakota School Board Association (NDSBA) comprehensive model tobacco-free school policy will cover 90% of Local Education Associations (LEAs) (from 80.6% in 2019. Source: NDDoH TPCP data).

Strategy 1.2.1: Continue to engage the NDSBA policy director to coordinate comprehensive policy efforts.

Activity: Review latest NDDoH and NDSBA model policies for consistency. Update policies as necessary.

Activity: Disseminate updated NDDoH/NDSBA policies to LPHU TPCPs to compare with current school policies in their areas.

Activity: Implement updated local school policies with NDDoH/NDSBA policies as needed.

Strategy 1.2.2: Engage local school boards, school administrators and school staff to educate on the need for comprehensive tobacco-free school policies to prevent youth initiation with tobacco products, including ENDS.

Objective 1.3: By June 30, 2021, increase the number of state and tribal college campuses in North Dakota with tobacco-free grounds policies to 19, adequately addressing ENDS (from 14 in 2018. Source: NDDoH TPCP data).

Strategy 1.3.1: Engage North Dakota University System (NDUS) prevention director in policy assessment efforts.

Strategy 1.3.2: Collaborate with LPHU and Tribal TPCPs to work with local state college campuses to assess current policy status and work to strengthen, if necessary.

Objective 1.4: By June 30, 2021, increase to 16 the number of local and tribal TPCPs engaging North Dakota youth to become advocates to counteract tobacco industry marketing influences (from 15 in 2019. Source: NDDoH TPCP data).

Strategy 1.4.1: Identify local and tribal TPCPs that have successfully engaged local youth in their advocacy efforts.

Strategy 1.4.2: Provide tobacco prevention advocacy training to youth involved in local program activities.

Activity: Utilize tobacco prevention trainings such as the Counter Tools program.

Strategy 1.4.3: Assess compliance with 2015 state ENDS youth access legislation in local communities.

Activity: Support updated North Dakota State University E-Liquid study assessing retailer compliance.

Strategy 1.4.4: Engage youth in activities related to a tobacco product price increase, including ENDS.

Activity: Support youth conference efforts in LPHUs involving youth engagement activities.

Objective 1.5: By June 30, 2021, reduce the percentage retailers selling tobacco products to minors to 5% as determined by the Synar tobacco compliance check program (from 8.8% in 2018. Source: North Dakota Department of Human Services (NDDHS) data).

Strategy 1.5.1: Coordinate with NDDHS to provide resources to LPHU TPCPs for tobacco retailer compliance-related projects, including law-enforcement trainings.

Strategy 1.5.2: Provide communities with youth access ordinances guidance and resources for compliance checks.

Activity: Coordinate with NDDHS to provide guidance, resources and training to implement compliance checks.

Activity: Provide fiscal resources to allow support by community leadership and law enforcement.

Activity: Gather data to report outcomes of compliance checks to measure success and need for continued fiscal support.

Strategy 1.5.3: Encourage communities with no ordinance to implement and support a model ordinance.

Activity: Coordinate with NDDHS to provide guidance, resources and training to implement compliance checks.

Activity: Provide model ordinance reviewed and approved by the Policy Workgroup.

Objective 1.6: By June 30, 2021, increase to 2 the number of local community promising practice policies/ordinances to reduce youth tobacco product initiation (from 1 in 2019. Source: NDDoH TPCP data).

Strategy 1.6.1: Assess local community readiness to adopt promising practice policies/ordinances.

Strategy 1.6.2: Promote resources from partners and stakeholders to local communities.

Activity: Coordinate with the Public Health Law Center for model policy guidance.

Strategy 1.6.3: Provide guidance to communities based on current successful strategies.

Activity: Leverage resources from national partners.

## Goal 2: Eliminate Exposure to Secondhand Smoke

Objective 2.1: By June 30, 2021, eliminate/reduce exposure to secondhand smoke in North Dakota by maintaining the North Dakota Smoke-Free Law as passed in November 2012.

Strategy 2.1.1: Increase education efforts relating to the North Dakota Smoke-Free Law.

Activity: Continue education efforts on the dangers of combustible tobacco products including cigars and hookah.

Activity: Demonstrate the continued support for the North Dakota Smoke-Free Law through ongoing survey efforts.

Activity: Communicate the success of the North Dakota Smoke-Free Law to protect the public from the indoor use of all types of tobacco products, including ENDS, and discourage normalization of these products.

Strategy 2.1.2: Provide smoke-free law signage to businesses that are required to comply with the law.

Strategy 2.1.3: Monitor legislative/political activity that may threaten the 2012 Smoke-Free Law.

Activity: Work with state and national partners to monitor potential threats.

Strategy 2.1.4: Monitor areas of influence by the tobacco industry.

Activity: Work with state and national partners to monitor industry activities.

Strategy 2.1.5: Provide resources and technical assistance to partners and stakeholders to assist in smoke-free law advocacy efforts.

Activity: Maintain updated resources to assist partners and stakeholders with advocacy and education.

Activity: Coordinate tobacco control legal efforts with the North Dakota Office of the Attorney General and the Public Health Law Center.

Activity: Form a partner workgroup to directly address tobacco prevention advocacy issues.

Strategy 2.1.6: Address potential issues regarding the environmental hazards of ENDS product particulates.

Activity: Facilitate continuation of ENDS Summit to expand efforts to address ENDS-related issues.

Objective 2.2: By June 30, 2021, prevent preemption in all North Dakota state tobacco prevention and control laws.

Strategy 2.2.1: Monitor legislative/political activity that may threaten to preempt North Dakota tobacco prevention and control laws.

Activity: Work with the state and national partners to identify potential preemption threats and measures to counter these threats.

Activity: Form a partner workgroup to directly address tobacco prevention advocacy issues.

Strategy 2.2.2: Pass North Dakota Smoke-Free Law-type ordinances at the local level to protect against preemption.

Objective 2.3: By June 30, 2021, reduce the number of North Dakotans exposed to secondhand smoke at home by increasing number of smoke-free multi-unit housing policies encompassing 20,000 housing units (from 22,124 housing units in 2019. Source: NDDoH TPCP data).

Strategy 2.3.1: Increase the number of smoke-free multi-unit housing properties in North Dakota.

Activity: Continue to assess the number of current smoke-free multi-unit housing policies in North Dakota.

Activity: Provide education and model smoke-free/tobacco-free policies to local multi-unit housing owners and managers in North Dakota.

Strategy 2.3.2: Continue to assist North Dakota public housing units in the implementation of the Housing and Urban Development (HUD) smoke-free policy.

Activity: Assess number of current policies that restrict exposure to secondhand smoke in local public housing units in North Dakota.

Activity: Provide assistance to local public housing operators and managers in North Dakota on implementation of the HUD smoke-free policy.

Objective 2.4: By June 30, 2021, reduce the number of North Dakotans exposed to secondhand smoke at work by increasing to 5 the number of smoke-free policies and laws in areas not covered by the North Dakota Smoke-Free Law (from 2 in 2018. Source: NDDoH TPCP data).

Strategy 2.4.1: Increase the number of smoke-free tribal casinos in North Dakota.

Activity: Work with state and community partners to advance the North Dakota Smoke-Free Casino Project.

Objective 2.5: By June 30, 2021, reduce the number of North Dakotans exposed to secondhand smoke in public outdoor areas by increasing to 250 the number of smoke-free policies in areas not covered by the North Dakota Smoke-Free Law (from 244 in 2019. Source: NDDoH TPCP data).

Strategy 2.5.1: Increase the number of tobacco-free public recreation areas in North Dakota.

Activity: Assess current local efforts in addressing tobacco use in outdoor public areas not protected by the North Dakota Smoke-Free Law.

Strategy 2.5.2: Increase the number of smoke/tobacco free workplace grounds policies.

Activity: Assess current local efforts in addressing tobacco use workplace grounds not protected by the North Dakota Smoke-Free Law.

### Goal 3: Promote Quitting Tobacco Use

Objective 3.1: By June 30, 2021, decrease the percentage of North Dakota adults who are current smokers to 17% (from 19.1% in 2018. Source: North Dakota Behavioral Risk Factor Surveillance System (BRFSS)).

Strategy 3.1.1: Implement Objectives/Strategies/Activities of the State Plan.

Objective 3.2: By June 30, 2021, reduce the number of tobacco users in North Dakota by increasing the annual treatment reach of NDQuits to all North Dakota cigarette smokers to 2.2% (from 1.55% in 2018. Source: NDDoH TPCP data).

Strategy 3.2.1: Increase the number of referrals to NDQuits from health care providers in North Dakota.

Activity: Work with health systems to implement referrals to NDQuits.

Activity: Increase grantees that implement the Ask, Advise, Refer protocol and refer to NDQuits.

Activity: Increase implementation of cessation protocols in LPHU TPCPs.

Activity: Promote cessation resources to the North Dakota Public Health Association (NDPHA).

Strategy 3.2.2: Expand, leverage, and localize CDC media campaigns, such as *Tips from Former Smokers*.

Strategy 3.2.3: Provide technical assistance and guidance to cessation grantees on evidence-based strategies that increase the use of cessation services.

Activity: Coordinate referral process to NDQuits.

Activity: Promote and maintain tobacco treatment protocols, such as assessing all patients at each visit.

Activity: Promote only FDA-approved cessation medications for tobacco treatment as in the NDDoH ENDS Position Statement.

Activity: Determine reportable variables from electronic health records (EHR), such as the number of patients assessed for tobacco use, number receiving treatment in-house, and number of patients referred to NDQuits.

Objective 3.3: By June 30, 2021, reduce the number of tobacco users in North Dakota by increasing to 57 the number of health care settings assessed that use the systems approach for tobacco dependence treatment as recommended in the U.S. Public Health Service *Treating Tobacco Use and Dependence, Clinical Practice Update 2008* (from 67 in 2019. Source: NDDoH TPCP data).

Strategy 3.3.1: Provide technical assistance and guidance to cessation grantees on evidence-based strategies that increase the use of cessation services.

Activity: Coordinate referral process to NDQuits.

Activity: Promote and maintain tobacco treatment protocols.

Activity: Determine reportable variables from EHRs, such as the number of patients assessed for tobacco use, number receiving treatment in-house, and number of patients referred to NDQuits.

Activity: Promote cessation education events in communities across North Dakota.

Strategy 3.3.2: Coordinate with LPHUs to work with local health care providers to implement tobacco cessation interventions within their system.

Objective 3.4: By June 30, 2021, 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% (from 54.0% in 2018. Source: ND BRFSS)

Strategy 3.4.1: Increase the number of referrals to NDQuits.

Activity: Work with health systems to implement referrals to NDQuits.

Activity: Increase grantees that implement the Ask, Advise, Refer protocol and refer to NDQuits.

Activity: Increase implementation of cessation protocols in LPHU TPCPs.

Strategy 3.4.2: Provide technical assistance and guidance to grantees in health care and community health systems on evidence-based health systems changes that increase the use of cessation services.

Activity: Coordinate referral process to NDQuits.

Activity: Promote and maintain tobacco treatment protocols.

Activity: Determine reportable variables from EHRs, such as the number of patients assessed for tobacco use, number receiving treatment in-house, and number of patients referred to NDQuits.

Activity: Promote cessation education events in communities across North Dakota.

Activity: Increase the number of providers who have received accredited training on tobacco treatment using national experts.

Activity: Implement the 6|18 Initiative to increase access to tobacco cessation treatments, including individual, group, and telephone counseling.

Objective 3.5: By June 30, 2021, increase to 35 the number of health systems and community organizations working to target special populations with tobacco cessation treatment interventions (from 37 in 2019. Source: NDDoH TPCP data).

#### Strategy 3.5.1: Pregnant women

Activity: Implement the BABY & ME – Tobacco Free Program in health systems.

Activity: Promote the NDQuits Pregnancy Rewards Program to providers and pregnant women to increase use of NDQuits by pregnant tobacco users.

Activity: Maintain support and promotion of the NDQuits pregnancy protocols provided by NDQuits contractor.

Activity: Partner with other programs that focus on tobacco treatment for pregnant women.

#### Strategy 3.5.2: American Indians

Activity: Establish the NDQuits Cessation Grants Program on at least one reservation.

Activity: Maintain and expand the BABY & ME – Tobacco Free Program Grant on reservations.

Activity: Maintain support and promotion of the American Indian NDQuits protocols provided by NDQuits contractor.

#### Strategy 3.5.3: Behavioral Health

Activity: Maintain and expand the NDQuits Cessation Grants Program in addiction treatment centers.

Activity: Engage additional public and private behavioral health programs to implement evidence-based cessation interventions.

Activity: Continue to assist the NDDHS with tobacco-free policy and cessation interventions on agency grounds.

#### Strategy 3.5.4: Young adults ages 18-24

Activity: Maintain and expand the NDQuits Cessation Grants Program in college campus health clinics.

#### Strategy 3.5.5: Low Socioeconomic Status (SES)

Activity: Maintain and expand the NDQuits Cessation Grants Program in Federally Qualified Health Centers (FQHC).

Activity: Engage North Dakota Medicaid to streamline tobacco cessation treatment for patients.

#### Strategy 3.5.6: Cancer Survivors

Activity: Maintain and expand the NDQuits Cessation Grants in cancer treatment centers.

#### Strategy 3.5.7: Lesbian, Gay, Bisexual, Transgender (LGBT)

Activity: Promote cessation services at LGBT events and through targeted media.

Objective 3.6: By June 30, 2021 decrease to 10% of North Dakota high school students who used ENDS products at least one day in the last thirty days. (from 33.1% in 2019. Source: Youth Risk Behavior Survey (YRBS)).

Strategy 3.6.1: Support and promotion of the NDQuits youth cessation protocols provided by NDQuits contractor.

### **Goal 4: Build Capacity and Infrastructure to Implement a Comprehensive Evidence-Based Tobacco Prevention and Control Program**

Objective 4.1: By June 30, 2021, 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*.

Strategy 4.1.1: Update the North Dakota Comprehensive Tobacco Prevention and Control Plan periodically to adjust to program changes and emerging issues.

Strategy 4.1.2: Provide adequate staffing for key TPCP positions to maximize effectiveness of available Full-Time Equivalent (FTE) positions.

Objective 4.2: By June 30, 2021, 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*.

Strategy 4.2.1: Engage key partners and stakeholders in plan update activities and strategic planning efforts.

Strategy 4.2.2: Provide funding to key partners and stakeholders to implement plan activities.

Strategy 4.2.3: Utilize CDC-approved training resources in TPCP planning and community engagement activities.

Strategy 4.2.4: Convene strategic planning sessions quarterly to coordinate State Plan activities.

Strategy 4.2.5: Maintain a North Dakota Comprehensive Tobacco Prevention and Control Plan review team to assess needs for plan changes/updates.

Objective 4.3: By June 30, 2021, 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.

Strategy 4.3.1: Maintain the North Dakota Comprehensive Tobacco Prevention and Control Communications Plan.

Strategy 4.3.2: Coordinate media efforts between NDDoH, TFND and the Public Education Task Force (PETF) to provide cost-effective health communications.

Activity: Identify primary health communication focus related to State Plan objectives for partners.

Strategy 4.3.3: Expand the current national messaging efforts around the increasing issues related to the ENDS epidemic to reach a broader population.

Activity: Determine the gaps in the current national messaging efforts relating to demographics.

Activity: Contrast current efforts with messaging identified in the ENDS Position Statement to determine messaging needs.

Activity: Identify and develop appropriate media messaging and educational resources.

Activity: Conduct cost-effective, impactful media buys.

Activity: Support evaluation of media efforts.

Strategy 4.3.4: Develop and promote messaging relevant to local tobacco prevention issues.

Objective 4.4: By June 30, 2021, maintain the North Dakota comprehensive statewide surveillance and evaluation plan.

Strategy 4.4.1: Maintain contractor to update the Evaluation Plan.

Strategy 4.4.2: Continue evaluation of NDDoH tobacco programs and disseminate results.

Activity: Provide annual NDQuits evaluation to monitor program effectiveness and make changes as needed.

Activity: Provide biennial statewide TPCP effectiveness relating directly to the State Plan to be available prior to the next Legislative Assembly. Biennial evaluation will include evaluation of community interventions, cessation interventions, and all areas relating to the State Plan.

Activity: Produce program evaluation reports and provide public access to these reports.

Strategy 4.4.3: Fund and implement tobacco-related surveillance.

Activity: Adult Tobacco Survey (ATS), Youth Tobacco Survey (YTS), Behavioral Risk Factor Surveillance System (BRFSS), etc.

Strategy 4.4.4: Coordinate with partners to continue data collection efforts with tobacco program involvement.

Activity: ATS, YTS, BRFSS, Youth Risk Behavior Survey (YRBS), North Dakota Vital Records, Pregnancy Risk Assessment Monitoring System (PRAMS), etc.

Strategy 4.4.5: Serve as a resource for tobacco-related data.

Activity: ATS, YTS, YRBS, BRFSS, PRAMS, etc.

Activity: Provide data to partners and the public through websites, surveillance tables, publications, etc.

Objective 4.5: By June 30, 2021, maintain sustainability efforts for tobacco prevention and control in North Dakota.

Strategy 4.5.1: Coordinate and support the work of TFND, LPHU TPCPs, local coalitions, and other partners and stakeholders relating to the State Plan.

Strategy 4.5.2: Utilize media to promote the work and successes of the State Plan.

Strategy 4.5.3: Provide communication on the status of State Plan efforts to stakeholders and decision makers.

Strategy 4.5.4: Coordinate State Plan efforts with NDDoH objectives/strategies/activities described in the CDC Office on Smoking and Health State Tobacco Prevention Grant Program provided to North Dakota.

Strategy 4.5.5: Promote the value of the North Dakota State Comprehensive Tobacco Prevention and Control State Plan to decision makers and the citizens of North Dakota.

Strategy 4.5.6: Pass North Dakota Smoke-Free Law-type ordinances at the local level to protect against preemption.

Strategy 4.5.7: Identify partners able to provide innovative methods that can expand tobacco prevention and control efforts.