



NORTH DAKOTA TOBACCO PREVENTION & CONTROL ADVISORY COMMITTEE MEETING – FINAL

Special Meeting 1:00 p.m. to 2:30 p.m., Monday, September 28, 2015

ND Center for Tobacco Prevention and Control Policy conference room, 4023 State Street, Suite 15, Bismarck, North Dakota

PARTICIPANTS:

Advisory Committee members present: Mr. Jay Taylor – Chair, Mr. George Keiser, Dr. John Warford, Ms. Hannah Rexine, Dr. Beth Hughes (by phone), Dr. Eric Johnson (by phone), Ms. Clara Sue Price (by phone), Ms. Becky Anderson (by phone),

Advisory Committee members absent: Ms. Sarah Leingang

BreatheND Center staff present: Jeanne Prom, Executive Director; Barbara Andrist, Statewide Programs Manager; Larry Shireley, Evaluation Programs Manager; Kelli Ulberg, Community Programs Manager; Jen Mauch (by phone), Field Coordinator; Donna Thronson, Health Communications Manager; Samantha Doll, Business Manager; Susan Simonson, Health Communications Coordinator; Mr. Rob Yost, Accountant; and Ms. Kory Hagler, Administrative Assistant.

Guests/Public: Betty Brown, RTI International; Kara Backer, Department of Health; Clint Boots, Department of Health.

AGENDA ITEMS	DISCUSSION	OUTCOME/ACTION
Call to order – Chair Mr. Jay Taylor	Everyone introduced themselves to the group, including staff and guests.	Chair Mr. Jay Taylor called the meeting to order at 1 p.m. Ms. Jeanne Prom, executive director, recorded the roll during introductions and reported a quorum was established. Dr. Eric Johnson joined by phone just after roll call.
Roll call and determination of a quorum – Ms. Jeanne Prom		
Annual Progress Report – Betty Brown via phone from RTI International	Questions and/or comments and discussion during RTI's PowerPoint presentation: Mr. George Keiser: Slide 10 – What does trend data on cigarette excise tax revenue show? Dr. Beth Hughes: Slide 12 – What data were used to determine health care costs? Mr. Keiser: Who would save that money?	Ms. Betty Brown: It is known that adult prevalence has not decreased as the population increased. The survey was taken by permanent residents of North Dakota, not temporary residents, and both categories of residents purchase tobacco. Ms. Brown: Health care costs are available through a CDC program called SAMMEC – Smoking-Attributable Morbidity and Mortality Economic Costs, which uses Adult Tobacco Survey, Medicare/Medicaid and other available public and

ND TPC ADVISORY COMMITTEE MEETING MINUTES – FINAL

Monday, September 28, 2015

	<p>Ms. Brown noted that the percentage of K-12 schools with comprehensive tobacco-free policies has increased by 11 percentage points from 2014 to 2015.</p> <p>Dr. John Warford: Slide 19 – RTI's economic analysis of the statewide smoke-free law found no evidence of restaurant and bar employment being negatively affected: Did RTI also review restaurant and bars sales for the same period?</p> <p>Ms. Brown reported strong public and college student support for smoke-free multi-unit housing, and 49% of adults strongly support smoke-free outdoor areas.</p> <p>Ms. Brown reported that North Dakota, like all states, is not reaching the CDC Best Practice standard of 8-13% of smokers accessing the state quitline. North Dakota reaches 1.5%, and the national average is 1%. NDQuits users' quit rate is 31.3%. Average use of NDQuits services increased each biennium, while the national trend is a reduction in use. Referrals to NDQuits is increasing, comparable to national numbers.</p> <p>Ms. Brown commended BreatheND for running more high-impact ads this past biennium, including the CDC Tips from Former Smokers ads. Ads run by BreatheND and the Department of Health enjoyed high rates of</p>	<p>private insurance claims in a formula to estimate costs. Cost savings would be realized by individuals and governments who pay for health care.</p> <p>Ms. Brown: Revenue from quarterly restaurant and bar sales was included in the analysis and the data show an increase in sales.</p>
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ND TPC ADVISORY COMMITTEE MEETING MINUTES – FINAL

Monday, September 28, 2015

	<p>awareness from N.D. adults, with smokers reporting the highest awareness. Ms. Brown noted that the North Dakota program implemented the new CDC Best Practice recommendations in FY2015.</p> <p>Ms. Brown: Overall, North Dakota has seen a 29% decrease in all tobacco product use in high schools. ND youth use is comparable to the national average even though our tobacco tax didn't increase.</p> <p>Ms. Brown also shared select data from a new survey of health care providers.</p> <p>Ms. Brown reported that public support for a tobacco tax increase is at 64% in eastern North Dakota, and 54% in western North Dakota.</p> <p>Ms. Brown: Support for raising the legal age for tobacco use from 18 to 21 is near or above 50% among college students and other adults.</p> <p>Ms. Brown highlighted a tobacco tax increase as one of the most effective policies to reduce tobacco use, as listed in the report's recommendations (slide 50).</p> <p>Mr. Keiser: Slide 53 – Four tribal colleges are not smoke-free. Are addressing this and American Indian use important steps to take now?</p> <p>Dr. Hughes: Slides on the health care provider survey – Is the response rate on the survey acceptable?</p>	<p>Ms. Brown: Tobacco-free campus policies are important in shaping social norms but they are not the only policies to pursue to reduce tobacco use.</p> <p>Ms. Brown: Response rate was 40%, with 800 providers responding. Ms. Brown is very confident in the data.</p>
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ND TPC ADVISORY COMMITTEE MEETING MINUTES – FINAL

Monday, September 28, 2015

	<p>Dr. Eric Johnson: Physician awareness of the Public Health Service guidelines on cessation may not mean patients are not asked about tobacco use, because electronic health record input is completed by nurses.</p> <p>Mr. Keiser: Many programs received funding from BreatheND. Are there improvements or streamlining we might consider?</p> <p>Chair Mr. Taylor thanked Ms. Brown for sharing the information, and the Advisory Committee members for their questions.</p>	<p>Ms. Brown: Various health care providers were surveyed: physicians, nurse practitioners, dentists and others. The full survey report will include information by provider category, but does not identify if a provider is hospital-based.</p> <p>Ms. Brown: Grantees were surveyed, and overall, responded positively on communication, clarity and roles. Data collection was not highlighted in the biennial report recommendations, but grantees would like improvements in the Program Reporting System (PRS). However, improvements to this system require significant investment of thought, time and money to be done correctly. A major information technology project like this is a long process that is not easy or straightforward.</p> <p>In response to a question from Ms. Hannah Rexine, Ms. Prom stated that all biennial reports are posted on the BreatheND website and accessible to the public.</p>
Remuneration	Ms. Samantha Doll distributed remuneration forms to those present.	
Adjourn	Chair Mr. Taylor noted that the next meetings of the Advisory Committee are 1-3 p.m., Thursdays, October 15 and December 10, 2015 at the BreatheND conference room or by phone.	Chair Mr. Taylor adjourned the meeting at 2:26 p.m.