



North Dakota Tobacco Prevention and Control Executive Committee

Center for Tobacco Prevention and Control Policy

1680 E Capitol Avenue, Suite A • Bismarck, ND 58501-5603

Phone 701.328.5130 • Fax 701.328.5135 • Toll Free 1.877.277.5090

House Appropriations Human Resources Committee

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Chairman Pollert and Human Resources Committee members. I am Barbara Andrist, Statewide Programs Manager at the North Dakota Tobacco Prevention and Control Policy.

I am a registered nurse having worked in public health for the past 40 years, 21 years at Upper Missouri District Health Unit. I bring up being a public health nurse because my present position has a medical analogy. The Center or BreatheND is the central nervous system for tobacco prevention and control in North Dakota. We work with local public health units, statewide and national organizations, state agencies, state licensing boards, and you as legislators to organize tobacco prevention and control efforts into an integrated and effective structure to maximize proven tobacco CDC Best Practice interventions to accomplish our goals.

How does the Center do this? A comprehensive state tobacco prevention and control plan based on CDC Best Practices which you have a copy of. This plan is a team effort led by me. The team consists of local public health, statewide organizations like American Lung of ND, the ND Department of Health Tobacco Control program and Center staff. The content has rationale which describes why we do this, a baseline tells us where we are at and an evaluation tells us if we met our projected objective outcome. Health data from surveillance and evaluation work are fundamental in our measured outcomes.

The state plan is required in NDCC 23-42 to be annually evaluated for effectiveness as well as having a biennial independent evaluation. If the strategies in each objective are not getting us to the objective's evaluation outcome measure, we revise the strategies to meet the object and start the process over. The revisions suggested by the biennial independent evaluation are incorporated into the state plan as well. The advisory committee directs the plan and evaluation.

The state plan once approved becomes the work plan for local public health units, statewide special initiative grants; the basis for our health communications which educates and provides information to our citizens; guides the development of our model policies; facilitates research in our state; provides statewide reporting framework for all grantees, provides the basis for knowledge and skill building in our quarterly training for grantees and advocates working for system policy changes. Our funding level at the recommended CDC level is crucial to accomplishment of our state plan.

AAR – Ask, Advise and Refer is an annual chart audit for tobacco state aid for local public health; Ask about tobacco use, Advise the client to quit and Refer the client to the Quitline or provider. This is an example of a system change that also serves as a quality improvement measurement for client health. I work with local public health on the chart audits, receive the completed audits and with our independent evaluator to give constructive feedback to improve the public health system of AAR.

Being the central nervous system, we monitor the environment. SB 2088 is an example of an environmental awareness – licensed addiction counselor's scope of practice currently does not allow them to do tobacco or nicotine counseling. This obstacle was identified when surveillance data showed the smoking rate for someone with a behavioral health issue is almost double the rate compared to the general population tobacco use rate. Why not improve the efficiency of successful treatment of all substance use during the counseling session with a trusted counselor? Working with the Behavioral Health Division at ND Department of Human Services and the ND Board of Addiction Counseling Examiners we have Senate Bill 2088 to expand the scope of practice not only for tobacco and nicotine but gambling and other harmful substances.

In 1982, RJ Reynolds tobacco company documents stated: "If a man has never smoked by age 18, the odds are three to one he never will. By age 21, the odds are twenty to one." Prevention is the key to our state plan and my work at the Center. We are on the road to single digit tobacco use but only having a fully funded central nervous system based on CDC Best Practices for Tobacco Prevention and Control.

