BreatheND

Saving lives, saving money. The voice of the people.

SAVING LIVES – SAVING MONEY
NORTH DAKOTA'S COMPREHENSIVE STATE PLAN TO PREVENT AND REDUCE TOBACCO USE
YEAR 7

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

Objective 1: By June 30, 2017, increase the cigarette excise tax to a minimum of $2.00 per pack or the national average (whichever is higher) and a proportional amount of the excise tax for all other tobacco products excluding FDA approved Nicotine Replacement Therapy products.

Baseline: Youth are particularly sensitive to price increases. A 10% increase in price per pack results in a potential 5-15% decrease in smoking among people under age 18 and a 3-7% decrease in smoking among adults (Congressional Budget Office cited in Center on Budget and Policy Priorities, "Higher Tobacco Taxes can Improve Health and Raise Revenue", June 19, 2013). The cigarette tax was last increased in ND in 1993 to $0.44; ranking ND 46th in the US.

Strategies:

1. Develop a policy plan [education materials including information on all tobacco products, build and activate coalitions including priority populations and youth and a legislative strategy] with state and local support.
2. Encourage introduction of legislative bill to increase the tobacco tax including electronic smoking devices as a tobacco product.
3. Monitor legislative action and identify opportunities.
4. Implement policy plan.
5. Conduct survey of public, legislators, and candidates to determine level of support.
6. Develop protocols for communication and decision making with partners.
7. Advocate for federal excise tax increase.

Objective 2: By June 30, 2016, increase the percentage of ND Department of Public Instruction defined Local Education Associations with August 2013 ND Center comprehensive model tobacco-free school policy to 80 percent.

Baseline: North Dakota has 234 Local Education Associations. As of July 2013, 129 (55%) schools have adopted comprehensive tobacco-free school policies.

Strategies:

1. Communicate with School Health Interagency/Community Work Group (SHIW) on August 2013 ND Center comprehensive model tobacco-free school grounds policy.
2. Secure endorsement from other potential partners (i.e. ND Council of Educational Leaders, ND

United) in addition to continuing dialogue with the North Dakota School Boards Association (NDSBA) for the August 2013 ND Center comprehensive model tobacco-free policy.
3. Local public health grantees document local boards of health support.
4. Provide training and technical assistance to grantees.
5. Local public health grantees complete annual assessment.
6. Facilitate partnership between LPHU and local youth organizations.
7. Highlight tobacco-free grounds school policy success.
8. ND Center will maintain/update LEA tobacco-free grounds policy database.
9. Intensify policy efforts by local public health units in identified regions by engaging local parent teacher associations, local tobacco-free champion like a coach, field coordinator or ALAND to present on electronic cigarettes for inclusion in school tobacco-free policy.

Objective 3: By June 30, 2016, increase the number of public and private post-secondary institutions with comprehensive tobacco-free campus policies to seventeen.

Baseline: Ten of the eleven, ND public university system campuses are tobacco-free. One campus is smoke-free. All 3 private ND colleges are tobacco-free campuses. None of the five tribal colleges are smoke-free or tobacco-free. Three additional colleges in ND, all are smoke-free campuses.

Strategies:

1. Collaborate with tribal colleges, post-secondary institutions and NDUS to take policy implementation action.
2. Provide training and technical assistance to grantees.
3. Grantees organize and educate student communities in advocacy, adoption, implementation, and compliance of comprehensive tobacco-free policy.
4. Grantees complete annual assessment.
5. Center maintains/updates campus tobacco policy database.
6. Highlight comprehensive tobacco-free campus success.
7. Include **traditional tobacco** use acknowledgement as deemed appropriate by institutions.

Objective 4: By June 30, 2016, develop and advocate for ordinances that restrict youth access to all tobacco products at point-of-sale.

Baseline: No Century Code or local city ordinance restricts youth access to e-cigarettes or other non-tobacco nicotine products. 2015 Legislature passed HB 1186 restricting youth access.

Strategies:

1. Educate grantees coalitions, local and state policy makers, local communities, youth, and leaders on tobacco industry marketing strategies that recruit new users and increase use.
    a. Tobacco advertising and marketing tactics: price discounts, in-store branded displays, payment for prime shelf space, packaging design.
    b. Benefits of a tobacco tax increase.
    c. Importance of limiting the location of tobacco retailers.
2. Conduct statewide and local retail environment study of tobacco marketing.
3. Grantees mobilize grassroots to garner support for stronger local policies.
4. Educate local coalitions and communities about local/state ordinance options to prevent youth tobacco use initiation.

5. Conduct level of public support surveys as well as local and state policy and decision makers/candidates.
6. Monitor policy attempts in local communities and policy action.
7. Identify, monitor, and combat tobacco industry influence.
8. Provide technical assistance on FDA (2009 Family Smoking Prevention and Tobacco Control Act).
9. Promote adoption of Board of Health resolutions.

Goal 2: Eliminate Exposure to Secondhand Smoke

Objective 1: By June 30, 2017, uphold the North Dakota Smoke-Free Law as passed in November 2012.

Baseline: During the 2013 North Dakota legislative session, two modifications were made to North Dakota Century Code, 23–12–09 – 23–12–11: 1) A definition of entrance was added and 2) signage necessary for compliance is available from the executive committee.

Strategies:

1. Educate the public, partners, and policy makers on smoke-free environment issues, including compliance and implementation of smoke-free law.
2. Educate on the benefits of and encourage cities to adopt state law or comprehensive smoke-free model law into city code.
3. Monitor legislative activity and intervene as necessary to deflect efforts to weaken current law.
4. Identify, monitor, and combat tobacco industry influence.
5. Conduct public poll, communicate and distribute results of ongoing support for smoke-free law.
6. Conduct valid and reliable survey of legislators and candidates on smoke-free issues.
7. Review and update annually evidence-based, fact sheets, and policy documents.
8. Engage tribal leaders in discussion about adoption of comprehensive smoke-free law.
9. Provide technical assistance for compliance and implementation of law.
10. Enlist environmental health staff at state and local levels to enhance and maintain compliance of law.

Objective 2: By June 30, 2017, prevent preemption in all North Dakota state tobacco prevention and control laws.

Baseline: As of 2013, no North Dakota state tobacco prevention and control laws have preemption measures included.

Strategies:

1. Educate the public, grantees, partners and policy makers.
2. Monitor legislative bills.
3. Maintain and expand data base of anti-preemption Board of Health Resolutions.

4. Encourage local communities to pass more stringent tobacco prevention ordinances.

Objective 3: By June 30, 2016, advocate for policies/ordinances/laws that restrict exposure to secondhand smoke and tobacco use in indoor areas not covered by ND Smoke-Free Law, e.g. multi-unit housing, casinos.

Baseline: New objective added in 2013-2015 plan.

Strategies:

1. Educate coalitions, policy makers, communities, state agencies, advocacy organizations and leaders on harms caused by secondhand smoke and the importance of continuing to develop policies to protect the public from secondhand smoke and tobacco use.
2. Engage public, private, and tribal **housing authorities** and foster care authorities in policy education efforts.
3. Provide education and training on proven strategies for compliance and implementation.
4. Provide technical assistance.

Objective 4: By June 30, 2016, advocate for policies/ordinances/laws that restrict exposure to secondhand smoke and tobacco use at outdoor public venues not covered by ND Smoke-free air law, for example parks, health care facilities, public/city grounds or property or child care facilities.

Baseline: New objective added in 2013-2015 plan.

Strategies:

1. Educate coalitions, policy makers, local communities, advocacy groups/ organizations and leaders on harms caused by secondhand smoke and the importance of continuing to develop policies to protect the public from secondhand smoke and all types of tobacco use.
2. Engage public, private, and tribal authorities in policy education efforts.
3. Provide education and training on proven strategies for implementation.
4. Provide technical assistance.

Goal 3: Promote Quitting Tobacco Use

Objective 1: By June 30, 2017, increase annual treatment reach of NDQuits to 2.5% of all smokers and smokeless tobacco users.

Baseline: Annual use rate was used as baseline in 2008 at 0.66%; FY11 - 4% (however unable to verify data in 2012 per NDDOH); FY2012-2.33% enrolled and treatment reach was 1.97% obtained from ND Department of Health, Tobacco Control Program NDQuits. FY2103 treatment reach was 1.53%.

Strategies:

1. Target regions and **priority populations** where evaluation has indicated need for paid and earned media campaigns.
2. Promote cessation services with the Campus Tobacco Prevention Project.

3. Expand NDQuits services to include emerging technologies.
4. Provide education about NDQuits to providers in **healthcare settings**, health insurance providers, priority populations, worksites, and community services and resources as well as supporting community tobacco prevention control efforts by using motivational interviewing, problem solving, and marketing of services.
5. Provide NRT for eligible, enrolled uninsured and underinsured tobacco users for up to 8 weeks through NDQuits and some local public health units.
6. Distribute quarterly NDQuits reports to partners.
7. Complete and distribute annual evaluation to partners.
8. Assure coverage of over-the-counter and prescription pharmacotherapy for tobacco use cessation for Medicaid recipients.

Objective 2: By June 30, 2016, increase the number of health care settings and enhance public health agencies that use the systems approach for tobacco dependence treatment as recommended in the US Public Health Service Treating Tobacco Use and Dependence, Clinical Practice Guideline-2008 Update.

Baseline: New objective written combining 2 previous objectives from 2009-2014 state plan. As of March 2012, all 28 public health agencies have conducted annual audits with 21 achieving 90% or above in all client based services. FY 2014 (2013 charts) was 95% Measure 1- Ask; 79% -Measure 2- Advise; 75% - Measure 3; 91% SHS exposure.

Strategies:

1. Provide education and technical assistance to health care providers on implementation to deliver 5 A's of the Public Health Service Guidelines for Treating Tobacco Use and Dependence i.e. clarify and strengthen skills to motivate clients, describe medication options, offer immediate on site counseling and offer/direct medication options and document exposure to secondhand smoke, i.e. Ask about tobacco use, Advise to quit, Assess willingness to make a quit attempt, Assist in aiding the patient in quitting by providing counseling (refer to cessation services for additional support) and medications and Arrange-ensure follow-up contact.
2. Implement and expand participation in the Million Heart S grant for eligible health care systems.
3. Advocate for health care providers to implement provider reminder systems; especially focusing on priority populations.
4. Conduct annual program or population based audit of AAR/SHS exposure in local public health units.
5. Advocate for annual reports/audits of 5 A's in health care systems that have implemented Public Health Service Guidelines for Treating Tobacco Use and Dependence for internal quality improvement.
6. Partner with the ND Department of Human Services and 8 regional human services centers as priority organizations.
7. Advocate that all healthcare systems and local public health units have a systematic orientation process for implementation of Public Health Service Guidelines for Treating Tobacco Use and Dependence for all employees with direct client care responsibilities.

Objective 3: By June 30, 2017, ensure that providers in private addiction and mental health treatment programs provide clients with evidence-based nicotine dependence interventions.

Baseline: This objective was modified in 2009-2014 plan based on 2013 key informant survey done by independent evaluator, Research Triangle Institute.

Strategies:

1. Assess current interventions used during the treatment period and develop a database.
2. Provide and document educational opportunities for licensed mental health practitioners, addiction counselors, and students about treating tobacco use during the treatment process.
3. Work with providers to integrate clients quitting, offer addiction counseling related to nicotine and provide recommended FDA approved tobacco cessation therapies into standards of practice during treatment.
4. Promote tobacco-free campuses for all half-way houses, transitional living, homeless shelters, human service centers, and addiction treatment facilities.

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

Objective 1: By June 30, 2017, maintain and enhance the administrative structure to manage the comprehensive North Dakota Tobacco Prevention and Control Program adjusted annually by most current CDC Best Practice for Tobacco Prevention and Control Programs.

Baseline: As of 2013, North Dakota legislature approved three full time employees (FTE) in addition to the five current FTE positions. January 2015 agency is fully staffed with 8 full time employees.

Strategies:

1. Align initial budget, then maintain and document biennial fiscal management and program budgets by most current CDC Best Practice recommended percentages.
2. Maintain and enhance a real time fiscal and programs management/reporting system to ensure program accountability at the state and local level and for state grantees or contractors.
3. Advocate for most current CDC Best Practice state level funding.
4. Recruit and employ competent and adequate number of staff to achieve program goals.
5. Review and modify grant allocation guidelines.
6. Integrate goals, objectives, and strategies from the State Tobacco Prevention and Control Plan, “Saving Lives, Saving Money”, into ND Department of Health Chronic Disease CDC tobacco prevention grant, state wide coalitions, state wide and allied health organizations, and associations.
7. Develop checklist to assure communication with partners.
8. Implement the Health Communications Plan, educating the public and decision makers on the health effects of tobacco and evidence-based program and policy interventions.
9. Participate in professional development opportunities.
10. Provide orientation to new advisory committee members.

Objective 2: By June 30, 2016, build local 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 and The Guide to Community Preventive Services: Tobacco Use Prevention and Control with on-going recommendations to reach all citizens in local public health units and tribal reservations including one Indian service area.

Baseline: All public health units have at least a half-time tobacco prevention coordinator position since 2012. The position due to funding may be a combination of personnel positions to equal 0.5 FTE.

Strategies:

1. Maintain funding to local public health units, tribes, and community partnerships and evaluate funding allocations dependent on emerging issues.
2. Assure staff is adequate in number, have qualifications, and competency in tobacco prevention and control.
3. Update strategic annual training plan for grantees, partners, tribal partners, and Advisory Committee.
4. Provide quarterly strategic trainings interfaced with the state plan and work plan objectives and technical assistance to grantees and partners.
5. Build, practice and strengthen skills in mobilizing partners and effectively communicating with decision makers about policy change at grassroots to support and reinforce "*Saving Lives, Saving Money"* in communities i.e. public, boards of health, policy and decision makers and effectively counter pro-tobacco influences.
6. Monitor grantee and contractor work plan and budget activities.
7. Collaborate with local states attorneys and law enforcement to ensure compliance with local and state smoke-free laws.
8. Publicize tobacco prevention and control successes.

Objective 3: By June 30, 2016, implement effective, ongoing tobacco prevention and control health communication initiatives that focus on changing the broad social norms of tobacco. The communication 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.

Baseline: Since the fall of 2009, a comprehensive continuous health communication initiative has been delivered statewide by North Dakota Center for Tobacco Prevention and Control Policy.

Strategies:

1. Maintain **PETF** funding from local public health units.
2. Educate policy makers, leaders, and the public on the harmful effects of secondhand smoke and tobacco use, costs of tobacco, tobacco industry tactics, and new and emerging products.

3. Educate policy makers, leaders, and the public on the importance of policy and its impact on changing social norms.
4. Annually update and distribute health communications guidelines.
5. Assure that messages, where appropriate, emphasize all tobacco products.
6. Assure that messages, where appropriate, emphasize priority populations.
7. Emphasize to public and policy makers the importance of sustaining a comprehensive tobacco prevention program funded at the CDC recommended level.

Objective 4: By June 30, 2016, review and update a comprehensive statewide surveillance and evaluation plan.

Baseline: Since 2010 a comprehensive statewide surveillance and evaluation plan has been in place.

Strategies:

1. Meet annually with partners to assess data needs, share data sets, and distribute information.
2. Analyze and synthesize data from existing data sets, i.e. **ATS**, **BRFSS**, **YRBS**, **YTS**, ND Quits evaluation, **Synar**, tax, Comprehensive program independent evaluation as per ND Century Code, **Secondhand Smoke Study**, and other studies.
3. Develop and implement data collection systems, research, and evaluation studies that monitor, measure, and assess program outcomes.
4. Document and publish findings from tobacco prevention control program activities and initiatives.
5. Establish an expert evaluation advisory committee.
6. Maintain a current inventory of Center funded-research.
7. Update internal evaluation and surveillance standards.

Objective 5: By June 30, 2016, sustain ND comprehensive tobacco prevention and control program in conformance with current CDC recommendations.

Baseline: The 2009-2014 and 2013-2015 state work plan was based on CDC's Best Practices for Comprehensive Tobacco Control Program, October 2007.

Strategies:

1. Modify the comprehensive evidence-based tobacco prevention and control program based on the independent biennial evaluation recommendations.
2. Advocate and communicate regularly with Governor, Health Officer and legislative body regarding progress and achievements of program.
3. Partners and local public health reinvigorate and mobilize local grassroots coalitions and partners.
4. Communicate achievements and need for continual funding in light of new and emerging tobacco products/issues.
5. Build, practice and strengthen skills in mobilizing partners and effectively communicating with decision makers about policy change at grassroots to support and reinforce "Saving Lives,

Saving Money” in communities or at the state level and to effectively counter pro-tobacco influences.

Definitions of Terms:

Adult Tobacco Survey (ATS): Adult Tobacco Survey is an annual phone based survey that provides state level data on adult (≥ 18 years) tobacco use, knowledge, attitudes, and tobacco use prevention and control policies. It also provides state-level data on long term, intermediate, and short-term indicators key to a comprehensive tobacco prevention and control program. Both a national and state ATS are done if funding is available.

Behavioral Risk Factor Surveillance System (BRFSS): Behavioral Risk Factor Surveillance System is a national telephone survey developed and conducted on a monthly basis to monitor state-level prevalence of the major behavioral risks among adults which are associated with premature morbidity and mortality.

Family Smoking Prevention and Tobacco Control Act: Became law on June 22, 2009. It gives the Food and Drug Administration (FDA) the authority to regulate the manufacture, distribution, and marketing of tobacco products to protect public health. For more information see: http://www.fda.gov/tobaccoproducts/guidancecomplianceregulatoryinformation/ucm246129.htm

Healthcare settings are establishments where health care providers provide client specific health encounters potentially occurring in a variety of places, i.e. medical clinics, hospitals, dental offices, chiropractic offices, mental health facilities, etc.

Local Education Associations: LEA is North Dakota Department of Public Instruction language for local school districts.

Multi-unit housing: Classification of housing where multiple separate housing units are contained in the same building or complex.

Public Education Task Force (PETF): Local public health units pool locally-dispersed funds, which collectively contributes to a statewide health communications tobacco prevention educational campaign to prevent and reduce tobacco use prevalence.

Post-secondary institutions: Institutions offering at least an associate degree.

Preemption: In Public Health, preemption typically is action taken by higher levels of government, (like state legislatures or Congress) to limit the authority of lower jurisdictions to adopt stronger laws.

Priority populations are populations who experience a disproportionate health and economic burden from tobacco use. In ND, our priority populations are Native Americans, LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Questioning), persons with mental health and addiction issues, homeless, and low socioeconomic persons (100% of federal poverty level). (Tobacco prevalence data is usually based on the poverty threshold equal to the 100% of federal poverty level).

Public Housing Authority is a government agency, generally affiliated with a local government which has responsibility for the ownership and operation of subsidized housing and rental assistance programs.

Secondhand Smoke Study: Originally a PETF survey to assess the media campaigns' educational successes about the harms of secondhand smoke. Now it is administered by the ND Department of Health every other year, adapting the study to reflect environmental changes in secondhand smoke.

Synar: Synar Amendment, which requires States to have laws in place prohibiting the sale and distribution of tobacco products to persons under 18 and to effectively enforce those laws.

Tobacco: Any product that contains tobacco, is derived from tobacco, or contains nicotine (or lobelia) that is intended for human consumption or is likely to be consumed, whether smoked, heated, chewed, absorbed, dissolved, or ingested by any other means. The term "tobacco products" includes e-cigarettes and other electronic smoking devices, but does not include any cessation product approved by the United States Food and Drug Administration for use as a medical treatment to reduce and eliminate nicotine or tobacco dependence.

Tobacco Technical Assistance Consortium (TTAC): A part of the Emory's Center for Training and Technical Assistance, dedicated to assisting organizations in building capacity to achieve and develop highly effective tobacco control programs and policies. TTAC provides individualized technical assistance, customized trainings and extensive resources to help clients succeed in their tobacco control efforts.

Traditional tobacco use as defined by the CRST Cultural Preservation Office and the Great Plains Tribal Chairman's Health Board means "plants for healing the mind, body, and spirit. There are four plants that are used in Lakota ceremonies: tobacco, sage, sweet grass and cedar. Traditional Tobacco is called "ćaŋśaśa," another name is "kinikinik." Ćaŋśaśa translates to red willow. Tobacco is used: 1) in our sacred pipe in ceremonies and is not inhaled; 2) in its natural form to make tobacco ties for prayer or thanksgiving in times of need; 3) only for special purposes in prayer, offering or rituals; 4) as an offering to an elderly when we need his or her help, advice or prayer; 5) as an offering when we see the sacred eagle in the sky, as the eagle is the intercessor to Tunkaśila, Great Spirit; 6) as an offering to the drum at pow-wows to give special blessing to the heartbeat of the nation and onto the singers at the drum; 7) as an offering when a person asks someone to do a ceremony such as naming (hunka) – pipe ceremony, singing, sweat lodge or any of the Lakota ceremonies; 8) as an offering to a person as a way to ask for forgiveness to heal bad feeling when emotions are hurt; 9) as an offering or to an elderly to seek knowledge and to show appreciation to that person for sharing. Traditional tobacco is never abused because it is in its natural form without additives."

Treatment Reach: North American Quitline Consortium (NAQC) defines treatment reach as "the proportion of the target population (all adult smokers) who receive an evidence-based treatment (both counseling and pharmacotherapy) from a quitline.

Youth access is the North Dakota legal age of 18 to purchase tobacco products.

Youth Risk Behavior Survey (YRBSS): Youth Risk Behavior Surveillance System is a national written survey which monitors six priority health-risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth. It is conducted every two years (odd numbered years) during the spring semester providing data representative of 9th- 12th grade students in public and private schools throughout the United States.

Youth Tobacco Survey (YTS): Youth Tobacco Survey is a survey done, dependent on state interest of middle and high school youth, measuring tobacco-related beliefs, attitudes, behaviors, and exposure to pro-and anti-tobacco influences. A national Youth Tobacco Survey is done roughly biennially.

ND Comprehensive Tobacco Prevention and Control Program Objectives by Goal and CDC Best Practices					
Objective	**Prevent Initiation**	**Eliminate Secondhand Smoke Exposure**	**Promote Quitting**	**Build Capacity and Infrastructure**	**CDC Best Practices Component**
Increase the cigarette excise tax	X		X		State and community
Increase the % of tobacco-free schools	X				State and community
Increase the # of tobacco-free post-secondary institutions	X				State and community
Develop and advocate point of sale ordinances to restrict youth access	X		X		State and community
Support of federal tobacco excise tax by ND congressional delegation	X		X		State and community
Uphold statewide smoke-free law	X	X	X		State and community
Prevent preemption in state tobacco prevention and control laws	X			X	State and community
Increase of indoor smoke-free air exempted from ND smoke-free law	X	X	X		State and community
Increase of smoke-free and tobacco free outdoor venues	X	X	X		State and community
Increase treatment reach of NDQuits			X		Cessation
Increase health care settings using Public Health Service (PHS) guidelines			X		Cessation
Increase of mental health providers providing clients with evidence based nicotine dependence interventions			X		Cessation
Maintain and enhance administrative structure to manage comprehensive program				X	Administration and management
Build local infrastructure and capacity				X	Administration and management
Implement health communication initiatives	X	X	X	X	Health communication
Conduct surveillance and evaluation				X	Surveillance and evaluation
Sustain program in conformance with Current CDC Best Practices				X	Administration and management

ND Center for Tobacco Prevention and Control Policy
Program Logic Model

Approach	Goals	Activities	Outcomes: Short Term	Outcomes: Intermediate	Outcomes: Long Term	
Social norm change model	Prevent the initiation of tobacco use among youth and young adults	Complete activities to promote and pass policy: increase tax; TF schools and universities; SF multi-unit housing; TF or SF outdoor public venues; protect statewide SF law; monitor pre-emption	Increased in awareness of tobacco prevention measures	Increased in public support for tobacco prevention measures	Reduced: SHS exposure; availability of tobacco products; reduction in tobacco use initiation	Increase social acceptability of tobacco-free lifestyles
	Eliminate exposure to SHS	Integrate statewide and local public education media campaigns	Implementation of policies	Increased in number of policies	Reduced tobacco use prevalence	
	Build capacity/ infrastructure to implement a comprehensive evidence-based tobacco prevention/ control program	Maintain and enhance administrative structure; build local infrastructure and capacity; conduct surveillance and evaluation; sustain program with CDC Best Practices	Increased policy compliance and enforcement	Refinements to program approach and activities	Reduced tobacco-related morbidity and mortality	
	Promote quitting tobacco use	Complete activities to promote NDQuits; increase healthcare systems use of AAR	Increased calls to NDQuits and annual treatment reach	Increase in successful quit attempts	Continued investment in CDC Best Practice Program	

11/2013

GOAL

The Center's tobacco prevention efforts focus on changing the broad social norms around the use of tobacco by influencing the public, which includes current and potential future tobacco users, by creating a social environment and legal climate where tobacco becomes less desirable, less acceptable and less accessible.