



Saving Lives, Saving Money with Measure 3.

## Surveillance and Evaluation Plan

North Dakota Tobacco Prevention and Control Executive Committee  
Center for Tobacco Prevention and Control Policy

*Approved December 10, 2010*

### Background

This Surveillance and Evaluation Plan outlines how the new comprehensive statewide tobacco prevention and control program created by Measure 3 will be evaluated during its first two years of implementation, July 1, 2009 through June 30, 2011. North Dakota Century Code §23-42-07 requires a biennial evaluation of the comprehensive program. The plan draws on best practices determined by two decades of evidenced-based analysis of scientific literature and outcomes of comprehensive state tobacco control programs and interventions. The analysis resulted in the recommendations in *Best Practices for Comprehensive Tobacco Control Programs*, published by the Centers for Disease Control and Prevention in October 2007. CDC recommends that states implement evidence-based tobacco control programs that are cost effective, comprehensive, sustainable, and accountable. Surveillance and evaluation are part of a comprehensive program and also contribute to a program's effectiveness and accountability.

**Surveillance** is the process of monitoring tobacco-related attitudes, behaviors, and health outcomes at regular intervals over extended time periods. Surveillance helps determine progress toward achieving short-term, intermediate and long-term outcomes. Surveillance data are analyzed as part of the evaluation process.

**Evaluation** activities are used to assess the process used and outcomes achieved by individual programs and major program activities. Evaluation activities help determine if needs and short-term program goals and objectives are met, and are met in an efficient and cost-effective way. Evaluation guides program improvement.

A list of sources of surveillance and evaluation data is provided later in this document.

The Surveillance and Evaluation Plan was developed by members and staff from the Tobacco Prevention and Control Executive Committee, the Center for Tobacco Prevention and Control Policy, the North Dakota Department of Health Tobacco Prevention and Control Program and Local Public Health Units (LPHUs). Staff from the Office on Smoking and Health at CDC provided technical assistance.

The Surveillance and Evaluation Plan builds on the North Dakota five-year state plan, *Saving Lives – Saving Money: North Dakota’s Comprehensive State Plan to Prevent and Reduce Tobacco Use 2009-2014*. *Saving Lives – Saving Money* was developed by the North Dakota Tobacco Prevention and Control Advisory Committee with local, state and national partners including the N.D. Department of Health, local public health units and the CDC. In 2008, North Dakota voters passed statewide Initiated Measure 3 that created the Advisory Committee and its Executive Committee, which is charged with implementing the policies and systems changes outlined in *Saving Lives – Saving Money*. Measure 3 also requires that a portion of the money North Dakota receives from the tobacco settlement be used to create a comprehensive tobacco prevention and control program.

The five-year plan includes the following objective:

*By June 2010, develop a comprehensive statewide surveillance and evaluation plan for the comprehensive North Dakota Tobacco Prevention and Control Program.*

The Surveillance and Evaluation Plan outlines how this objective will be implemented from November 2010 through June 30, 2011. The plan will be updated as needed to adapt to opportunities and other changes in the implementation of the comprehensive program. The plan assumes that surveillance systems currently in place in North Dakota will be continued.

The plan outline is organized around each of the four goals in *Saving Lives – Saving Money*:

- 1) Prevent the initiation of tobacco use among youth and young adults,
- 2) Eliminate exposure to secondhand smoke,
- 3) Promote quitting tobacco use, and
- 4) Build capacity and infrastructure to implement a comprehensive program.

After each goal, the primary questions that will be answered through evaluation are listed. Each primary evaluation question is followed by baseline data and supporting questions that will be answered.

### **Goal 1: Prevent the initiation of tobacco use among youth and young adults**

1. Has the percentage of youth and young adults protected by tobacco-free campus policies at K-12 schools and institutions of higher education changed?

*Baseline: Percentage of K-12 schools and number of institutions of higher education with tobacco-free campuses on July 1, 2009*

- Have new campus policies been adopted? Number and location of new policies.
- How comprehensive is each new campus policy?
- Have LPHUs, local grantees and local coalitions supported and promoted tobacco-free campuses?
- Have LPHUs, local grantees and local coalitions received training and technical assistance to assist their efforts to promote tobacco-free campus policies? If so, who provided the training and technical assistance? How was the training and technical assistance provided?

- Have state and local health communication efforts supported tobacco-free campus efforts?
- Has Measure 3 funding promoted the adoption and implementation of new campus policies?

## **Goal 2: Eliminate exposure to secondhand smoke**

1. Has the percentage of North Dakota residents protected by comprehensive smoke-free ordinances changed from July 1, 2009 to June 30, 2011?

*Baseline: Percentage of North Dakota population living in communities with comprehensive smoke-free ordinances, July 1, 2009*

*Public support for smoke-free policies from 2002-2008 (statewide Public Education Task Force survey 2002, state and regional data available 2004, 2006 and 2008)*

- Have new community smoke-free ordinances been enacted? Number and location of new ordinances?
  - How comprehensive is each new ordinance?
  - Has the impact (compliance, air quality, taxable sales, public support) of each new ordinance been measured? If so, what was the result of the impact?
  - Have LPHUs, local grantees and local coalitions supported and promoted comprehensive smoke-free community ordinances? If so, how?
  - Have LPHUs, local grantees and local coalitions received training and technical assistance to assist their efforts to promote comprehensive smoke-free community ordinances? If so, who provided the training and technical assistance? How was the training and technical assistance provided?
  - Have state and local health communications efforts provided education on the health effects of secondhand smoke? If so, how?
  - Has Measure 3 funding provided community education on the health effects of secondhand smoke to show the need for new policies? If so, what education has been done?
  - Has Measure 3 funding promoted the adoption and implementation of new tobacco-free campus policies? If so, how was Measure 3 funding used to promote the need for tobacco-free campuses?
2. \* **Developmental:** Has the number of Altru emergency room admissions for acute cardiac events changed since the Grand Forks comprehensive smoke-free ordinance took effect on August 15, 2010?
  3. \* **Developmental:** Has the number of Sanford Medical Center and Essentia Health emergency room admissions for acute cardiac events changed since the Fargo and West Fargo comprehensive smoke-free ordinances took effect July 1, 2008?
  4. \* **Developmental:** What are the annual healthcare costs of secondhand smoke exposure in North Dakota?

*\* The primary evaluation question is considered developmental if there is no baseline data.*

## **Goal 3: Promote quitting tobacco use**

1. Has the percentage of North Dakota residents making a quit attempt since July 1, 2009 changed?  
NOTE: QuitNet became available beginning February 2010.

*Baseline: Quitline call volume by month one year before and after the federal tobacco tax increase on April 1, 2009*

*Quitline call volume by month one year before and all months after new comprehensive program received full funding on July 1, 2009*

*Fax referrals to the Quitline by month one year before and all months after new comprehensive program received full funding on July 1, 2009*

*Quitline/QuitNet volume from Grand Forks County before August 15, 2010 and Burleigh County before the implementation date. (Note: The Bismarck ordinance was referred to a citywide vote, suspending the original implementation date of November 1, 2010.)*

*Number of third-party payers including tobacco cessation medication and services as a standard health benefit on July 1, 2009*

*Number of LPHUs with Public Health Service (PHS) Guidelines policies delivering the Ask, Advise, Refer (AAR) protocol in client-based programs on July 1, 2009*

- *Quit attempt data from BRFSS –1985 to most current* Have Quitline call volume and QuitNet site volume changed?
  - Did Quitline call volume and QuitNet site volume from Grand Forks County change after the Grand Forks comprehensive smoke-free ordinance took effect on August 15, 2010? If so, how long was any change sustained?
  - Did Quitline call volume and QuitNet site volume from Burleigh County change after the Bismarck comprehensive smoke-free ordinance took effect on November 1, 2010? If so, how long was any change sustained?
  - Have all LPHUs implemented the AAR tobacco treatment protocol in their client-based programs? If not, how many LPHUs have not implemented the protocol?
  - Have there been any cessation-related systems changes in major health care systems? If so, what are the number and types of changes?
  - Has there been any change in the number of Quitline fax referrals from LPHUs and major healthcare systems? If so, numbers from each agency?
  - Has the number of third-party payers that include tobacco cessation medications and services as a standard health benefit changed? If so, how many and what types of changes?
  - How many LPHUs provide Measure 3 funded cessation-related activities? How were these activities funded?
  - Have state and local health communications efforts promoted the Quitline/QuitNet? If so, has this been associated with a change in contacts to the Quitline/QuitNet?
  - Have state health communications efforts included tagging with the Quitline/QuitNet? If so, has this been associated with a change in contacts to the Quitline/QuitNet?
2. Did Quitline call volume change after the 62-cent increase in the federal cigarette excise tax took effect April 1, 2009? If so, how long was any change sustained?

#### **Goal 4: Build capacity and infrastructure to implement a comprehensive program**

1. Is there sufficient operational capacity and infrastructure to implement North Dakota's comprehensive tobacco prevention and control program in fidelity to CDC's *Best Practices*?

*Baseline: Operational capacity and infrastructure before implementing Measure 3 (July 1, 2009)*

- Do *Saving Lives Saving Money* (the State Plan) and annual action plans with measurable goals and objectives provide direction for the program?
  - Have the roles and responsibilities of staff and contractors been defined?
  - Have all regions received funding to deliver CDC *Best Practices* tobacco prevention and control activities? Number, location and amount of grant awards.
  - Have contracts been awarded to expand the program's reach? If so, how many contracts and what services do contractors provide? What groups are reached by contracted services?
  - Have grantees and contractors met grant and contract requirements and deliverables?
  - Has a Health Communications plan been developed and implemented?
  - Has a Surveillance and Evaluation plan been developed and implemented?
  - Has the collaboration between the Center and the Health Department resulted in an integrated, statewide, evidence-based, comprehensive tobacco prevention and control program?
2. Has the program met the goals and requirements set out in Measure 3 (NDCC 23-42, NDCC 54-27-25)?
- Have Requests for Proposals for grants and contracts focused on activities to promote population-based policy and systems interventions?
  - Has a real-time fiscal management system been developed and implemented?
  - Is the program delivered by state and local staff, combined with contracted services, comprehensive, successful, efficient and cost-effective in reaching urban, rural and frontier areas?

## **Statewide and local surveillance and evaluation sources**

### **Statewide and local surveillance sources include, but are not limited to:**

1. BRFSS (Behavioral Risk Factor Surveillance System) – adult behaviors including use, quit attempts (also available for 15 counties)
2. ATS (Adult Tobacco Survey) – adult behaviors; knowledge, attitudes, support for policies (state available from the National ATS as well as state ATS, data also available by region)
3. YRBS (Youth Risk Behavior Survey) – youth behaviors including use, quit attempts, age of initiation (also available by region)
4. YTS (Youth Tobacco Survey) – youth behaviors; knowledge, attitudes, support for policies (data also available by region)
5. Pregnancy Nutrition Survey – behaviors by pregnant mothers
6. CORE Alcohol and Drug Use Survey – behaviors of college students
7. Vital statistics – tobacco use as cause of death, tobacco use by pregnant mothers
8. Federal Trade Commission report – tobacco industry marketing in North Dakota
9. Food and Drug Administration reports – compliance with FDA law
10. SAMMEC – Smoking-Attributable Morbidity, Mortality and Economic Costs including lost productivity
11. Tax Department – tobacco consumption, tobacco tax revenues
12. State Treasurer – distribution of cigarette taxes to municipalities
13. Secretary of State – number of registered lobbyists lobbying for tobacco company interests
14. Center for Tobacco Prevention and Control Policy -- local policy and systems change databases – number/type of local tobacco control policies, dates enacted, policy language

### **Statewide and local evaluation sources include, but are not limited to:**

1. Local program and special initiative progress reports – work plan process outcomes
2. Statewide and local public opinion surveys – knowledge of, attitudes about, support for tobacco-control policies, reducing tobacco industry influence in North Dakota
3. Air quality surveys – exposure to secondhand smoke particulate matter, impact of policies or lack of policies on indoor air quality
4. Policy impact assessments – health and economic impact of policies, compliance with and support for policies
5. Evaluation of earned and paid media activities – number of favorable impressions, reach/frequency of paid media, recall of messages, support for program policies
6. Quitline/QuitNet reports – use of services statewide and by county

## Reports

The following reports also contain information that provides surveillance and evaluation data, and a brief explanation of how the report data are shared.

### **Required by Legislature:**

Quarterly Tobacco Prevention and Control Executive Committee Reports to Interim Legislative Budget Section

- Disseminate to legislators, other state and local policy makers, LPHUs, local grantees, partners, interested organizations, post on Center website

### **Required by State Law (Measure 3):**

Bi-annual Independent Program Audit for the State Health Officer and the Governor (September of odd-numbered years)

- Disseminate to State Health Officer, Governor, other policy makers, LPHUs, local grantees and contractors, media; post on the Center and DOH websites.

### **Other reports**

Quitline/QuitNet Reports -- monthly and annual reports, statewide and county

- Disseminate to legislators, media, state and local policymakers, LPHUs, local grantees and contractors; post on the Center and DOH websites.

Status Report of Leading Indicators – Winter/Spring 2011 and every odd-numbered year

- Disseminate to legislators, media, state and local policymakers, LPHUs, local grantees and contractors; post on the Center and DOH websites.

Annual State Plan Progress Reports

- Disseminate to legislators, media, state and local policymakers, LPHUs, local grantees and contractors; post on the Center and DOH websites.

State/local newsletters, fact sheets, talking points, toolkits, other traditional/social media

- Distribute to appropriate audiences and post on appropriate websites.

## **Training and technical assistance**

The following list includes training and technical assistance needed to enhance the use of surveillance and evaluation by the state and local workforce implementing *Saving Lives – Saving Money*. This list is not exhaustive and can be adapted to opportunities and other changes in the implementation of the comprehensive program

Train and provide technical assistance to LPHUs, statewide and local grantees, state and local coalitions and statewide and community groups on surveillance and evaluation, including:

1. Scientific base for CDC Best Practices
2. Logic models
3. Surveillance and evaluation definitions, purposes, instruments and key indicators to determine progress in achieving State Plan
4. Using surveillance and evaluation data to support program goals through use in educating policy makers, the public and the media
5. Developing key messages from surveillance and evaluation data, and identifying appropriate advocates to deliver those messages
6. Writing success stories and case studies
7. Writing SMART objectives and quantifiable evaluation measures for grant work plan activities
8. Appropriate methodologies to: 1) document public support and unmet need for policies, 2) evaluate economic impact and compliance with policies, and 3) conduct other policy and program monitoring and evaluation
9. Writing and managing contracts and contractors for surveillance and evaluation and reporting, including the need to coordinate all efforts from planning through release of data
10. Developing useful surveys

## **Action steps**

The following action steps should be completed by June 30, 2011 in order to ensure implementation of this Surveillance and Evaluation Plan.

1. Create an inventory of current tobacco-related data collected by public and private sector agencies and organizations.
2. Continue to use current data sources including, but not limited to: BRFSS, ATS, YRBS, YTS to monitor the program impact at the state and local levels.
3. Secure and maintain support from local public health units and other partners for full implementation of the new comprehensive program.
4. Enhance capacity to conduct surveillance and evaluation, including sufficient staff, outside contractors and partner support.
5. Identify and convene a surveillance and evaluation committee/s or work group to advise/assist implementation of the Surveillance and Evaluation Plan.
6. Use media advocacy to garner earned media to inform the public about surveillance and evaluation reports and data.
7. Use methods of distribution identified in the Health Communications Plan to share surveillance and evaluation data with targeted audiences through newsletters, talking points, toolkits and relationship-building activities.
8. Coordinate state and local surveillance and evaluation efforts to maximize efficiency.

## Partners

Partners at the local and statewide levels include, but are not limited to, the following:

**Local:** Local public health units (LPHU), local grantees, local coalitions, and community partners.

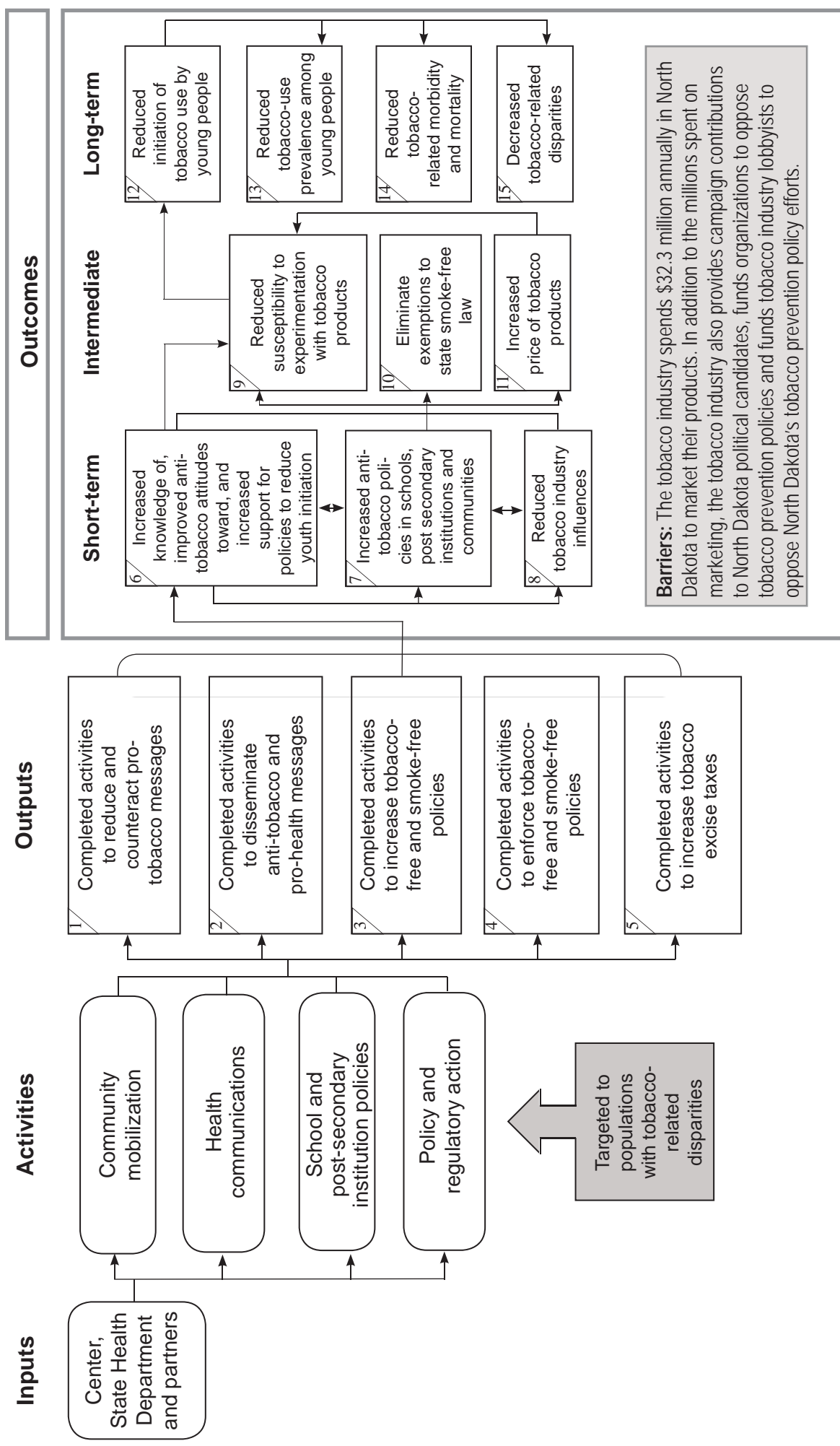
**Statewide:** Center for Tobacco Prevention and Control Policy, Department of Health, Tobacco Free North Dakota, American Lung Association, American Cancer Society, March of Dimes, and statewide grantees.

**National/Federal:** Centers for Disease Control and Prevention Office on Smoking and Health, Campaign for Tobacco Free Kids, Legacy for Health, Americans for Nonsmokers' Rights, Tobacco Control Legal Consortium.

## Logic Models

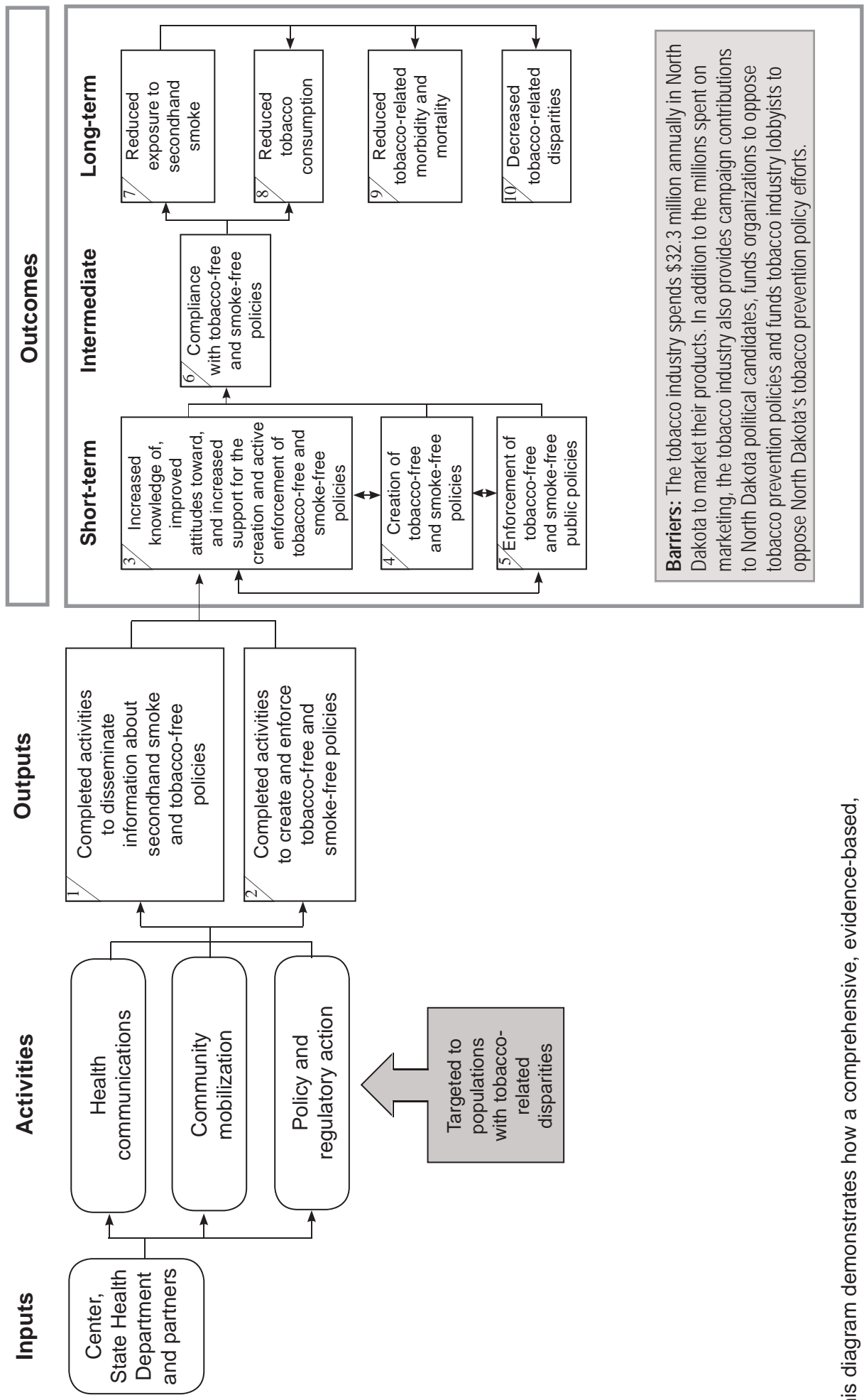
The attached Logic Models, one for each of the four State Plan goals, illustrate short-term, intermediate, and long-term health outcomes that can be achieved by fully implementing *Saving Lives – Saving Money*. The Logic Models provide a tool for educating policy makers and the public on reasonable expectations for various levels of program implementation. For example, health communication strategies such as educational paid media campaigns can affect the public's knowledge, attitudes and behaviors about tobacco use; however, comprehensive tobacco-free campus policies and a comprehensive statewide smoke-free law, plus significant increases in tobacco taxes will lead to lower tobacco use rates. Lower tobacco use rates will then lead to less disease and death caused by tobacco use. The sooner multiple significant statewide policy changes can occur, the sooner tobacco use rates will drop.

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



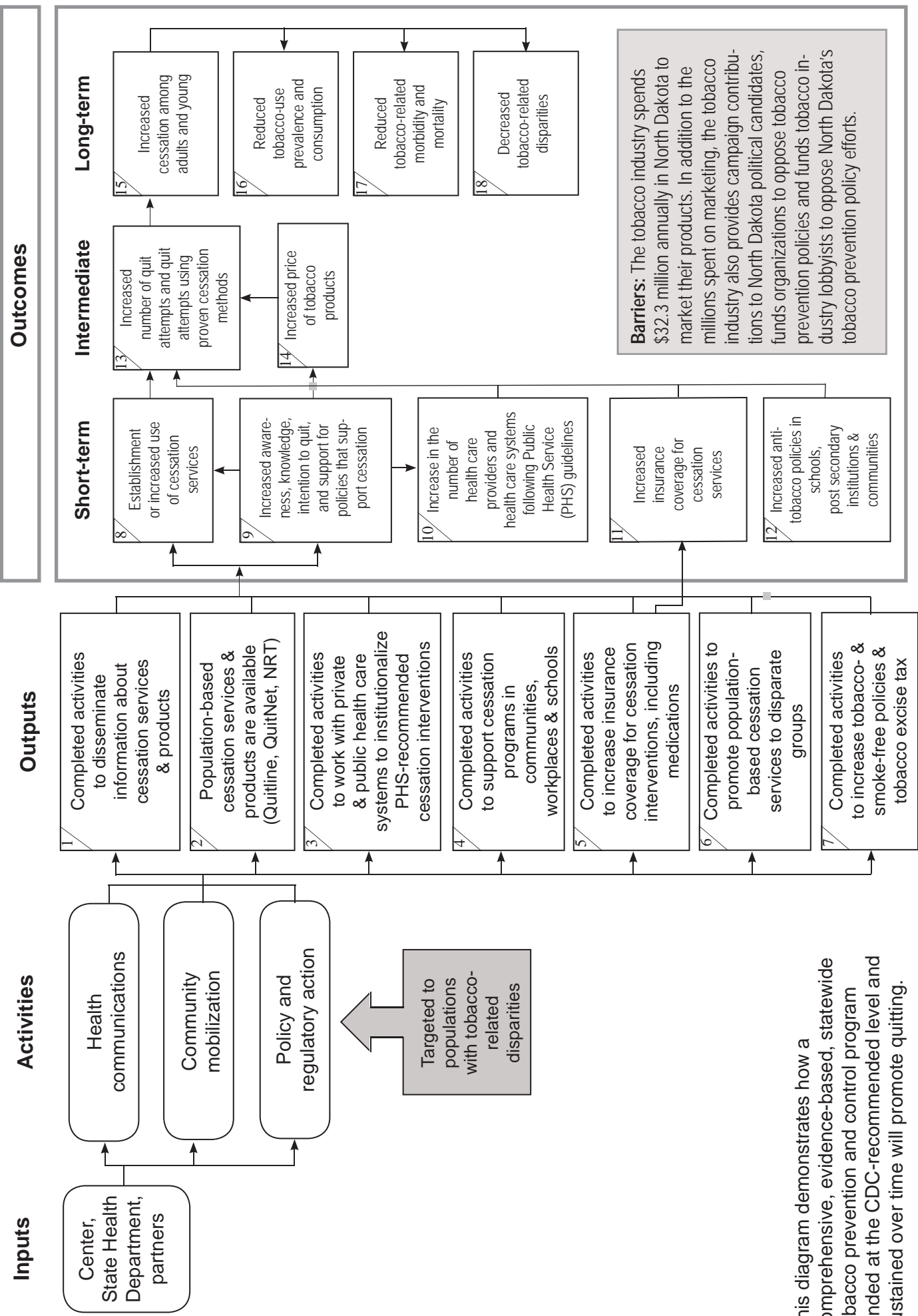
This diagram demonstrates how a comprehensive, evidence-based, statewide tobacco prevention and control program funded at the CDC-recommended level and sustained over time will prevent initiation of tobacco use among youth and young adults.

# Goal 2: Eliminating Nonsmokers' Exposure to Secondhand Smoke



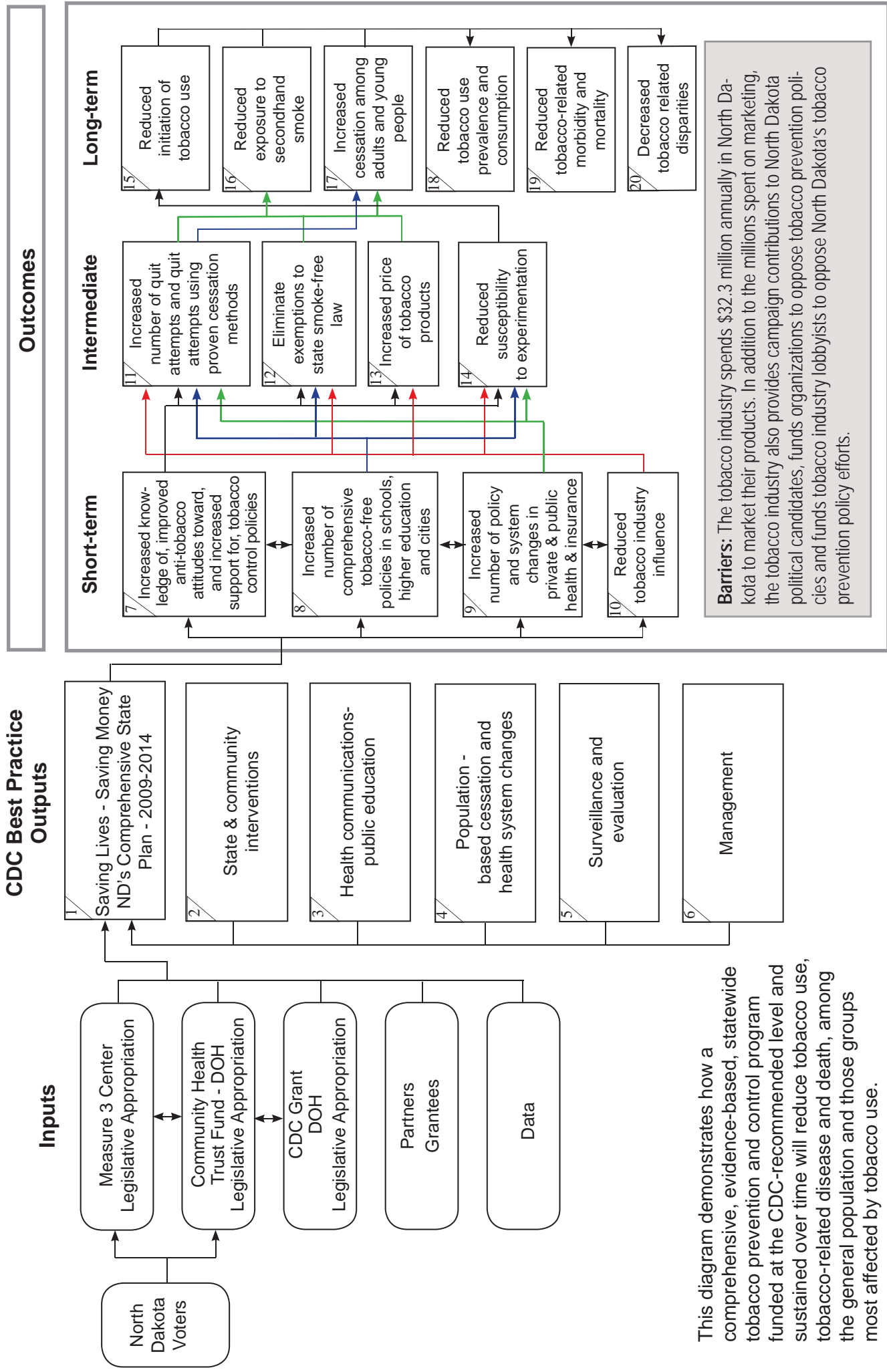
This diagram demonstrates how a comprehensive, evidence-based, statewide tobacco prevention and control program funded at the CDC-recommended level and sustained over time will eliminate nonsmoker's exposure to secondhand smoke.

# Goal 3: Promote Quitting Tobacco Use



This diagram demonstrates how a comprehensive, evidence-based, statewide tobacco prevention and control program funded at the CDC-recommended level and sustained over time will promote quitting.

# Goal 4: Build Capacity & Infrastructure for a Comprehensive Evidence-Based Tobacco Prevention & Control Program



This diagram demonstrates how a comprehensive, evidence-based, statewide tobacco prevention and control program funded at the CDC-recommended level and sustained over time will reduce tobacco use, tobacco-related disease and death, among the general population and those groups most affected by tobacco use.