

North Dakota Comprehensive Tobacco Prevention and Control Work Plan – FY 2011
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Goal 1: Prevent the Initiation of Tobacco Use Among Youth and Young Adults			
Objective: 1 (Also Goal 3)			
By June 2013, increase the cigarette excise tax to \$2.00 per pack and increase the excise tax on other tobacco products by an equal and proportional amount.			
Strategies/Action Steps	Timeframe	Lead/Partners*	Measure of Success
1. Assess public support for increasing tobacco excise taxes	11.2010	Executive Director/HD Division Director/Local Coordinators	Assessment completed Minot – 54.3% favor, no amount, 6.10 Bottineau – 55% favor, no amount, 7.10 Cass County – NYA, 11.10 ND -- NYA
2. Develop a tobacco excise tax policy plan	11.2010	Tobacco Free North Dakota/ Executive Director/other Partners	Policy plan in place 12.10 – plan will be developed with partners
3. Review evidence base and update fact sheets and policy documents	12.2010	Tobacco Free North Dakota/ Executive Director/Partners	Evidence-base reviewed and fact sheets and policy documents updated 9.2010 – evidence based reviewed by Campaign for Tobacco Free Kids, \$2 tax fact sheet issued by BreatheND
4. Train local coalitions and community partners on how to put tobacco excise tax issues before their local public	12.2010	Executive Director	Number and type of trainings held 10.2010 – phone training with LPHU grantees on contacting legislators 11.2010 – training held with LPHU grantees and partners
5. Provide technical assistance to local coalitions and community partners	ongoing	Executive Director	Number of technical assistance requests 9-11.2010 – technical assistance offered to an estimated three coalitions
6. Educate the public and policymakers on tobacco excise tax issues	ongoing	Executive Director/Local Coordinators/Tobacco Free North Dakota/Local Coalitions/Partners	Number of contacts; number of meetings; number of campaigns implemented 10-11.2010 – Contacts with ___ legislators made by local coalitions
7. Engage local coalitions and partners	ongoing	Local	Number of contacts; number of meetings;

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in addressing tobacco excise tax issues		/coordinators/Tobacco Free North Dakota	number of campaigns implemented 10-11.2010 – Contacts with ___ legislators made by local coalitions
8. Monitor and track progress	ongoing	Tobacco Free North Dakota/Partners/Executive Director	Monitoring protocol in place From 10.2010 onward – legislative database created and updated
Objective 4: By June 2013, increase the percentage of school districts with a comprehensive tobacco-free school policy to 50 percent.			
Strategies/Action Steps	Timeframe	Lead/Partners	Measure of Success
1. Continue meeting with Coordinated School Health Core Team	ongoing	Executive Director/HD Division Director	Meetings held 8.2010 – meeting attempted; feedback provided but not incorporated into update school policy
2. Secure endorsement of the North Dakota School Boards Association	ongoing	Executive Director/HD Division Director	Endorsement secured 8-9.2010 – NDSBA endorsed school policy as updated by DOH
3. Asses school districts on tobacco-free policies	ongoing	Local Coordinators	All school districts assessed 7-11.2010 -- # school districts assessed
4. Train Local Coordinators	9.2010	Executive Director/HD Division Director	Number of coordinators trained
5. Offer technical assistance to Local Coordinators	9.2010	Executive Director/HD Division Director	Number of technical assistance requests --- # TA offered
6. Continue to include tobacco free school policy status on Progress Reports	ongoing	Executive Director/HD Division Director	Policy status included in Progress Reports Included on all reports
7. Adopt comprehensive tobacco-free policy in school districts	ongoing	Local Coordinators/School Boards	Number of policies adopted 7-11.2010 --
8. Report tobacco free policy status in school districts	ongoing	Executive Director/HD Division Director	Policy status reported 9.2010 – reported to Legislative Budget

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			Section, partners, testimony on website
Objective 5: By December 2013, increase the number of public and private post-secondary institutions with tobacco-free campuses to eleven.			
Strategies/Action Steps	Timeframe	Lead/Partners	Measure of Success
1. Schedule visit with Chancellor	12.2010	Executive Director/Advisory Committee Chair/Advisory Committee Member	Meeting held; issue on Higher Ed Board Retreat Agenda in July 2011
2. Identify at least one campus	9.2010	Executive Director/ Local Coordinators	Campus(es) identified 10-11.2010 – University of Mary 1.2011 – Dakota College, Bottineau
3. Update and disseminate a resource list	ongoing	Executive Director/MSU	Resource list updated and disseminated
4. Train on use of available resources	ongoing	Executive Director/HD Division Director	Number of training(s) held 7-11.2010 – University of Mary HealthPro student group trained (Note: Fargo Cass Public Health hosted BACCHUS training 6.2010.)
5. Organize and train campus communities	ongoing	Local Coordinators	Campus community organized 7-11.2010 – University of Mary HealthPro student group trained
6. Provide technical assistance to implement and monitor tobacco-free policy initiative(s)	ongoing	Local Coordinators	Number of technical assistance requests
7. Maintain/update campus tobacco policy database	ongoing	Executive Director/Local Coordinators	Database current
8. Publicize efforts	ongoing	Executive Director/HD Division Director	Number of success stories published
Goal 2: Eliminate Exposure to Secondhand Smoke			

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Objective 1: (Also Goal 1 and 3)			
By June 2013, amend the North Dakota Smoke-Free Law to implement 100 percent smoke-free public places and places of employment and to expand enforcement of the law.			
Strategies/Action Steps	Timeframe	Lead/Partners	Measure of Success
1. Compile and report community support for local smoke-free ordinances	10.2010	HD Division Director/ Executive Director	List compiled and community support reported 7.2010 -- List compiled.
2. Report data on statewide attitudes for smoke-free initiatives	10.2010	Executive Director	Statewide attitudes on smoke-free initiatives reported
3. Develop a state smoke-free environments policy plan	10.2010	Executive Director/ Tobacco Free North Dakota/Partners	Policy plan in place 7.2010 – plan developed
4. Review evidence base and update fact sheets and policy documents	12.2010	Executive Director/ Tobacco Free North Dakota/Partners	Fact sheets and policy documents updated 7.2010 – model local survey promoted
5. Train local coalitions and community partners on smoke-free initiatives	12.2010	Executive Director	Number and type of trainings held 7.2010 – training with LPHUs and partners including ANR and CTFK held
6. Provide technical assistance to local coalitions and community partners	ongoing	Executive Director/HD Division Director	Number of technical assistance requests Weekly requests received: five coalitions actively involved in policy.
7. Educate the public and policymakers on smoke-free environment issues	ongoing	Executive Director/HD Division Director/Local Coordinators/Tobacco Free North Dakota/Local	Number of contacts; number of meetings; number of campaigns implemented 8-10.2010 – all coalitions attempted

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		Coalitions/Partners	contact with all legislators
8. Engage local coalitions and partners in addressing smoke-free environment issues	ongoing	Local Coordinators/ Tobacco Free North Dakota	Number of contacts; number of meetings; number of campaigns implemented Five grantees (Grand Forks, Bismarck, Devils Lake, Minot, Medora) actively addressed smoke-free policies.
9. Monitor and track progress	ongoing	Tobacco Free North Dakota/Partners/Executive Director	Monitoring protocol in place 9.2010 – Executive Director reported to Legislative Budget Section.
Objective 2: By June 2012, increase to five the number of communities that have enacted local ordinances for 100 percent smoke-free public places and places of employment.			
Strategies/Action Steps	Timeframe	Lead/Partners	Measure of Success
1. Distribute resource list to locals	ongoing	Executive Director	Number of resources lists distributed 7.2010 – resources provided at training to all LPHUs grantees and partners
2. Develop local policy plan	ongoing	Local Coordinators/Local Coalitions/Executive Director//Partners	Number of plans developed Policy plans developed for Bismarck, Devils Lake
3. Coordinate local campaigns throughout state	ongoing	Executive Director	Teleconferences occur; list serve active Center hosts monthly policy call; list serve is active
4. Sponsor policy trainings	ongoing	Executive Director	Number and type of trainings held 7 & 11. 2010 – policy trainings held on smoke-free, policy priorities
5. Educate public and policymakers	ongoing	Executive Director/HD Division Director/ PETF/Local Coalitions	Number of meetings held; number of presentations; number of campaigns implemented
6. Conduct surveys/polls to monitor public	ongoing	Local Coalitions/Partners	Number of surveys/polls conducted

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support			Polls conducted in Minot, Bottineau
7. Provide technical assistance to local coalitions and partners	ongoing	Local Coordinators/Local Coalitions/HD Division Director/Executive Director	Number of technical assistance requests
8. Engage local coalitions and community partners	ongoing	Executive Director/HD Division Director	Number of active campaigns Statewide health communications campaign ongoing since 7.2010
9. Assure passage/enforcement of local policy	ongoing	Local Coalitions/Local Coordinators/Partners	Number of policies enacted and enforced Grand Forks and Napoleon policies enacted
10. Evaluate and report the impacts of policies		Executive Director/HD Division Director	Fargo, West Fargo and Grand Forks evaluated and reports prepared
11. Maintain local ordinance database	ongoing	Executive Director	Database current
Objective 3: By June 2013, Prevent preemption (higher levels of government can prohibit lower levels of government from enacting certain laws or regulations) in all state tobacco prevention and control laws.			
Strategies/Action Steps	Timeframe	Lead/Partners	Measure of Success
1. Update preemption educational materials	12.2010	Executive Director/ Partners	Materials updated
2. Engage local coalitions to gather support from communities and organizations to endorse local resolutions that oppose statewide preemption.	12.2010	Executive Director/Local Coordinators/ Tobacco Free North Dakota/Partners	Number of resolutions
3. Train local coalitions about how to prevent and deal with preemption activities, including referenda	ongoing	Executive Director/ HD Division Director/ Local Coordinators/Tobacco Free North Dakota/ Partners	Number of trainings
4. Track all legislation for preemption language	ongoing	Executive Director/HD Division Director/ Tobacco Free North Dakota	Tracking system established and maintained

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Goal 3: Promote Quitting Tobacco Use			
Objective 4: By 2014, increase annual use of the North Dakota Tobacco Quitline (Q-line) to a minimum of 2 percent of all smokers and smokeless tobacco users.			
Strategies/Action Steps	Timeframe	Lead/Partners	Measure of Success
1. Analyze Q-line call volume, utilization etc	ongoing	HD Division Director	Q-line service delivery reviewed/ revised
2. Review Q-line protocols	ongoing	HD Division Director	Q-line protocols reviewed/revised
3. Establish Q-line as one of two key sources of cessation support	ongoing	HD/ Local Public Health Units (LPHUs)	Number of calls to Q-line
4. Distribute <i>Fax to Quit</i> manuals	ongoing	HD Division Director/ Local Coordinators	Number of manuals distributed
5. Train health care providers in use of <i>Fax to Quit</i> system	ongoing	HD Division Director/ Local Coordinators	Number of health care providers trained
6. Increase fax referrals to Q-line	ongoing	HD Division Director/ LPHUs/Health Care Providers	Number of fax referrals to Q-line
7. Expand promotion of Q-line	ongoing	HD Division Director/Local Coordinators	Number of campaigns
8. Expand access to and distribution of NRT	ongoing	HD Division Director/Executive Director/Q-line provider	Number of NRT units distributed
9. Provide uninsured and underinsured tobacco users with a 56 day supply of an NRT regimen	ongoing	HD Division Director/ Q-line provider	Fifty six day regimen provided
10. Maintain ND Tobacco Q-line Consortium	ongoing	HD Division Director	Number of meetings held; number of changes to Q-line implemented
11. Encourage health care providers, other health, mental health, substance abuse, and social service providers and businesses to promote the Q-line	ongoing	HD Division Director/ Local Coordinators	Inventory of where Q-line referrals originate

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12. Select evaluator for Q-line services	ongoing	HD Division Director	Evaluator selected
13. Develop the Q-line evaluation plan	ongoing	HD Division Director	Evaluation plan in place
14. Prepare and release RFP(s) for independent evaluator(s) for Q-line	ongoing	HD Division Director	RFPs prepared and released
15. Select Review Panel to review RFPs for Q-line evaluation	ongoing	HD Division Director	Review Panel selected
16. Review submitted proposals for Q-line	ongoing	HD Division Director	Review completed
17. Select independent evaluator(s) for Q-line	ongoing	HD Division Director	Independent evaluator(s) selected
18. Update the matrix of existing cessation benefits	ongoing	HD Division Director	Matrix updated
Objective 5: By 2014, incorporate the systems approach to tobacco treatment recommended in the U.S. Public Health Service <i>Treating Tobacco Use and Dependence, Clinical Practice Guideline – 2008 Update</i> in the 28 local public health units and in three of the six largest health care systems.			
Strategies/Action Steps	Timeframe	Lead/Partners	Measure of Success
1. Maintain Cessation Committee to develop guidelines and procedures.	ongoing	Executive Director	Committee established
2. Update guidelines and procedures	ongoing	Cessation Committee, Executive Director	Guidelines and procedures updated
3. Provide funding to all LPHUs to continue implementation of a systems approach in local public health units	ongoing	Executive Director	Funding in place; policies in place; implementation plan in operation
4. Continue to implement a systems approach in two additional large health care systems	6.2011	HD Division Director/ Executive Director/ Local Coordinators	Tobacco treatment systems implemented in new systems
5. Develop an audit protocol for health care systems to establish baseline data	10.2010	Executive Director	Audit protocol developed
6. Track adoption of tobacco free buildings and grounds policies in health care systems	12.2010	Executive Director/Local Coordinators	Database established; number of health care systems adopting policies
7. Develop a tool to track private health care system implantation of the <i>Guideline's</i> AAR (Ask, Advise, Refer) recommendations	12.2010	Executive Director	Tracking tool developed
8. Track implementation of the <i>Guideline's</i>	ongoing	Executive Director/	Database established; number of

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AAR recommendations in LPHUs and large health care systems		Local Coordinators	LPHUs and health care systems delivering AAR
9. Begin incorporating curriculum on treating tobacco use and dependence into medical, nursing, pharmacy and allied health programs	ongoing	Executive Director/ HD Division Director	Number of programs incorporating curriculum
Objective 6: By June 2013, increase to a minimum of three the number of North Dakota’s largest employers who cover tobacco cessation medications and services in their employee health benefits plan(s).			
Strategies/Action Steps	Timeframe	Lead/Partners	Measure of Success
1. Review and analyze employer survey results	ongoing	HD Division Director	Surveys reviewed and analyzed
2. Disseminate the U.S. Public Health Service <i>Treating Tobacco Use and Dependence, Clinical Practice Guideline – 2008 Update</i> to large employers	ongoing	HD Division Director	<i>Guideline</i> disseminated
3. Advocate with employers to include tobacco cessation medications and services in their employee health benefits plans	ongoing	HD Division Director	Number of meetings attended; number of presentations
Objective 7: By June 2013, maintain the current nine and increase by a minimum of one the number of third party payers that include tobacco cessation medications and services as a standard health benefit.			
Strategies/Action Steps	Timeframe	Lead/Partners	Measure of Success
1. Review and analyze third party payer survey results.	ongoing	HD Division Director	Surveys reviewed and analyzed
2. Disseminate the U.S. Public Health Service <i>Treating Tobacco Use and Dependence, Clinical Practice Guideline –</i>	ongoing	HD Division Director	<i>Guideline</i> disseminated

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<i>2008 Update to third party payers</i>			
3. Advocate with third party payers to include tobacco cessation medications and services as a standard health benefit in their policies	ongoing	Executive Director/ HD Division Director	Number of meetings attended; number of presentations
4. Investigate cost-sharing opportunities for the QuitLine and QuitNet with third party payers and large employers	ongoing	Executive Director/ HD Division Director	Opportunities identified and explored
Objective 8: By 2014, address nicotine dependence in addiction treatment programs, in mental health treatment programs and in dual diagnosis treatment programs.			
Strategies/Action Steps	Timeframe	Lead/Partners	Measure of Success
1. Continue assessment of tobacco-free campuses	ongoing	HD Division Director/ Local Coordinators	Assessment completed
2. Educate directors and clinicians through statewide and local conferences and meetings	ongoing	HD Division Director/ Executive Director/ Local Coordinators	Number of conference presentations
Goal 4: Build Capacity/Infrastructure to Implement a Comprehensive Evidence-based Tobacco Prevention/Control Program			
Objective 1: By January 2010, maintain an administrative structure to manage the comprehensive North Dakota Tobacco Prevention and Control Program.			
Strategies/Action Steps	Timeframe	Lead/Partners	Measure of Success
1. Prepare for legislative approval the FY2011-2012 the comprehensive program	11.2010	Executive Director/Advisory	Budget prepared

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budget		Committee	
2. Improve real-time fiscal management system	ongoing	Executive Director	Improvements in place
3. Develop optimum personnel plan, including staff positions and contractors, to implement the comprehensive program	12.2010	Executive Director/HD Division Director/ Executive Committee	Personnel plan in place
4. Hire and retain qualified and diverse staff and consultants	ongoing	Executive Director/Executive Committee	Sufficient qualified and diverse staff and consultants in place
5. Review and modify, if indicated, Grant Allocations Guidelines	6.2011	Executive Committee/ Executive Director	Guidelines reviewed and modified
6. Train and provide technical assistance to grantees, sub-grantees, contractors and community partners	ongoing	Executive Director/HD Division Director/ Local Coordinators	Number of technical assistance requests and number of trainings
7. Continue to integrate <i>Savings Lives–Saving Money</i> with other chronic disease programs’ plans	ongoing	Executive Director/HD Chronic Disease Program Managers	<i>Savings Lives–Saving Money</i> integrated with heart disease/stroke, diabetes and oral health plans
8. Engage Tobacco Free North Dakota , other state coalitions and other allied organizations in <i>Savings Lives–Saving Money</i> implementation	ongoing	Executive Director/Executive Committee/Coalition Chairs/ HD Division Director/ Tobacco Free North Dakota leadership	Tobacco Free North Dakota and other state coalitions and organizations actively engaged
9. Improve grantees’ and contractors’ reporting mechanisms and accountability standards	ongoing	Executive Director/HD Division Director	Improved user-friendly reporting and accountability systems in place
10. Continue review and implementation of the internal and external Communications Plans	ongoing	Executive Director/HD Disparities Team/	Plans updated and implemented; written copies disseminated

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		Local Coordinators	
11. Continue review and implementation of the Disparities Plan	ongoing	HD Disparities Team/HD Division Director/Local Coordinators	Plan updated, implemented and disseminated
12. Maintain state and local policy databases	ongoing	Executive Director/HD Division Director/ Local Coordinators	Database current
Objective 2:			
By June 2010, maintain local infrastructure and capacity to collaboratively deliver evidence-based tobacco prevention and control interventions recommended in <i>Best Practices</i> and <i>The Guide to Community Preventive Services: Tobacco Use Prevention and Control</i> to reach all local public health units, four reservations and one Indian service area.			
Strategies/Action Steps	Timeframe	Lead/Partners	Measure of Success
1. Evaluate funding formula(s) for disbursing grants to local public health units, tribes and community partnerships	1.2011	Executive Director/HD Division Director/ Executive Committee	Funding formulas evaluated and revised as necessary
2. Support hiring of qualified and diverse local staff and consultants	ongoing	Executive Director/HD Division Director/ Local Coordinators	Number of staff and consultants in place
3. Develop Annual Training Plan for grantees, partners, staff and Advisory Committee	10.2010	Executive Director/ Executive Committee/ HD Division Director	Plan completed
4. Coordinate training and technical assistance to grantees and contractors	ongoing	Executive Director/ Executive Committee/ HD Division Director	Technical assistance and training delivered
5. Facilitate and coordinate local promotions, media advocacy, community links etc. to support state efforts	ongoing	Executive Director/HD Division Director/ Health Communications Team	Number of local and state promotional and marketing initiatives coordinated
6. Strengthen and develop local coalitions	ongoing	Executive Director/HD Division Director/	Number of local policies introduced

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		Local Coordinators	
7. Educate policymakers and public about need for tobacco prevention and control programs	ongoing	ED/Local Coordinators/ HD Division Director	Number of campaigns; number of meetings; number of presentations
8. Provide guidance and training to grantees and local coalitions on monitoring pro-tobacco influences	ongoing	Executive Director/Health Communications Team/HD Division Director	Guidance provided; number of trainings
9. Track grant and contract requirements	ongoing	Executive Director/HD Division Director	All grantees and contractors compliant
10. Collaborate with local groups to ensure compliance with local and state laws	ongoing	Executive Director/ Attorney General/Local Coordinators/HD Division Director	Number of violations
11. Promote state and local chronic disease collaborations	ongoing	Executive Director/HD Division Director/Local Coordinators	Number of collaborations
Objective 3:			
By June 2010, implement a tobacco prevention and control health communication initiative that delivers strategic, culturally appropriate and high-impact earned and paid messages in sustained and adequately funded campaigns integrated into the overall comprehensive North Dakota Tobacco Prevention and Control Program.			
Strategies/Action Steps	Timeframe	Lead/Partners	Measure of Success
1. Maintain support from local public health units and other partners	ongoing	Advisory Committee	Local public health units and partners support health communication initiative Center provides updates and training materials at training and regular meetings, on website
2. Continue consulting with Expert Panel in implementing the Health Communications Plan	ongoing	Advisory Committee	Expert Panel regularly consulted PETF meets monthly

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3. Educate policymakers and the public	ongoing	Advisory Committee	Number of campaigns and promotions 9.2010 – 6.2011 – health communications campaigns running most month according to 10-month plan
4. Enhance capacity to develop campaigns	ongoing	Executive Director/ Executive Committee	Increased funding, staff and contractors
5. Prepare and release RFP(s) for health communications contractor(s)	9.2010	Executive Director	RFP(s) released 9.2010 – RFP released
6. Review submitted proposals	10.2010	Executive Director/Health Communications Team	RFP(s) reviewed 10-12.2010 – applicants reviewed
7. Select health communications contractor(s)	10.2010	Executive Director/ Executive Committee	Contractor(s) selected
8. Create and implement a Media Plan, including conducting market and audience research, and message testing	12.2010	Executive Director/Health Communications Team	Media Plan in place 8.2010 – 10-month campaign approved and implemented
9. Develop components of promotional plans.	12.2010	Executive Director/Health Communications Team	Promotional plans developed 8.2010 – 10-month plan implemented
10. Investigate new technologies.	ongoing	Executive Director/Health Communications Team	Report on new technologies prepared 8.2010 – 10-month plan includes social networking and website technologies
11. Construct a Center website	ongoing	Executive Director/Health Communications Team	Website live 8.2010 --- website live
12. Monitor pro-tobacco influences	1.2011	Executive Director/Health Communications Team/HD Division Director	Information collected and reported ongoing
13. Coordinate and mesh with local activities.	ongoing	Executive Director /Health Communications Team	State and local activities integrated

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14. Develop a Health Communications evaluation plan.	12.2010	Executive Director /Health Communications Team	Evaluation plan in place
Objective 4: By January 2010, develop a comprehensive statewide surveillance and evaluation plan for the comprehensive North Dakota Tobacco Prevention and Control Program.			
Strategies/Action Steps	Timeframe	Lead/Partners	Measure of Success
1. Establish a Surveillance and Evaluation Advisory Committee	9.2010	Executive Director/HD Division Director	Advisory Committee in place
2. Engage new stakeholders	ongoing	Executive Director /HD Division Director	New stakeholders actively engaged
3. Review key process and outcome indicators to be measured	2.2011	Executive Director /HD Division Director/ Expert Panel	Indicators reviewed and modified, if indicated
4. Review evaluation plan	2.2011	Executive Director / Expert Panel/HD Division Director	Evaluation plan reviewed and modified, if indicated 7-11.2010 – evaluation plan developed and finalized.
5. Review current data collection instruments to determine whether further data are needed	ongoing	Executive Director/ Expert Panel/HD Division Director	Data collection instruments reviewed and modified, if indicated 7-11.2010 – review as part of evaluation plan
6. Create and maintain a current inventory of data collected by public and private agencies	ongoing	Executive Director /HD Division Director	Current data inventory available
7. Disseminate data regularly	ongoing	Executive Director /HD Division Director	Data regularly disseminated
8. Prepare and release RFP(s) for independent evaluator(s)	8.2010	Executive Director/ Expert Panel/ Executive Committee	RFPs prepared and released
9. Select Review Panel to review RFPs	8.2010	Executive Committee	Review Panel selected
10. Review submitted proposals	9.2010	Review Panel/	Review completed

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		Executive Committee	
11. Select independent evaluator(s)	9.2010	Executive Committee	Independent evaluator(s) selected
Objective 5:			
By June 2014 sustain North Dakota’s comprehensive tobacco prevention and control program in conformance with current CDC recommendations.			
Strategies/Action Steps	Timeframe	Lead/Partners	Measure of Success
1. Develop and implement a Sustainability Plan	7.2010	Executive Director/Health Communications Team/ Executive Committee/HD Division Director	Sustainability Plan being implemented 7.2010 – sustainability plan developed and implementation ongoing
2. Review <i>Savings Live –Saving Money</i> and amend as needed	ongoing	Executive Director /HD Division Director/ Executive Committee	<i>Savings Lives–Saving Money</i> reviewed
3. Review and modify, if indicated, the comprehensive evidence-based tobacco prevention and control program	ongoing	Executive Director /HD Division Director/ Executive Committee	Comprehensive program reviewed and modified, if indicated
4. Prepare 2011-2012 Action Plan	5.2011	Executive Director /HD Division Director/ Executive Committee	Action Plan prepared
5. Educate public and policymakers about the health and economic benefits of reducing tobacco use	ongoing	Executive Director/ Executive Committee/ Health Communications Team/Local Coordinators	Number of campaigns; number of meetings; number of presentations 8.2010 – 10-month health communications plan includes ongoing education campaigns
6. Report on program’s achievements	ongoing	Executive Director/ Executive Committee/ HD Division Director/Health Communications Team	Number of reports; number of presentations; number of media stories ___ of news releases issued.

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*The purpose for identifying the lead/partners is to maximize cost effectiveness and avoid duplication.
Partners may include but not be limited to: ALA, ACS, NDMA, NDSRC, NDNA, MOD, NDEA, DoH