

North Dakota's Comprehensive Tobacco Prevention and Control Work Plan – FY 2012

Goal 1 (G1): Prevent the Initiation of Tobacco Use Among Youth and Young Adults			
G1 Objective 1: (Also G3:Obj1): By June 2013, increase the cigarette excise tax by \$1.56 per pack and increase the excise tax on other tobacco products by an equal and proportional amount.			
Activities	Timeline	Responsible Parties**	Process Outcomes
1. Develop Center's <i>Advisory Team for Tobacco Tax</i> .	Q2	All partners	
2. Develop a policy plan to achieve the tobacco tax increase.	Q2	Advisory Team for Tobacco Tax	
3. Monitor interim legislative actions and health care reform for tax increase opportunities.	Ongoing (or at least quarterly)	All partners	
4. Develop standardized messages for agenda setting appropriate to policy timelines.	Q2	All partners	
G1 Objective 2: Statewide SF Law: See G2:Obj1			
G1 Objective 3: Local SF Ordinances: See G2:Obj2			
G1 Objective 4: By June 2013, increase the percentage of school districts with a comprehensive tobacco-free school policy to 50 percent.			
Activities	Timeline	Responsible Parties*	Process Outcomes
1. Continue meeting with Coordinated School Health Core Team and/or the Department of Public Instruction on tobacco-free policies.	Ongoing	Center, NDDoH	
2. Secure continued endorsement of the North Dakota School Boards Association for a strong model policy.	Q1	Center, NDDoH	
3. Ensure local boards of health support encouraging all schools to adopt or maintain comprehensive tobacco-free policies.	Q1	Grantees	
4. Develop a list of steps grantees should take to help schools adopt	Q2	Center	

tobacco-free policies.			
5. Provide training and technical assistance to grantees.	Q3	Center	
6. Assess school districts on tobacco-free policies and report to Center and Legislature.	Quarterly	Center, Grantees	
7. Promote the adoption of comprehensive tobacco-free policy in school districts.	Ongoing	Grantees	
8. Submit abstract and present at NDSBA annual convention if abstract accepted	October, 2011	Center	
G1 Objective 5: By December 2013, increase the number of public and private post-secondary institutions with tobacco-free campuses to thirteen.			
Activities	Timeline	Responsible Parties*	Process Outcomes
1. Develop a communications strategy to highlight tobacco-free campus success.	Q3	Center	
2. Identify at least one campus to become tobacco-free in FY 2012.	Q1	Grantees	
3. Develop a toolkit for post-secondary trade and technical institutions.	Q3	Center	
4. Provide technical assistance to grantees working with post-secondary institutions.	Ongoing	Center	
5. Organize and train campus communities in enactment and enforcement of tobacco-free policy.	Ongoing	Grantees	
6. Maintain/update campus tobacco policy database.	Ongoing	Center	

Goal 2 (G2): Eliminate Exposure to Secondhand Smoke			
G2 Objective 1: (Also G1:Obj 2 & G3:Obj 2) 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.			
Activities	Timeline	Responsible Parties*	Process Outcomes
1. Post survey findings of community support for local smoke-free ordinances on Center website.	Q1	Center	
2. Report data on statewide attitudes for smoke-free initiatives.	Q4	Center	
3. Plan for survey of legislators and candidates on smoke-free issues.	Periodically	All partners	
4. Identify timeline of potential local ordinances to plan for state smoke-free environments law.	Q1	All partners	
5. Review evidence base and update fact sheets and policy documents.	Q4	Center, TFND	
6. Train local coalitions and community partners on advancing statewide smoke-free policy.	Q4	All partners	
7. Educate the public and policymakers, including local boards of health, on smoke-free environment issues.	Ongoing	All partners	
8. Secure support from all local boards of health.	Ongoing	Grantees	
9. Develop innovative approaches to grassroots organizing for educating policymakers on smoke-free policies.	Ongoing	Center, Grantees	
10. Develop protocols for communication and decision making with partners.	Q4	All partners	
11. Monitor and track progress toward	Ongoing	All partners	

protecting 50% of ND population with local smoke-free laws.			
G2 Objective 2: (Also G1:Obj3 & G3:Obj 3) By June 2012, increase to eight the number of communities that have enacted local ordinances for 100 percent smoke-free public places and places of employment.			
Activities	Timeline	Responsible Parties*	Process Outcomes
1. Develop a smoke-free ordinance tool kit that includes a step-by-step process and standard survey questions.	Q2	Center	
2. Develop local policy timeline.	Q1	All partners	
3. Coordinate local campaigns throughout state.	Ongoing	Center	
4. Sponsor policy trainings.	Ongoing	Center	
5. Educate public and policymakers, including local boards of health.	Ongoing	All partners	
6. Conduct valid and reliable surveys/polls with standardized core questions to monitor public support and provide comparisons.	Ongoing	All partners	
7. Develop tools and provide technical assistance to local coalitions (e.g. standardized readiness assessment, engaging partners, policy plan, model ordinance language to assure passage and enforcement of local policies).	Ongoing	All partners	
8. Evaluate and report the impacts of policies.	Q2 Grand Forks Q4 Bismarck	All partners	
9. Update local ordinance database.	Ongoing	Center	
10. Conduct statewide randomized air quality study.	Q3	Center	
G2 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.			
Activities	Timeline	Responsible Parties*	Process Outcomes

1. Re-institute pre-emption work group for local and state level policies (includes educational materials) to develop a plan (engaging, training, tracking).	Q4	All partners	
2. Pre-emption work group develops plan to: a) engage local coalitions to gather local resolutions opposing preemption, b) train local coalitions on pre-emption (including referenda), and c) establish tracking protocol.	Q4	All partners	

Goal 3 (G3): Promote Quitting Tobacco Use			
G3 Objective 1: Increase excise tax: See G1:Obj1			
G3 Objective 2: Statewide smoke-free law: See G2:Obj 1; Also G1:Obj2			
G3 Objective 3: Local smoke-free polices: See G2:Obj 2; Also G1:Obj3			
G3 Objective 4: By 2014, increase annual use of the North Dakota Tobacco Quitline (Q-line) and North Dakota QuitNet (Net) to a minimum of 2 percent of all smokers and smokeless tobacco users.			
Activities	Timeline	Responsible Parties*	Process Outcomes
1. Analyze Q-line & Net utilization, etc.	Ongoing	NDDoH	
2. Review Q-line & Net protocols.	Ongoing	NDDoH	
3. Establish Q-line & Net as key sources of cessation support.	Ongoing	NDDoH, Grantees	
4. Explore electronic referral systems.	Ongoing	NDDoH	
5. Increase fax referrals to Q-line.	Ongoing	NDDoH, Grantees, Healthcare Providers	
6. Expand promotion of Q-line & Net.	Ongoing	NDDoH, Grantees	
7. Provide uninsured and underinsured tobacco users with up to a 56 day supply of an NRT regimen through Q-line & Net.	Ongoing	NDDoH,	
8. Provide NRT to supplement the 56-day regimen or to assist individuals with special needs on a case-by-case basis through LPHUs.	Ongoing	Center, grantees	
9. Maintain ND Tobacco Q-line Consortium**.	Ongoing	NDDoH	
10. Encourage health care providers, other health, mental health, substance abuse, and social service providers and businesses to promote the Q-line & Net.	Ongoing	NDDoH, Center, Grantees	
11. Select evaluator for Q-line & Net	Ongoing	NDDoH	

services.			
12. Develop the Q-line & Net evaluation plan.	Ongoing	NDDoH	
13. Prepare and release RFP(s) for independent evaluator(s) for Q-line & Net.	Ongoing	NDDoH	
14. Select Review Panel to review RFPs for Q-line & Net evaluation.	Ongoing	NDDoH	
15. Review submitted proposals for Q-line & Net evaluation.	Ongoing	NDDoH	
16. Select independent evaluator(s) for Q-line & Net.	Ongoing	NDDoH	
17. Update the matrix of existing cessation benefits.	Ongoing	NDDoH	
G3 Objective 5A: 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 .			
Activities	Timeline	Responsible Parties*	Process Outcomes
1. Hire or contract for services to provide TA, training, and tools for implementation of PH Service Guidelines in LPHU service areas.	Q2	Center	
2. Work as needed with ad hoc committees of local public health unit personnel on PHS Guidelines implementation in local public health units.	Ongoing	Center, Grantees, NDDoH	
3. Provide funding to all LPHUs to continue implementation of a systems approach in local public health unit service areas.	Ongoing	Center	
4. Continue to work with Department of Health to implement a systems approach in large healthcare systems as	Ongoing	Center, Grantees, NDDoH	

resources allow.			
5. Conduct annual audit of AAR in local public health units.	Q4	Center	
6. Track adoption of tobacco-free buildings and grounds policies in LPHUs and healthcare systems.	Quarterly	Center, Grantees, NDDoH	
7. Develop a tool to track private healthcare system implementation of the <i>Guideline's</i> AAR (Ask, Advise, Refer) recommendations.	Quarterly	NDDoH	
8. Track implementation of the <i>Guideline's</i> AAR recommendations in LPHUs and large healthcare systems.	Ongoing	Center, Grantees, NDDoH	
9. Request and track health care provider resolutions of support for key policy issues in <i>Saving Lives-Saving Money</i> .	Q1	Center, Grantees	
10. Begin exploring the incorporation of treating tobacco use and dependence into nursing curricula.	Q4	Center	
G3 Objective 5B: 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 healthcare systems.			
1. Hire or contract for services to provide TA, training, and tools for implementation of PH Service Guidelines in healthcare systems as resources allow.	Ongoing	NDDoH	
2. Maintain Cessation Committee to develop guidelines and procedures.	Ongoing	Grantees, NDDoH	
3. Continue to implement a systems approach in healthcare systems.	Ongoing	NDDoH	
4. Track adoption of tobacco-free buildings and grounds policies in	Quarterly	Center, Grantees, NDDoH	

healthcare systems.			
5. Develop a tool to track private healthcare system implementation of the <i>Guideline's</i> AAR (Ask, Advise, Refer) recommendations.	Q1	NDDoH	
6. Track implementation of the <i>Guideline's</i> AAR recommendations in large healthcare systems.	Ongoing	Center, Grantees, NDDoH	
G3 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).			
Activities	Timeline	Responsible Parties*	Process Outcomes
1. Assess feasibility of addressing objective 6, which likely will be addressed by changes resulting from the Affordable Care Act.	Q2	Center, NDDoH	
G3 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.			
Activities	Timeline	Responsible Parties*	Process Outcomes
1. Assess feasibility of addressing objective 7, which likely will be addressed by changes resulting from the Affordable Care Act.	Q2	Center, NDDoH	
G3 Objective 8: By 2014, address nicotine dependence in addiction treatment programs, in mental health treatment programs and in dual diagnosis treatment programs.			
Activities	Timeline	Responsible Parties*	Process Outcomes
1. Continue assessment of tobacco-free campuses.	Ongoing	Center, NDDoH, Grantees	
2. Educate directors and clinicians through statewide and local conferences and meetings.	Ongoing	Center, NDDoH, Grantees	

Goal 4 (G4): Build Capacity/Infrastructure to Implement a Comprehensive Evidence-based Tobacco Prevention/Control Program			
G4 Objective 1: Throughout FY 2012, sustain and enhance a fully functional administrative structure to manage the comprehensive North Dakota Tobacco Prevention and Control Program.			
Activities	Timeline	Responsible Parties*	Process Outcomes
1. Prepare the biennial comprehensive program budget according to CDC Best Practice percentages.	Q1	Center, NDDOH	
2. Enhance real-time fiscal management system.	Ongoing	Center	
3. Develop and implement optimum personnel plan, including staff positions and contractors, to carry out the comprehensive program.	Q1	Center, NDDoH	
4. Review and modify, if indicated, grant allocation guidelines.	Q2	Center	
5. Train and provide technical assistance to grantees, contractors, and community partners.	Quarterly and ongoing	Center, NDDoH, Grantees	
6. Continue to integrate <i>Savings Lives–Saving Money</i> with other chronic disease programs’ plans.	Ongoing	NDDoH, Partners, Grantees	
7. Improve advocacy capacity by continuing to engage Tobacco Free North Dakota, other state coalitions and other allied organizations in <i>Savings Lives–Saving Money</i> implementation.	Ongoing	All partners	
8. Enhance grantees’ and contractors’ reporting mechanisms and accountability standards.	Q1	Center, NDDoH	
9. Continue to implement Communications Plan.	Ongoing	All partners	

10. Continue review and implementation of the Disparities Plan.	Ongoing	NDDoH	
11. Update state and local policy databases.	Ongoing	Center, NDDoH, Grantees	
G4 Objective 2: Throughout FY 2012, 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 Health Service (IHS) area.			
Activities	Timeline	Responsible Parties*	Process Outcomes
1. Evaluate funding allocation/formula(s) for disbursing grants to local public health units, tribes and community partnerships.	Q1	Center, NDDoH	
2. Assure adequate staff and consultants to carry out local comprehensive programs.	Ongoing	Center, NDDoH	
3. Develop annual training plan for grantees, partners, staff and Advisory Committee.	Q1	Center, NDDoH	
4. Develop trainings (e.g. Tobacco 101, Coalition Building, Effective Outreach and Advocacy in Small Communities).	Ongoing	Center	
5. Provide technical assistance to grantees.	Ongoing	Center, NDDoH	
6. Facilitate and coordinate local grassroots activities to support state efforts.	Ongoing	All partners	
7. Strengthen and develop local coalitions.	Ongoing	Grantees	
8. Educate policymakers, including local boards of health, and public about need for comprehensive tobacco prevention and control programs.	Ongoing	Grantees	

9. Monitor grantee and contractor work plan activities.	Ongoing	Center, NDDoH	
10. Collaborate with local law enforcement to ensure compliance with local and state smoke-free laws.	Ongoing	Grantees	
G4 Objective 3: Throughout FY 2012, 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.			
Activities	Timeline	Responsible Parties*	Process Outcomes
1. Maintain support from local public health units and other partners.	Q1	Center, Grantees	
2. Educate policymakers and the public on health, SHS, cost of tobacco, root causes of tobacco epidemic.	Ongoing	Center, Grantees	
3. Implement an annual health communication plan.	Ongoing	Center	
4. Develop a plan to monitor pro-tobacco influences: e.g. number of lobbyists, FTC report for ND, front groups, etc.	Ongoing	Center, NDDoH	
5. Update health communication standards.	Q1	Center	
6. Enhance the Health Communications evaluation component of the Center's evaluation.	Q2	Center	
7. Explore hosting a biennial statewide summit/conference to educate and communicate with stakeholders.	Q2	All partners	
G4 Objective 4: Ongoing through FY2012, implement the evaluation plan, which includes a plan for statewide surveillance.			
Activities	Timeline	Responsible Parties*	Process Outcomes
1. Contract/hire evaluation coordinator.	Q1	Center	

2. Explore establishment of an evaluation advisory committee.	Q1	Center	
3. Review surveillance and evaluation plan and update as necessary.	Q2	Center, NDDOH	
4. Review current data collection instruments to determine whether additional data are needed.	Ongoing	Center, NDDoH	
5. Create and maintain a current inventory of data collected by public and private agencies.	Ongoing	Center, NDDoH	
6. Post and disseminate data as appropriate.	Ongoing	All partners	
7. Work with independent evaluator to evaluate comprehensive program.	Ongoing	Center, NDDoH	
G4 Objective 5: By June 2014, sustain North Dakota's comprehensive tobacco prevention and control program in conformance with current CDC recommendations.			
Activities	Timeline	Responsible Parties*	Process Outcomes
1. Review and update Sustainability Plan.	Q4	All partners	
2. Conduct a midcourse review of <i>Saving Lives –Saving Money</i> and amend as needed.	Q3	All partners	
3. Review and modify the comprehensive evidence-based tobacco prevention and control program based on the evaluation.	Q3	All partners	
4. Prepare 2012-2013 Work Plan.	Q4	All partners	

5. Engage the Advisory Committee members to advocate for the comprehensive program, including adequate staffing, by providing annual reports to the organizations they represent and securing supportive resolutions.	Q2	Center	
6. Update all resolutions from partners to support the comprehensive program (funding, SHS, tax, cessation).	Q4	All partners	
7. Report on program's achievements.	Ongoing	All partners	

**“All Partners” may include but not be limited to: Center for Tobacco Prevention and Control Policy, ND Department of Health, American Lung Association, American Cancer Society, ND Medical Association, ND Society for Respiratory Care, ND Nurses Association, March of Dimes, ND Education Association, Americans for Nonsmokers’ Rights, Campaign for Tobacco Free Kids.

** “Center” indicates the responsible party is the Executive Director of the ND Center for Tobacco Prevention and Control Policy or her designee, including staff and/or contractors.

** “NDDoH” indicates the responsible party is the Chronic Disease Division Director of the ND Department of Health or her designee.

** “ND Tobacco Q-line Consortium” is a committee with the purpose of promoting quitting among adults and young people, leveraging resources to maximize Quitline services and coordinating cessation services across the state to offer consistency/stability as well as increase efficiency and effectiveness.