

**SAVING LIVES – SAVING MONEY:  
NORTH DAKOTA'S  
COMPREHENSIVE STATE PLAN TO  
PREVENT AND REDUCE TOBACCO USE  
2009-2014**

**North Dakota Tobacco Prevention and Control Advisory Committee  
July 2009**

## **Saving Lives -- Saving Money: North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use**

North Dakota voters passed Initiated Measure #3 on November 4, 2008. The Measure enacted a new law to establish and fund a comprehensive statewide tobacco prevention and control program. The Measure also created a Tobacco Prevention and Control Advisory Committee to develop a plan within 180 days of the initial meeting of the committee. A three member Executive Committee is charged with overseeing the implementation and evaluation of the plan.

The 61<sup>st</sup> North Dakota Legislative Assembly appropriated \$9.3 million per year, the U.S. Centers for Disease Control and Prevention (CDC) recommended funding level, for the comprehensive tobacco prevention and control program.

The North Dakota Tobacco Prevention and Control Advisory Committee is pleased to submit *Saving Lives – Saving Money: North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use 2009 – 2014* to you the people of North Dakota for your review and support. You have entrusted the Advisory Committee with the responsibility of designing a plan to improve the health of North Dakotans by reducing tobacco use – the leading cause of premature death and disease in our state. We pledge to you that we will work with you to implement this comprehensive, evidence-based tobacco prevention and control program based on the CDC *Best Practices for Comprehensive Tobacco Control Programs October 2007*. Using these Best Practices will ensure that together we will reduce tobacco use and the premature death and disease it causes in the most cost effective and efficient manner.

The toll of tobacco in North Dakota is too high.

- Tobacco use is the leading preventable cause of death, disease and disability in North Dakota.
- Each year 877 North Dakota adults die prematurely from illnesses caused by smoking.
- Approximately 11,000 North Dakota youth younger than 18 are projected to die prematurely due to smoking.
- Secondhand smoke kills 80 to 140 North Dakotans each year.
- North Dakota receives approximately \$57 million annually from tobacco taxes, the Master Settlement Agreement and the CDC; however, tobacco use costs North Dakota upwards of \$442 million each year: \$250 million in direct medical expenditures and \$192 million in lost productivity.

This comprehensive State Plan is built on the foundation established in *On the Path to a Healthier Tomorrow, North Dakota's Strategic Plan to Prevent and Reduce Tobacco Use 2008 – 2013* and the work of the North Dakota Department of Health as well as the hundreds of organizations and individuals who have been involved in tobacco prevention and control efforts for more than two decades. Over the next five years, implementation of this State Plan will prevent a greater number of North Dakota youth and young adults from beginning to use tobacco products, decrease the number of tobacco users, and fully protect the public from exposure to secondhand smoke in public places and in their workplaces. The plan includes four goal areas and identifies objectives and action steps that will lead to achievement of those goals. A number

of objectives are repeated throughout the Plan because they are proven-effective strategies to reach multiple goals. These strategies include increasing the price of tobacco products and implementing comprehensive tobacco-free policies. Each goal area begins with a number of indicators that will be used to measure progress toward achievement of the goal area. If state and local policy makers, healthcare providers, schools, colleges, employers and the public fully implement this plan it will significantly prevent and reduce smoking and other tobacco use in North Dakota and produce enormous public health and economic benefits to the state.

There is overwhelming evidence that states that have implemented programs consistent with the CDC *Best Practices* and its recommended funding level have significantly reduced youth and adult tobacco use, improved health and saved lives. The Campaign for Tobacco-Free Kids estimates that funding North Dakota's tobacco prevention and cessation efforts at the CDC-recommended level will result in significant public health benefits. With a sustained effort, we can expect the fully implemented comprehensive plan will within the first five years:

- Reduce youth smoking by 12.7 percent.
- Stop 4,570 North Dakota youth from becoming addicted adult smokers.
- Prompt more than 3,500 adult smokers to quit for good.
- Save more than 2,380 North Dakota citizens from dying prematurely from smoking.

Funding the state tobacco prevention and control program at the CDC-recommended level and implementing this State Plan will strengthen the North Dakota economy by increasing employee productivity and reducing future tobacco-caused healthcare and related economic and other tobacco-caused costs in the state by more than \$113 million, including more than \$11.9 million in future savings in state Medicaid program expenditures.

If North Dakota fully implements this State Plan by building a comprehensive tobacco prevention and control program, we can expect to see a sharp reduction in smoking and other tobacco use in the state. The number of people in the state who suffer and die prematurely because of smoking and other tobacco use will decrease; a healthier and more productive workforce will bolster our economy; and public and private dollars will be saved by cutting government, business, health care and household expenditures caused by smoking and other tobacco use.

Saving Lives – Saving Money is our pledge to the people of North Dakota.

The North Dakota Tobacco Prevention and Control Advisory Committee

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**SAVING LIVES – SAVING MONEY:  
NORTH DAKOTA’S COMPREHENSIVE STATE PLAN  
TO PREVENT AND REDUCE TOBACCO USE  
2009-2014**

**GOAL 1      PREVENT THE INITIATION OF TOBACCO USE AMONG YOUTH AND YOUNG ADULTS**

**PROGRESS INDICATORS**

Percentage of the public supporting increasing tobacco excise taxes (65% in 2003 – American Cancer Society of North Dakota, Study by Harstad Research)

Percentage of the public supporting 100 percent smoke-free workplaces (64% in 2008 – Secondhand Smoke Study of North Dakota, Public Education Task Force)

Percentage of youth who smoked first cigarette before age 13 (36.9% in 2007 – North Dakota Youth Risk Behavior Survey)

Percentage of schools reporting comprehensive tobacco-free policies (Baseline to be established – North Dakota Tobacco Prevention and Control Program)

***OBJECTIVE 1***

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.

(\$0.44 since 1993 – North Dakota Century Code)

**ACTION STEPS**

- Develop and implement a tobacco tax policy plan.
- Mobilize local coalitions, including youth, to support increasing tobacco excise taxes.
- Educate the public and policymakers on the need for increasing tobacco excise taxes and how doing so will benefit North Dakota.
- Monitor public support for increasing tobacco excise taxes.
- Provide training and technical assistance to local coalitions and community partners to gain local support for excise tax increases from the public, city and county policymakers, state legislators, youth service agencies and medical/health professionals.
- Track legislative actions.

***OBJECTIVE 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.

(2005 Smoke Free law exemptions – North Dakota Century Code)

**ACTION STEPS**

- Develop and implement a smoke-free policy plan.
- Mobilize local coalitions, including youth, to support amending the smoke-free law to include all public places and workplaces.
- Provide training and technical assistance to local coalitions and community partners to gain support for 100 percent smoke-free public places and workplaces from the public, city and county policymakers, state legislators, youth service agencies and medical/health professionals.

- Educate the public and policymakers on the health benefits of smoke-free environments and the role smoke-free environments play in preventing youth smoking.
- Monitor public support for making all public places and workplaces statewide smoke-free.
- Track legislative actions.

**OBJECTIVE 3**

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.

(Two communities in 2009 – North Dakota Department of Health, Local Ordinance Database)

**ACTION STEPS**

- Develop and implement a smoke-free communities policy plan.
- Mobilize local coalitions, including youth, to support adopting local ordinances making all public places and workplaces smoke free.
- Provide training and technical assistance to local coalitions and community partners to gain support for 100 percent smoke-free public places and workplaces from the public, city and county policymakers, youth service agencies and medical/health professionals.
- Educate the public and policymakers on the health benefits of smoke-free environments and the role smoke-free environments play in preventing youth smoking.
- Monitor public support for making all public places and workplaces in the community smoke free.
- Track policies as they are enacted.

**OBJECTIVE 4 (Developmental) \***

By June 2013, increase the percentage of school districts with a comprehensive tobacco-free school policy to 50 percent.

(Baseline to be established)

**ACTION STEPS:**

- Collaborate with the North Dakota Department of Public Instruction (DPI) Coordinated School Health Program, the North Dakota School Boards Association and other educational associations and organizations to revise and update the comprehensive Tobacco-Free School Policy Tool Kit.
- Mobilize local coalitions, including youth, to educate communities and school boards about the need for and benefits of a comprehensive tobacco-free school policy using the Tobacco-Free School Policy Tool Kit.
- Develop a tracking system to monitor implementation of comprehensive tobacco-free school policies.
- Provide technical assistance to implement and monitor adherence with comprehensive tobacco-free school policies.
- Publicize and recognize school districts with a comprehensive tobacco-free school policy.

**OBJECTIVE 5**

By December 2013, increase the number of public and private post-secondary institutions with tobacco-free campuses to eleven.

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\* The objective is considered developmental if there is no baseline data.

(Seven campuses in 2008 – North Dakota Department of Health, College and University Tobacco-Free Database)

### **ACTION STEPS**

- Educate the Chancellor of the North Dakota University System and other policymakers at public, tribal<sup>†</sup> and private colleges and universities about the components and benefits of a tobacco-free campus.
- Partner with the Chancellor to promote a policy designating all of the campuses in the public college and university system 100 percent tobacco free.
- Mobilize local coalitions, including youth, to support efforts at public, tribal and private institutions to enact a 100 percent tobacco-free campus policy.
- Organize and train members of the campus community, including students, to advocate for tobacco-free campuses.
- Provide technical assistance to implement and monitor adherence with tobacco-free campus policies.
- Develop a tracking system to monitor implementation of comprehensive tobacco-free policies.
- Publicize and recognize post-secondary institutions with 100 percent tobacco-free campuses.

## **GOAL 2 ELIMINATE EXPOSURE TO SECONDHAND SMOKE**

### **PROGRESS INDICATORS**

Percentage of the public who support 100 percent smoke-free workplaces (64.4% in 2008 – Secondhand Smoke Study of North Dakota, Public Education Task Force)

Percentage of workers exposed to secondhand smoke in the workplace (8% in 2009 – North Dakota Adult Tobacco Survey)

Number of complaints about smoke-free law violations (Baseline to be established)

Number of cigarettes sold per capita (1,474 per capita in 2008 – North Dakota Tax Department and North Dakota Tobacco Prevention and Control Program)

### **OBJECTIVE 1**

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.

(2005 Smoke Free law exemptions – North Dakota Century Code)

### **ACTION STEPS**

- Develop and implement a smoke-free policy plan.
- Mobilize local coalitions, including youth, to support amending the Smoke-Free law to make all public places and workplaces smoke free.
- Provide training and technical assistance to local coalitions and community partners to gain support for 100 percent smoke-free public places and workplaces from the public, city and county policymakers, state legislators and medical/health professionals.
- Educate the public and policymakers on the health benefits of smoke-free environments and the role smoke-free environments play in preventing youth smoking and in reducing smoking,

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<sup>†</sup> Tobacco is considered a sacred gift with traditional uses specific to each tribe, with each traditional use very different from commercial tobacco use.

especially among pregnant women, low socioeconomic status populations and racial and ethnic minorities.

- Monitor public support for making all public places and workplaces statewide smoke free.
- Track legislative actions.

### ***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.

(Two communities in 2009 – North Dakota Department of Health, Local Ordinance Database)

### **ACTION STEPS**

- Develop and implement a smoke-free communities policy plan.
- Mobilize local coalitions, including youth, to support adopting local ordinances making all public places and workplaces smoke free.
- Provide training and technical assistance to local coalitions and community partners to gain support for 100 percent smoke-free public places and workplaces from the public, city and county policymakers and medical/health professionals.
- Educate the public and policymakers on the health benefits of smoke-free environments and the role smoke-free environments play in preventing youth smoking and in reducing smoking, especially among pregnant women, low socioeconomic status populations and racial and ethnic minorities.
- Monitor public support for making all public places and workplaces in the community smoke free.
- Track policies as they are enacted.

### ***OBJECTIVE 3***

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.

(Local governments are not preempted from enacting tobacco prevention and control ordinances – North Dakota Century Code)

### **ACTION STEPS**

- Update preemption educational materials.
- Mobilize local coalitions to gather support from communities and organizations to support local resolutions that oppose statewide preemption.
- Train local coalitions about how to prevent and deal with preemption activities, including referenda.
- Track all legislation for preemption language.

## **GOAL 3 PROMOTE QUITTING TOBACCO USE**

### **PROGRESS INDICATORS**

Number of calls to the Quitline (2,322 per year in 2008 – North Dakota Tobacco Prevention and Control Program – Quitline Reports)

Number of fax referrals to Quitline (264 per year in 2008 – North Dakota Tobacco Prevention and Control Program – Quitline Reports)

Percentage of adult smokers advised to quit smoking by a health care provider (58.6% in 2004 – North Dakota Behavioral Risk Factor Surveillance System)  
Percentage of adult smokers who made a quit attempt in the last twelve months (52.2% in 2008 – North Dakota Behavioral Risk Factor Surveillance System)

### ***OBJECTIVE 1***

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.  
(\$0.44 since 1993 – North Dakota Century Code)

### **ACTION STEPS**

- Develop and implement a tobacco tax policy plan.
- Mobilize local coalitions, including youth, to support increasing tobacco excise taxes.
- Educate the public and policy makers on the need for increasing tobacco excise taxes and how doing so will benefit North Dakota.
- Monitor public support for increasing tobacco excise taxes.
- Provide training and technical assistance to local coalitions and community partners to gain local support for excise tax increases from the public, city and county policymakers, state legislators and medical/health professionals.
- Track legislative actions.

### ***OBJECTIVE 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.  
(2005 Smoke Free law exemptions – North Dakota Century Code)

### **ACTION STEPS**

- Develop and implement a smoke-free state policy plan.
- Mobilize local coalitions, including youth, to support amending the Smoke-free law to make all public places and workplaces smoke free.
- Provide training and technical assistance to local coalitions and community partners to gain support for 100 percent smoke-free public places and workplaces from the public, city and county policymakers, state legislators and health and substance abuse professionals.
- Educate the public and policymakers on the health benefits of smoke-free environments and the role smoke-free environments play in reducing smoking, especially among pregnant women, low socioeconomic status populations and racial and ethnic minorities.
- Monitor public support for making all public places and workplaces statewide smoke free.
- Track legislative actions.

### ***OBJECTIVE 3***

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.  
(Two communities in 2009 – North Dakota Department of Health, Local Ordinance Database)

### **ACTION STEPS**

- Develop and implement a smoke-free communities policy plan.
- Mobilize local coalitions, including youth, to support adopting local ordinances making all public places and workplaces smoke free.

- Provide training and technical assistance to local coalitions and community partners to gain support for 100 percent smoke-free public places and workplaces from the public, city and county policymakers and medical/health professionals.
- Educate the public and policymakers on the health benefits of smoke-free environments and the role smoke-free environments play in reducing smoking, especially among pregnant women, low socioeconomic status populations and racial and ethnic minorities.
- Monitor public support for making all public places and workplaces in the community smoke free.
- Track policies as they are enacted.

#### **OBJECTIVE 4**

By 2014, increase annual use of the North Dakota Tobacco Quitline to a minimum of 2 percent of all smokers and smokeless tobacco users.

(0.66 % in 2008 – North Dakota Behavioral Risk Factor Surveillance System and North Dakota Tobacco Prevention and Control Program – Quitline Reports)

#### **ACTION STEPS**

- Establish the North Dakota Tobacco Quitline as the primary source of support for all tobacco users making a quit attempt.
- Increase fax referrals to the Quitline.
- Expand Quitline media, promotion and marketing at the state and community levels.
- Evaluate Quitline media, promotion and marketing campaigns.
- Ensure that 100 percent of Quitline clients have access to a minimum 28-day supply of nicotine replacement therapy (NRT).
- Expand evaluation of Quitline services and marketing, including external evaluation.
- Maintain North Dakota Tobacco Quitline consortium.
- Expand Quitline services to include emerging technologies.
- Encourage health care providers, other health, mental health, substance abuse, social service providers and businesses to promote the Quitline to all tobacco users.
- Update the matrix of existing cessation benefits.

#### **OBJECTIVE 5 (Developmental)\***

By 2014, incorporate the systems approach to tobacco treatment recommended in the U.S. Public Health Service *Treating Tobacco Use and Dependence, Clinical Practice Guideline – 2008 Update* in the 28 local public health units and in three of the six largest health care systems. (Baseline to be established)

#### **ACTION STEPS**

- Establish a Cessation Advisory Committee to establish guidelines and procedures for implementing system changes in treating tobacco use.
- Collect baseline data on public and private health care settings' adherence to the tobacco treatment recommendations for health care settings in the U.S. Public Health Service *Treating Tobacco Use and Dependence, Clinical Practice Guideline – 2008 Update*.
- Establish tobacco-free buildings and grounds policies at public and private health care settings.
- Educate and train public and private health care providers to implement provider reminder systems and to deliver the AAR (ask, advise, refer) intervention to their clients.

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\* The objective is considered development if there is no baseline data.

- Promote incorporation of curriculum on treating tobacco use and dependence in medical, nursing, pharmacy and allied health programs.
- Promote certified tobacco treatment specialists as resources for systems change.
- Track the implementation of the *Guideline*'s recommendations in the local public health units and in the large health care systems.

**OBJECTIVE 6 (Developmental)\***

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). (Baseline to be established)

**ACTION STEPS**

- Identify and survey North Dakota's twelve largest employers to determine the types of cessation coverage provided in their employee health benefits plan(s).
- Disseminate/educate about the recommendations for insurers/third-party payer coverage for cessation interventions in the U.S. Public Health Service *Treating Tobacco Use and Dependence, Clinical Practice Guideline – 2008 Update*.
- Educate workplaces, including worksite wellness programs, about the benefits of including cessation as a covered health benefit.
- Advocate with employers to include tobacco cessation medications and services in their employee health benefits plans.
- Track cessation coverage in employee benefit plans.

**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. (Nine in 2007 – North Dakota Tobacco Prevention and Control Program).

**ACTION STEPS**

- Survey all third-party payers to determine the types of cessation medications and services they cover as a standard health benefit.
- Disseminate and educate about the recommendations for insurance/third-party payers to cover the cessation interventions in the U.S. Public Health Service *Treating Tobacco Use and Dependence, Clinical Practice Guideline – 2008 Update*.
- Negotiate with third-party payers to contribute to the cost of operating the Quitline.
- Advocate with third-party payers to include coverage for tobacco cessation medications and services as a standard health benefit in the policies they offer.
- Track the cessation benefits provided by third-party payers.

**OBJECTIVE 8 (Developmental)\***

By 2014, address nicotine dependence in addiction treatment programs, in mental health treatment programs and in dual diagnosis treatment programs. (Baseline to be established)

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\* The objective is considered developmental if there is no baseline data.

## **ACTION STEPS**

- Establish tobacco-free building and grounds policies at mental health and substance abuse treatment centers.
- Partner with the North Dakota Department of Human Services to educate mental health practitioners and licensed addiction counselors about treating tobacco use as recommended by the U.S. Public Health Service *Treating Tobacco Use and Dependence, Clinical Practice Guideline – 2008 Update* and the North Dakota Chapter of the American Society of Addiction Medicine.
- Include treating tobacco use in the licensed mental health practitioners and licensed addiction counselors' continuing education programs.
- Collaborate with colleges with mental health and addiction counseling training programs and with the training consortiums to educate students and currently licensed mental health practitioners and licensed addiction counselors on implementing the recommendations in *Treating Tobacco Use and Dependence, Clinical Practice Guideline – 2008 Update* and the North Dakota Chapter of the American Society of Addiction Medicine.
- Educate mental health practitioners and licensed addiction counselors on referring tobacco users to the Quitline, including the fax referral system, and other available services.
- Advocate for inclusion of a tobacco use treatment component in the North Dakota Department of Human Services licensing requirements for mental health centers and addiction centers.
- Track the implementation of the U.S. Public Health Service *Treating Tobacco Use and Dependence, Clinical Practice Guideline – 2008 Update* recommendations in mental health and addiction treatment programs.

## **GOAL 4 BUILD CAPACITY AND INFRASTRUCTURE TO IMPLEMENT A COMPREHENSIVE EVIDENCE-BASED TOBACCO PREVENTION AND CONTROL PROGRAM**

### **PROGRESS INDICATORS**

Number of active local coalitions (Baseline to be established – North Dakota Tobacco Prevention and Control Executive Committee [NDTPCEC])

Funding level of the comprehensive Tobacco Prevention and Control Program (\$9.3 million in 2009 – NDTPCEC)

Fully staffed tobacco prevention and control program at the state level (Baseline to be established – NDTPCEC)

Active state tobacco prevention and control coalition (Baseline to be established – NDTPCEC)

Number of surveys routinely conducted and results reported (Five in 2009 [ATS, YRBS, YTS, BRFSS, and SHSS] – North Dakota Tobacco Prevention and Control Program and Public Education Task Force)

Number of local grantees that meet a minimum of 75 percent of their annual objectives (Baseline to be established – NDTPCEC and North Dakota Tobacco Prevention and Control Program)

Number of health communications campaigns implemented (One in 2008 – NDTPCEC)

### **OBJECTIVE 1**

By January 2010, develop an administrative structure to manage the comprehensive North Dakota Tobacco Prevention and Control Program.

(Partial structure in place in 2009)

## **ACTION STEPS**

- Maintain and expand a real time fiscal management system to track the allocation and expenditure of funds in order to ensure program accountability at the state and local levels.
- Hire sufficient qualified and diverse tobacco prevention and control staff and consultants to administer, manage and ensure accountability of North Dakota's statewide, comprehensive, evidence-based Tobacco Prevention and Control Program.
- Review and revise as necessary grant allocation guidelines.
- Provide ongoing technical assistance and training to community partners, grantees, sub-grantees and contractors to ensure delivery of evidence-based initiatives and interventions.
- Integrate where appropriate this State Plan, and additional supplemental plans, with strategic plans of other chronic disease programs.
- Engage Tobacco Free North Dakota and other state coalitions in implementing the State Plan.
- Review and update accountability requirements and reporting mechanisms for statewide and local grantees and contractors.
- Continue to update and implement the North Dakota Tobacco-Related Disparities Plan.
- Update and implement internal and external communications plan(s) as needed.
- Maintain a policy database.

### ***OBJECTIVE 2 (Developmental)\****

By June 2010, build local infrastructure and capacity to collaboratively deliver evidence-based tobacco prevention and control interventions recommended in *Best Practices for Comprehensive Tobacco Control Programs, October 2007* and *The Guide to Community Preventive Services: Tobacco Use Prevention and Control* to reach all local public health units, four reservations and one Indian service area.

(Baseline to be established)

## **ACTION STEPS**

- Expand funding to local public health units, tribes and community partnerships, including traditional and non-traditional partners, to deliver tobacco prevention and control initiatives, including policy interventions.
- Support the hiring of sufficient qualified and diverse tobacco prevention and control program staff and consultants at the local level to work with all North Dakota communities to deliver tobacco prevention and control initiatives, including policy interventions.
- Provide ongoing technical assistance and training to grantees and contractors to ensure delivery of evidence-based initiatives and interventions, including policy interventions.
- Facilitate community-based grassroots promotions, media advocacy, event sponsorships and other community links to support and reinforce statewide campaigns and to counter pro-tobacco influences.
- Strengthen and develop local coalitions to address policy interventions.
- Assure that youth and organizations that serve youth are engaged in local coalition activities.
- Educate policymakers and the public about the evidence-based, recommended interventions, including policy interventions, outlined in *Best Practices* and *The Community Guide*, and the need for sufficient staff at the state and local levels and the benefits of community-based programs and policy interventions.
- Collaborate with local coalitions and other partners to ensure compliance with tobacco-related local ordinances, school district policies, college and university policies and state and federal

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\* The objective is considered developmental if there is no baseline data.

laws.

- Promote collaboration with other community partners to address each others' tobacco-related chronic disease priorities.
- Provide guidance on how to monitor pro-tobacco influences in local communities.
- Track implementation of grant and contract requirements.

### ***OBJECTIVE 3***

By June 2010, create and 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.

(Two limited health communications campaigns on secondhand smoke and the Quitline in 2009 – Public Education Task Force and North Dakota Tobacco Prevention and Control Program)

### **ACTION STEPS**

- Secure and maintain support from local public health units and other partners.
- Identify and convene an expert panel to advise the effort.
- Educate policymakers and the public about the components and benefits of a comprehensive tobacco prevention and control program.
- Enhance capacity to develop counter-marketing campaign(s), including sufficient staff, outside contractors and partner support.
- Conduct audience research.
- Conduct market research.
- Test messages.
- Develop and implement a media plan with agencies and contractors, with input from the expert panel, that uses proven strategies to reach 75 percent of the public with sufficient frequency and duration.
- Develop components of promotional plans.
- Investigate emerging communications technologies.
- Coordinate and integrate with local activities.
- Develop an evaluation plan to measure effectiveness of the campaigns, and use results to fine-tune efforts.

### ***OBJECTIVE 4***

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

(No comprehensive surveillance and evaluation plan in 2009 – Tobacco Prevention and Control Executive Committee and North Dakota Tobacco Prevention and Control Program)

### **ACTION STEPS**

- Identify and convene an expert panel to advise the development of the plan.
- Identify and engage stakeholders in the development of the plan.
- Identify key process and outcome indicators to be measured.
- Create an inventory of current tobacco-related data collected by public and private sector agencies and organizations.
- Continue to use current data sources, including the Behavioral Risk Factor Surveillance System, Adult Tobacco Survey, Youth Risk Behavior Survey, and the Youth Tobacco Survey, to monitor the program impact at the state and local level.

- Expand statewide community-specific data collection and analysis and evaluation efforts.
- Use data to identify and focus on groups disparately affected by tobacco use.
- Collaborate with other Department of Health and Department of Human Services programs to collect and share data that will enhance efforts to reduce the burden of chronic diseases.
- Enhance capacity to collect and analyze data to define populations with tobacco-related disparities.
- Disseminate survey findings to local public health unit staff, local coalitions and community partnerships, etc., to support program evaluation and planning efforts.
- Disseminate data and program activity reports to the public and policymakers.
- Prepare and disseminate biennial reports to the Legislature that include results and outcomes of the comprehensive Tobacco Prevention and Control Program enacted by Initiated Measure 3, including evaluation reports on program effectiveness and recommendations from evaluators.

### ***OBJECTIVE 5***

By June 2014 sustain North Dakota's comprehensive tobacco prevention and control program in conformance with current CDC recommendations.

(CDC funding level of \$9.3 million in 2009 – North Dakota 2009 Legislation)

### **ACTION STEPS**

- Implement a comprehensive evidence-based tobacco prevention and control program containing all components of *Best Practices* and the recommended tobacco-related interventions in *The Community Guide*.
- Review the State Plan yearly and prepare annual action plans to achieve the objectives in the Plan.
- Educate the public and policymakers about the importance of reducing tobacco use and the resulting health and economic benefits.
- Report annually on the progress and impact of the comprehensive tobacco prevention and control program.
- Sustain program funding at the CDC-recommended level.