

**NORTH DAKOTA COMPREHENSIVE TOBACCO PREVENTION  
AND CONTROL STATE PLAN  
2017**





***Tobacco use is the single most preventable cause of death and disease in North Dakota and the United States, causing more deaths annually than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides, combined.***

The current North Dakota Comprehensive Tobacco Prevention and Control State Plan (State Plan) is a state plan coordinated by the North Dakota Department of Health (NDDoH) Tobacco Prevention and Control Program (TPCP). TPCP seeks the input and collaboration of many partners, from state agencies to grassroots community organizations working together in implementing this plan to reduce North Dakota's burden from tobacco.

## **MISSION**

The mission of the TPCP is to improve and protect the health of North Dakotans by reducing the negative health and economic consequences of the state's number-one cause of preventable disease and death - tobacco use.

## **GOAL**

The goal of the TPCP is to reduce disease, disability, and death related to tobacco use by:

- Preventing initiation among youth and young adults
- Promoting quitting among adults and youth
- Eliminating exposure to secondhand smoke
- Identifying and eliminating tobacco-related disparities among specific population groups

Through this State Plan, the TPCP implements a process-based and outcomes-based evaluation of programs to keep state government officials, policymakers, and the public informed. The TCPC recognizes that monitoring and evaluating the planning activities and status of implementation is as important as identifying strategic issues and action steps. The State Plan is intended to be dynamic and will be updated as progress is made or change is indicated. Regularly scheduled meetings will occur so that the TCPC, its advisory body, and partners can clarify and analyze progress, issues, challenges, and lessons learned. This will allow TCPC the opportunity to change recommendations, plans, and resources as required and continuously evaluate progress and outcomes.

## **MODEL FOR COMPREHENSIVE TOBACCO PREVENTION AND CESSATION**

The State Plan for comprehensive tobacco prevention and cessation is based on *Best Practices for Comprehensive Tobacco Control Programs* (Best Practices) model outlined by National Centers for Disease Control and Prevention (CDC). Best Practices describes an integrated programmatic structure for implementing interventions proven to be effective. The model also relies on *The Guide to Community Preventive Services for Tobacco Control Programs* (Community Guide), which provides evidence on the effectiveness of community-based tobacco interventions within three areas of tobacco use prevention and control:

- Preventing tobacco product use initiation
- Increasing cessation
- Reducing exposure to secondhand smoke

In addition to the Community Guide, the 2008 *Update of the Clinical Practice Guideline for Treating Tobacco Use and Dependence* has shaped the tobacco control interventions being implemented in North Dakota.

The TPCP continues to incorporate the program elements recommended by the CDC. It is important to recognize that these individual components must work together to produce the synergistic effects of a comprehensive tobacco control program, which includes:

- Community based programs
- Cessation interventions, including NDQuits, North Dakota's telephone and web-based tobacco cessation service
- Statewide public education campaign
- Evaluation and surveillance
- Infrastructure, administration, and management

## JUSTIFICATION FOR FOCUSING ON GOAL AREAS

The State Plan goal areas, based on Best Practices and Community Guide recommendations, also include crosscutting interventions based on recommendations from these sources.

### **Prevent Initiation of Tobacco Use Among Youth and Young Adults**

#### Increase the unit price of tobacco products.

Rationale: Projections of research findings from the Campaign for Tobacco-Free Kids' indicate that each 10 percent cigarette price increase reduces youth smoking by 6.5 percent, adult smoking rates by 2 percent, and total consumption by about 4 percent (adjust down to account for tax evasion effects). *The Guide to Community Preventive Services*, November 2012, pages 1-2 confirms, "public health effects are proportional to the size of price increase and scale of intervention." CDC Best Practice for Comprehensive Tobacco Control Programs January 2014 recommends an increase of the unit price of tobacco products for preventing tobacco use among youth.

#### Implement effective school and college tobacco use policies throughout North Dakota.

Rationale: "Community programs and school and college policies and interventions should be part of a comprehensive effort, coordinated and implemented in conjunction with efforts to create tobacco-free social norms, including increasing the unit price of tobacco products, sustaining anti-tobacco media campaigns, and making environments smoke-free." (*Best Practices for Comprehensive Tobacco Control Programs*, January 2014, page 19). A tobacco-free school policy promotes a tobacco-free lifestyle and environment for all students, staff, and visitors as well as establishes a tobacco-free social norm.

#### Mobilize the community to restrict minors' access to tobacco products, in combination with additional interventions (stronger local laws directed at retailers, active enforcement of retailer sales laws, and retailer education with reinforcement).

Rationale: In the 2012 Surgeon General's Report on Preventing Tobacco Use Among Youth and Young Adults, "Prevention efforts must focus on both adolescents and young adults because among adults who become daily smokers, nearly all first use of cigarettes occurs by 18 years of age (88 percent) with 99 percent of first use by 26 years of age. Advertising and promotional activities by tobacco companies have been shown to cause the onset and continuation of smoking and other tobacco products use among adolescents and young adults" (page 8). The tobacco industry's own internal correspondence and testimony in court, as well as widely accepted principles of advertising and marketing, support the conclusion that tobacco advertising recruits new users as youth and reinforces continued use among young adults (page 522). Emerging and traditional tobacco products are the instruments for recruitment.

### **Eliminate Exposure to Secondhand Smoke**

#### Maintain comprehensive smoke-free laws in North Dakota.

Rationale: In November 2012, North Dakota passed one of the strongest laws in the United States to protect all citizens from secondhand smoke and prevent youth initiation use of tobacco products. Secondhand smoke is a mixture of over 7,000 chemicals, which contaminates both indoor and outdoor air. Exposure to secondhand smoke may lead to adverse health effects to all exposed, especially children. Some

adverse health effects experienced by children are middle ear disease, respiratory symptoms, impaired lung function, asthma, pneumonia, and sudden infant death syndrome. These symptoms and diseases have been causally linked to secondhand smoke. Adults exposed to secondhand smoke also have causally linked evidence from nasal irritation to lung cancer, coronary heart disease, and reproductive effects in women, i.e. low birth weight of infants. Chronic diseases caused by smoking are clearly articulated in the U.S. Surgeon General's Report in *How Tobacco Smoke Causes Disease*, (2010, page iii). There is no safe level of exposure to cigarette smoke.

#### Prevent preemption in all North Dakota state tobacco prevention and control laws.

Rationale: "Preemption can eliminate the benefits of state and local policy initiatives. Preemption can also have a negative impact on enforcement, civic engagement, and grassroots movement building." (Pertschuk, Pomeranz, Aoki, Larkin, Paloma (June 15, 2012). *Assessing the Impact of Federal and State Preemption in Public Health: A Framework for Decision Makers. Journal of Public Health Management Practice*, <https://www.ncbi.nlm.nih.gov/pubmed/22759986>)

#### Increase the number of policies addressing smoke-free multi-unit housing and work places not protected under the current smoke-free law in North Dakota.

Rationale: Secondhand smoke is a well-established risk factor for morbidity and mortality due to the hundreds of toxic carcinogens found in secondhand smoke. Twenty three percent of North Dakota's population, or approximately 152,000 people, reside in multi-unit housing. North Dakota's smoke-free air law protects persons at work and in other public places. However, multi-unit housing still represents a major source of secondhand smoke exposure due to transfer of secondhand smoke through shared walls, hallways, ventilation systems, electrical lines, and plumbing systems. Exposure in multi-unit housing can be as high as 65 percent when air comes from other units via ventilation and smoke drift. Drifting smoke is a commonly reported complaint in multi-unit housing. Smoke-free and tobacco-free multi-unit housing benefits include decreased apartment cleaning costs, fire risks and liability, and increased marketability.

#### Increase the number of smoke-free policies in outdoor areas not protected under current smoke-free law in North Dakota.

Rationale: North Dakota's smoke-free air law covers indoor spaces; consequently, many citizens may be exposed to secondhand smoke and the resultant toxins at outdoor venues. Outdoor venues that are smoke-free and tobacco-free promote healthy, active living, and a tobacco-free lifestyle, providing a great example for children and youth. Tobacco-free outdoor areas reduce environmental clean-up cost, potential fire concern, and toxic waste exposure for children and animals. Local control for smoke-free and tobacco-free outdoor venues give communities the solutions that address specific local concerns.

### **Promote Quitting Tobacco Use**

#### Increase the annual treatment reach of NDQuits to all North Dakota cigarette smokers.

Rationale: *The Community Guide* from Community Preventive Services Task Force (August 2012) recommends "three interventions effective at increasing use of quit lines: mass-reach health communications interventions that combine cessation messages with a quit line number; provision of free evidence-based tobacco cessation medications for quitline clients interested in quitting; and quitline referral interventions for health care systems and providers. Evidence also indicates a quitline can help to expand the use of evidence-based

services by tobacco users in populations that historically have had the most limited access to and use of evidence-based tobacco cessation treatments” (page 1). CDC baseline target rate is 6 percent treatment reach, which no state has yet achieved.

Increase the number of health care settings assessed that use the systems approach for tobacco dependence treatment.

Rationale: *The Community Guide* from Community Preventive Services Task Force (August 2012) recommends “quit line interventions, particularly proactive quit lines (i.e. those that offer follow-up counseling calls), based on strong evidence of effectiveness in increasing tobacco cessation among clients interested in quitting” (page 1). Policies and programs changes communicated to health care providers and tobacco users to increase awareness, interest in quitting, and use of evidence-based treatments.

### **Build Capacity and Infrastructure to Implement a Comprehensive Evidence-Based Tobacco Prevention and Control Program**

Maintain the administrative structure to manage the comprehensive North Dakota Tobacco Prevention and Control Program in concurrence with *CDC Best Practices for Tobacco Prevention and Control Programs*.

Rationale: A comprehensive tobacco control program requires considerable funding to implement; therefore, a fully functioning infrastructure must be in place in order to achieve the capacity to implement effective interventions. Sufficient capacity is essential for program sustainability, efficacy and efficiency, and enables programs to plan their strategic efforts, provide strong leadership and foster collaboration among the state and local tobacco control communities. An adequate number of skilled staff is also necessary to provide or facilitate program oversight, technical assistance and training.” (*Best Practices for Comprehensive Tobacco Control Programs*, January 2014, p.64)

# STATE PLAN GOALS, OBJECTIVES, STRATEGIES AND ACTIVITIES JULY 1, 2017 – JUNE 30, 2019.

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

Objective 1.1: By June 30, 2019, increase the price of cigarettes and other tobacco products by the minimum amount necessary to effectively lower health impacts, excluding FDA approved Nicotine Replacement Therapy products. (Current tax: 44 cents Source: North Dakota Tax Department)

Rationale: According to the campaign for Tobacco-Free Kids, their research shows that each 10 percent cigarette price increase reduces youth smoking by 6.5 percent, adult smoking rates by 2 percent and total consumption by about 4 percent (adjust down to account for tax evasion effects). The Guide to Community Preventive Services, November 2012, pg. 1-2 confirms public health effects are proportional to the size of price increase and scale of intervention.” CDC Best Practice for Comprehensive Tobacco Control Programs January 2014 recommends increasing the unit price of tobacco products for preventing tobacco use among youth.

Strategy 1.1.1: Meet with partners and stakeholders to coordinate efforts to move forward with price increase implementation.

Activity: Assist the Tobacco Free North Dakota (TFND) coalition in building capacity to serve as the lead partner in price increase efforts.

Activity: Develop a strategic plan to increase the price of tobacco products.

Activity: Identify and engage local and state community champions willing to support these price increase efforts.

Strategy 1.1.2: Provide resources and guidance for Local Public Health Unit (LPHU) Tobacco Prevention and Control Programs (TPCPs) and Tribal Tobacco Prevention and Control Programs (TPCP) to promote the benefits of tobacco product price increases to their communities.

Activity: Work with LPHUs to develop and expand local coalitions to provide a local voice for community-backed price increase efforts.

Activity: LPHU TPCP coordinators and their local coalitions work to engage local leaders on the importance of tobacco price increase efforts.

Strategy 1.1.3: Work with political subdivisions to designate Electronic Nicotine Delivery Systems (ENDS) as tobacco products.

Strategy 1.1.4: Engage Tribal TPCPs to implement or increase the price of tobacco on North Dakota American Indian (AI) reservations to match or exceed state pricing.

Objective 1.2: By June 30, 2019, the North Dakota Department of Health (NDDoH) and North Dakota School Board Association (NDSBA) comprehensive model tobacco-free school policy will cover 90 percent of Local Education Associations (LEAs) (from 82 percent in 2017. Source: Center for Tobacco Prevention and Control Policy (CTPCP) data).

Strategy 1.2.1: Engage new NDSBA Policy Director to coordinate comprehensive policy efforts.



Activity: Review latest NDDoH and NDSBA model policies for consistency. Update policies as necessary.

Activity: Disseminate updated NDDoH/NDSBA policies to LPHU TPCPs to compare with current school policies in their areas.

Activity: Implement updated local school policies with NDDoH/NDSBA policies as needed.

Objective 1.3: By June 30, 2019, increase the number of state and tribal college campuses in North Dakota with tobacco-free grounds policies to 16, adequately addressing ENDS (from 6 in 2017. Source: CTPCP data).

Strategy 1.3.1: Engage North Dakota University System (NDUS) prevention director in policy assessment efforts.

Strategy 1.3.2: Collaborate with LPHU and Tribal TPCPs to work with local state college campuses to assess current policy status and work to strengthen, if necessary.

Objective 1.4: By June 30, 2019, increase to 10 the number of local and tribal TPCPs engaging North Dakota youth to become advocates to counteract tobacco industry marketing influences (from 4 in 2017. Source: North Dakota Department of Health Tobacco Prevention and Control Program (NDDoH TPCP) data).

Strategy 1.4.1: Identify local and tribal TPCPs that have successfully engaged local youth in their advocacy efforts.

Strategy 1.4.2: Provide tobacco prevention advocacy training to youth involved in local program activities.

Activity: Utilize tobacco prevention trainings such as the Counter Tools program.

Activity: Implement Campaign for Tobacco-Free Kids (CTFK) youth advocacy training.

Strategy 1.4.3: Assess compliance with 2015 state ENDS youth access legislation in local communities.

Strategy 1.4.4: Engage youth in activities related to a tobacco product price increase, including ENDS.

Objective 1.5: By June 30, 2019, reduce to 10 the percentage of retailers selling tobacco products to minors as determined by the Synar tobacco compliance check program (from 17.9 percent in 2015. Source: North Dakota Department of Human Services-NDDHS).

Strategy 1.5.1: Coordinate with NDDHS to provide resources to LPHU TPCPs for Synar-related projects, including law-enforcement trainings.

Strategy 1.5.2: Assess North Dakota communities with youth tobacco-compliance ordinances in place.

Activity: Communities with an ordinance: coordinate with NDDHS to provide guidance and resources for compliance checks.

Activity: Communities with no ordinance: coordinate with NDDHS to provide guidance, resources and training to implement compliance checks.



## Goal 2: Eliminate Exposure to Secondhand Smoke

Objective 2.1: By June 30, 2019, eliminate/reduce exposure to secondhand smoke in North Dakota by maintaining the North Dakota Smoke-Free Law as passed in November 2012.

Strategy 2.1.1: Transition smoke-free law compliance coordination with LPHUs to the NDDoH.

Activity: Develop a process to engage LPHUs in compliance notification processes.

Strategy 2.1.2: Provide smoke-free law signage to businesses that are required to comply with the law.

Activity: Work with the North Dakota Secretary of State's office to provide signage and informational materials to new businesses in North Dakota.

Strategy 2.1.3: Monitor legislative/political activity that may threaten the 2012 Smoke-Free Law.

Activity: Work with state and national partners to monitor potential threats.

Strategy 2.1.4: Monitor areas of influence by the tobacco industry.

Activity: Work with state and national partners to monitor industry activities.

Strategy 2.1.5: Provide resources and technical assistance to partners and stakeholders to assist in smoke-free law advocacy efforts.

Activity: Maintain an updated library of resources to assist partners and stakeholders with advocacy and education.

Activity: Convene a work group to identify training and education needs for partners and stakeholders.

Objective 2.2: By June 30, 2019, prevent preemption in all North Dakota state tobacco prevention and control laws.

Strategy 2.2.1: Monitor legislative/political activity that may threaten to preempt North Dakota tobacco prevention and control laws.

Activity: Work with the state and national partners to identify potential preemption threats and measures to counter these threats.

Objective 2.3: By June 30, 2019, reduce the number of North Dakotans exposed to secondhand smoke at home by increasing number of smoke-free multi-unit housing policies encompassing 7,500 housing units (from 6,583 housing units in 2016. Source: CTPCP data).

Strategy 2.3.1: Increase the number of smoke-free multi-unit housing properties in North Dakota.

Activity: Assess the number of current smoke-free multi-unit housing policies in North Dakota.

Activity: Provide education and model smoke-free/tobacco-free policies to local multi-unit housing owners and managers in North Dakota.

Strategy 2.3.2: Assist North Dakota public housing units in the implementation of the Housing and Urban Development (HUD) smoke-free policy.

Activity: Assess number of current policies that restrict exposure to secondhand smoke in local public housing units in North Dakota.

Activity: Provide assistance to local public housing operators and managers in North Dakota on implementation of the HUD smoke-free policy.

Objective 2.4: By June 30, 2019, reduce the number of North Dakotans exposed to secondhand smoke at work and by increasing to 4 the number of smoke-free policies and laws in areas not covered by the North Dakota Smoke-Free Law (from 2 in 2017. NDDoH TPCP).

Strategy 2.4.1: Increase the number of smoke-free tribal casinos in North Dakota.

Activity: Work with the Intertribal Tobacco Abuse Coalition (ITAC) to advance the North Dakota Smoke-Free Casino Project.

Objective 2.5: By June 30, 2019 reduce the number of North Dakotans exposed to secondhand smoke in public outdoor areas by increasing to 140 the number of smoke-free policies in areas not covered by the North Dakota Smoke-Free Law (from 126 in 2016. Source: CTPCP data).

Strategy 2.5.1: Increase the number of tobacco-free public recreation areas in North Dakota.

Activity: Assess current local efforts in addressing tobacco use in outdoor public areas not protected by the North Dakota Smoke-Free Law.

### **Goal 3: Promote Quitting Tobacco Use**

Objective 3.1: By June 30, 2019, reduce the number of tobacco users in North Dakota by increasing the annual treatment reach of NDQuits to all North Dakota cigarette smokers to 2.5 percent (from 1.71 percent in 2016. Source: NDDoH TPCP).

Strategy 3.1.1: Increase the number of referrals to NDQuits from health care providers in North Dakota.

Activity: Work with health systems to implement e-Referrals (direct referrals from electronic health records (EHRs) to NDQuits).

Activity: Increase NDQuits Cessation Grantees that implement the Ask, Advise, Refer protocol and refer to NDQuits.

Activity: Increase referrals from LPHU TPCPs.

Strategy 3.1.2: Expand, leverage, and localize CDC media campaigns, such as *Tips from Former Smokers*.

Strategy 3.1.3: Provide technical assistance and guidance to NDQuits Cessation Grants grantees in health systems on evidence-based strategies that increase the use of cessation services.

Activity: Coordinate referral process to NDQuits.

Activity: Promote and maintain tobacco treatment protocols, such as assessing all patients at each visit.

Activity: Determine reportable variables from EHRs, such as the number of patients assessed for tobacco use, number receiving treatment in-house, and number of patients referred to NDQuits.

Objective 3.2: By June 30, 2019, reduce the number of tobacco users in North Dakota by increasing to 50 the number of health care settings assessed that use the systems approach for tobacco dependence treatment as recommended in the US Public Health Service *Treating Tobacco Use and Dependence, Clinical Practice Update 2008* (from 45 in 2017. Source: NDDoH TPCP data).

Strategy 3.2.1: Provide technical assistance and guidance to NDQuits Cessation Grants grantees in health systems on evidence-based strategies that increase the use of cessation services.

Activity: Coordinate referral process to NDQuits.

Activity: Promote and maintain tobacco treatment protocols.

Activity: Determine reportable variables from EHRs, such as the number of patients assessed for tobacco use, number receiving treatment in-house, and number of patients referred to NDQuits.

Objective 3.3: By June 30, 2019, reduce the number of tobacco users in North Dakota by increasing the percentage of adult smokers in North Dakota who have attempted to quit once in the last year to 57 percent (from 55.8 percent in 2015. Source: North Dakota Behavioral Risk Factor Surveillance System (BRFSS)).

Strategy 3.3.1: Increase the number of referrals to NDQuits.

Activity: Work with health systems to implement e-Referrals (direct referrals from electronic health records (EHRs) to NDQuits).

Activity: Increase NDQuits Cessation Grantees that implement the Ask, Advise, Refer protocol and refer to NDQuits.

Activity: Increase referrals from LPHU TPCPs.

Strategy 3.3.2: Provide technical assistance and guidance to NDQuits Cessation Grants grantees in healthcare and community health systems on evidence-based health systems changes that increase the use of cessation services.

Activity: Coordinate referral process to NDQuits.

Activity: Promote and maintain tobacco treatment protocols.

Activity: Determine reportable variables from EHRs, such as the number of patients assessed for tobacco use, number receiving treatment in-house, and number of patients referred to NDQuits.

Objective 3.4: By June 30, 2019 increase to 33 the number of health systems and community organizations working to target special populations with tobacco cessation treatment interventions (from 30 in 2017. Source: NDDoH TPCP data).

Strategy 3.4.1: Pregnant women

Activity: Implement the BABY & ME – Tobacco Free Program in health systems.

Activity: Promote the NDQuits Pregnancy Rewards Program to providers and pregnant women to increase use of NDQuits by pregnant tobacco users.

Activity: Maintain support and promotion of the NDQuits pregnancy protocols provided by NDQuits contractor.

#### Strategy 3.4.2: American Indians

Activity: Establish the NDQuits Cessation Grants Program on at least one reservation.

Activity: Maintain and expand the BABY & ME – Tobacco Free Grant Program on reservations.

Activity: Maintain support and promotion of the American Indian NDQuits protocols provided by NDQuits contractor.

#### Strategy 3.4.3: Behavioral Health

Activity: Maintain and expand the NDQuits Cessation Grants Program in addiction treatment centers.

Activity: Engage additional public and private behavioral health programs to implement evidence-based cessation interventions.

#### Strategy 3.4.4: Young adults ages 18-24

Activity: Maintain and expand the NDQuits Cessation Grants Program in college campus health clinics.

#### Strategy 3.4.5: Low Socioeconomic Status (SES)

Activity: Maintain and expand the NDQuits Cessation Grants Program in Federally Qualified Health Centers (FQHC).

Activity: Engage North Dakota Medicaid to streamline tobacco cessation treatment for patients.

#### Strategy 3.4.6: Cancer Survivors

Activity: Maintain and expand the NDQuits Cessation Grants Program in cancer treatment centers.

#### Strategy 3.4.7: Lesbian, Gay, Bisexual, Transgender (LGBT)

Activity: Promote cessation services at LGBT events and through targeted media.

Activity: Engage LGBT community leadership to integrate cessation interventions into LGBT population health initiatives.

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

Objective 4.1: By June 30, 2019, maintain the administrative structure to manage the comprehensive North Dakota Tobacco Prevention and Control Program in concurrence with CDC *Best Practices for Tobacco Prevention and Control Programs*.

Strategy 4.1.1: Update the North Dakota Comprehensive Tobacco Prevention and Control Plan to reflect program changes defined by the 65<sup>th</sup> North Dakota Legislative Assembly.

Strategy 4.1.2: Provide adequate staffing for key TPCP positions to maximize effectiveness of available Full-Time Equivalent (FTE) positions.

Objective 4.2: By June 30, 2019, maintain and enhance infrastructure and capacity to collaboratively deliver evidence-based tobacco prevention and control interventions from the most current CDC *Best Practices for Comprehensive Tobacco Control Programs*.

Strategy 4.2.1: Engage key partners and stakeholders in plan update activities and strategic planning efforts.

Strategy 4.2.2: Provide funding to key partners and stakeholders to implement plan activities.

Strategy 4.2.3: Utilize CDC-approved training resources in TPCP planning and community engagement activities.

Strategy 4.2.4: Convene strategic planning sessions to coordinate state plan activities as needed.

Strategy 4.3.5: Form a North Dakota Comprehensive Tobacco Prevention and Control Plan review team to assess needs for plan changes/updates.

Objective 4.3: By June 30, 2019, maintain effective, ongoing tobacco prevention and control health communication initiatives that focus on changing the broad social norms of tobacco. The communications initiatives will deliver strategic, culturally appropriate and high-impact earned and paid messages through sustained and adequately funded campaigns integrated into the overall comprehensive North Dakota Tobacco Prevention and Control Plan.

Strategy 4.3.1: Update the North Dakota Comprehensive Tobacco Prevention and Control Communications Plan.

Strategy 4.3.2: Coordinate media efforts between NDDoH, Tobacco-Free North Dakota (TFND) and the Public Education Task Force (PETF) to provide cost-effective health communications.

Strategy 4.3.3: Work with a media vendor to coordinate state tobacco prevention efforts.

Activity: Identify appropriate media messaging.

Activity: Conduct cost-effective, impactful media buys.

Activity: Keep documentation of media efforts.

Strategy 4.3.4: Develop and promote local coalition-based messaging relevant to local tobacco prevention issues.

Objective 4.4: By June 30, 2019, update the North Dakota comprehensive statewide surveillance and evaluation plan.

Strategy 4.4.1: Update the North Dakota State Comprehensive Tobacco Prevention and Control Evaluation Plan to reflect program changes.

Strategy 4.4.2: Engage our new contractor in updating the Evaluation Plan.

Strategy 4.4.3: Evaluate NDDoH tobacco programs and disseminate results.

Strategy 4.4.4: Fund and implement tobacco-related surveys.

Activity: Adult Tobacco Survey (ATS), Youth Tobacco Survey (YTS), etc.

Strategy 4.4.5: Coordinate with partners to continue data collection efforts with tobacco program involvement.

Activity: ATS, YTS, Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance System (BRFSS), Pregnancy Risk Assessment Monitoring System (PRAMS), etc.

Strategy 4.4.6: Serve as a resource for tobacco-related data.

Activity: ATS, YTS, Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance System (BRFSS), Pregnancy Risk Assessment Monitoring System (PRAMS), etc.

Activity: Provide data to partners and the public through websites, surveillance tables, publications, etc.

Strategy 4.4.7: Work with evaluation contractor to provide an independent review of the North Dakota State Comprehensive Tobacco Prevention and Control Plan and present to North Dakota Legislative Management during the 17-19 biennium.

Objective 4.5: By June 30, 2019, update sustainability efforts previously described in the latest version of the North Dakota Comprehensive Tobacco Prevention and Control Plan.

Strategy 4.5.1: Coordinate and support the work of TFND, LPHU TPCPs, local coalitions, and other partners and stakeholders relating to the State Plan.

Strategy 4.5.2: Utilize media to promote the work and successes of the State Plan.

Strategy 4.5.3: Provide communication on the status of State Plan efforts to stakeholders and decision makers.

Strategy 4.5.4: Coordinate State Plan efforts with NDDoH objectives/strategies/activities described in the CDC Office on Smoking and Health state tobacco prevention grant program provided to North Dakota.

Strategy 4.5.5: Promote the value of the North Dakota State Comprehensive Tobacco Prevention and Control Plan to decision makers and the citizens of North Dakota.