

*On  
the  
Path  
to*

# *A Healthier Tomorrow*

**North Dakota's Strategic  
Plan To Prevent and Reduce  
Tobacco Use**

**2008-2013**



**NORTH DAKOTA  
DEPARTMENT of HEALTH**



**DIVISION of TOBACCO  
PREVENTION & CONTROL**

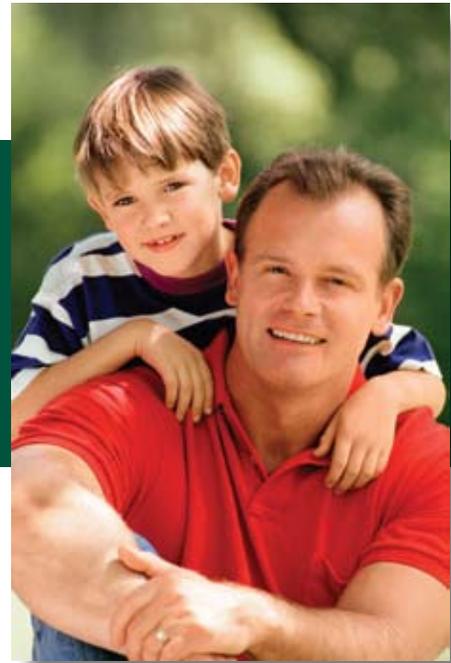




# On the Path to a Healthier Tomorrow

## North Dakota's Strategic Plan To Prevent and Reduce Tobacco Use

*2008-2013*



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# *On the Path to a Healthier Tomorrow*



Tobacco use is deadly and costly. It continues to be the number one cause of premature death and disease in North Dakota, causing 874 of our family members, friends and neighbors to die each year. In addition, it costs the state more than \$442 million in medical claims and lost productivity annually.

The North Dakota Department of Health first implemented a statewide tobacco prevention and control program in 2001, when the Community Health Grant Program was created with funding from a small portion of the Master Settlement Agreement. Using this funding, and working together with our many partners – local health agencies, American Indian tribal agencies and community organizations – we have made steady progress in the journey to reduce the toll tobacco use takes on our state.

- Youth smoking rates for those in grades nine through 12 have fallen to 21.1 percent, from 40.6 percent in 1999.
- The North Dakota Tobacco Quitline provides free counseling to hundreds of people each year as they quit tobacco.
- The North Dakota smoke-free law is helping many business employees and patrons breathe more freely and preserve their health.
- Other achievements include education of our youth about the dangers of tobacco use, implementation of Gold Star School Tobacco policies, continuation of local cessation programs and creation of a plan to reduce the tobacco burden among populations affected at a higher rate.

The successes we've seen are evidence that North Dakota must continue to invest in tobacco prevention and reduction. We must continue helping the citizens of our state – by further reducing the rate of tobacco use among adults and youth; teaching our youth about the dangers of tobacco use and secondhand smoke and setting the example of healthy living; delivering high-quality Quitline services that help people quit; and promoting smoke-free environments that protect people from the deadly effects of secondhand smoke. We must continue to help all our citizens – people of all ages, races, cultures and ethnic backgrounds – to overcome the impact of tobacco in their lives.

This Strategic Plan guides our way for the next five years – showing where we've been and directing where we need to go. It details the goals, objectives and action steps needed to reduce tobacco use, thus saving money and, best of all, saving the lives of our fellow North Dakotans.

Terry Dwelle, M.D. M.P.H.T.M.  
State Health Officer

# The Effects of Smoking and Tobacco Use

**U.S. Surgeon General's Report (2004)** – *"Smoking harms nearly every organ in your body. The toxins from cigarette smoke go everywhere the blood flows."*<sup>1</sup>

**U.S. Surgeon General's Report (2006)** – *"The scientific evidence is now indisputable: secondhand smoke is not a mere annoyance. It is a serious health hazard that can lead to disease and premature death in children and nonsmoking adults."*<sup>2</sup>

## **Smoking and Spit Tobacco Can**

### **Cause:**

- Heart Disease
- Stroke
- Lung Cancer and Emphysema
- Mouth Cancer
- Throat Cancer
- Pancreatic Cancer
- Kidney Cancer
- Gum Disease
- Reproductive Complications

## **Exposure to Secondhand Smoke in Infants and Children Can Cause:**

- Asthma Attacks
- Pneumonia
- Bronchitis
- Ear Infections
- Weaker Lungs
- Sudden Infant Death Syndrome

## **Exposure to Secondhand Smoke in Adults Can Cause:**

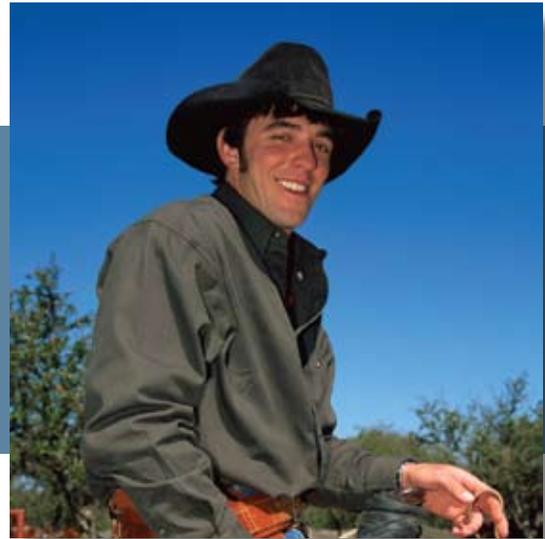
- Stroke
- Heart Disease
- Lung Cancer
- Asthma Attacks

According to the U.S. Centers for Disease Control and Prevention (CDC), as little as 30 minutes in a smoky room can cause blood platelets to become stickier, increasing the risk of an immediate heart attack.<sup>3</sup>

# The Toll of Tobacco Use in North Dakota

## *Health Burden*

- Each year, 877 North Dakota adults die prematurely from illnesses caused by smoking.<sup>4</sup>
- Tobacco use is the leading preventable cause of death and disability in North Dakota and in the United States.<sup>4</sup>
- Approximately 11,000 North Dakota youth younger than 18 are projected to die prematurely due to smoking.<sup>5</sup>
- Secondhand smoke kills 80 to 140 North Dakotans each year.<sup>6</sup>



## *Economic Burden*

- The state of North Dakota receives less than \$20 million annually from cigarette taxes<sup>7</sup>; however, smoking costs North Dakota \$442 million each year.<sup>8</sup>
  - \$250 million in direct medical expenditures
  - \$192 million in lost productivity

# Who Uses Tobacco in North Dakota

## Adult Tobacco Use

- In North Dakota, 20.9 percent of adults smoke compared to the national average of 19.8 percent.<sup>9</sup>
- In North Dakota, 4.7 percent of adults use smokeless tobacco compared to the national average of 3.0 percent.<sup>10</sup>
- In North Dakota, 3.7 percent of adults smoke cigars compared to the national average of 5.6 percent.<sup>11</sup>
- Each year, 49.1 percent of North Dakota's adult smokers try to quit.

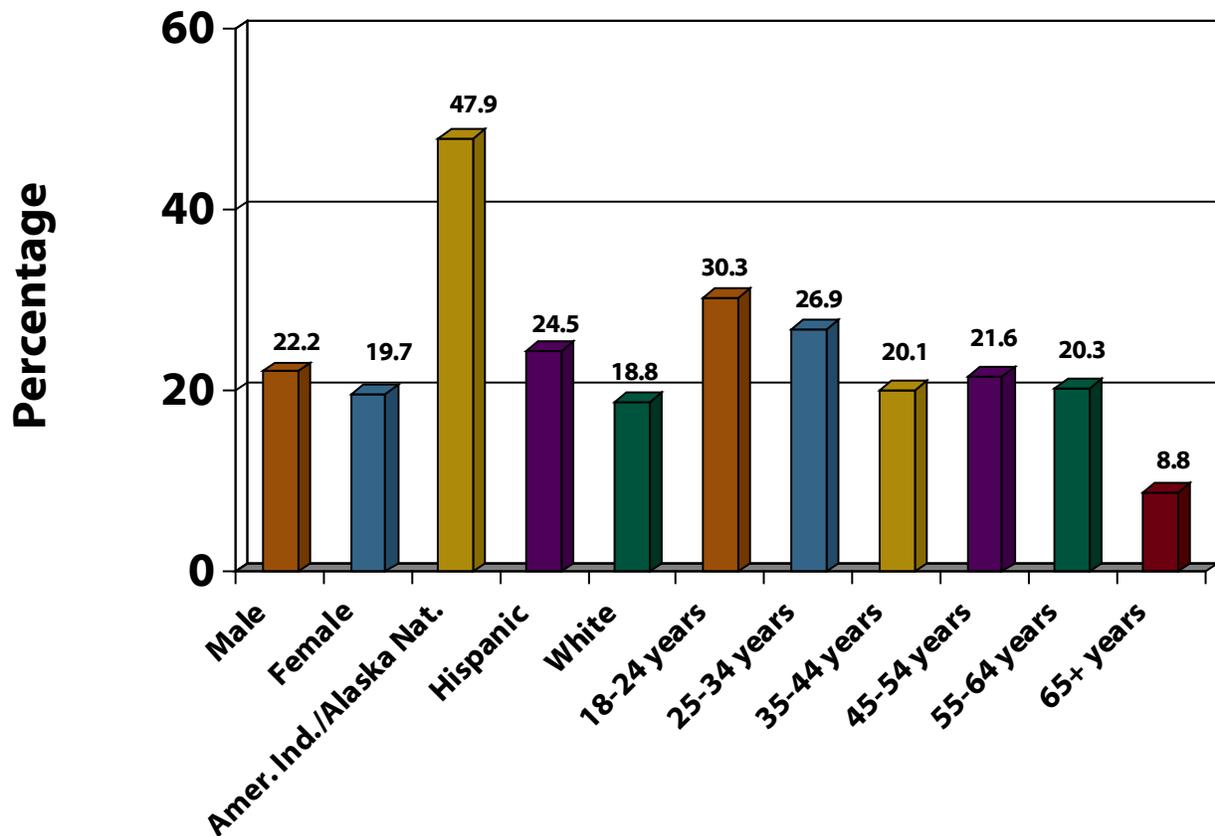
## Disparities in Tobacco Use

Disparities refers to the burden of tobacco use among population groups that are affected at a higher rate.

- Cigarette use among American Indians is more than twice as high as the overall state rate, at 47.9 percent.<sup>9, 10</sup>
- Pregnant women in North Dakota smoke at a rate of 18.4 percent compared to the national average of 11.4 percent.<sup>12, 13</sup>
- People in the 18- to 24-year-old age group smoke at a rate of 30.3 percent compared to the overall smoking rate of 20.9 percent.<sup>9</sup>



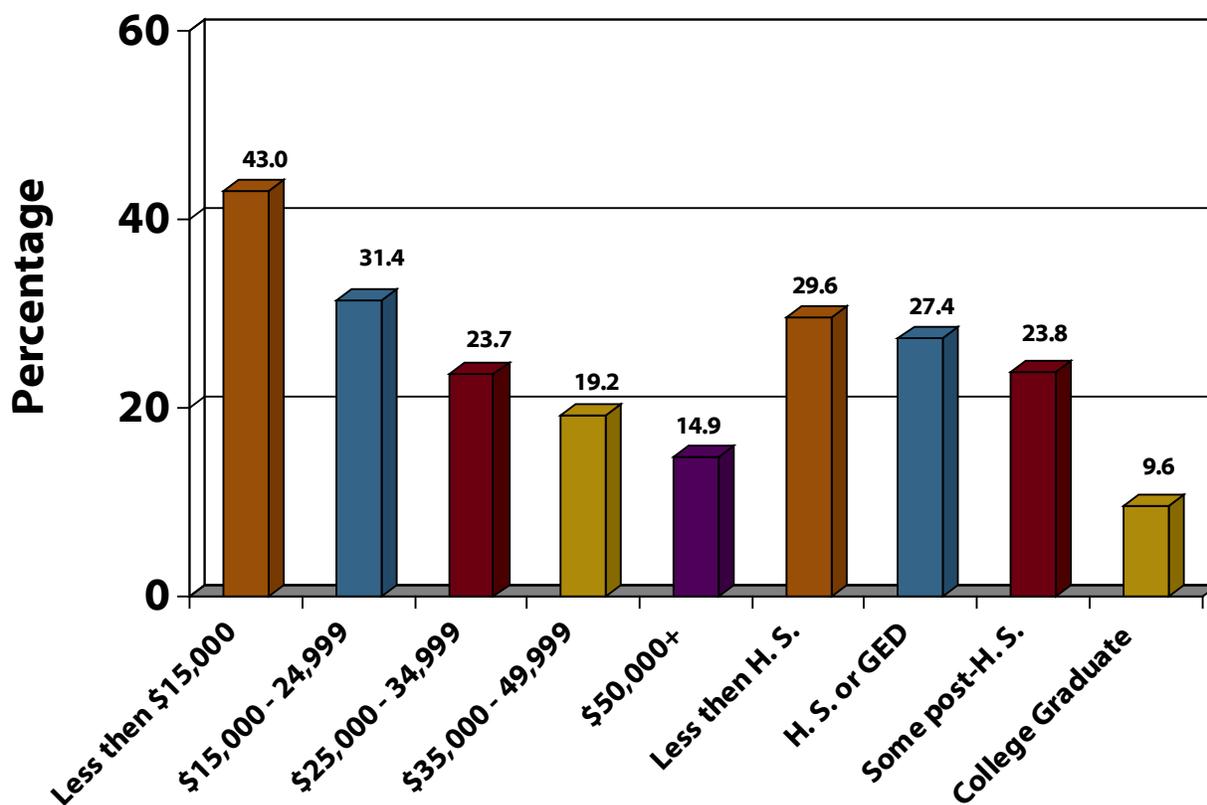
## Percentage of Population Groups Who Smoke in North Dakota



**Source:** 2007 BRFSS (estimates for racial/ethnic groups are based on combined 2005 and 2006 BRFSS data)

- Males smoke at a slightly higher rate than females.
- American Indians smoke at a much higher rate than other population groups.
- In general, smoking rates in North Dakota decrease as age increases.

## Percentage of Population Groups Who Smoke in North Dakota



Source: 2007 BRFSS

- In general, the higher a person's income, the less likely he or she is to smoke.
- In general, the more education a person has completed, the less likely he or she is to smoke.

## Youth Tobacco Use in Grades Nine Through 12

- The percentage of students in grades nine through 12 who currently smoke cigarettes is 21.1 percent.<sup>14</sup>
- Smoking rates increase as students get older. The percentage of students who smoke in ninth grade is 14.7 percent, compared to 32.2 percent who smoke in the 12th grade.<sup>14</sup>
- The percentage of students in this age group who currently use smokeless tobacco products is 11.7 percent.<sup>14</sup> The percentage of males who use spit tobacco is 16.8 percent.<sup>15</sup>
- A quarter of students in grades nine through 12 have ever tried smokeless tobacco. The percentage reported is 25.1 percent.<sup>15</sup>
- Nearly a third of students in grades nine through 12 have ever tried cigars. The percentage reported is 32.7 percent.<sup>15</sup>
- The percentage of students in grades nine through 12 who currently smoke cigars, cigarillos or little cigars is 11.4 percent.<sup>14</sup>
- Nearly 57 percent of current smokers in grades nine through 12 tried to quit smoking during the previous 12 months.<sup>14</sup>
- When students who have tried smoking were asked when they smoked their first whole cigarette, 36.9 percent stated that they smoked their first cigarette before the age of 13.<sup>14</sup>



# Making Successful Strides

Since implementation of the Community Health Grant Program in 2001, the Tobacco Prevention and Control Program in North Dakota has seen many successes.

## Students

- Smoking among students in grades nine through 12 dropped from 40.6 percent in 1999 to 21.1 percent in 2007.<sup>14</sup>
- Smokeless tobacco use among students in grades nine through 12 dropped from 15.1 percent in 1999 to 11.7 percent in 2007.<sup>14</sup>

## Adults

- Adult smoking decreased from 23.3 percent in 2000 to 20.9 percent in 2007.<sup>9</sup>

## Disparities

- In 2005, North Dakota received supplemental funding from the CDC in order to develop a strategic plan to address tobacco-related disparities. Five critical issues and corresponding objectives were identified. To view the report, *North Dakota's Strategic Plan for the Identification and Elimination of Tobacco-Related Disparities*, visit [www.ndhealth.gov/tobacco/Reports.htm](http://www.ndhealth.gov/tobacco/Reports.htm).

## Schools

- Nearly 60 percent of North Dakota's schools have enacted a tobacco-free school grounds policy, which covers 85 percent of the students in the state.
- More than 40 schools have been named Gold Star Tobacco Policy Schools, which means they meet the stringent Gold Star standards with their tobacco policy.
- To date, five colleges and universities in the state have adopted a tobacco-free buildings and grounds policy.

**MORE SUCCESSES →**



# North Dakota Tobacco Quitline

- The North Dakota Tobacco Quitline was launched in September 2004. The Quitline provides free, confidential counseling to any North Dakota resident interested in quitting tobacco.
- Residents can call the toll-free number at 1.800.QUIT.NOW for help in quitting.
- During 2007, the Quitline received 3,099 calls, an average of 258 calls per month.
  - About 16 percent of these calls were from minority callers.
  - Nine percent of these calls were from American Indians.
- Of the 3,099 people who called the Quitline in 2007, 1,029 enrolled in counseling.

## Quitline = Success

Six months after counseling, 37.8 percent of former tobacco users are not using tobacco.

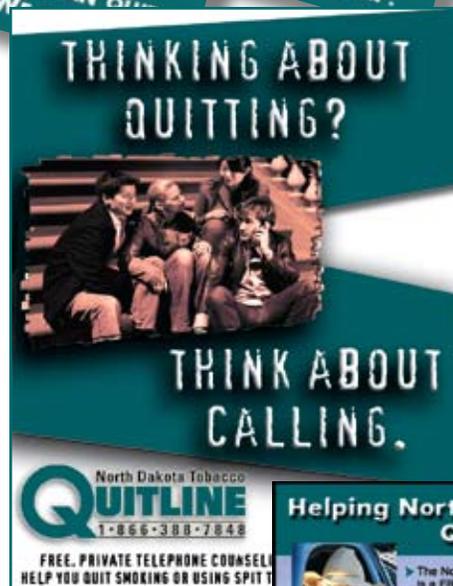
## Quitline = Satisfaction

Of Quitline callers, 96 percent said they would recommend the program to others who are trying to stop using tobacco.

## Quitline = FREE!

Quitline phone counseling is free to any North Dakotan. Eligible callers are also able to get a free 28-day supply of nicotine gum, nicotine lozenges or nicotine patches to help them stop using tobacco.

**North Dakota Tobacco**  
**QUITLINE**  
**1.800.QUIT.NOW**



# North Dakota's Smoke-Free Law

In 2005, North Dakota's smoke-free law went into effect, prohibiting smoking in all enclosed areas of public places and places of employment with some exceptions. This law helps to reflect the state's commitment to protecting the health of its citizens and recognizing the right of individuals to breathe smoke-free air.



## *Local Ordinances*

Some cities in North Dakota have passed their own local smoke-free ordinances, which are stronger than the state law.

**Bismarck** – Eliminates smoking in all public places and workplaces except those establishments that hold a certain class of liquor license and do not permit people younger than 21. The ordinance includes indoor and outdoor areas of restaurants and extends the ban to within five feet of entrances and exits of public places.

**Fargo** – Eliminates smoking in all public places, including bars and truck stops.

**Grand Forks** – Eliminates smoking in all public places and workplaces except those establishments that hold a certain class of liquor license and do not permit people younger than 21. The ordinance extends the smoking restriction to outdoor areas of restaurants and requires that “no smoking” signs be posted.

**West Fargo** – Eliminates smoking in all public places, including bars and truck stops.

# Challenges Along the Way



- Despite great efforts, 21.1 percent of students in grades nine through 12 continue to smoke.<sup>14</sup>
- Pregnant women in North Dakota smoke at a rate of 18.4 percent<sup>12</sup>, compared to a national rate of 11.4 percent.<sup>13</sup>
- American Indians in North Dakota smoke at a rate of 47.9 percent, compared to the adult rate of 20.9 percent.<sup>9,10</sup>
- Although North Dakota's smoke-free law covers many businesses and public places, it does not protect employees and visitors in all businesses.
- With more successes in smoke-free laws, there is the potential to see an increase in adult smokeless tobacco use. But the message must be relayed that smokeless tobacco is not a safe alternative to cigarettes.
- Alternative tobacco products are now being marketed, such as herbal cigarettes and hookah pipes.
- The tobacco industry spends \$30 million every year marketing their products in North Dakota.<sup>16</sup>
- Teens and young children are subjected to the glamorization of smoking and tobacco use in movies and see famous actors and athletes making tobacco use look "cool."
- The U.S. Centers for Disease Control and Prevention (CDC) recommends that North Dakota spend \$9.3 million each year to effectively reduce disease, disability and death related to tobacco use. North Dakota's current budget for the Tobacco Prevention and Control Program is \$4.4 million, 47 percent of the amount the CDC recommends.<sup>17</sup>

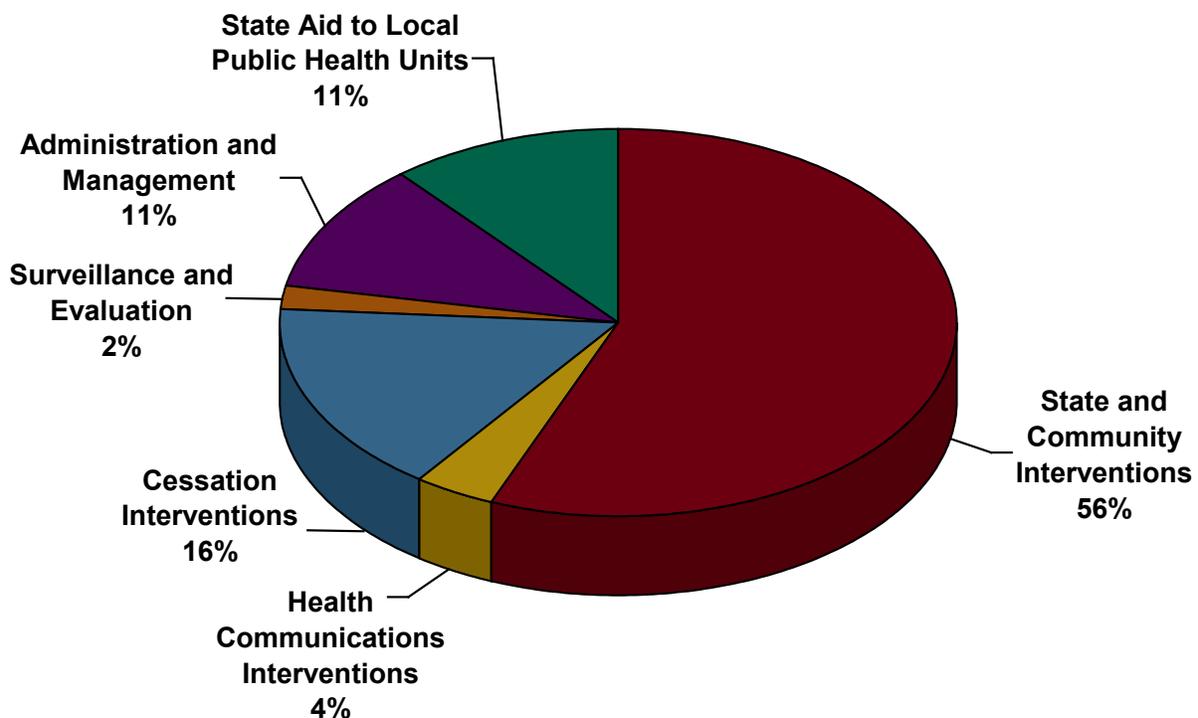
# Funding the Journey

## Program Funding

- The Tobacco Prevention and Control Program receives funding from the Master Settlement Agreement (MSA) and the U.S. Centers for Disease Control and Prevention (CDC).
  - For the 2007-2009 biennium, the budget was \$8.859 million.
  - Grant monies equaled \$2.591 million from the CDC.
  - The MSA amount received was \$6.268 million.
- Currently in the state of North Dakota, public health programs receive 10 percent of the MSA funds, with about 8 percent going toward tobacco-related issues.
- The CDC recommends that North Dakota spend \$18.6 million per biennium in order to fully fund a comprehensive tobacco prevention and control program.

## Program Budget

- The Department of Health currently contracts with all 28 local public health units, four American Indian tribes, and one Indian service area, covering all parts of North Dakota for tobacco prevention and control services at the local level. Funding is utilized as follows:
  - State and community interventions – 56 percent
  - Health communications interventions – 4 percent
  - Cessation interventions – 16 percent
  - Surveillance and evaluation – 2 percent
  - Administration and management – 11 percent
  - State aid to local public health units – 11 percent (This amount may or may not be used for tobacco prevention and control efforts, depending on the choice of the health unit.)



# Heading in the Right Direction

Across North Dakota, state, local, tribal and community programs are headed in the right direction, accomplishing many things as they strive to achieve the Tobacco Prevention and Control Program's four main goals:

- Preventing the initiation of tobacco use among young people.
- Promoting quitting among young people and adults.
- Eliminating nonsmokers' exposure to secondhand smoke.
- Identifying and eliminating tobacco-related disparities among specific population groups.

## Statewide Leadership and Coordination

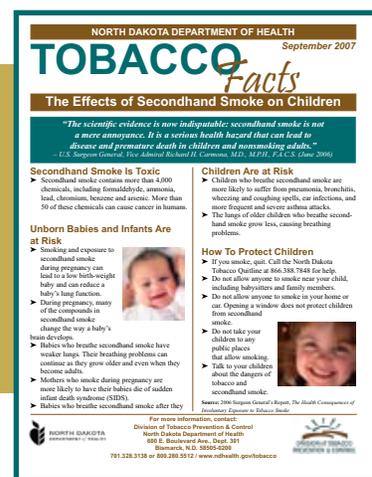
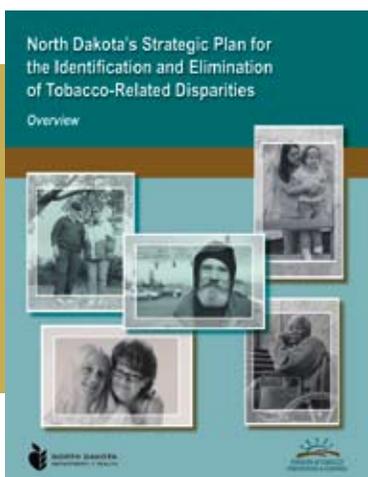
The state program provides training, technical assistance and consultation to local programs and carefully monitors program activities and contracts to ensure effective implementation and use of resources. Coordination among the various program components is essential to achieve maximum benefits and accountability.

## Program Evaluation

Program outcomes are measured using a variety of sources, including the Youth Risk Behavior Survey, the Youth Tobacco Survey, the Adult Tobacco Survey, the Behavioral Risk Factor Surveillance System, North Dakota vital statistics records, tax revenue and consumption data, and specific research projects. This information guides the development and revision of program services to ensure effective use of resources.

## Tobacco Prevention Education

Education is provided through presentations at local, state and national meetings, conferences and summits; monthly news releases at the local level that inform the public about the latest tobacco-related health information and research; and research, reports, tool kits and fact sheets posted to the program website and/or printed and disseminated.



## Community-Based Programs

All 28 local public health units receive funding to support community-based programs and coalitions serving all of North Dakota's 53 counties. The local public health units and their partners work to create tobacco-free workplaces and public places, prevent initiation of tobacco use and link tobacco users to cessation programs and services.

## Comprehensive School-Based Programs

Research shows that evidence-based school programs are effective when combined with other program components that are reinforced by adults and the community environment. Currently, all 28 local public health units receive funding for things such as tobacco prevention curricula, special resources and training for teachers, and cessation support for students and staff. It is essential that all students are taught the dangers of tobacco use and that current activities continue to be sustained.

## School Tobacco Policies

Comprehensive school tobacco policies that include all school property also help reduce the number of youth who may begin using tobacco. Establishing policies protects the health and safety of all students, employees and the general public and sets a non-tobacco-use example by adults. This influences youth to make appropriate, healthy decisions.

Currently, 142 of the 244 districts in the state have a tobacco-free schools grounds policy, protecting about 85 percent of North Dakota students. More than 40 of those districts have a Gold Star School Tobacco Policy, which benefits about 20 percent of the student population. To become a Gold Star School, all components of the Gold Star Tobacco School Policy checklist must be met. Examples of checklist criteria include, but are not limited to, tobacco-free school events off school grounds, tobacco prevention education for K through 12 students, and an outlined communication plan for visitors. For more information about the Gold Star School Tobacco Policy or the checklist, visit [www.ndhealth.gov/tobacco/Schools.htm](http://www.ndhealth.gov/tobacco/Schools.htm).



## Cessation Programs

A portion of the funding that local public health units receive is used to help with cessation efforts. These cessation programs and services assist both adults and youth in their efforts to quit, as well as train health-care providers in effective cessation approaches. State employees and city/county employees also have cessation programs available to them, and the North Dakota Tobacco Quitline is available to all North Dakota residents.

Cessation programs are offered in more than 65 locations by 22 trained cessation facilitators. In fiscal year 2008, more than 550 individuals enrolled in cessation programs and tried to quit using tobacco.

## Statewide Public Education Campaign

A partnership among local public health units, called the Public Education Task Force on Tobacco (PETF), assists with educating the public about the dangers of secondhand smoke. PETF works to create and sustain public awareness and counteract pro-tobacco influences. During the latter part of 2008, PETF launched a website ([www.BreatheND.com](http://www.BreatheND.com)) to help relay its message.

## Tribal-Based Programs

All four tribal areas and one Indian service area receive funds to implement tobacco prevention and control programs. One of the goals is to respect the sacred use of tobacco in their culture while at the same time decreasing commercial tobacco use among their tribe members.

The North Dakota Tobacco Quitline utilizes GoodHealthTV™ to display messages at five tribal locations in North Dakota. GoodHealthTV™ is a service that provides health programming via large screen monitors in the waiting areas in tribal hospitals and clinics and provides an opportunity for consistent outreach to tribal communities.



# Charting a New Course

## *A Strategic Plan for a Healthier Tomorrow*

In 2007, several committees made up of state, local and tribal tobacco prevention and control advocates and representatives from health-related community and public organizations and agencies met to develop a five-year plan for the Tobacco Prevention and Control Program in North Dakota.

Participants discussed the need to continue building on past successes and proposed ways to overcome current obstacles. This group defined seven main goals, along with the objectives and action steps needed to complete these goals using the CDC's Best Practices guidelines and proven strategies from other states as a compass. During the five-year plan period, the goals, objectives and action steps will be reviewed and altered, if needed.

**GOAL 1: Prevent the initiation of tobacco use among youth and young adults.**

**GOAL 2: Fully protect the public from exposure to secondhand smoke.**

**GOAL 3: Assist tobacco users with quitting.**

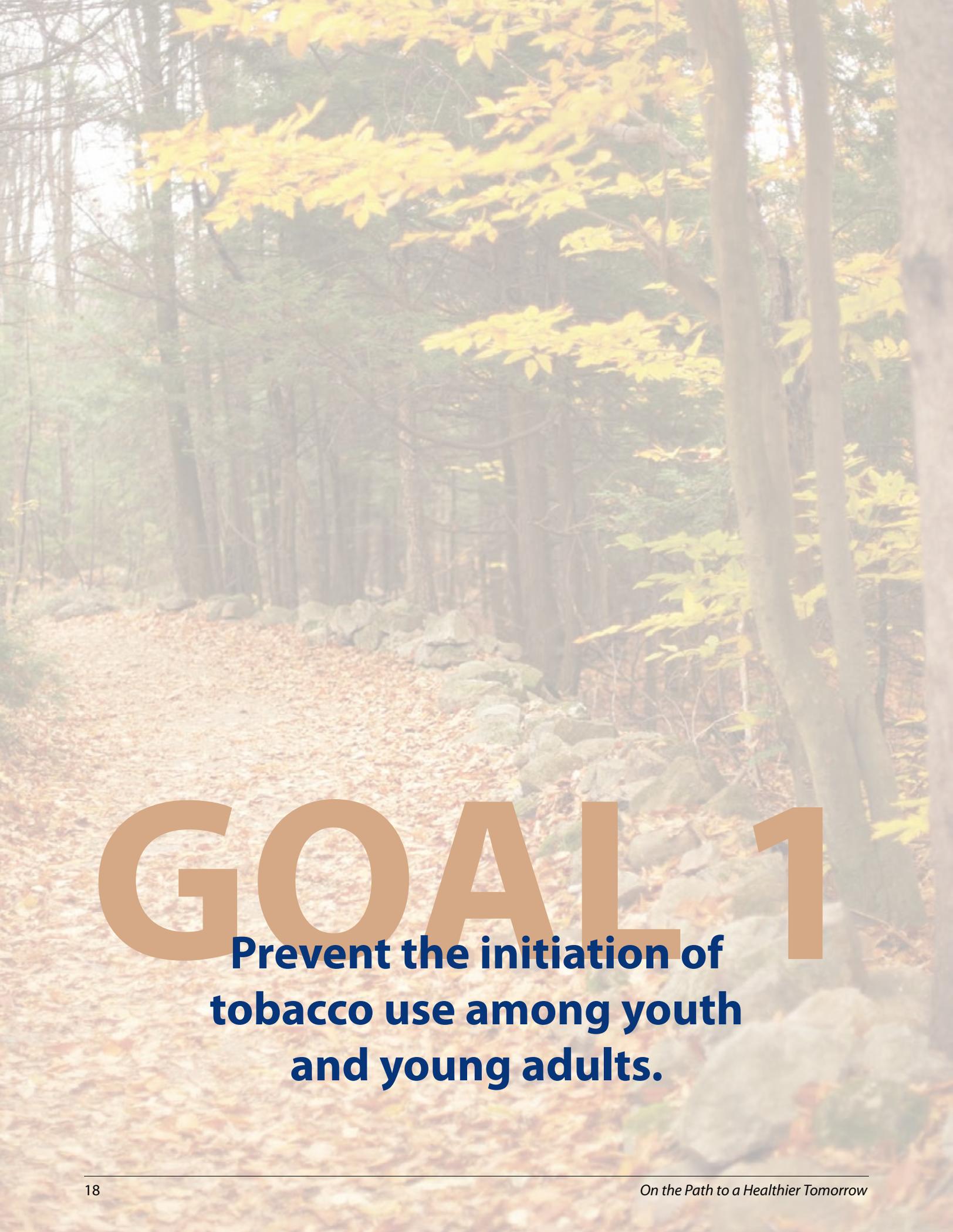
**GOAL 4: Eliminate disparities in tobacco use among specific populations in North Dakota.**

**GOAL 5: Increase the capacity and infrastructure of tobacco prevention and control programs statewide based on CDC best practices.**

**GOAL 6: Prevent preemption.**

**GOAL 7: Develop new and increase existing tobacco-related data capabilities.**

Moving towards a successful completion of these goals is an investment in the health of North Dakotans. Striving for success will definitely lead North Dakota down the path to a healthier tomorrow.

A photograph of a forest path covered in fallen autumn leaves. A low stone wall runs along the right side of the path. The trees have yellow and orange leaves, suggesting fall. The overall scene is misty and serene.

# GOAL 1

**Prevent the initiation of tobacco use among youth and young adults.**

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

## ***Objective 1:***

By June 2013, decrease the percentage of youth in grades nine through 12 who are current smokers to 16 percent, compared to 22.1 percent in 2005.

### **ACTION STEPS:**

- Explore options to use the social norms concept in schools.
- Support efforts to increase the price of tobacco products.
- Support efforts to increase the availability of youth cessation statewide.
- Advocate for stronger youth access policies.
- Advocate and educate for enforcement of existing youth access policies.
- Support efforts to maintain or increase tobacco control funding statewide.

## ***Objective 2:***

By June 2013, implement a statewide youth counter-marketing campaign targeting youth ages 12 to 17.

### **ACTION STEPS:**

- Gather support from local public health units (LPHU) and other partners.
- Educate policymakers on the need for/benefits of a youth counter-marketing campaign.
- Identify an advisory panel consisting of youth, possibly college students and tobacco coordinators to oversee the campaign.
- Secure or identify funding for the youth countermarketing campaign.
- Hire an ad agency or contractor to assist in developing the youth countermarketing campaign.
- Develop a media plan (determine messages, media channels, ads) with the agency/contractor, along with input from the advisory panel.
- Develop an evaluation plan to measure effectiveness, and make adjustments as appropriate.

### **Objective 3:**

By June 2011, secure a position for a youth coordinator.

#### **ACTION STEPS:**

- Gather buy-in from local public health units and other partners.
- Educate policymakers about the need for/benefits of hiring a youth coordinator.
- Collaborate with other partners to support each others' efforts.
- Secure and identify funding for a coordinator.

### **Objective 4:**

By June 2013, increase the percentage of school districts with Gold Star School Tobacco Policies to 50 percent, compared to 15 percent in 2007.

#### **ACTION STEPS:**

- Collaborate with the North Dakota Department of Public Instruction (DPI) in using the Health Education Curricula Assessment Tool (HECAT) to expand the approved curricula options.
- Collaborate with DPI to develop lesson plans to integrate tobacco prevention into core subject areas.
- Educate about the need for/benefits of a Gold Star School Tobacco Policy utilizing the Comprehensive Tobacco-Free School Policy Tool Kit.
- Track the number of schools with Gold Star School Tobacco Policies and publish the listing.
- Encourage the recognition of school districts moving towards Gold Star Policies.
- Encourage the North Dakota School Boards Association to support the Gold Star School Tobacco Policy.

## **Objective 5:**

By June 2013, increase the tobacco excise tax to \$2.00 from \$.44, or by an amount sufficient enough to have a health impact. Also, increase tax on other tobacco products by an equal and proportional amount.

### **ACTION STEPS:**

- Develop strategic partnerships to advocate for a tax increase.
- Update position statements, fact sheets and talking points, and create new advocacy materials using new data and scientific findings.
- Determine key messages.
- Develop internal state and local communication strategies.
- Develop core policy group to take the legislative lead.
- Develop policy spokespersons to champion a tobacco tax increase.
- Provide coalition training to gain local support for a tax increase from the public, city and county policymakers, state legislators and medical/health professionals.
- Implement coalition support strategies including media, spokespersons and communications (e.g., action alerts and legislative contacts).
- Secure policy sponsors.
- Create a campaign to gain public and legislative support (e.g., broad support, media, bill introduction, testimony needed).

## **Objective 6:**

By June 2013, decrease the percentage of males in grades nine through 12 who are current users of spit tobacco to 15.0 percent, compared to 18.3 percent in 2005.

### **ACTION STEPS:**

- Develop resources specifically related to spit tobacco use, including an Other Tobacco Products tool kit.
- Educate about the inclusiveness of cigarettes, spit tobacco and cigars as tobacco products to administrators, teachers, coaches and other school personnel; parents; students; and community members.
- Educate physical education teachers, health teachers, school nurses and school counselors about other tobacco products.
- Establish partnership with NDAAPERD (North Dakota Chapter of the American Alliance for Health, PE, Recreation and Dance) regarding tobacco education to members via various methods such as newsletters, listservs, etc.
- Educate rodeo organizers and community members about sources of funding for rodeo sponsorship other than spit tobacco.
- Promote resources for spit tobacco cessation including but not limited to the North Dakota Tobacco Quitline and [chewfree.com](http://chewfree.com).

## **Objective 7:**

By June 2013, decrease the current percentage of youth in grades nine through 12 who smoked cigars, cigarillos or little cigars in the past 30 days to 10.0 percent, compared to 12.2 percent in 2005.

### **ACTION STEPS:**

- Develop fact sheets and/or other educational resources about the use of cigars, cigarillos and little cigars.
- Educate about the inclusiveness of cigarettes, spit tobacco and cigars as tobacco products to administrators, teachers, coaches and other school personnel; parents; students; and community members.
- Educate youth in grades nine through 12 about the risks associated with the use of cigars, cigarillos and little cigars.
- Advocate for a reduction in the points of sale for cigars, cigarillos and little cigars.
- Promote resources for cessation of cigars, cigarillos and little cigars.

## **Objective 8:**

By June 2013, decrease the percentage of students who are current tobacco users (including cigarettes, spit tobacco and cigars) to 22 percent, compared to 27.7 percent in 2005.

### **ACTION STEPS:**

- Promote the use of evidence-based tobacco curricula.
- Educate youth in grades nine through 12 about the risks associated with the use of tobacco products.
- Promote resources for cessation for youth in grades nine through 12.



# GOAL 2

**Fully protect the public from exposure to secondhand smoke.**

## **GOAL 2: Fully protect the public from exposure to secondhand smoke.**

### **Objective 1:**

By August 2009, strengthen the North Dakota smoke-free law to provide protection from secondhand smoke in all public places and places of employment.

#### **ACTION STEPS:**

- Update position statements, fact sheets and talking points, and create new advocacy materials using new data and scientific findings.
- Enhance the education campaign on secondhand smoke.
- Determine key messages.
- Develop internal state and local communication strategies (e.g., advocacy/tobacco listserv or local coalitions).
- Build multiple community-based coalitions, primarily comprised of opinion leaders such as physician champions, community leaders and hospitality business members.
- Ask coalitions to identify key contacts committed to the policy issue who are willing to build dialogue with one of their district legislators.
- Ask coalitions to meet with area newspaper editorial boards to brief them about tobacco-free policies.
- Request that coalitions undertake coalition building and implement various awareness/education tactics.
- Assist with creation of press releases and public statements encouraging that North Dakota move forward with a 100 percent comprehensive smoke-free law.
- Seek League of Cities support through outreach to local city council champions, who can note benefit of state action versus the experiences demonstrated in the Fargo area.
- Develop policy spokespersons to champion smoke-free initiatives.
- Provide coalition training to gain support for policy changes from the public; city and county policymakers; state legislators; law enforcement; state's attorneys; North Dakota Bar Association; Association of Counties; and League of Cities.
- Implement local coalition support strategies including media, spokespersons and communications (e.g., action alerts and legislative contact).
- Secure policy sponsors.
- Create a campaign to gain public and legislative support (e.g., broad support, media, bill introduction, testimony needed.)

## **Objective 2:**

By June 30, 2010, enact local policies in major North Dakota cities for 100 percent smoke-free public places and places of employment, not withstanding Objective 1.

### **ACTION STEPS:**

- Develop a plan and implement activities to create smoke-free policies (ordinances) in at least five cities among the following: Fargo, West Fargo, Minot, Williston, Grand Forks, Valley City, Bismarck, Mandan, Jamestown, Devils Lake, Dickinson and Wahpeton.



# GOAL 3

**Assist tobacco users with quitting.**

# GOAL 3: Assist tobacco users with quitting.

## Objective 1:

By June 2013, maintain or increase to 10 the number of insurance purchasers and payers that reimburse for tobacco cessation services, compared to the nine purchasers/payers that reimbursed in 2007.

### ACTION STEPS:

- Maintain North Dakota Tobacco Quitline consortium committee.
- Update the matrix of existing cessation benefits.
- Disseminate/educate about the recommendations for insurance/third-party payers to cover cessation interventions.
- Educate workplaces, including worksite wellness programs, about the benefits of including cessation as a covered benefit.

## Objective 2:

By June 2013, increase the percentage of adult smokers who quit smoking for one day or longer during the past 12 months to 60 percent, compared to 49.1 percent in 2006.

### ACTION STEPS:

- Encourage health-care providers and businesses to promote state and local cessation programs and the North Dakota Tobacco Quitline to all tobacco users.
- Update/enhance cessation resources on the state Division of Tobacco Prevention and Control website.
- Distribute state and local cessation materials/information to health-care providers and businesses.
- Continue local paid and earned media promoting local programs and the Quitline.
- Promote tobacco treatment specialist (TTS) training.
- Provide ongoing education for cessation professionals in North Dakota.
- Provide training to health-care professionals on the 5 A's.
  - UND physician(s) and cessation coordinator will provide trainings.
  - Institute the use of provider reminder systems/“Tobacco As a Vital Sign” in all public health-care settings.
  - Institute the use of provider reminder systems in all private health-care settings.
- Develop a tool for instituting a provider reminder system.
- Support efforts to expand the smoke-free law to cover all workers in North Dakota.
- Support efforts to increase the unit price of tobacco products.

### **Objective 3:**

By June 2010, increase the monthly average number of calls to the North Dakota Tobacco Quitline to 270, compared to 258 in 2007.

#### **ACTION STEPS:**

- Advocate for enhanced funding support for the Quitline.
- Continue statewide media campaign for the Quitline.
- Provide minimum 28-day supply of nicotine replacement therapy (NRT) to 100 percent of Quitline clients.
- Expand Quitline services to include an interactive cessation website.

### **Objective 5:**

By June 2010, increase the percentage of current smokers in grades nine through 12 who have tried to quit during the past 12 months to 75 percent, compared to 65.1 percent in 2005.

#### **ACTION STEPS:**

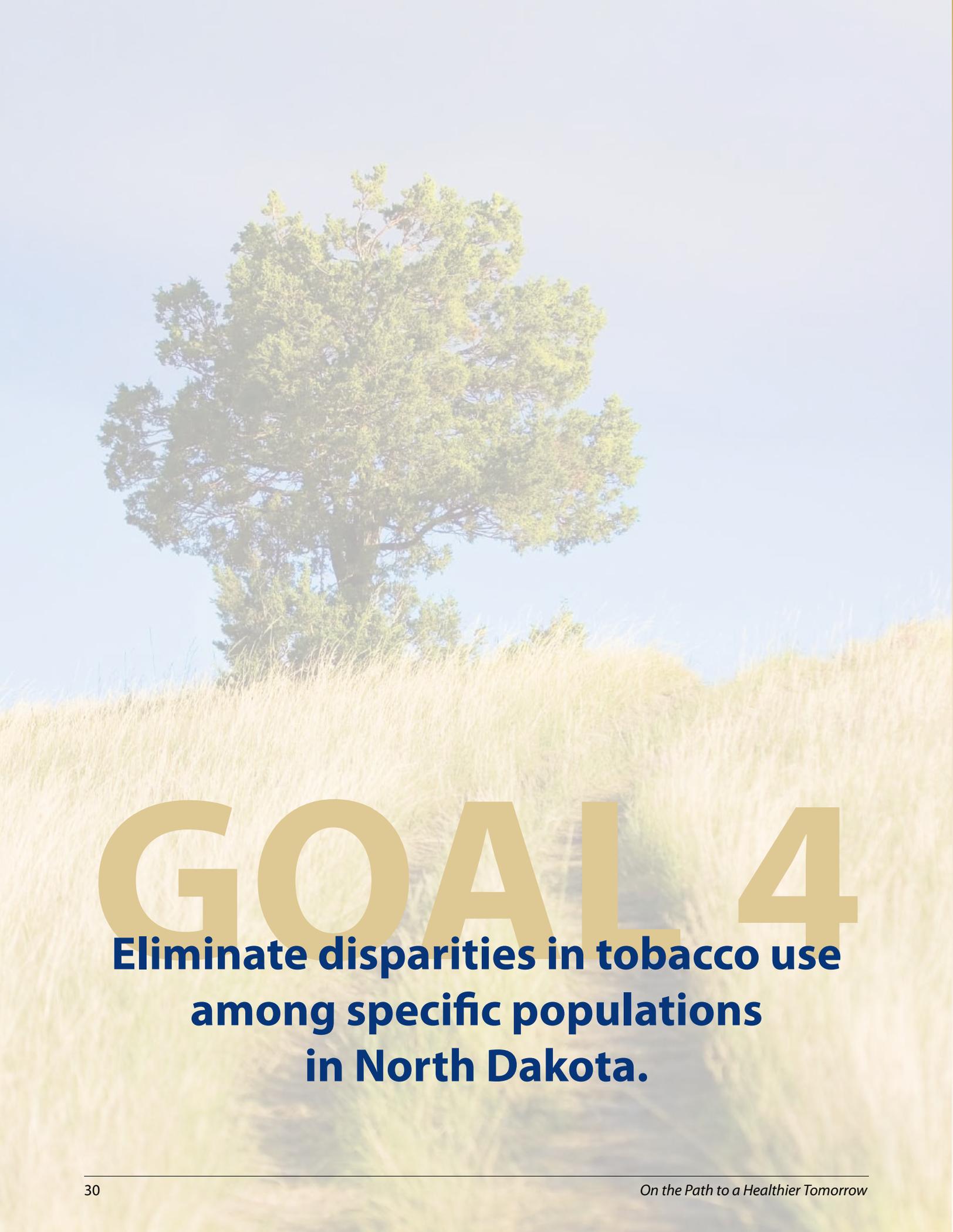
- Educate school policymakers regarding including alternative-to-suspension/cessation resources as a part of school policy.
- Compile available cessation and North Dakota Tobacco Quitline resources for schools.
- Provide training for those conducting youth cessation programs.
- Promote available youth cessation program trainings, including the Quitline.

### **Objective 6:**

By June 2010, improve the accuracy of the evaluation of local cessation programs.

#### **ACTION STEPS:**

- Conduct annual evaluations of Access enrollment database.
- Provide yearly training on how to use the Access database program.
- Maintain/update protocols on calculating quit rates.
- Provide training on calculating quit rates.
- Develop a database of local cessation programs and services.
- Conduct a comparative analysis of quit rates among the various types of cessation services offered in the state.



# GOAL 4

**Eliminate disparities in tobacco use  
among specific populations  
in North Dakota.**

# **GOAL 4: Eliminate disparities in tobacco use among specific populations in North Dakota.**

## **Objective 1:**

By June 2013, implement best or promising practices to reduce tobacco-related disparities in North Dakota populations including, but not limited to, American Indian (AI) and lesbian/gay/bisexual/transgender (LGBT) populations.

### **ACTION STEPS:**

- Research existing prevention and cessation practices.
- Identify which practices are most suitable for implementation in North Dakota.
- Customize identified practices, if needed.
- Pilot identified practices.
- Implement best or promising practices for AI and LGBT populations in North Dakota.

## **Objective 2:**

By June 2013, partner with existing programs serving disparate populations such as American Indians, LGBT and other underserved populations (i.e., migrant, low socioeconomic groups).

### **ACTION STEPS:**

- Collaborate with other North Dakota Department of Health/Office for the Elimination of Health Disparities (OEHD)/North Dakota Department of Human Services programs serving disparate populations.
- Identify and contact existing social programs serving disparate populations.
- Provide education about tobacco prevention and cessation and existing services to develop partnerships with existing programs serving disparate populations.
- Increase membership in the state Tobacco Special Populations Work Group.
- Engage representatives from North Dakota populations including, but not limited to, American Indians and LGBT to promote existing programs and partnerships to reduce tobacco use among those populations.

### **Objective 3:**

By June 2013, develop a plan to improve the quality of data on tobacco-related disparities in North Dakota populations including, but not limited to, American Indians and LGBT.

#### **ACTION STEPS:**

- Develop a comprehensive list of state and national data sources.
  - Aberdeen Area Tribal Chairmen’s Health Board
  - Rapid City EpiCenter
  - Core data from universities
  - Adult Tobacco Survey
- Add sexual orientation module to rotation of Behavioral Risk Factor Surveillance System (BRFSS).
- Add sexual orientation question to Quitline intake form.

### **Objective 4:**

By June 2013, identify funding and resources from agencies that have a vested interest in reducing tobacco usage within North Dakota populations including, but not limited to, American Indians and LGBT.

#### **ACTION STEPS:**

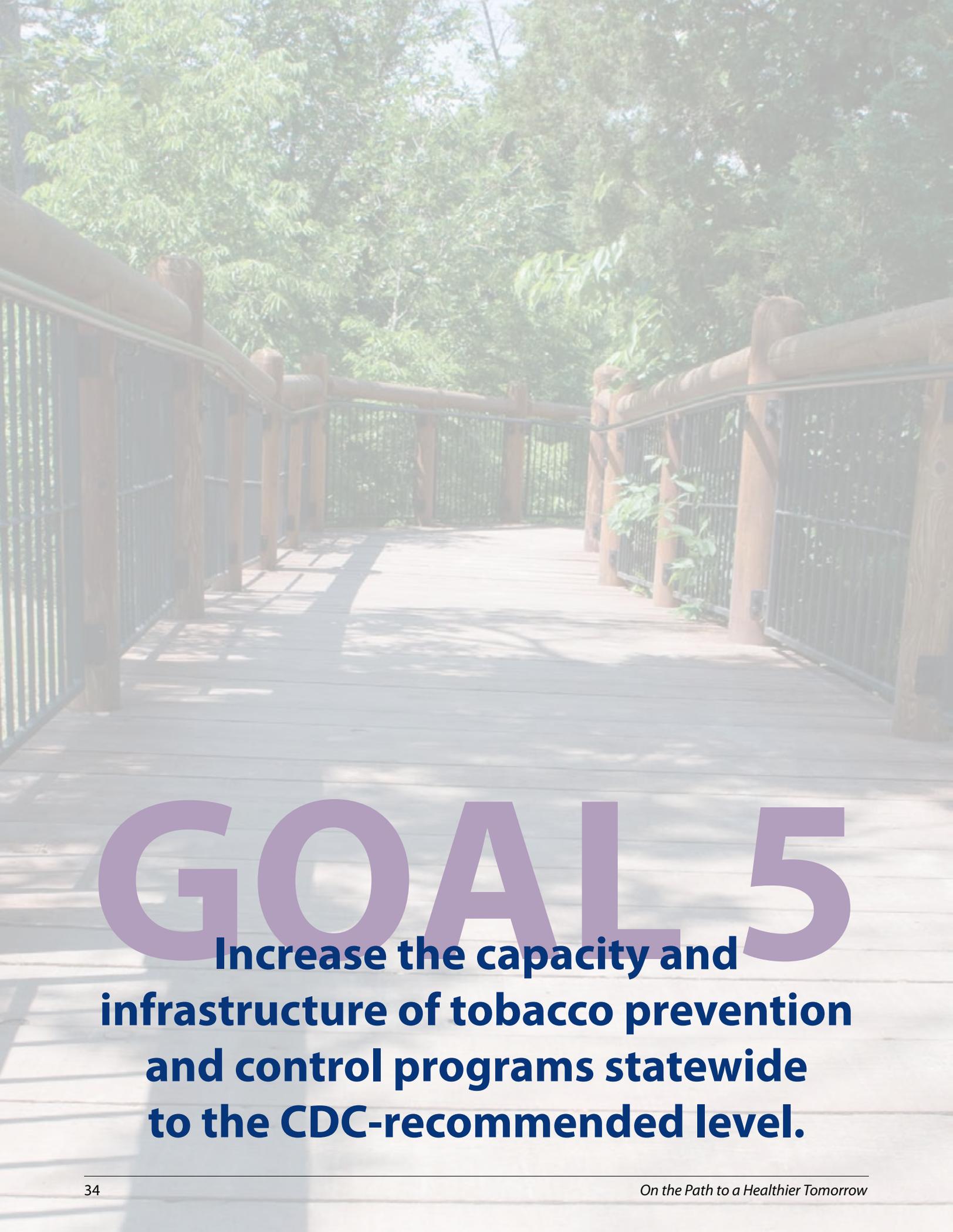
- Collaborate with OEHD to identify funding resources.
- Develop capacity to share potential funding opportunities through websites, newsletters, listserves, etc.
- Provide technical assistance related to funding and resources.
- Develop a list of potential funding opportunities and resources.

## **Objective 5:**

By June 2010, identify educational resources for disparate populations pertaining to, but not limited to, spit tobacco, hookah and other tobacco products.

### **ACTION STEPS:**

- Partner with the Office for the Elimination of Health Disparities to help reduce the use of other tobacco products.
- Develop educational resources to educate about the risks associated with the use of hookah and other tobacco products.
  - Identify methods to dispel the myths of the “safe” use of other tobacco products.
  - Collaborate with the Spirit of Eagles, the Aberdeen Area Tribal Chairmen’s Health Board and other organizations regarding the use of hookah and other tobacco products.
- Conduct research to find out what educational resources are available related to the use of hookah and other tobacco use for disparate populations.
- Educate about the risks associated with the use of hookah and other tobacco products.
- Seek resources related to the college-age use of hookah.



# GOAL 5

**Increase the capacity and infrastructure of tobacco prevention and control programs statewide to the CDC-recommended level.**

# **GOAL 5: Increase the capacity and infrastructure of tobacco prevention and control programs statewide to the CDC-recommended level.**

## ***Objective 1:***

By August 2009, increase tobacco prevention and control funding.

### **ACTION STEPS:**

- Determine funding needed to accomplish the goals of tobacco prevention and control programs across the state.
- Develop position papers, fact sheets, talking points and subsequent advocacy media materials.
- Advocate to change the funding allocations within the Master Settlement Agreement and the strategic contribution funds.



# GOAL 6

**Prevent preemption.**

# GOAL 6: Prevent preemption.

## *Objective 1:*

During the period 2008 through 2013, continue to prevent tobacco preemption (in which higher levels of government can prohibit lower levels of government from enacting certain laws or regulations) in all state and local tobacco control laws.

### **ACTION STEPS:**

- Update position statements, fact sheets and talking points and create new educational material.
- Update the list of local resolutions opposing statewide preemption programs.
- Train coalition members about how to prevent and deal with preemption activities, including referendums, when they arise.
- Develop state and local spokespersons opposing preemption.
- Track/monitor all legislation for preemption language.



# GOAL 7

**Develop new and increase existing tobacco-related data capabilities.**

# **GOAL 7: Develop new and increase existing tobacco-related data capabilities.**

## ***Objective 1:***

By June 2010, increase communication about new data by adding earned and paid media and utilizing Internet resources.

### **ACTION STEPS:**

- Develop and implement an earned and paid print media campaign in weekly newspapers to change social norms regarding tobacco.
- Develop and implement an earned and paid print media campaign in weekly newspapers and/or rural magazines on the results of the evaluation of the North Dakota smoke-free law.
- Use existing websites to increase the accessibility of tobacco-related data to the general public.
- Develop materials such as fact sheets, reports, etc., to convey data to the general public.
- Use monthly “swiss-cheese” news releases to convey newest data to the public.

## ***Objective 2:***

By December 2008, continue to monitor the impact of the North Dakota smoke-free law.

### **ACTION STEPS:**

- Submit and revise questions for the Secondhand Smoke Study to assess public support for and response to the North Dakota smoke-free law.
- Collect taxable sales data on tobacco products from January 2001 through August 2008.
- Gather business and tax revenue data beginning January 2001.
- Determine if local public health units can collect local law enforcement and North Dakota States Attorney’s data about enforcement of North Dakota’s smoke-free law.
- Conduct random observations of bars and restaurants to assess compliance with the North Dakota smoke-free law.
- Produce and disseminate report on the continued monitoring of the North Dakota smoke-free law.

# Step Up to a Brighter Future

North Dakota simply cannot afford tobacco – not in terms of health, that of human lives damaged or lost, and not in economic terms. Too many of our loved ones are lost and far too much is spent supporting medical claims and lost productivity due to tobacco use.

All that has been done to this point provides a solid base for future successes. Much progress has been made, but the work must continue. By using the goals set forth in this plan and combining the skills and dedication of state, local and tribal tobacco prevention and control advocates and community health partners, the North Dakota Tobacco Prevention and Control Program is ready to step up to a brighter future.

This plan is a working document. Goals, objectives and action steps may be added or adjusted as objectives are met or the science of tobacco prevention and control makes new discoveries.

Involved participants are boosted by past successes and inspired to overcome challenges that lie ahead, ready to blaze a trail to a healthier tomorrow.



# Acknowledgements

Thank you to the talented and dedicated individuals who helped to craft this plan for the future. Their hard work, knowledge and intuition are the backbone of reducing tobacco use in our state and providing North Dakotans with healthier lives.

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# Data Sources

## **Behavioral Risk Factor Surveillance System (BRFSS)**

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest telephone survey. The BRFSS is a state-based, random-digit-dialed telephone survey of the noninstitutionalized civilian population 18 and older. It is designed to monitor the prevalence of the major behavioral risks among adults associated with premature morbidity and mortality. Information from the survey is used to improve the health of the American people.

## **North Dakota Tax Department Annual Statement of Collections**

Every year, the North Dakota Tax Department publishes a report containing the annual statement of collections related to cigarette and tobacco tax collected in the state.

## **North Dakota Department of Health, Division of Vital Records**

The Division of Vital Records provides information about vital events that occur in North Dakota, including births. Statistics about pregnant women who smoke is based on information provided by the mother during recording of the birth.

## **Smoking-Attributable Mortality, Morbidity and Economic Costs (SAMMEC)**

SAMMEC provides an online database that allows users to estimate the adverse health outcomes and disease impact of smoking on adults and children. The Adult SAMMEC application provides users the ability to estimate the number of annual deaths, years of potential life lost, medical expenditures and productivity losses among adults due to smoking.

## **Youth Risk Behavior Survey (YRBS)**

The YRBS, developed in 1990, monitors priority health risk behaviors, including tobacco use, that contribute markedly to the leading causes of death, disability and social problems among youth and adults in the United States. The survey is administered to students in grades seven through 12 every other year in a random sample of North Dakota schools. Statistics used in this report are based on survey results from grades nine through 12.

## **Youth Tobacco Survey (YTS)**

The YTS is designed to measure a variety of factors related to tobacco products among high school students to assess how these factors change over time. The data allows North Dakota to measure its progress toward state and national goals and objectives. The North Dakota YTS has been conducted in the spring of odd years since 2003.





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**NORTH DAKOTA**  
DEPARTMENT *of* HEALTH



**DIVISION of TOBACCO**  
**PREVENTION & CONTROL**