North Dakota Tobacco Prevention & Control Program,

Evaluation Plan

May 2022 (revised)

Contact for Questions:
Neil Charvat, Director
Tobacco Prevention and Control Program
North Dakota Department of Health

Prepared by:
Melissa Chapman Haynes,
Director of Evaluation
Professional Data Analysts

NORTH Dakota | Health
Be Legendary.™

Professional Data Analysts

Table of Contents

Overview of the Tobacco Control in North Dakota

North Dakota has a long history of implementing innovative efforts to protect its citizens from the detrimental economic and physical effects of tobacco. A comprehensive evaluation has been in place since July 2017, and this will continue into the current funding cycle. The North Dakota Department of Health (NDDoH) coordinates statewide efforts to prevent the initiation of commercial tobacco use, protect North Dakotans from exposure to secondhand smoke, provide cessation support for North Dakotans ready to quit tobacco, and identify and eliminate disparities that disproportionately affect North Dakotans. The populations of interest in the DP20-2001 funded activities include:

- Statewide populations with behavioral health issues and low socioeconomic status
- Community based American Indian populations living on reservations in North Dakota
- Prevention of initiation for youth and young adults

These efforts are guided by a strategic plan, the North Dakota Comprehensive Tobacco Prevention and Control State Plan, 2019 – 2021 (State Plan). The State Plan is guided by the large evidence-base of best practices in tobacco control, a strong research based on meta-analysis and understanding of what works in tobacco control. This includes:

- The Centers for Disease Control and Prevention's resources, including *Best Practices for Comprehensive Tobacco Control Programs*, the National Quitline Data Warehouse, and the Division for Heart Disease and Stroke Prevention's Practice Strategies for Culturally Competent Evaluation.
- The Guide to Community Preventive Services for Tobacco Control Programs
- 2008 Update of the *Clinical Practice Guideline for Treating Tobacco Use and Dependence*
- The North American Quitline Consortium (NAQC)
- The Surgeon General's 2020 Report on Smoking Cessation

This evidence base spans multiple decades, guiding an approach that moves forward policy and systems change to address tobacco prevention and control.

A utilization-focused, culturally responsive evaluation approach

North Dakota's Tobacco Prevention and Control Partnership (TPCP) is a group of over 50 partners. Professional Data Analysts (PDA), the NDDoH evaluation contractor, has been a key partner since July 2017 and will continue in that manner for this funding cycle. This partnership model is well suited to a culturally responsive approach and builds upon years of relationship building and coordination.

The evaluation work is integrated into the TPCP through various partners, including within the NDDoH (e.g., TPCP epidemiologist), with the tribal partners, with some of the local public health partners (e.g., local-level data collection and evaluation activities), with the quitline vendor (intake and utilization datasets), and with the media contractor (e.g., short-term metrics and outcomes of media campaigns). The external evaluation contractor collects primary data on short-term, intermediate, and longer-term outcomes and is also responsible for coordinating and synthesizing the data across partners, with the NDDoH, to ensure a comprehensive, efficient, and accurate evaluation is implemented and reported.

The quality of this evaluation is guided by The Program Evaluation Standards to ensure the evaluation processes and deliverables take into consideration issues of feasibility, accuracy, propriety, utility, and accountability.

Priority Populations

Certain populations are disproportionately targeted, and their health is negatively impacted by tobacco marketing strategies and other industry tactics. This leads to higher-than-average prevalence of tobacco use. The priority populations for this CDC funding cycle are detailed in the following table.

Priority population	**Rationale**	**Engagement with the evaluation**
American Indians living on one of the four reservations in North Dakota	Tribal Nations have higher rates of commercial tobacco use in combination with sparse population density, meaning they may have fewer resources to hear about or connect to cessation programs, Adult commercial tobacco use is 35%*.	University of North Dakota (UND) is the lead for this component of the work. Drs. Redvers and Warne are leaders in tribal tobacco control and public health.
North Dakota youth (13 – 18) and young adults (age 18-24)	Over half of North Dakota high schoolers have tried an electronic nicotine delivery system (ENDS), youth rates of any tobacco product are on the rise (35.5%)**, and smokeless tobacco use (especially for males) is high as compared to the US.	Tobacco Free North Dakota (TFND) and some local public health units (LPHUs) lead youth engagement, including expansion of the Break Free movement. Local youth coalitions provide opportunities for engagement with the evaluation.
Tobacco users with behavioral health issues	An estimated 35% of cigarette smokers have a behavioral health disorder.*** Tobacco users with a behavioral health disorder use tobacco two times more often than the general population.	Partnership with NDQuits program grantees who serve this population, has shaped the evaluation and the quarterly reports since 2017.
North Dakotans with low income	There are multiple indicators related to socioeconomic status. The tobacco use of adults with low income is 30.6%.****	Continued partnership with NDQuits program grantees, especially those at Federally Qualified Health Centers (FQHC).

*The American Indian – Adult Tobacco Survey will be conducted as soon as possible, which will give a more accurate statistic of commercial tobacco use for each of North Dakota's tribal communities.
**Youth Risk Behavior Survey (YRBS), 2019
*** American Lung Association. Behavioral Health and Tobacco Use. February 12, 2020.
****Behavior Risk Factors Surveillance Survey (BRFSS), 2019

Further, approximately half of North Dakotans live in rural communities, with 36 of the 53 counties classified as frontier. Disparities exist as rural residents are more likely to use tobacco, initiate tobacco use at an earlier age, and face other disparities in terms of smoke-free policies and tobacco taxes.[1] Efforts to communicate prevention, cessation, and other educational efforts need to consider the dispersion of residents across the state to plan strategies that will effectively and efficiently reach all residents. Creative efforts need to be implemented and then documented and synthesized in the evaluation efforts.

Organization of this Document

The remainder of this document is organized around the CDC strategies for this funding cycle. The two priorities selected for Component 1 are behavioral health and health systems work. In addition, included in this evaluation revision plan and in Component 1 includes the community-based disparities work. The priority for Component 2 is the capacity of the state quitline, NDQuits.

Each of the priorities have the following information, per the CDC template:

- **Evaluation focus area**: high level overview of the evaluation and its key components, including how the program is implementing processes to incorporate a health equity and disparities lens
- **Program logic models**: Program-specific logic models
- **Table A-Evaluation Plan Overview**: strategies, evaluation approach and context, evaluation stakeholders and primary intended users, communication and dissemination, intended use of evaluation findings, and health impact
- **Table B-Evaluation Design and Data Collection Methods**: Evaluation questions, indicators, data source, data collection methods, data collection timing, data analysis, and person responsible for collecting each indicator
- **Use of the Evaluation Findings**: Overview of plans to ensure use of the evaluation results in a manner that is timely and ongoing, to support program development and improvements

[1] Buettner-Schmidt, K., Miller, D. R., & Maack, B. (2019). Disparities in Rural Tobacco Use, Smoke-Free Policies, and Tobacco Taxes. *Western journal of nursing research*, *41*(8), 1184–1202. https://doi.org/10.1177/0193945919828061

Component 1. North Dakota Tobacco Control Program

North Dakota plans to begin this funding cycle working with **behavioral health systems**, with a goal of moving to work with populations with low SES (the other required strategy) later in the funding cycle. This plan is in place as updated data indicates that North Dakota meets the behavioral health requirement and so the shift to low SES is warranted. Further, North Dakota participated in the 6|18 Initiative. The 6|18 Initiative paired the NDDoH and North Dakota's Medicaid to engage in tobacco control work with low SES populations.

Behavioral Health (and low SES) Evaluation Focus Area

The NDDoH TPCP has been collaborating with numerous behavioral health systems both private (Heartview and healthcare systems behavioral health units) and public (North Dakota Department of Human Services (NDDHS) Regional Human Service Centers (HSCs)). The TPCP has collaborated with groups associated with addiction counselors and social workers.

North Dakota will address the Population-Specific Disparity Requirement Behavioral Health objectives, strategies, and activities. The overall strategy is to implement evidence-based, culturally appropriate state/community interventions to prevent tobacco use, reduce secondhand smoke exposure, promote quitting, and reduce tobacco-related disparities.

The five-year project period objective is to increase the number of smoke-free campuses for Mental Health Facilities to 90% and Substance Use Facilities to 50% by April 28, 2025. This increase, according to the National Survey of Substance Abuse Treatment Services (N-SSATS) in 2018 is 74% in Mental Health Facilities and 21% in Substance Use Facilities.[2]

There is a total of 3,754 behavioral health facilities in North Dakota (N-SSATS, 2019), with 46% of those operating as a private for-profit, 25% operated by state government, and 21% as private non-profits.

Most of the facilities current allow smoking in designated areas (n=50, 58.8%) with four additional facilities allowing smoking anywhere outdoors

[2] Substance Abuse and Mental Health Services Administration, National Survey of Substance Abuse Treatment Services (N-SSATS): 2019. Data on Substance Abuse Treatment Facilities. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.

Behavioral Health Program Logic Model

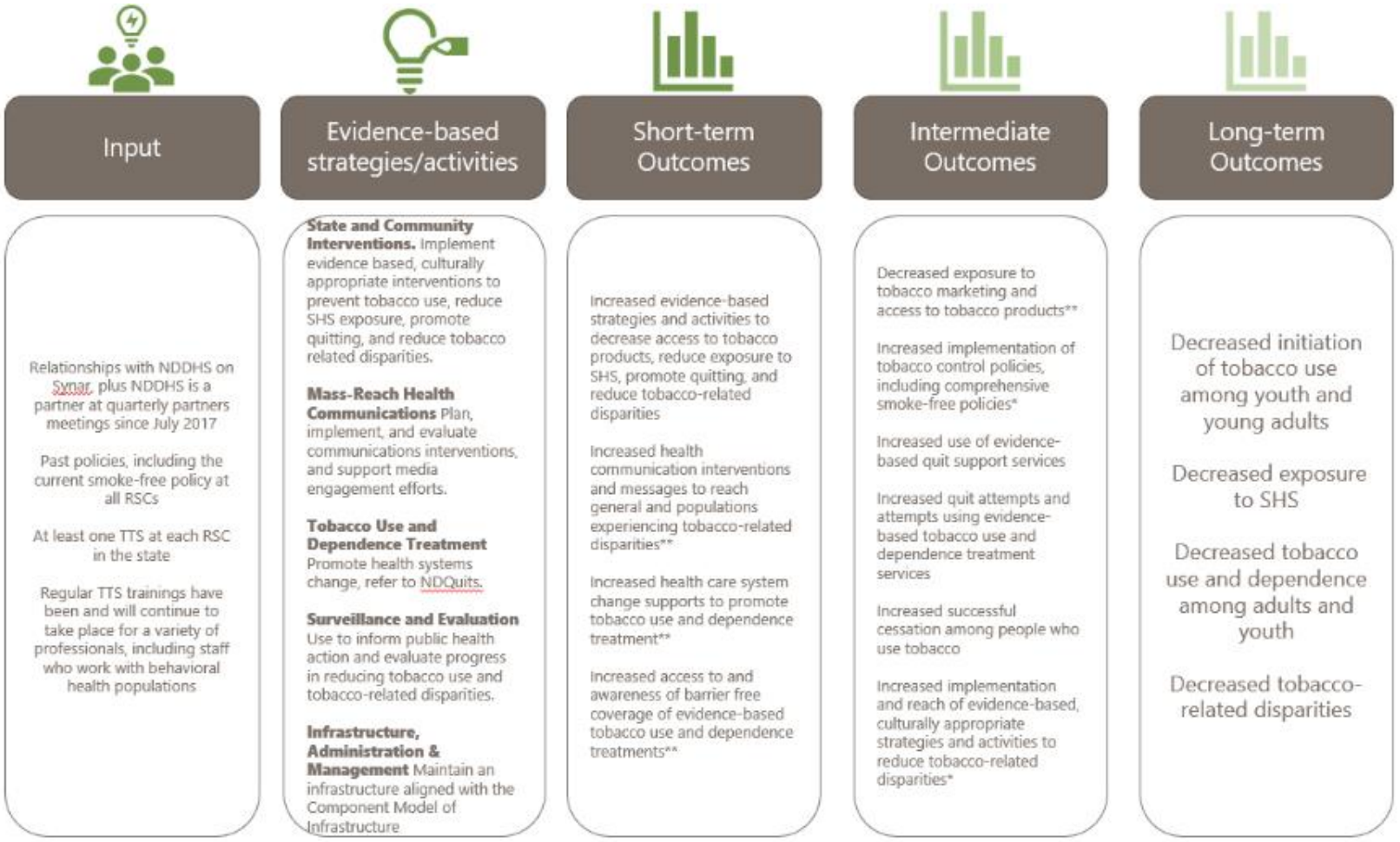


Table A.1: Behavioral Health Evaluation Plan Overview

1. Strategies to Evaluate

- Increase tobacco-free policies in behavioral health treatment facilities and campuses;
- Promote use of evidence-based cessation treatments, including the Quitline, among persons with behavioral health conditions.

2. Overall Evaluation Approach and Context

The NDDHS has been a partner of the TPCP since 2017, leading to progress like implementing a tobacco-free grounds policy two years ago in their HSCs. Each HSC has at least one tobacco treatment specialist (TTS) to assist clients to quit tobacco. These programmatic successes will be leveraged to expand these protections to other mental health and substance use facilities in North Dakota.

The evaluation contractor has opportunities to engage the diverse partners of the TPCP into the evaluation process during some of the quarterly partners meetings. For example, in the past few years, the evaluation contractor (PDA) has engaged the TPCP partners in gathering information on how past evaluation results have been used, intended future uses (and users) of evaluation results were identified, and evaluation results have been presented. Information collected from partners about the intended users and uses of evaluation are incorporated into future evaluation processes and products (e.g., reports, presentation, etc.). Incorporating the key stakeholder's voices into the evaluation is just one example of how we will ensure the evaluation is culturally responsive.

Overall, we will use a non-experimental design to evaluate the behavioral health work. We collect quarterly data from the NDQuits programs and will work with the NDDoH to review the current data collection tool and make any modifications as needed. Since data is collected on an ongoing basis, systems are set up to look at change over time, particularly as smoke-free policies are implemented.

3. Evaluation Stakeholders and Primary Intended Users of the Evaluation

North Dakota's TPCP is a collaboration of over 50 organizations to address the health and economic impact of nicotine products to North Dakotans. This work is facilitated by staff at the NDDoH and implemented by partners across the entire state. For behavioral health the individuals and groups who have a stake in the evaluation and will use the evaluation results are briefly described below.

The TPCP takes a multi-level leadership approach, where leadership at all levels is encouraged. Tobacco champions are identified at all levels, living the Team North Dakota ideal of

"Leadership Everywhere." Tobacco-control education opportunities are provided to all TPCP staff and all tobacco control partners.

The NDDoH TPCP staff. PDA collaborates with the NDDoH TPCP staff, particularly the Nicotine Dependence Treatment Coordinator, to add items to the quarterly reporting tool for quality assurance in the quarterly data and to facilitate the data collection process as needed. Results are reporting on an ongoing basis so the Nicotine Dependence Treatment Coordinator can make informed, data-based decisions about the program.

Regional HSCs. The TTS at the regional HSCs may be interested users of the evaluation findings and may be integrated into the development of designing future evaluation efforts of cessation-related initiatives.

Mental Health and Substance Use Facilities. The TTS at mental health and substance abuse facilities across the state may be interested users of the evaluation findings. Their voices will be integrated into the development of future evaluation efforts.

4. Communication/Dissemination

The evaluation contractor will partner with the TPCP staff and its epidemiologist on communication and dissemination of evaluation findings. PDA takes a utilization-focused approach to evaluation, identifying the primary intended users of the evaluation project or sub-project as early as possible, and then engaging those intended users into the evaluation process, as appropriate.

The TPCP makes evaluation results available, either on the NDDoH website and/or on a password protected website for the TPCP partners. Examples of products that have been shared on the NDDoH website, for any interested audience, include a highly visual Synthesis Report summarizing TPCP activities and results during the 2019 – 2021 biennium, including progress on the State Plan. PDA partnered with TFND to create multiple, brief video segments as a companion to the written report. The goal is to make the results of the TPCP activities available and accessible to the North Dakota Legislators, the TPCP partners, and other stakeholders across the state, especially approaching a legislative session that will be mostly remote due to COVID-19. This type of innovation will continue for the evaluation funded by DP20-2001.

5. Use of Evaluation Findings

The use of the evaluation results is baked into the evaluation approach taken by PDA. As described in section 3 in this table, the key stakeholders are identified as early as possible in the evaluation.

For the behavioral health strategy, results from the cessation work done with the regional HSCs may be used to inform expansion to substance abuse and mental health agencies across the state. In addition, the NDDoH has funded the NDQuits Cessation (NDQC) Grant Program since 2012 and several of these agencies are FQHCs such as Coal Country Community Health Center (multiple locations), Heartview Foundation in Bismarck, and Family HealthCare in the Fargo area.

6. Health Impact

Increase the number smoke-free campuses for Mental Health Facilities to 90% and Substance Use Facilities to 50% by April 28, 2025 (Current: Mental Health 86.1% in 2020; Substance Use Facilities 30.4% in 2020. Source: SAMHSA Treatment Locator: https://findtreatment.samhas.gov/locator.html

Table B.1: Behavioral Health Evaluation Design and Data Collection Matrix

The following table provides specifics on the evaluation design and data collection for the behavioral health cessation strategies.

1. **Strategy-Specific Evaluation Approach and Context**: Behavioral Health statewide strategy

2. **Strategies**:
   - Increase tobacco-free policies in behavioral health treatment facilities and campuses;
   - Promote use of evidence-based cessation treatments, including the Quitline, among persons with behavioral health conditions.

3. **Activity(s)**: Expand relationships with mental health and substance abuse facilities across the state

   Monitor efforts to engage North Dakota Department of Human Services (NDDHS) on policy issues. Monitor and report on continued tobacco cessation efforts in the identified areas.

   Continue to coordinate current tobacco cessation efforts with health and behavioral care systems in North Dakota to implement Public Health Service Clinical Practice Guidelines approved interventions.

4. Evaluation Questions	**5. Indicator(s)**	**6. Data source**	**7. Data collection methods**	**8. Data collection time frame**		**9. Data Analysis**	**Person responsible**
				Start	End		
What evidence-based strategies, promising practices, and/or culturally tailored interventions were effective (and not effective) at reaching and improving positive tobacco-related outcomes among the selected populations affected by tobacco-related disparities?	Increase tobacco-free policies in behavioral health treatment facilities and campuses	National Survey of Substance Abuse Treatment Services (N-SSATS))	Annual census of treatment facilities	~March	~December	See full methods in SAMSA's technical report* Descriptive statistics	Clint Boots, TPCP epidemiologist
	Proportion of behavioral health treatment facilities that have implemented	Quarterly reports	Online, brief quarterly reporting system	March 2021	December 2024	Descriptive statistics	Kara Backer, Nicotine Dependence Treatment Coordinator + PDA

	health systems changes that support cessation						
	Promote health systems changes in behavioral healthcare facilities to encourage and support screening and treatment of tobacco use and dependence	Quarterly reports	Online, brief quarterly reporting system	March 2021	December 2024	Descriptive statistics	Kara Backer, Nicotine Dependence Treatment Coordinator + PDA
	Promote use of evidence-based cessation treatments, including the Quitline, among persons with behavioral health conditions	Quarterly reports	Online, brief quarterly reporting system	March 2021	December 2024	Descriptive statistics	Kara Backer, Nicotine Dependence Treatment Coordinator + PDA
	Increase the number of TTS in substance abuse and mental health facilities	Quarterly reports	Online, brief quarterly reporting system	March 2021	December 2024	Descriptive statistics	Kara Backer, Nicotine Dependence Treatment Coordinator + PDA
	Success stories, lessons learned	Quarterly reports	Online, brief quarterly	March 2021	December 2024	Descriptive statistics	Kara Backer, Nicotine Dependence

What were lessons learned, promising practices, and unintended consequences?			reporting system				Treatment Coordinator + PDA
	Identification of lessons learned and promising practices	Qualitative data from staff	Interview or focus group data	July 2021	December 2021	Thematic analysis	Melissa Chapman Haynes and Sara Richter, PDA
To what extent did recipient efforts improve tobacco-related **outcomes**, such as increased use of evidence-based cessation treatment, increased quit attempts and sustained quits, and reduced tobacco use and dependence among behavioral health populations?	Proportion of youth reporting mental health or substance abuse who use tobacco	Youth Risk Behavior Survey (YRBS) Behavior Risk Factors Surveillance Survey (BRFSS)	Abstraction from spreadsheet	July 2020	December 2024	Descriptive statistics	Clint Boots, TPCP epidemiologist Melissa Chapman Haynes and Sara Richter, PDA

* https://www.samhsa.gov/data/data-we-collect/n-ssats-national-survey-substance-abuse-treatment-services

Use of the Behavioral Health Evaluation Findings

Evaluation data will be provided to key stakeholders in a timely, frequent, and ongoing manner to support program development and improvements.

Key stakeholder	**Processes to ensure ongoing use of findings**
The NDDoH TPCP staff	Ongoing, monthly meetings to discuss evaluation processes; dedicated meetings to collaboratively interpret results
TPCP partners, including NDDHS	Regularly present evaluation processes and findings to the TPCP partners, engage the partners in the evaluation process during quarterly partners meetings and integrate stakeholder perspectives into the evaluation design

Health Systems Change Evaluation Focus Areas

North Dakota has engaged in health systems change work continuously since 2012. PDA has been evaluating the program since 2014, and this evaluation will build upon the successes and lessons learned.

The State Plan outlines specific objectives and strategies to accomplish four goals. Under the cessation goal, "Promoting quitting among adults and youth," one objective from the 2019-2021 State Plan is to "Increase the number of healthcare settings that use the systems approach for tobacco dependence treatment" as recommended in the United States (US) Public Health Service Treating Tobacco Use and Dependence, Clinical Practice Guideline-2008 Update.

The strategies to meet this State Plan objective align with the Clinical Practice Guidance and include engaging with healthcare systems to implement and deliver the Ask-Advise-Refer (AAR) intervention: Ask patients about tobacco use, Advise them to quit, Refer them to evidence-based cessation services like NDQuits. Additional activities in the State Plan that involve cessation and health systems include implementing protocols to assess all patients at each visit for tobacco use, promote and maintain tobacco treatment protocols, promote cessation education events, and determine reportable variables from the electronic health record (EHR).

To enhance NDQC, healthcare staff receive specialized TTS training to increase motivational interviewing skills, which positively affect patient-provider interaction to address quitting tobacco. TTS have greater knowledge of tobacco-related information and recommend appropriate dosing of nicotine replacement therapy (NRT) or cessation medications to assist with quit attempts. The NDQC Program combines both behavioral health counseling and NRT, if appropriate, to improve quit attempts.

The expansion to behavioral health populations was discussed under the statewide requirement. In this section, efforts to extend, continue, or expand efforts to reach youth and young adults are described. Multiple efforts by multiple TPCP partners are described in this section as part of **coordinated efforts to reduce youth and young adult e-cigarette use**.

Health Systems Change Program Logic Models

Input

Capacity of the NDQC program, which has been in place and expanding since 2012.

Regular TTS trainings have been and will continue to take place for a variety of professionals, allowing current NDQC grantees to expand the TTS on staff

An annual ENDS Summit takes place, allowing health systems professionals opportunities to receive education on ENDS and vaping

Recent progress of some LPHUs to pass T21 and other local polices, with support from other partners such as Tobacco Free North Dakota and the Public Health Law Center, as well as the NDDoH staff.

Evidence-based strategies/activities

State and Community Interventions. Implement evidence based, culturally appropriate interventions to prevent tobacco use, reduce SHS exposure, promote quitting, and reduce tobacco related disparities.

Mass-Reach Health Communications Plan, implement, and evaluate communications interventions, and support media engagement efforts.

Tobacco Use and Dependence Treatment Promote health systems change, refer to NDQuits.

Surveillance and Evaluation Use to inform public health action and evaluate progress in reducing tobacco use and tobacco-related disparities.

Infrastructure, Administration & Management Maintain an infrastructure aligned with the Component Model of Infrastructure

Short-term Outcomes

Increased evidence-based strategies and activities to decrease access to tobacco products, reduce exposure to SHS, promote quitting, and reduce tobacco-related disparities

Increased health communication interventions and messages to reach general and populations experiencing tobacco-related disparities**

Increased health care system change supports to promote tobacco use and dependence treatment**

Increased access to and awareness of barrier free coverage of evidence-based tobacco use and dependence treatments**

Intermediate Outcomes

Decreased exposure to tobacco marketing and access to tobacco products**

Increased implementation of tobacco control policies, including comprehensive smoke-free policies*

Increased use of evidence-based quit support services

Increased quit attempts and attempts using evidence-based tobacco use and dependence treatment services

Increased successful cessation among people who use tobacco

Increased implementation and reach of evidence-based, culturally appropriate strategies and activities to reduce tobacco-related disparities*

Long-term Outcomes

Decreased initiation of tobacco use among youth and young adults

Decreased exposure to SHS

Decreased tobacco use and dependence among adults and youth

Decreased tobacco-related disparities

Table A.2: Health Systems Change Evaluation Plan Overview

1. Strategies to Evaluate

- Engage healthcare providers and health systems to expand tobacco use screening and delivery of tobacco education and treatment for youth and young adults, including for e-cigarettes.
- Implement policies to raise minimum age of tobacco sales to at least age 21 (at the local level to strengthen and clarify the federal T21 policy).

2. Overall Evaluation Approach and Context

There are two main programmatic approaches and set of key stakeholders described in this table – the NDQC program to address the Health Systems Change strategy and the efforts of TFND and LPHUs to implement local policies to raise strengthen T21 policies. Further, efforts around the ENDS Summit and local youth coalition work are briefly described in this section.

There are currently 17 grantees that are part of the NDQuits Cessation (NDQC) program. One current cessation grantee, Heartview Foundation, has trained 17 of its staff as tobacco treatment specialists (TTS), and established a policy stating that employees cannot use tobacco products at work or on the property; NRT is available for staff. The health systems changes align with concepts and change ideas in the Million Hearts Tobacco Cessation Change Package since the program's inception in 2012. NDQC is North Dakota program inspired by the Million Hearts initiative. Education on the ENDS epidemic and issues around vaping have been incorporated through the ENDS Summit, of which NDQC grantees have attended. Further, questions focused on ENDS have been added to the NDQC quarterly reporting form.

The NDDoH TPCP initiated a successful outreach for education and state partner engagement through a strategic planning ENDS Summit to address the vaping epidemic in North Dakota in the spring of 2019. This event allowed a diverse, non-traditional group of stakeholders to interact with national experts and guide the North Dakota response to ENDS use. Plans to continue this event on an annual basis will allow for updated education and ongoing collaboration to proactively seek strategies to combat the dynamic ENDS landscape. The target audience includes parents, educational professionals, medical providers, community organizations, law enforcement, and legislators.

3. Evaluation Stakeholders and Primary Intended Users of the Evaluation

As stated in Table A.1., North Dakota's TPCP is a collaboration of over 50 organizations to address the health and economic impact of nicotine products to North Dakotans. This work is facilitated by staff at the NDDoH and implemented by partners across the entire state. For the

health systems change and youth and young adult requirement, the individuals and groups who have a stake in the evaluation and will use the evaluation results are briefly described.

The TPCP takes a multi-level leadership approach, where leadership at all levels is encouraged. Tobacco champions are identified at all levels, living the Team North Dakota ideal of "Leadership Everywhere." Tobacco-control education opportunities are provided for all TPCP staff and all tobacco control partners.

The NDDoH TPCP staff. PDA collaborates with the NDDoH TPCP staff, particularly the Nicotine Dependence Treatment Coordinator and the Community Programs Coordinator, to implement quarterly reporting for the NDQC grantees and for the LPHU (community programs) grantees. Results are reporting on an ongoing basis so the NDDoH staff can make informed, data-based decisions about the program.

NDQC Grantees. In addition to the quarterly reporting tool, in early 2020 PDA conducted a timeline mapping case study to collect in-depth data on one of the NDQC grantees, CHI St. Alexius Health. This method involved intensive document review and close partnership with both NDDoH as well as the grantee to ensure documentation was as complete as possible. PDA conducted a group interview with both NDDoH and the grantee and multiple rounds of review of the timeline involved both stakeholders. It is possible PDA will conduct a similar study in partnership with another NDQC grantee.

TFND. All evaluation reports are shared with TFND. Further, PDA and TFND collaborated to create video companions to the biennial synthesis report in late 2020. Future innovative efforts like this will continue with this cooperative agreement.

LPHUs. PDA has partnered with the LPHUs since becoming the comprehensive evaluator in July 2017, including engaging LPHUs in providing feedback on the quarterly reporting tool at multiple timepoints. Each time feedback is solicited or otherwise provided. LPHUs have been able to see changes made to the tool to improve the accuracy and comprehensiveness of the data over time. This engagement will continue. PDA is currently conducting a comparative case study with five LPHUs that have implemented T21, flavor, and/or ENDS policies at the local level.

4. Communication/Dissemination

The evaluation contractor will partner with the TPCP staff and its epidemiologist on communication and dissemination of evaluation findings. PDA takes a utilization-focused approach to evaluation, identifying the primary intended users of the evaluation project or sub-project as early as possible, and then engaging those intended users into the evaluation process, as appropriate.

The TPCP makes evaluation results available, either on the NDDoH website and/or on a password protected website for the TPCP partners. PDA will continue to engage with the TPCP partners at the quarterly partners meetings and as appropriate to ensure continuous quality improvement is possible.

5. Use of Evaluation Findings

The use of the evaluation results is baked into the evaluation approach taken by PDA. As described in section 3 in this table, the key stakeholders are identified as early as possible in the evaluation.

For the health systems and youth and young adult strategies, the engagement of these key partners is described below table B.2.

6. Health Impact

By April 28, 2025 decrease North Dakota high school students who use tobacco products to 15%. (Current 23.0%. Source 2021 Youth Risk Behavior Survey [YRBS]).

By April 28, 2025 decrease the percentage of North Dakota adults who are current smokers to 15% (Current: 17.4%. Source: 2020 ND BRFSS).

Table B.2: Health Systems Change Evaluation Design and Data Collection Matrix

The following table provides specifics on the evaluation design and data collection for the behavioral health focus. The data collected includes the number of patients screened, assessed and provided an intervention, which includes face-to-face counseling or referral to a quitline.

<table>
<tr><td colspan="8">1. Strategy-Specific Evaluation Approach and Context: Health systems change statewide strategy</td></tr>
<tr><td colspan="8">2. Strategies:
Engage healthcare providers and health systems to expand tobacco use screening and delivery of tobacco education and treatment for youth and young adults, including for e-cigarettes.
Implement policies to raise the minimum age of tobacco sales to at least age 21.</td></tr>
<tr><td colspan="8">Activity(s): Maintain the number of NDQuits Cessation grantees at 17.

Provide resources and guidance to promote evidence-based strategies to prevent initiation, tobacco price increase, T21, flavor restrictions.

Hold an annual ENDS Summit to engage community partners and promote awareness of potential ENDS related policy issues</td></tr>
<tr><td rowspan="2">3. Evaluation Questions</td><td rowspan="2">4. Indicator(s)</td><td rowspan="2">5. Data source</td><td rowspan="2">6. Data collection methods</td><td colspan="2">7. Data collection time frame</td><td rowspan="2">8. Data Analysis</td><td rowspan="2">Person responsible</td></tr>
<tr><td>Start</td><td>End</td></tr>
<tr><td>What impact did the systems change have on achieving tobacco-related outcomes for promoting cessation, such as increasing use of evidence-based cessation treatment and increasing quit attempts and sustained quits?</td><td>Proportion of the insured population with access to comprehensive, barrier-free coverage of evidence-based cessation services.</td><td>Number of TTS, location

Census data

(note – all North Dakotans have access to NDQuits)</td><td>Abstraction from spreadsheet</td><td>July 2020</td><td>December 2024</td><td>Analysis of population with/ without access to TTS</td><td>PDA – analysis</td></tr>
</table>

	Proportion of the Medicaid insured population with using evidence-based cessation services.	Medicaid claims data	Abstraction from spreadsheet	July 2020	December 2024	Descriptive statistics	Kara Backer, Nicotine Dependence Treatment Coordinator + PDA
	Proportion of the NDQC grantees with an e-referral	Program records	Abstraction from spreadsheet	July 2020	December 2024	Descriptive statistics	Kara Backer, Nicotine Dependence Treatment Coordinator + PDA
What effect did the health systems change have overall, and as appropriate among populations experiencing tobacco-related disparities? To what extent were there unintended consequences (e.g., exacerbating disparities or disproportionately benefiting population groups)?	Proportion of NDQC grantees screening youth and young adults for nicotine use (including ENDS)	Quarterly reports	Abstraction from spreadsheet	July 2020	December 2024	Descriptive statistics	PDA
	Proportion of NDQC grantees providing counseling to patients who only use ENDS products	Quarterly reports	Abstraction from spreadsheet	July 2020	December 2024	Descriptive statistics	PDA
	Provide bridge NRT to patients who only use ENDS products	Quarterly reports	Abstraction from spreadsheet	July 2020	December 2024	Descriptive statistics	PDA

What impact did the policy have on achieving tobacco-related outcomes for decreasing access and tobacco use among youth, including e-cigarette use?	Implementation of effective public health policy initiatives in 5 local communities	Interviews with Community Programs Coordinator Quarterly reports (from LPHUs)	Recording and transcription of interviews Abstraction from spreadsheet	July 2020	December 2024	Thematic analysis Descriptive statistics	PDA
	Number of community engagement efforts	Quarterly reports (from LPHUs)	Abstraction from spreadsheet	July 2020	December 2024	Descriptive statistics	PDA
	Prevalence of tobacco use in priority population groups.	BRFSS	Annual administration	July 2020	December 2024	Descriptive statistics	Clint Boots, TPCP epidemiologist

Use of the Health Systems Change Evaluation Findings

The TPCP has a strong culture of communicating and sharing data and key findings with multiple stakeholders. PDA maintains two performance dashboards – one for the LPHUs and another for the NDQC Program grantees – which are shared with those grantees and with the TPCP staff at NDDoH quarterly. Both have successes, lessons learned, and tips and tricks that are shared with grantees. For the LPHUs, including an expanded set of lessons learned and questions was a result of engaging the LPHUs into the evaluation process during a facilitated session at the quarterly partners meeting in October 2019. The current NDQC Program quarterly report was completely redesigned after interviewing each of the grantees in the fall of 2017 and then incorporating that information into a new quarterly reporting system, which is reviewed and tweaked at least annually.

Evaluation data will be provided to key stakeholders in a timely, frequent, and ongoing manner to support program development and improvements.

Key stakeholder	Processes to ensure ongoing use of findings
The NDDoH TPCP staff	Ongoing, monthly meetings to discuss evaluation processes; dedicated meetings to collaboratively interpret results
TPCP partners, including TFND and LPHUs	Regularly present evaluation processes and findings to the TPCP partners, engage the partners in the evaluation process during quarterly partners meetings and integrate stakeholder perspectives into the evaluation design

Community-Based Disparities Project Evaluation

The NDDoH TPCP has engaged in tobacco control and prevention work in partnership with American Indian tribal communities for over a decade. The activities for the community-based disparities component build upon lessons learned from this engagement with tribal nations and Indigenous partners over many years. In late 2019, the NDDoH started to build a stronger relationship with the University of North Dakota's Indigenous Health program, led by Dr. Donald Warne (Oglala Lakota) and Dr. Nicole Redvers (Dene), with essential support by Tribal Tobacco Control Coordinator Kalisi 'Ulu'ave (Eua, Tonga/Navajo), and assistant professor Kyle Hill (Chippewa/Oyate/Sioux).

The work in partnership with UND builds on lessons learned from previous granting for a tribal tobacco coordinator directly to the four recognized tribes in the state. One lesson learned was that a needs assessment, reframing, and enhanced data was needed to inform future efforts. This is the work being implemented in partnership with UND. Another lesson learned was through the previous successes in decreasing exposure secondhand smoke through the North Dakota Smoke-Free Casino Project (NDSFCP), which has been a sustained partnership with Stephanie Jay (Chippewa).

The NDDoH, along with its partners, will further address the community-based disparities component by continuing and expanding these tribal commercial tobacco control strategies to decrease exposure to secondhand smoke, as well as to engage with community stakeholders and leaders to plan and implement evidence-based tobacco prevention and control strategies. The work will reach tribal populations in one urban area of the state, as well as the four tribal nations in North Dakota:

- Mandan, Hidatsa & Arikara (MHA) Nation (Three Affiliated Tribes)
- Spirit Lake National (Dakotah/Lakota people, including Sisseton, Wahpeton and Yanktonai tribes)
- Standing Rock Nation (Lakota, Dakota and Nakotah nations)
- Turtle Mountain Band of Chippewa

Specifically, in addition to continuing its NDSFCP activities, NDDoH along with American Indian and community partners will be implementing the American Indian Adult Tobacco Survey (AI-ATS), as well as working to develop tribal health coalitions to carry out tobacco control initiatives with Indigenous communities.

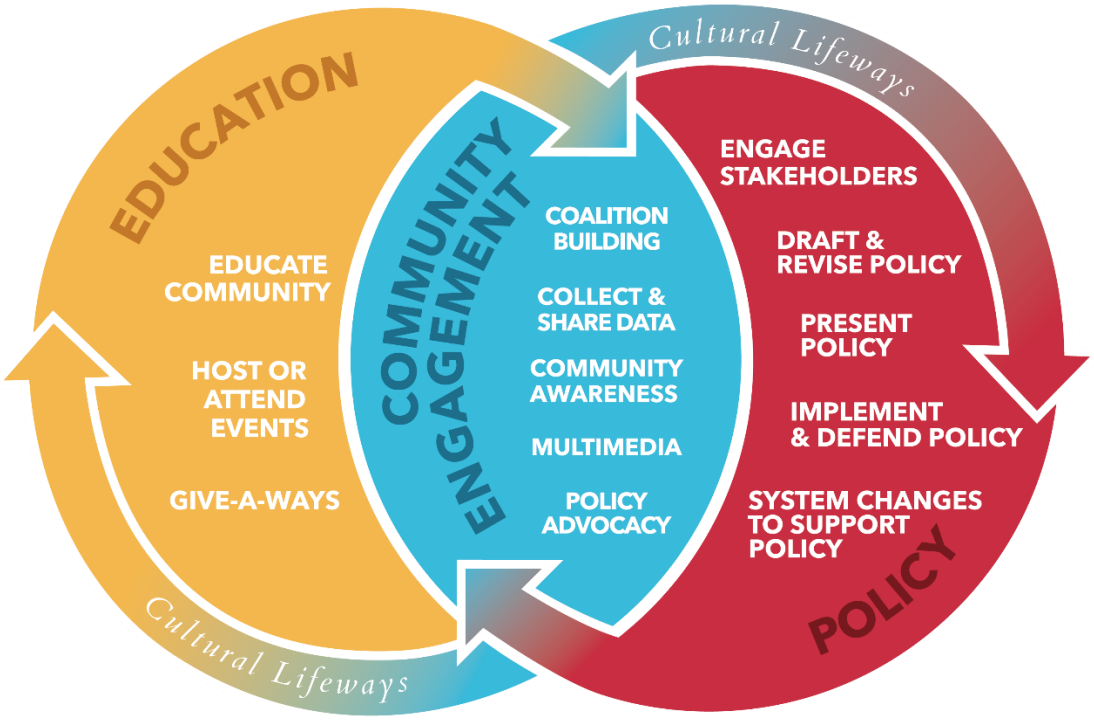
These efforts are in service of two overall 5-year project period objectives by April 25, 2025:

1. To increase the amount of smoke-free public area policies on North Dakota American Indian Reservations (Currently 2 in 2020, Goal: 4, Source NDDoH TPCP), and
2. Decrease American Indian adults in North Dakota that smoke commercial tobacco to 30% (current 36.1%. Source 2020 ND BRFSS).

Integrating Indigenous and community partners is a cornerstone of these TPCP programmatic and evaluation activities. Current partners included in this community-based disparities component include:

- **Stephanie Jay**, MPH, Tribal Health Educator Turtle Mountain Band of Chippewa Indians and NDSFCP Coordinator
- **Kalisi D. 'Ulu'ave**, PhD.c, MPH, Tribal Tobacco Control Project Coordinator, University of North Dakota
- **Kyle Hill,** PhD, MPH, Turtle Mountain Band of Chippewa, Sisseton-Wahpeton Oyate, Cheyenne River Sioux Tribe, Assistant Professor, Department of Indigenous Health, School of Medicine and Health Sciences, University of North Dakota
- **Kara Hickel,** MPH, Health Communications and Equity Specialist, NDDoH, and the full NDDoH TPCP team
- **Rae O'Leary**, RN, MPH, Turtle Mountain Band of Chippewa and Public Health Analyst for Missouri Breaks
- **Heather Austin,** Executive Director, Tobacco Free North Dakota

The approach to this work is framed by the partners using knowledge systems development within indigenous ways of knowing, such as the Medicine Wheel. Further, a Tribal Community Public Health Survey was conducted from June through September 2020, led by Dr. 'Ulu'ave and Dr. Redvers; results inform the needs and gaps within areas of public health in North~~a~~ Dakota American Indian Tribes. The results will be used as one source of information to understand the public health capacity in these tribes and will inform community and training needs. An example from the Tribal Tobacco Advocacy Toolkit, used in trainings conducted in 2021 by Rao O'Leary, is below.



The Čaŋlí Coalition Framework, from the Tribal Tobacco Advocacy Toolkit.

https://www.findyourpowersd.com/toolkit/

Ultimately, the goal of this work is to support Tribal Sovereignty through the development of tribal tobacco coalitions, implementation of the AI-ATS, and continuation of the NDSFCP. Tobacco is a sacred plant in many Indigenous communities and saying "no" can be received as saying no to family, to prayer, to community, and the like if commercial and ceremonial use of tobacco is not distinguished and framed as a system.

A. Evaluation Plan Overview

1. Strategies to Evaluate:

- Develop and/or engage with multi-level, multi-sector coalitions and community stakeholders and leaders to plan and implement evidence-based commercial tobacco prevention and control strategies. (strategy 1)
- Increase and enhance comprehensive commercial smoke-free policies, including workplaces, bars and restaurants (strategy 9)

2. Overall Evaluation Approach and Context:

According to the North Dakota Indian Affairs Commission, there are five federally recognized Tribes and one Indian community located at least partially in North Dakota with nearly 60% living on reservations (North Dakota Indian Affairs, https://www.indianaffairs.nd.gov/). The NDDoH has integrated American Indian and Tribal community work into their workplans in the past, and this community disparities-related component presents an opportunity to further deepen the relationships to North Dakota AI communities, as well as relationships across TPCP and AI partners. This partnership is essential in addressing and lowering the 36.1% adult smoking rate in North Dakota's AI populations, which is more than double the adult smoking rate in the state (2020 Behavior Risk Factor Surveillance Survey).[3]

The overall evaluation approach engages the practice of Culturally Responsive Indigenous Evaluation (CRIE), which is aligned with the Mohican/Lunappe medicine wheel. One aspect of this approach is relationship building, with evaluators entering the Eastern Door, focused on relationship building and trust.[4] This work was developed in partnership with Indigenous partners at UND, partners in the reservations in North Dakota, and with the American Indian Cancer Foundation (AICF) and Rae O'Leary (in South Dakota). This approach ensures the practices are culturally responsive in Indigenous contexts.

The project was developed after partnering with AICF in Minneapolis, Minnesota, who has done similar work with tribal nations in Minnesota. Insights and lessons learned from AICF's work informed this project and the evaluation; AICF also provides onsite training for the AI-ATS work. The AI-ATS will first be conducted in MHA Nation, followed by Standing Rock, Turtle Mountain, Spirit Lake, and then one urban area.

The Tribal Community Public Health survey, conducted in 2020, assessed many areas of public health and was led by the Tribal Tobacco Prevention and Control Program at UND, in partnership with the Great Plaines Tribal Chairmen's Health Board. The 31 adult respondents lived in either North or South Dakota and served Tribal communities in direct patient care, clinical administration, public health, leadership in tribal government, and/or community health involvement. The results of this assessment have and will continue to provide insights into this project and other projects related to Tribal community health.

The external evaluator, PDA, has been meeting with the lead partners at UND and with the NDDoH equity specialist monthly throughout FY22. The main purpose of these meetings is relationship building, prior to collaboration in FY23 on North Dakota's synthesis report; this collaboration will continue to FY23 to ensure the Tribal-led work is being reported in a culturally responsive manner.

3 Tobacco Surveillance Data Table, https://www.health.nd.gov/sites/www/files/documents/Files/HSC/CHS/Tobacco/Tobacco_Surveillance_Data.pdf

4 Chouinard, J., & Cram, F. (2020). Culturally responsive approaches to evaluation: Empirical implications for theory and practice. SAGE Publications, Inc. https://dx.doi.

3. Evaluation Stakeholders and Primary Intended Users of the Evaluation:
This work can only be done in partnership. As this work started for the AI-ATS and for the tribal coalition work, prior to this cooperative agreement, Dr. Warne from UND traveled to each of the tribes in the state, presented the idea of this work, and received agreement from each partner. The UND team has modeled their work after guidance from AICF; Kalisi 'Ulu'ave attended a training by AICF prior to the launch of the AI-ATS and on-site training continues to be provided. The NDDoH TPCP Equity Specialist meets with the UND partners monthly, and additionally as needed and meets regularly with Stephanie Jay, who leads the NDSFCP. PDA, the contracted external evaluator, also meets with the tribal lead partners and the NDDoH TPCP Equity Specialist monthly to engage in relationship building and to collaboratively scope and plan what and how to report the results of these efforts.

The following are stakeholders and anticipated primary users of the evaluation results organized around central component activities

American Indian Adult Tobacco Survey (AI-ATS): We anticipate that results from this activity will be used to inform tobacco control efforts of North Dakota Tribal Health Departments from each Tribal Nation in the state, the NDDoH TPCP, TFND, and other TPCP community partners. AI-ATS planning and administration works in coordination with each individual tribal nation, and Kalisi 'Ulu'ave takes an approach to hiring and supporting the surveyors that is culturally responsive.

Coalition Development: A principal activity of the community-based disparity component is its ongoing efforts for building coalition capacity among North Dakota's Tribal communities to further tobacco and control work within these communities in a tailored and meaningful way. We anticipate that evaluation results will inform coalition trainings and activities and can be used to be further responsive to community need. Capacity trainings are intended for Tribal community members, and thus evaluation activities will necessitate their involvement. The 2022 Tribal Coalition Strategic Plan was developed in partnership and will continue to evolve, as needed, to ensure the planning and implementation are using a CRIE approach.

Smoke-free Casino Policy Development Work: This work has been led by the NDSFCP coordinator since 2012, who is a Tribal Health Educator and member of the Turtle Mountain Band of Chippewa. This individual works with tribal leadership and casino managers and staff to conduct air quality assessments, surveys of staff, and other data collection related to the project. This project has sustained for over a decade, highlighting the importance and hard work that goes into building and re-building relationships through changes in tribal leadership and even throughout COVID-19, when many casinos temporarily closed.

4. Communication/Dissemination:
Summary AI-ATS findings will be shared among community Tribal health partners specific to each community only, and aggregated data with TPCP partners and integrated into existing state-level surveillance data for more robust and detailed information centered on the commercial tobacco use landscape among North Dakota's American Indian community. High-level, aggregated results will be made available on the NDDoH's website, and the UND leads have and will disseminate their process and lessons learned more broadly, to potentially inform others who may be interested in a similar effort.

Much of this work will be reported in the biennial synthesis report, which will be conceptualized in partnership and then written and finalized by December 2022. This is a widely distributed report that is broadly shared and is printed

and distributed to state legislators during the biennial legislative session (the next session starts on January 1, 2023). The section of the report that shares the results of this work will be conceptualized in partnership with the UND partners, to ensure a CRIE approach is taken and that the results are framed appropriately, told in a manner that is Indigenous-led and credible and relevant to the Tribal partners.

5. Use of Evaluation Findings:
Evaluation findings from these activities present multiple opportunities for programmatic improvement:

1. Having surveillance data specifically around tobacco use among the North Dakota's American Indian community is essential to increase the accuracy of data and commercial tobacco use in these communities. These data will help to inform and strategically align commercial tobacco prevention and control efforts in this community, particularly to address the disproportionate amount of commercial tobacco use across tribal communities.

2. Building capacity and infrastructure among Tribal communities for developing and sustaining health coalitions may bolster the planning and implementing of evidence-based commercial tobacco prevention & control efforts within AI communities, as well as further fortify relationships among the greater TPCP entities in the state of North Dakota.

3. Activities central to the NDSFCP may serve to further demonstrate promising practices in making policy-level changes among American Indian casino environments. Lessons learned have been shared nationally, and will continue to be shared, to inform a broader audience about the successes and lessons learned with this 10+ year effort.

6. Health Impact*:*
These efforts are in service of two overall 5-year project period objectives by April 25, 2025: 1. To increase the amount of smoke-free public area policies on North Dakota American Indian Reservations (Currently 2 in 2020, Goal: 4, Source NDDoH TPCP), and 2. Decrease American Indian adults in North Dakota that smoke commercial tobacco to 30% (current 36.1%. Source 2020 ND BRFSS).

B. Evaluation Design and Data Collection Matrix

1. Strategy-Specific Evaluation Approach and Context: This work was developed in partnership with various Tribal partners and has been and will continue to be implemented and understood in a manner that centers Indigenous frameworks and practices. We take a CRIE approach in the planning, implementation, and reporting; therefore, much of the responsibilities of this work lie with the Tribal partners.

2. Strategy:

- Develop and/or engage with multi-level, multi-sector coalitions and community stakeholders and leaders to plan and implement evidence-based tobacco prevention and control strategies. (strategy 1)
- Increase and enhance comprehensive smoke-free policies, including workplaces, bars and restaurants (strategy 9)

3. Activity(s):

Continue coordination with UND staff to engage tribal populations to implement the American Indian Adult Tobacco Survey (AI-ATS) in identified communities.

Develop tribal coalitions with assistance from UND and other partners, such as Tobacco Free North Dakota (TFND). Include representatives from stakeholders, leaders, tribal health, and diverse community partners from tribal areas.

Continue the North Dakota Smoke-Free Casino Project Coordinator to present air quality testing and community smoke-free casino survey findings to Tribal Leadership and Casino Management personnel with a goal of ultimately increasing policies that protect casino employees and visitors from exposure to secondhand smoke.

4. Evaluation Questions	5. Indicator(s)	6. Data Source	7. Data Collection Method	8. Data Collection Time Frame		9. Data Analysis	10. Person(s) Responsible
				Start	End		
What you want to know.	*A specific, observable, and measurable characteristic or change that shows progress toward achieving a specified objective or outcome.*	*Where you will collect the data* *List a source for each indicator.*	*How you will collect the data*	*Start data collection*	*End data collection*	*What type of analysis will you apply to the data*	*Who is responsible for collecting the data for this indicator?*
To what extent did the AI-ATS administration process and tribal coalition development work engage with diverse stakeholders and community partners from tribal areas?	# of community and state partners from tribal areas engaged in coalition development work	Program records	Abstraction from spreadsheet	July 2020	Dec. 2024	Descriptive statistics	NDDoH staff
	# of coalition development meetings held, including trainings to build capacity	Program records	Meeting minutes	July 2020	Dec. 2024	Descriptive statistics	NDDoH staff
	# of coalition trainings held	Program records	Abstraction from spreadsheet	July 2021	Dec. 2024	Descriptive statistics	NDDoH staff
	Successes and barriers in implementation of AI-ATS administration and process	Program records AIATS Staff input Monthly meeting minutes	Recording and transcription from project leads interviews	July 2023	Dec. 2024	Content and thematic analysis Descriptive statistics	UND/PDA/ NDDoH staff
	# of partners engaged in the development and implementation of AI-ATS	Program records	Abstraction from spreadsheet	July 2020	Dec. 2024	Descriptive statistics	UND

	# of surveys collected through AI-ATS Administration	Program records	Abstraction from spreadsheet	July 2020	Dec. 2024	Descriptive statistics	UND
To what extent did the ongoing work with the North Dakota Smoke-Free Casino Project make towards enhancing smoke-free air policies?	# of engagements with Tribal Leadership and Casino Management	Program records	Abstraction from Spreadsheet	July 2020	Dec. 2024	Descriptive statistics	Stephanie Jay / Kara Hickel
	# of smoke-free policy or implementation changes among Casinos	Program records	Abstraction from Spreadsheet	July 2020	Dec. 2024	Descriptive Statistics	Stephanie Jay / Kara Hickel
	Successes and lessons learned with implementation of North Dakota Smoke-Free Casino Project work	Interview with the NDSFCP Project Coordinator	Abstraction from spreadsheet Recording and transcription of interview(s)	July 2020	Dec. 2024	Thematic Analysis	PDA
	# of patron and casino employee surveys administered	Program records	Abstraction from spreadsheet	July 2020	Dec. 2024	Descriptive Statistics	Stephanie Jay / Kara Hickel

Component 2. Commercial Tobacco Use and Dependence Treatment Support System

Since 2004, the NDDoH has provided quitline services to residents who are ready to quit tobacco. This program expanded from telephone services to also include a web program, with supplemental text and/or email support in Fiscal Year 2014. This program has been evaluated by PDA since 2012.

Currently, tobacco users in North Dakota can select from three programs: phone only, phone and web, and web only. Individuals from three priority populations can elect to enroll in either the general protocol or one of the two special protocols to receive additional counseling and (with the pregnancy protocol) a monetary incentive per counseling call: the American Indian Commercial Tobacco Program (AICTP), the Pregnancy Postpartum Protocol, and the My Life, My Quits Program for youth. Callers using the general protocol receive counseling from Certified Tobacco Treatment Specialists (CTTS) at the UND School of Medicine.

NDQuits (quitline) Requirement Evaluation Focus Areas

The NDDoH TPCP will implement State Tobacco Use and Dependence Treatment Support System strategies based on CDC *Best Practices for Comprehensive Tobacco Control Programs 2014*; The Guide to Community Preventative Services; the 2008 Public Health Service Clinical Practices Guideline on *Treating Tobacco Use an Dependence*; the 2020 Surgeon General's Report on Smoking Cessation; and the 2015 US Preventive Services Task Force recommendations on tobacco use and dependence cessation interventions for adults. The NDDoH TPCP follows the CDC's strategy to include population-based approach designed to produce durable changes in environments, health systems, and social norms that motivate people who use tobacco products to quit and make it easier for them to succeed in quitting. The NDDoH TPCP will focus on Component 2 and implement policy, systems, and environmental change (PSE) strategies and activities that provide an opportunity for all people to live a healthy, tobacco-free life.

The NDDoH TPCP currently administers a robust tobacco cessation web and telephone-based quitline service, NDQuits. The NDDoH TPCP will continue to improve structure to streamline intake, enhance services, absorb increases in demand, and accept e-referrals.

NDQuits infrastructure provided by National Jewish Health (NJH) ensures adequate infrastructure to meet increased quitline demand, including demand generated by national media campaigns, such as CDC's *Tips From Former Smokers*. The infrastructure is adequate to ensure that all callers to the quitline during national media campaigns are offered, at a

minimum, at least one coaching call, either immediately upon calling or by being contacted within 24 hours.

The NDDoH TPCP has identified the American Indian population in North Dakota as needing culturally appropriate messaging to promote the use of NDQuits and other cessation services. Television-based media has been developed and updated that promotes the dangers of commercial tobacco, the importance of traditional tobacco, and available tobacco cessation services provided through NDQuits to help with commercial tobacco addiction.

The TPCP has conducted a 7-month follow-up survey for many years. Since being selected through a competitive bid to conduct the evaluation of the TPCP most recently, starting July 2020. PDA also started to conduct the 7-month follow-up survey of NDQuits enrollees. Another contractor had conducted this survey in prior years. Over a few months, PDA created a prenotification letter, revised the follow-up survey in partnership with the NDDoH, and trained our survey team on the North Dakota context. The 7-month follow-up survey was launched by PDA in October 2020 and has achieved over a 50% response rate every month since, in line with recommendations from the North American Quitline Consortium (NAQC).

NDQuits (quitline) Logic Model

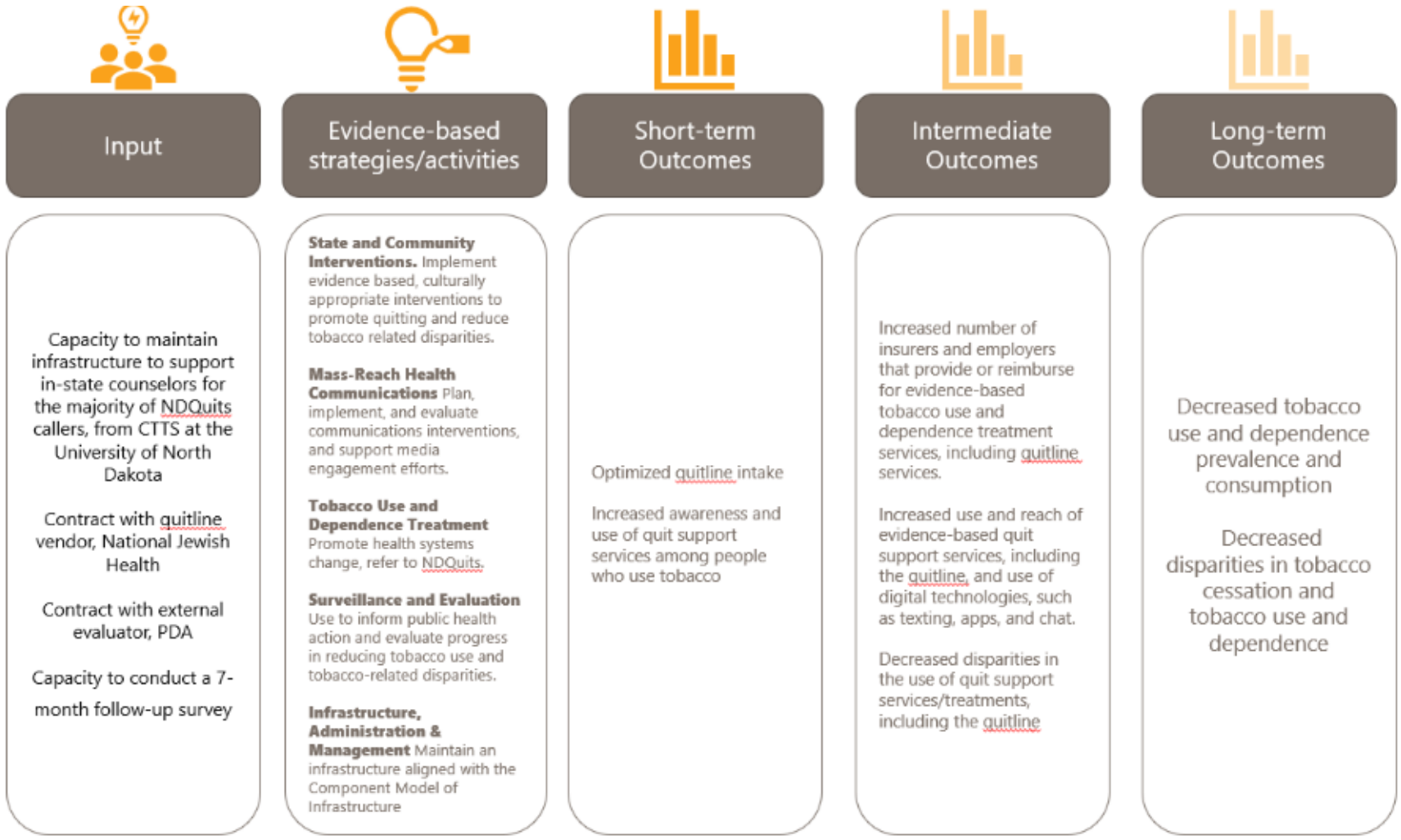


Table A.3: NDQuits (quitline) Evaluation Plan Overview

1. Strategies to Evaluate

- Implement tailored and/or culturally appropriate evidence-based mass-reach health communications strategies, including paid and/or earned media, to increase cessation and/or promote the quitline among populations experiencing tobacco-related disparities.
- Expand and leverage CDC's Tips Campaign and other media campaigns to promote cessation, including use of the quitline.

2. Overall Evaluation Approach and Context

Expanding the means by which individuals can receive cessation services from phone to now include text, chat, or online helps the NDDoH expand reach into populations that may not otherwise contact NDQuits for help with quitting. NJH has also increased NDQuits reach through a robust provider referral program. Through all referral modalities we have added consent to text language to try and initiate contact with participants prior to calling them on the phone. This will increase engagement as participants will now know who is calling them prior to the unknown number on their phones showing up. The NJH program model meets individuals at any point along their quit journey and provides any single cessation resource or combinations of telephone coaching, cessation medication, self-help materials, a comprehensive online program, and text and email support. NJH and NDQuits always encourage telephone coaching based on evidence showing this service is the most effective for improving cessation success. All NJH and NDQuits service offerings are accessible through a single point of contact to reduce barriers, whether initiated on the phone or through the web portal, for a seamless user experience.

The NDDoH TPCP works to identify populations experiencing tobacco-related disparities and underserved populations specific to quitline use and barriers to effective tobacco use and dependence treatment. The NDDoH TPCP has identified the American Indian population in North Dakota as needing culturally appropriate messaging to promote the use of NDQuits and other cessation services. Television-based media has been developed and updated that promotes the dangers of commercial tobacco, the importance of traditional tobacco, and available tobacco cessation services provided through NDQuits to help with commercial tobacco addiction.

The NDDoH TPCP provides service to all callers using NDQuits in North Dakota. Through the quitline vendor, NJH, NDQuits offers support to Spanish-speaking callers in addition to special

protocols for pregnant users, American Indians, and Youth and Young Adults (My Life, My Quit).

3. Evaluation Stakeholders and Primary Intended Users of the Evaluation

The NDDoH TPCP includes: partnerships and established communication systems that support NDQuits and quit support strategies and activities; use of data, including data visualization, for tobacco cessation treatment program planning, implementation, and evaluation to ensure objectives are achieved; managed resources, including adequate diverse staff and partners, communication, and administrative support to execute the work plan and the cooperative agreement; enhanced intake and triage processes; and developed and maintained of NDQuits capacity to accept e-referrals since January 2017, with e-referral currently in use through 15 health systems in North Dakota.

4. Communication/Dissemination

At the submission of this evaluation plan, PDA has provided a brief analysis of the emergent findings from the follow-up survey, including questions about ENDS and how, if at all, motivation to quit was altered by COVID-19.

PDA has also been developing a monthly monitoring report, versions of which we've shared with the NDDoH twice between October and December 2020. This monitoring report provides enrollments by participants in priority populations, service utilization by program, and rates of missing data. Two more pages summarizing follow-up survey data are in development and will be added to the report in early 2021. This report allows the NDDoH to have timely information about registrants into the general and special protocols, identify potential issues quickly, and inform programmatic efforts as appropriate.

5. Use of Evaluation Findings

The use of the evaluation results is baked into the evaluation approach taken by PDA. As described in section 3 in this table, the key stakeholders are identified as early as possible in the evaluation.

For the quitline strategy, the engagement in the evaluation with key stakeholders is described below Table B.

6. Health Impact

By April 28, 2025 decrease the percentage of North Dakota adults who are current smokers to 15% (Current: 17.4%. Source: 2020 BRFSS).

Table B.3: NDQuits (quitline) Evaluation Design and Data Collection Matrix

1. What services and modalities and/or combination of services results in increased quit attempts and sustained quits at 7-month follow-up? For whom?
2. To what extent did the recipient efforts contribute to a measurable change in quit attempts and sustained quits at 7-month follow-up, overall, and among populations experiencing tobacco-related disparities?

1. **Strategy-Specific Evaluation Approach and Context**: Commercial Tobacco Use and Dependence Treatment System
2. **Strategies**: • Implement tailored and/or culturally appropriate evidence-based mass-reach health communications strategies, including paid and/or earned media, to increase cessation and/or promote the quitline among populations experiencing tobacco-related disparities. • Expand and leverage CDC's Tips Campaign and other media campaigns to promote cessation, including use of the quitline.
Activity(s): Conduct strategic efforts to increase awareness of quit support services to providers, tobacco users, and populations experiencing tobacco-related disparities (e.g., Medicaid) using culturally appropriate protocols, channels, and messages to increase quitlines use and referrals. Expand, leverage, and localize CDC media campaigns and resources. Improve quitline infrastructure to streamline intake, enhance services, absorb increases in demand, and accept e-referrals. Enhance quitline sustainability by increasing partnerships to diversify funding and working with private/public insurers and employers to provide or reimburse the cost of barrier-free quit support services. Expand implementation and reach of evidence-based tobacco use dependence treatment services, including quitline services. Continue to work with NDQuits contractors and NDDoH TPCP-funded evaluators to provide annual evaluation of NDQuits services and submit data to the National Quitline Data Warehouse as requested.

3. Evaluation Questions	4. Indicator(s)	5. Data source	6. Data collection methods	7. Data collection time frame		8. Data Analysis	Person responsible
				Start	End		
What services and modalities and/or combination of services resulted in increased quit attempts and sustained quits at 7-month follow-up? For whom?	Proportion of tobacco users who called the quitline and registered for quitline services	Intake data from quitline vendor	Clean and QA data before analysis	July 1, 2020	July 31, 2024	Descriptive statistics	NJH – data collection PDA – analysis
	Average number of counseling sessions per registration/ quit attempt	Intake data from quitline vendor	Clean and QA data before analysis	July 1, 2020	July 31, 2024	Descriptive statistics	NJH – data collection PDA – analysis
	Proportion of tobacco users who received telephone counseling and/or FDA-approved medications through the quitline	Utilization data from quitline vendor	Clean and QA data before analysis	July 1, 2020	July 31, 2024	Descriptive statistics	NJH – data collection PDA – analysis
	Proportion of tobacco users who used digital-based cessation services	Utilization data from quitline vendor	Clean and QA data before analysis	July 1, 2020	July 31, 2024	Descriptive statistics	NJH – data collection PDA – analysis

	through the quitline						
	Quitline treatment reach (overall and by human service region)	BRFSS (denominator) Intake data from quitline vendor (numerator)	Abstraction from a spreadsheet Clean and QA data before analysis	July 1, 2020	July 31, 2024	NAQC calculation of treatment reach	PDA
	Proportion of quitline users who made a 24-hour quit attempt since registering for quitline services	7-month follow-up survey	Clean and QA data before analysis	Dec 2020	Nov 2024	Descriptive statistics	PDA
	Proportion of the state's population that is aware of the quitline	Intake data from quitline vendor	Clean and QA data before analysis	July 1, 2020	July 31, 2024	Descriptive statistics	NJH – data collection PDA – analysis
To what extent did recipient efforts contribute to a measurable change in quit attempts and sustained quits at 7-month follow-up, overall, and among	Proportion of quitline users who are quit 7 months since registering for quitline services	7-month follow-up survey	Clean and QA data before analysis	Dec 2020	Nov 2024	Responder rates per NAQC guidance, weighting and response bias	PDA

populations experiencing tobacco-related disparities?						analysis as needed	
	Proportion of quitline users among populations experiencing tobacco-related disparities that are quit 7 months since registering for quitline services	7-month follow-up survey	Clean and QA data before analysis	Dec 2020	Nov 2024	Responder rates per NAQC guidance, weighting and response bias analysis as needed	PDA

NDQuits Intended Use of Evaluation Findings

Evaluation data will be provided to key stakeholders in a timely, frequent, and ongoing manner to support program development and improvements.

Key stakeholder	**Processes to ensure ongoing use of findings**
The NDDoH TPCP staff	Ongoing, monthly meetings to discuss evaluation processes; dedicated meetings to collaboratively interpret results
Quitline vendor (National Jewish Health) and UND	NDDoH, UND, NJH, and PDA have monthly meetings to ensure high communication and coordination of the counseling and of the data collection, analysis, and reporting efforts. Any findings related to the work of the quitline vendor are shared in a timely manner with NJH, either at these meetings or more immediately if needed.
TPCP partners, NDQC grantees	Regularly present evaluation processes and findings to the TPCP partners, engage the partners in the evaluation process during quarterly partners meetings and integrate stakeholder perspectives into the evaluation design

Appendices

A. Partnerships

A. Partnerships

The NDDoH TPCP views collaboration with multiple programs and partners as essential to implement effective tobacco prevention strategies. This comprehensive summary applies to Component 1 and Component 2. For brevity, the description of collaborations and partnership is described here.

The TPCP is part of the NDDoH, Healthy and Safe Communities Section (HSC), in the Community and Health Systems Division. The Division consists of the TPCP and the Cancer Prevention and Control Program, which receives CDC funding. The Division Director, Susan Mormann, is the next layer of leadership above the TPCP. The TPCP has worked to collaborate on numerous cancer-related projects, specifically involving prevention and screening services. The NDQC Program works directly with cancer centers in some North Dakota health systems to provide tobacco cessation services and promote lung cancer screening within the systems. The TPCP has collaborated with Chronic Disease programs, such as Oral Health and Diabetes, and school health initiatives like Coordinated School Health. Within the HSC Section, the TPCP has been involved with Maternal Child Health initiatives and has been part of their planning efforts. The TPCP has been supportive of the Pregnancy Risk Assessment Measurement System (PRAMS) since the reformation of those efforts. Support has included tobacco-specific questions review and financial support. The TPCP has administered and/or supported CDC-funded surveillance programs the Adult Tobacco Survey (ATS), Youth Tobacco Survey (YTS), YRBS, and BRFSS. The TPCP has also been involved with the Tobacco Control Network (TCN), and other CDC-supported networks. The TPCP has engaged numerous CDC-funded groups addressing tobacco-related disparities, such as the National Native Network.

As part of the tobacco prevention and control efforts in North Dakota being restructured in 2017 (see Background), the TPCP knew through the research-based guidance of CDC *Best Practices* the best way to enhance infrastructure was to collaborate with various partners. The TPCP identified strategic partners to help with the transition process. The first effort was to resume tobacco control program guidance and funding to LPHPs. State funding was appropriated by the Legislature for the NDDoH TPCP to provide grant funding starting July 1, 2017. This was done through a formula developed jointly between the LPHUs and the NDDoH TPCP. This successful collaboration existed prior to the creation of the foundation in 2009, and the transition back to these efforts were fairly uneventful. Next was the state tobacco control coalition, TFND. After the demise of the previous foundation, TFND was not assured of surviving the transition process. The TPCP viewed the infrastructure and position of TFND to be of critical importance. The NDDoH TPCP provided funding for some of TFND's activities. The TPCP also required LPHU grantees to pay for annual memberships to TFND. Other non-funded partners were encouraged to become members, as well. TFND also has other members and fundraising,

so TFND does not depend entirely on state tobacco prevention funding to exist. The next collaborative efforts involved voluntary groups with state-level staffing in place in the American Cancer Society Cancer Action Network (ACS CAN) and the American Heart Association (AHA). The NDDoH TPCP collaborated with TFND, ACS CAN, and AHA to participate in the CDC *Tobacco Control Action Planning Academy* in Atlanta, GA in August 2017 to start planning tobacco tax increase efforts. The NDDoH TPCP has also collaborated with American Lung Association (ALA), Campaign for Tobacco Free Kids (CTFK), and Americans for Nonsmokers Rights (ANR) to participate in strategic planning efforts and quarterly partners meetings since July 2017.

The NDDoH TPCP also collaborates regularly with other state agencies, such as the NDDHS programs (Behavioral Health, Medicaid), North Dakota Department of Public Instruction (NDDPI), North Dakota Indian Affairs Commission (NDAIC), North Dakota University System (NDUS), Office of the Governor, North Dakota office of the Attorney General (NDAG), North Dakota Tax Department (NDTD), North Dakota Department of Transportation (NDDoT), and others.

The NDDoH TPCP also collaborates with higher professional education programs including all public and private collegiate members of the NDUS, work with UND and North Dakota State University (NDSU) public health, medical education programs, and research centers.

The NDDoH TPCP collaborates with numerous healthcare providers both through funded and non-funded efforts, including Sanford Health Systems (Sanford), Catholic Health Initiatives (CHI), Altru Health Systems (Altru), Essentia Health Systems (Essentia), and numerous other rural and urban healthcare systems. The TPCP also collaborates at this level with FQHCs and Indian Health Service (IHS) clinics.

The NDDoH TPCP has been collaborating with numerous behavioral health systems both private (Heartview and healthcare systems behavioral health units) and public regional HSCs. The TPCP has collaborated with groups associated with addiction counselors and social workers.

The NDDoH TPCP collaborates with education organizations, like the North Dakota School Board Association (NDSBA) with a shared state comprehensive school policy with this group.

The NDDoH TPCP collaborates with many local law enforcement agencies through their LPHUs and assists with youth access ordinances and compliance issues.