

# Local Public Health Units Comparative Policy Case Study, 2021

*Four North Dakota local public health units putting tobacco prevention and control policy to work in their local community*



Prepared March 2021 for:

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# About this Report

This report provides the findings from a comparative policy case study conducted October 2020 – March 2021 with four North Dakota Local Public Health Units (LPHUs). These four LPHUs were selected to represent rural and more urban settings, and based on local policies passed on Electronic Nicotine Delivery Systems (ENDS), flavors, and policies that protect youth.

## Purpose

This report was designed with the following goals:

1. To examine how the four LPHUs have educated their community about the benefits of North Dakota's comprehensive smoke-free law.
2. To identify and describe the activities that the four LPHUs have carried out related to policy development and implementation.
3. To explore how partnerships influence the LPHU's policy efforts.
4. To share findings, including lessons learned, successes, and challenges, with the North Dakota Department of Health's (NDDoH) TPCP to inform programmatic improvement and decision-making.

## Design and methods

A multiple case study design was used to describe the local policy efforts for four LPHUs across the state. The LPHUs were selected to participate based on policy work that was reported on the quarterly reports, especially policies related to ENDS, flavors, and policies that protect youth. The LPHUs were selected to represent urban and rural regions of the state.

The study collected and reviewed data from multiple methods, including interviews, document review, archival data, and meeting notes. Virtual interviews were conducted with tobacco coordinators from each LPHU, as well as representatives from the NDDoH, Tobacco Free North Dakota (TFND), and the Public Health Law Center (PHLC). Appendix A provides further details on the study methods.

### LPHUs featured in this report:

Bismarck-Burleigh Public Health (**Bismarck-Burleigh**)  
Fargo Cass Public Health (**Fargo Cass**)  
Emmons County Public Health (**Emmons**)  
Southwestern District Health Unit (**Southwestern**)

## Report authors

This report was compiled by Professional Data Analysts (PDA).

PDA is a B-corporation that is contracted to conduct an external evaluation of the North Dakota Tobacco Prevention and Control Partnership (TPCP) activities, including state and community interventions and local public health efforts. PDA has been evaluating tobacco control efforts for over 20 years across the United States.

Please [contact](#) Melissa Chapman Haynes, PhD, with questions about this report. Questions about local public health or the TPCP should be directed to [Abby Erickson](#), Community Program Coordinator, TPCP.

**Want to learn more about tobacco control in North Dakota?**

[+The State of Tobacco Control in ND: 2019-21](#)

# Key terms

This report includes key acronyms and initialisms that will be referred to multiple times, including:

## **North Dakota partners and terms**

**LPHU** – Local Public Health Unit, there are 28 in the state

**NDDoH** – The North Dakota Department of Health

**NDQC** – NDQuits Cessation grant program

**PHLC** – The Public Health Law Center, a national legal TA provider

**TFND** – Tobacco Free North Dakota, a statewide tobacco advocacy organization

## **General tobacco-related terms**

**ENDS** – Electronic Nicotine Delivery Systems, also known as vaping devices, vapes, or e-cigarettes

**EVALI** – E-cigarette or Vaping Use-Associated Lung Injury

**MUH** – Multi-unit housing

**NYTS** – National Youth Tobacco Survey

**SHS** – Secondhand smoke from combustible tobacco products

**T21** – Tobacco 21, a policy prohibiting the sale of tobacco products to youth under 21 years old

**TA** – Technical assistance

**TPCP** – Tobacco Prevention & Control Partnership

**TTS** – Tobacco Treatment Specialist

**Vapor** – The aerosol that comes out of e-cigarettes that can be harmful for non-users

**YRBS** – Youth Risk Behavior Survey

**YTS** – Youth Tobacco Survey

## **Other terms**

**CDC** – Centers for Disease Control and Prevention

**EPA** – Environmental Protection Agency

**LEA** – Local Educational Agency

**SRO** – School Resource Officer

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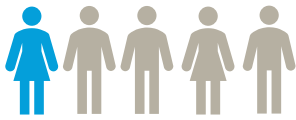
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# Snapshot of Local Tobacco Policy Efforts in North Dakota

## Tobacco use threatens the health of North Dakotans

Nearly **1 in 5 adults** in North Dakota smoke <sup>1</sup>



**1 in 3 high school students** in North Dakota use ENDS <sup>1</sup>



An important partner in North Dakota's tobacco prevention and control efforts are LPHUs. In North Dakota, all 28 LPHUs work in partnership with the NDDoH. LPHUs mobilize their community to change **social norms, adopt tobacco and smoke-free local policies, build local coalitions, and promote cessation services.**

## LPHUs are essential to tobacco prevention and control across the state

### LPHU keys to success include:



**Tobacco coordinators** who are knowledgeable, persistent, adaptable, and have a deep understanding of community needs.



**Local partnerships** with coalitions, schools and families, and local officials to advance tobacco policy work.



**State and national partnerships** that provide policy support and opportunities for peer learning.

### Local context matters:



**Bismarck-Burleigh** and **Fargo Cass** are in more densely populated and urban areas, meaning that they may have more resources and support to address local tobacco concerns, as well as larger, more diverse populations.



**Emmons** and **Southwestern** are in more rural regions of the state, which present unique challenges to tobacco work. These include higher use rates, multiple risk factors, and inequities.

## Local tobacco policy efforts have statewide impacts

### LPHUs help protect non-smokers from the harms of SHS by:



**Educating** communities about the North Dakota smoke-free law to increase compliance and decrease SHS exposure.



**Facilitating** local smoke-free/tobacco-free policies (i.e., outdoor, MUH, schools, college campuses).

### LPHUs prevent youth and young adult tobacco initiation by:



**Addressing** the rising problem of ENDS use among youth and young adults.



**Advancing** local ENDS-related policies to decrease youth access to e-cigarettes and other tobacco products (i.e., T21, flavor restrictions, etc.).



# Tobacco Policy Context in North Dakota

*In this section is an overview of the unique context of tobacco control in North Dakota overall, as well as the specific community-level profiles of the four LPHUs that are a focus of this report. Rural populations are more likely to use tobacco and may have challenges accessing cessation resources.*



**Every year in North Dakota, 1,000 adults die from smoking-related illnesses.<sup>2</sup>**

**14,000 youth under 18 who are alive in North Dakota now will ultimately die prematurely from smoking.<sup>3</sup>**

# Being a rural state influences tobacco use and exposure to smoke

## North Dakota tobacco use is higher than most neighboring states

Compared to its neighboring states, North Dakota has the [highest rate of high school students using e-cigarettes](#) and [nearly highest of tobacco prevalence among adults](#).<sup>1</sup>

	High School E-cig Use YRBS 2019	Adult Smoking prevalence BRFSS 2019
North Dakota	33%	17.0%
Montana	30%	16.6%
South Dakota	24%	14.6%
Minnesota	19%	18.3%

## Rural residents experience multiple risk factors and inequalities

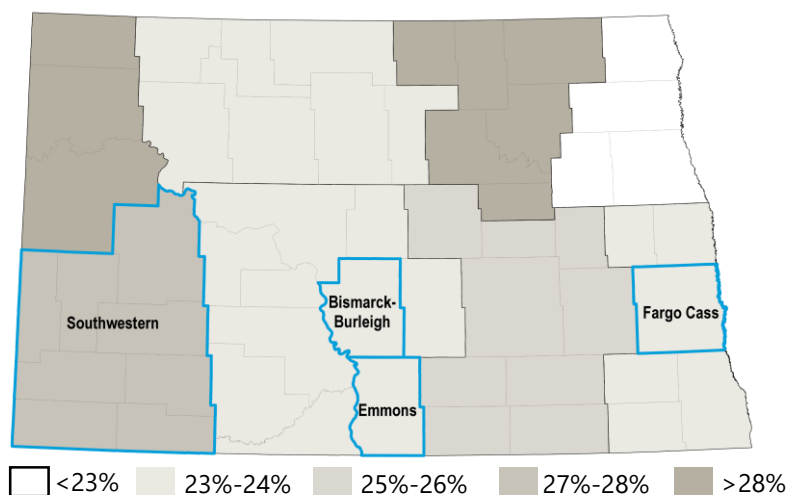
North Dakota has among the lowest population density in the country, with 9.7 residents per square mile.<sup>4</sup> Most North Dakota residents live in rural areas where they are more likely to experience multiple types of disadvantage, such as less hospital access, fewer physicians, higher travel burden, poverty, among others.<sup>5</sup> These systematic and structural inequities directly influence health outcomes and the rates of tobacco use and exposure to SHS for North Dakotans.

**Research indicates that adults living in rural areas are more likely to smoke, more likely to be heavier smokers, and youth in rural areas are more likely to start smoking at an earlier age.<sup>6</sup>**

## Adult tobacco use is higher in the more rural parts of North Dakota

The map shows the geographic region covered by each LPHU included in the case study, overlaid with the 2019 adult tobacco use prevalence. The prevalence of [tobacco use among adults is highest in the western and southern regions](#) of the state that are less populated.

Adult tobacco use by region



Tobacco use data is from the ND BRFSS 2018.

Tobacco use includes use of cigarettes, smokeless tobacco, or e-cigarettes.

## Local Public Health Units tackle the problem of tobacco in their communities

The public health system in North Dakota is locally driven and made up of 28 LPHUs who work in partnership with the NDDoH on tobacco prevention and control. This ensures local public health covers all geographies in the state, a factor which sets North Dakota apart from some other U.S. states. North Dakota's work involves social norms change, tobacco and smoke-free local policies, building local coalitions, and promoting and/or providing cessation services. Each LPHU has a designated Tobacco Coordinator who leads local efforts, sometimes with other support staff. A map of all LPHUs is in Appendix B.



# Policy change in local communities

## North Dakota's Tobacco Prevention and Control Partnership (TPCP) coordinates best practices

Tobacco use continues to be the most costly, preventable cause of death in North Dakota. North Dakota's TPCP has implemented innovative and evidence-based strategies to engage North Dakota communities in developing local solutions.

North Dakota's TPCP is a **partnership of 41 local, regional, and state organizations** whose statewide work is guided by the North Dakota Comprehensive Prevention and Control State Plan. The State Plan is guided by the five components of the Centers for Disease Control and Prevention's (CDC) Best Practices for Tobacco Control: cessation, state and community interventions, health communications, evaluation and surveillance, and administration and infrastructure.<sup>7</sup>

## Community interventions are a best practice that engage local residents and organizations

Tobacco initiatives carried out at the local level are an essential part of a comprehensive, effective tobacco prevention? best practices. **Local tobacco control efforts mobilize communities and engage residents to support and be part of policies and programs.** Grassroot efforts can help change social norms and encourage healthy behavior in individuals.

Community interventions are most effective when they involve strategies that:

- Prevent tobacco use initiation among youth and young adults
- Promote quitting among adults and youth
- Eliminate exposure to SHS
- Identify and eliminate tobacco-related disparities among population groups

## Tobacco policy change can make a big difference at the state and local level

There is strong evidence that tobacco policies are an effective tobacco prevention and control strategy. Smoke-free laws protect people from the harm of involuntary SHS exposure, prevent tobacco use, and motivate tobacco users to quit.<sup>8</sup> Further, policies that restrict the age of sale help ensure that youth do not have access to use tobacco products which can lead to addiction. This is particularly crucial given the rise in the use of ENDS in North Dakota and nationwide.

**The 28 LPHUs across the state play an important local role in educating about the state's smoke-free law and helping to pass stricter tobacco policies in their community.** Tobacco coordinators work closely with individuals and organizations in their community to develop, pass, and implement local ordinances.

**"The evidence is sufficient to infer that [smoke-free] policies reduce smoking prevalence, reduce cigarette consumption, and increase smoking cessation."**<sup>9</sup>

– Surgeon General Report (2020)

# Local tobacco policy from a local, state, and national perspective

*"There is no one size fits all policy that can be handed down. There is a lot of diversity, a lot of differences, the way [LPHUs] operate, they're all independent."*

- NDDoH

## Local public health was a driving force for the state smoke-free law

"...North Dakota was able to pass the smoke-free law statewide because of all of our local efforts. The city of Linton was actually the tenth community that passed an ordinance, which helped to move that forward across the state demonstrating to the public that there is an interest in smoke free indoor laws. We followed Best Practices and did all the "legwork" with our city council members in hopes that they would make the decision to pass an ordinance, and they still ended up taking it to a vote of the people...I think we were instrumental in getting the smoke-free law pushed forward." - Emmons

## Local tobacco policies demonstrates the public's support for tobacco and serve as an example for state policy

"When they're able to pass things locally, it does give an example for the state and shows that the communities are interested in those policies. I know [TFND Executive Director] speaks very highly of having that local support and demonstrating that communities want these policies in place. It can help sway legislators, so I think from that standpoint, it is beneficial. That's why [statewide tobacco partners] try to advocate, promote, and pass a strong, well written policy at the local level so that it is a good example for the state to adopt." - NDDoH

## Each community in North Dakota is unique with its own needs for tobacco policy

"If you've seen one local public health unit, you've only seen one. Everybody has to customize to their community, customize to their clients. There's always going to be a little bit of variance or difference that you have to take into account when you're dealing with people, whether it be personality or policy or community need." - TFND

## Dedication, patience and a deep understanding of the local community helps drive local tobacco policy

"We have found that it really usually begins at the local level. Then you really get that critical mass local policies that moves it forward. I am always amazed at the dedication and the intelligence and just the patience of some of the local public officials in North Dakota. I think you mentioned Bismarck-Burleigh and Fargo Cass. I think the people who work there are just amazing. I think it's remarkable. I think they are really effective in understanding their own political realities." - PHLC

A list of additional local policies that Bismarck-Burleigh, Emmons, Fargo Cass, and Southwestern have passed in recent years is provided in Appendix D.

# Bismarck-Burleigh



## The Bismarck-Burleigh Approach

Bismarck-Burleigh Public Health (Bismarck-Burleigh) is a LPHU addressing tobacco use throughout the community through education, media campaigns, cessation services, and local policy change. Tobacco use, vaping among youth, and SHS continue to be a concern in this county of 95,626 residents.<sup>10</sup> Through youth outreach and relationships with School Tobacco Prevention Coordinators, Bismarck-Burleigh works to increase education and awareness among youth to discourage tobacco initiation and use.

Bismarck-Burleigh also connects with youth across the state through the annual Youth Action Summit to learn about tobacco prevention policy and advocacy efforts in their state and local communities.



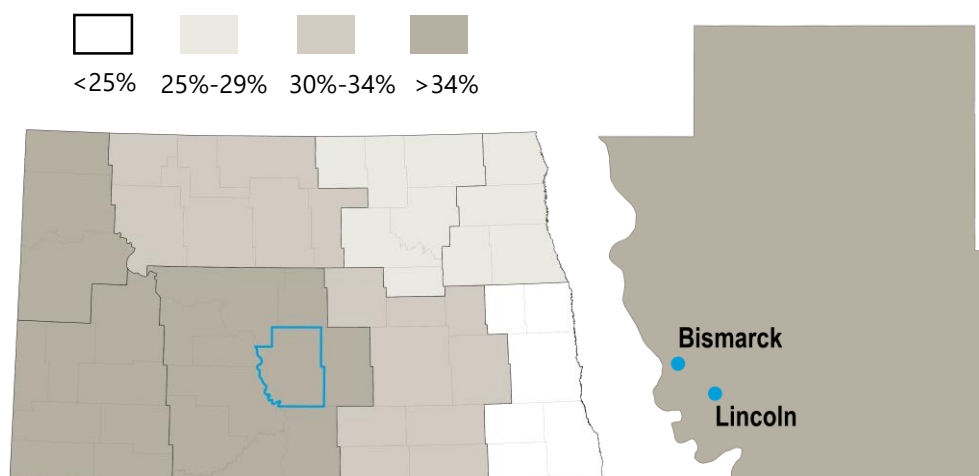
Bismarck-Burleigh Local Public Health office, Bismarck



## Preventing Tobacco Use Among Local Youth

In 2020, the cities of **Bismarck and Lincoln passed T21 policies** to prohibit the sale of tobacco products, including cigarettes and cigars, to people under the age of 21. Both Bismarck and Lincoln made sure to include e-cigarettes in the definition of tobacco products to target the rise in vaping product use among youth. Structured fines have also been put in place to penalize retailers found to be in violation of the law. In Bismarck, LPHU staff helped to mobilize community leaders and organizations around the bill, which ultimately secured the support of local legislators. Similarly, Lincoln benefited from the support of local law enforcement after providing education around the law. Additionally, Bismarck's neighboring influence helped to move things along in Lincoln and set an example for other cities across the state.

### State and regional youth e-cigarette use



"There is something to be said about **having the right people in the right places**. When the police chief brought forth [the Lincoln T21 ordinance] that I provided to [the police chief], the city commission adopted all of it, which was perfect."  
– Bismarck-Burleigh

Youth e-cigarette use is from the ND YTS 2019 of high school students



## The Fargo Cass Approach

Fargo Cass Public Health is a LPHU located in Fargo, a city with a population of 181,923 residents.<sup>10</sup> As the largest metropolitan area in the state, Fargo Cass benefits from greater access to resources and internal staff capacity to address tobacco use in a large service area. Fargo is home to North Dakota State University, the state's second largest public institution and a partner in state and local tobacco cessation and prevention efforts. Tobacco prevention staff have also

developed a good working relationship with the city attorney, who helps to move tobacco policies forward with the city commission. Fargo Cass encourages community involvement in tobacco prevention efforts and offers educational presentations and local messaging about the harm of tobacco use.



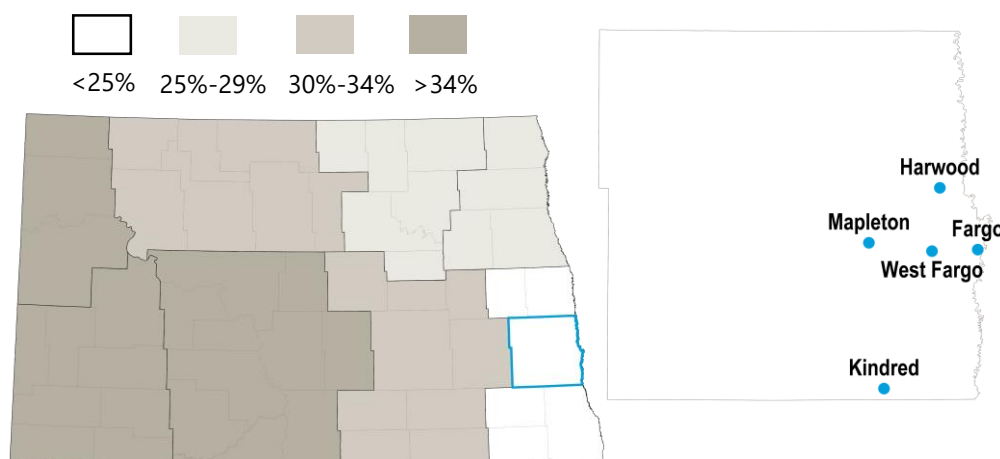
Fargo Cass Public Health office, Fargo



## Holding Tobacco Retailers Accountable

In 2018, the city of Fargo **updated its tobacco license requirement to include e-cigarettes**. By requiring licensure for retailers selling both tobacco and e-cigarettes, this policy ensures regulatory compliance at the point of sale. Any retailers found to be non-compliant will be subject to fines and/or suspension or revocation of authority to sell. This policy also prohibits mobile vending, which decreases community access. Fargo strengthened this policy in 2019 when two city ordinances were updated to prohibit the sale of flavored e-cigarette liquid to youth under the age of 18 and to impose fines on retailers failing compliance checks for the sale of tobacco products to minors. These ordinances are helping to curb tobacco and e-cigarette use among youth and adults and contribute to a healthier community.

### State and regional youth e-cigarette use



“The **local licensing would be our biggest policy success**. We put local licensing into place for vape shops...We changed the definitions in our ordinance, so they have to get the state tobacco license, even though the state doesn't require it. We require it.”

– Fargo Cass

Youth e-cigarette use is from the ND YTS 2019 of high school students





## The Emmons Approach

Emmons County Public Health is a LPHU located in Linton, a city with a population of 3,241 residents.<sup>10</sup> As a NDQuits Cessation (NDQC) grantee, Emmons has additional funding to support local tobacco prevention and control activities. This support includes providing Tobacco Treatment Specialist (TTS) training for public health staff, which equips them with the knowledge and skills to work with physicians to support patients in tobacco cessation. Emmons also benefits from having dedicated staff who bring varying degrees of public health and tobacco experience and expertise to the job. The team emphasizes the interconnectedness of cessation and policy work and collaborates with community partners to promote tobacco cessation policies alongside tobacco cessation treatment for residents.



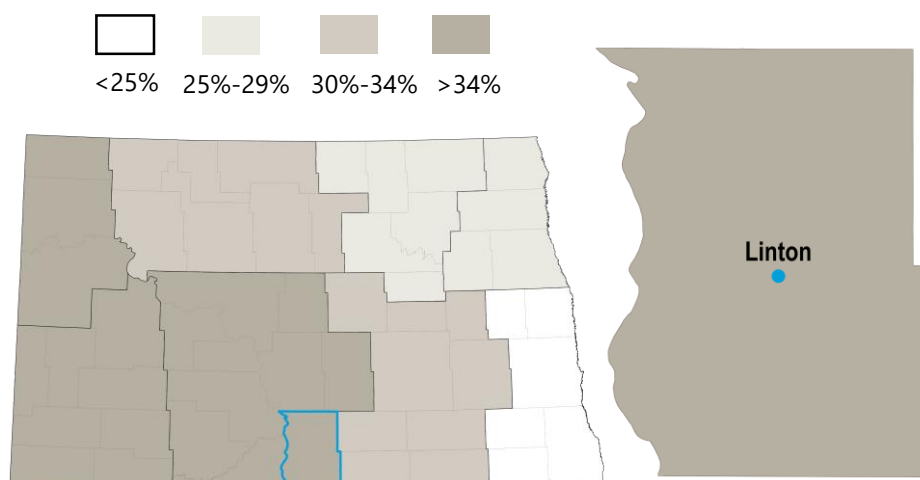
Emmons County Public Health office, Linton



## Preventing Tobacco Use Among Local Youth

In 2020, the city of Linton passed an ordinance to **regulate the sale of flavored tobacco products and e-liquids**. Throughout the process of policy development and implementation, Emmons worked with local students, teachers, law enforcement, health care providers, and others to provide vaping education and awareness to community members and city officials. A few students testified during the first reading of the ordinance, which helped to underscore the need for this policy to help protect local youth. By decreasing youth access to enticing flavors, this policy helps to reduce tobacco and e-cigarette initiation and continued use. This policy also holds retailers accountable by imposing fines on those found to be non-compliant.

### State and regional youth e-cigarette use



"At the time, we really had only one convenience store that had the potential to be selling ENDS products...then another one opened and I was afraid that they would want to sell flavored products too. **I wanted to get ahead of that before it became an issue in the community.**" – Emmons

Youth e-cigarette use is from the ND YTS 2019 of high school students

# Southwestern



## The Southwestern Approach

Southwestern District Health Unit is a LPHU located in Dickinson and covers eight counties for a total population of 47,091.<sup>10</sup> These counties are Adams, Billings, Bowman, Slope, Dunn, Golden Valley, Hettinger, and Stark County. Each county is unique. As a large, frontier region of the state, Southwestern faces unique challenges regarding tobacco use and a lot of variation across communities. One example is the influx of out-of-towners due to the oil boom, most of whom do not understand state and local tobacco policies. Education is a large part of the Southwestern approach to tobacco prevention and control work.



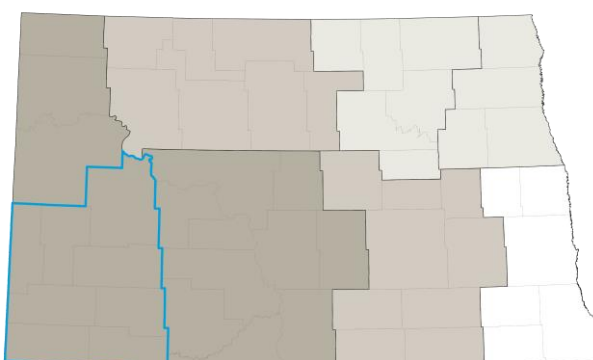
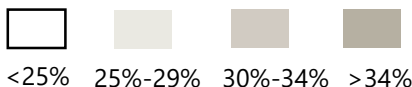
Southwestern District Health Unit office, Dickinson



## Preventing Tobacco Use Among Local Youth

In 2020, the city of Dickinson **passed a T21 policy** to prohibit the sale of tobacco products, including cigarettes, cigars, and ENDS, to people under the age of 21. Structured fines have also been put in place to penalize retailers found to be in violation of the law. By reducing youth access to tobacco products and holding non-compliant retailers accountable, this policy helps to reduce tobacco initiation and continued use among youth. With the inclusion of e-cigarettes in the policy's definition of tobacco products, T21 also works to combat the rising vaping epidemic in North Dakota and across the country.

### State and regional youth e-cigarette use



"We're Southwest North Dakota, and there's a lot of the folks that are the same, but each community likes something a little different. So, *you have to really make their policies specific to them and what works for their people in that community.*"

- Southwestern

Youth e-cigarette use is from the ND YTS 2019 of high school students

# Success Factors for Local Tobacco Policy

*This section summarizes several factors related to successful policy work within four LPHUs. The three overarching categories are: 1) tobacco coordinators, 2) local partnerships with community members and organizations, and 3) support and technical assistance from state and national partners, particularly the NDDoH, TFND, and PHLC.*



**“When I think of where we were with tobacco policy when I first started, they were smoking in the hospital at the nurse's station, and in the patient rooms...In the schools at the teacher's lounge and at the concession stands. We've made great strides, but it's not quick enough I think.”**

*- Emmons*



# Success factors for local tobacco policy

The case study findings revealed three overarching categories and several factors that were related to successful policy work for Bismarck-Burleigh, Emmons, Fargo Cass, and Southwestern LPHUs.



## Tobacco Coordinators

- ❖ **Knowledgeable, experienced** public health leaders in their community
- ❖ **Persistent and patient** despite challenges and policy setbacks
- ❖ **Understand their community needs** and when the timing is right for policy change
- ❖ **Adapt** policy efforts during the pandemic



## Local Partnerships

- ❖ Strong collaboration with **local coalitions** to educate and build support for policies
- ❖ Work closely with **schools and families**, and engage **youth** to advance policy
- ❖ Collaborate with **city and county government** to develop and pass policy
- ❖ Build **strong relationships** in the community



## State & National Partners

- ❖ Use policy support from **state and national partners**
- ❖ Engage in **peer learning networks**



# Dedicated and persistent public health leaders

*"You work in so many different areas and the community sees you as a leader, the leader of health, and I think that's been a big huge advantage as far as moving any policy forward." - Emmons*

## **Tobacco coordinators are knowledgeable, experienced leaders in their community who fulfill multiple public health roles**

"...even though our area is small, you still have the same amount of work. You have to be a real generalist in these small communities because you've got to do everything. You're doing footcare, you're doing immunizations in the course of a day...you're doing a lot of different things and got a lot of different hats on."

- Emmons

"[The Fargo Cass Tobacco Coordinator] is another amazing example...I can't imagine the workload that she facilitates. I think I have a lot on my plate. I know she has just as much, if not more. She's been awesome about always reaching out, helping provide us resources as well as requesting them of us. It's a true give and take relationship with Fargo Cass. I appreciate that to no end..."

- TFND

## **Tobacco coordinators show patience and persistence despite encountering significant challenges and policy setbacks**

"Tobacco work is slow. I mean, you can take one step forward and then you can be knocked back five steps...You really have to understand the current laws and why definitions are important and what you're actually attempting to do in order to be able to move [policy] forward." - Fargo Cass

"We're proud of the fact that we've got that youth access [policy]. We fought really hard to keep going forward with that [policy] instead of backwards."

- Southwestern



# Deep understanding of the community needs

## **Tobacco coordinators have a strong understanding of their community and know when the timing is right for policy change**

Partnering with community members is an essential part of the local tobacco policy process, and effective community engagement involves understanding the local context and the critical health issues that need to be addressed. Tobacco coordinators use the strong relationships that they have built with local individuals and organizations to gauge when there is sufficient support or not for certain policy. Their keen sense of timing helps determine when to move forward with developing and presenting policies, and when to wait for a more favorable “policy window.”

“From attending the ENDS Conference to talking with parents [and] school officials and observing in the community, I felt that [youth vaping]...was going to be an issue. I knew I needed to get an ordinance in place before it became an issue with purchasing flavored products locally. It's easier to have a policy in place before [vape shops] become established and you're taking away revenue. - Emmons

“...Two years ago, I was working on the T21 with the city of Lincoln, and they weren't ready, but federal [T21] law passes and then we're ready. So, it's okay, if you don't pass [the policy] right away, just wait for the right time.  
- Bismarck-Burleigh

“It seems like [local policy] is a delicate balance....You take that one step forward when maybe you need to wait and then it derails completely versus having that understanding of what your community's ready for, what they want, [and] having the people that can support [policy] in the right places.” – NDDoH

“I think that [tobacco coordinators] have lived in the community their whole lives. They really do have a good understanding of not only what's possible, but how to make it happen. I think [that knowledge] is really helpful.” - PHLC



# Adapt policy efforts during the pandemic

## **Tobacco Coordinators have taken on additional responsibilities during the pandemic and have pivoted their local policy work**

Since the start of the COVID-19 pandemic, tobacco coordinators have spent much of their time helping with COVID-19 related services, including contact tracing, testing events, hotlines, and vaccination promotion. Every aspect of their tobacco prevention and control work has been impacted, and for some LPHUs, their policy efforts were put on hold. However, others shared how they pivoted their policy work by communicating virtually with partners and legislators, utilizing social media messaging, and even passing local ordinances.

### **Tobacco coordinators spent considerable time supporting the community with multiple pandemic-related services.**

"...[Tobacco coordinators] are really strapped for time at all public health departments. We do everything from testing to follow up, to contact tracing, communication/education to the public/local leaders, and COVID-19 vaccine planning and administration of vaccines. Many of our local partners also are not able to assist with tobacco related work because they too have pandemic related issues they are working on. It's a challenge right now." - Emmons

### **Working on pandemic related duties has slowed down local policy work and LPHUs are figuring out how to best adapt.**

"[The pandemic] has greatly effected our policy work and our work in tobacco prevention and control...Working with our contact tracing group has pulled me away from my other [LPHU] duties. We've gotten to the point where we realize that [COVID-19] is going to be a long event...We are starting to brainstorm ways that we can look at how we do some of our work [differently]." - Fargo Cass

### **Tobacco coordinators continue to work with local coalition partners and provide tobacco services to the community.**

"We haven't been able to meet as often as we'd like with our coalition. We have been able to meet with [one another] on the phone, but it's better when [the coalition] can all meet in person. So, I would say that's been a challenge for us...As far as tobacco prevention, we just mask up and we help [community members]...We've had to go in the parking lot [to provide services] or they come into the office and mask up..." - Southwestern

### **Despite the challenges of the pandemic, some LPHUs have helped successfully passed major local tobacco policies.**

"If you look at the timeline of...these [most recent local] tobacco policies, they have been passed during the pandemic. I think the [tobacco] coordinators are getting pulled in different directions but...they saw the moment was right for their communities. They built up those [key community] relationships that they needed to accomplish these policies, and they were able to pass policy during the pandemic." - NDDoH





# Strong collaboration with local coalitions

## Coalitions help drive support for policy work

A coalition brings together individuals and organizations with an array of skills and expertise to address a specific issue, like tobacco control.<sup>11</sup> In North Dakota, coalitions help sustain and support the tobacco prevention and control program by pushing policies, educating, leveraging resources, enhancing community mobilization, and developing synergies across the state.

### **Bismarck Tobacco Free Coalition**

"We have the Bismarck Tobacco Free Coalition that has 65 members [with] an executive board of six members...I definitely would say [the coalition] is our manpower [in terms of] passing the local policy."

### **Cass County Tobacco Prevention and Cessation Coalition**

"We have people from different agencies around the community that are part of the coalition...If we need [coalition members] to let their legislators know something [or provide] education to legislators during session, [they] absolutely would be willing...In the past [we have] sent out emails to [coalition members] and asked them to...help us educate [about policy] in the community."

### **Emmons Interagency Coalition**

"We have an inner agency group that is composed of extension, social services, ministerial association, educators. We meet quarterly, and we bring [tobacco education and policy issues] forward at those meetings."

### **Southwestern Behavioral Health Coalition**

"Our behavioral health coalition is...a large group that meets once a month, and tobacco prevention is part of the behavioral health..."

"I think we do have a great working relationship with our [local] coalitions, and not only the behavioral health. We have a homeless coalition that [LPHU staff] works with closely that reaches other populations, which is really good."



# Work together with schools, youth, and families

## Community members have different roles in advancing policy

By creating and sustaining relationships with community members (teachers, school administrators, school resources officers, youth, and parents), LPHUs can stay informed on the critical tobacco issues, educate their communities, and gather support for moving policies forward.



### Maintain close partnerships with School Resource Officers and other school staff who know best the extent of students vaping in schools

"We work very closely with [SROs]...They know what the need is [in schools] and drawing them into the policy work that we do with the city is really key. Anytime I can get [SROs] to get up...and tell what they're seeing is very helpful for updating or changing policy. - Southwestern



### Continually educate parents, students, and staff on the dangers of tobacco and vaping products both in person and through social media

"[The tobacco staff]...do presentations to parent groups...with the [school's] SRO, and the school administration. They had a great turnout from parents that were interested in learning about vaping products. [The tobacco staff] also presented to [student] health classes...And we have our youth groups that do the peer-to-peer education." -Bismarck-Burleigh



### Engage youth to advance local policy through speaking at council meetings, providing legislative testimony, and helping to educate others in their community

"When you see the youth go in to speak at a city commission meeting, or up at the Capitol, [legislators] pay a little bit more attention...They want to know [the youth's] perspective. They ask questions [such as] how much are you seeing [vaping] in your school? What are you seeing? They want to know [the vaping situation] from their point of view, and that that is very valuable...The story stays with that representative or that policymaker a little longer." - Bismarck-Burleigh

"[Youth engagement efforts include] expanding [the Youth Action Summit] so that more youth across the state are able to get information [about tobacco issues], and to [help] create youth leaders in the community to advance policy. I think [youth] have a strong voice and a very effective one. If we can harness some of their passion in these areas, I think that can be important for the state." - NDDoH



# Collaborate with city and county government

## Effective strategies for collaborating with local officials & councils

LPHUs described working closely with their local government throughout the process of developing and passing tobacco ordinances in their community. They collaborated frequently with the city attorney, city council and its individual members, and the local health board on policies. Relationships with these key individuals and groups were instrumental to get buy-in from policymakers, draft policy language, and pass ordinances.

1

### **Provide in-depth education on the effects of tobacco and the benefits of policy to city council members and local health board members**

"I met with each individual council member...I would highly recommend that [tobacco coordinators] meet with [council members] because trying to move an ordinance forward without any prior education [is challenging.] You don't get enough time at a city council meeting...You need to [meet with council members] one-on-one, provide education, show them the products, go through whatever [information] you need to." - Emmons

2

### **Develop close working relationship with city attorney on the drafting and passage of local tobacco ordinances**

"Our city attorney typically takes the lead [in drafting tobacco policy]. She is very much [in favor of] whatever we want to push usually. She understands...why we want to change these policies. Typically, she ends up taking the lead at city commission [meetings]. She understands the health [issues]...and because she can answer the legal questions that [city commissioners] come up with." - Fargo Cass

3

### **Cultivate and utilize community champions to support policy efforts at council meetings**

"In February, I spoke to the police chief and...[she] brought [the T21 ordinance] forward...to the city commission. I said, 'Do you need people there? What can we do?'" - Bismarck-Burleigh

"In Lincoln, [the Bismarck-Burleigh tobacco coordinator] had a champion with [a Department of Human Services board member] being on the commission helping to guide and [maintain policy] momentum, which I think is something she definitely took advantage of as she should." - NDDoH



# Build relationships in the community

Community members are constituents that can have a powerful role to play in the policy process. The CDC defines community engagement as “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people.”<sup>12</sup> The fostering of these relationships with community members is an essential part of the LPHU work.

*“I feel that out of all my years of experience, that relationships are extremely important and it's important to build relationships.” - Fargo Cass*

“I think [the Emmons tobacco coordinator] has one of those perfect models of how to pass policy...I think the way she worked with her community, her schools, her hospital administrators, and brought those key people to speak [and] support her...It really worked out well.” - NDDoH

“[We partner with] local clubs [and] different organizations...like Lions or the Kiwanis. They're great partners because they have us come in and speak and do presentations for them. [It helps with] getting resources out there.” - Southwestern



“[As a tobacco coordinator], I try and keep a good handle on, and have a good relationship with, community leaders who have some very vocal people [in their community] who can be an obstruction [for advancing tobacco policy].” - Emmons

“[It is challenging] getting into those outlying communities...to update their policies. We're trying to work with them [by] sending letters out every year...[and] we visit with them. We let them know that we are available to come to city council meetings to explain [their policies to council members]...” - Southwestern





# Use policy support from state and national partners

**LPHUs shared how they expand their capacity for policy work by utilizing educational resources, media campaign materials, and individualized technical assistance from TFND, PHLC, and the NDDoH.**



**Use messaging and media materials provided by TFND to educate their community about the importance of having local tobacco policy**

"I appreciate having premade ads...[There are challenges] for me to try and pull together an [advertisement]. First of all, I'm not sure it's the right message and I'm not able to test the [advertisement]. I really appreciate [being provided public awareness] information because it's more impactful if we [can] do it across the state." - Emmons

"[Utilization of TFND] varies based on the LPHU and what their community needs are and what TFND's capabilities are to fulfill those [needs.]...Some [LPHUs] need that extra support of someone to come in and either train them in how to talk to kids or how to talk to administrators. Or, to get them back up to speed on what's most current, because these [tobacco and vaping] products are always changing." - TFND



**Ensure that communities develop and pass robust local tobacco ordinances that will continue to protect residents into the future**

"I think for certain policy work...there is some amount of handholding that should be coming down from a higher level [such as] assistance to make sure that we're passing good, sound policy." - Fargo Cass

"[The PHLC] wants to make sure that we draft [a tobacco policy] that's going to be as airtight as possible and [is] likely to survive in the event that there is litigation." – PHLC

"[NDDoH and PHLC] gave me the [model policy]...and [NDDoH] came to two of the city [council] meetings and [the tobacco policies] were passed. It was really helpful to have [NDDoH] there...First of all, to show the support [we had] from them. Second of all, it also helped with some questions that I didn't necessarily know the answers to."  
- Emmons



# Engage in peer learning networks

**Tobacco coordinators participate in peer support networks that provide opportunity to share effective policy strategies and learn from other LPHUs.**



**The statewide Policy Workgroup offers one way for LPHUs to learn about the types of local ordinances being developed and passed by other LPHUs**

"[The Policy Workgroup] was pretty active...[The workgroup provides] an opportunity to hear how an ordinance was passed and what was included in it." - Bismarck-Burleigh

"[The Policy Workgroup has] been great because we can...hear what [policies] others are doing...Everyone's willing to share [policy resources]. I'm willing to share all of our resources and ideas with other LPHUs." - Southwestern

"When [the Policy Workgroup] initially begun, there was a lot of work in drafting the model policies that we have. That's now transitioned into trying to provide a resource for different communities who are interested in policy advocacy and sharing what has worked [and] what hasn't worked as people move policies forward in their own community." - NDDoH



**Informal collaboration between tobacco coordinators has provided valuable insights and support throughout the policy process**

"I would say [that] other tobacco prevention coordinators across the state are...our partners...There's a group of [tobacco coordinators] who have been doing [this work] long enough that we [are] always emailing back and forth and helping each other out." - Fargo Cass

"I do reach out to other LPHUs to get their story on how they pass their [tobacco] ordinances, or what [ordinances] they have [in place]." - Bismarck-Burleigh

# Smoke-free Environments

*Providing all North Dakotans with smoke-free workplaces, housing, schools, and colleges is an essential component of state and local tobacco prevention and control efforts. This section summarizes the dangers of SHS exposure on the health of non-smokers and discusses North Dakota's efforts to protect non-smokers from the harms of SHS.*



**“There is no risk-free level of exposure to secondhand smoke.”<sup>13</sup>**

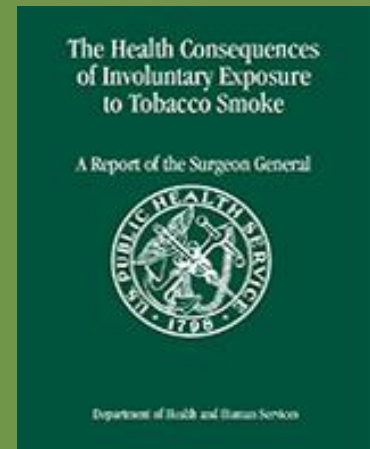
- Former United States Surgeon General Richard Carmona

**“Nathan, a member of the Oglala Sioux tribe, never smoked yet developed allergies, asthma, and eventually bronchiectasis after working in a casino and being exposed to secondhand smoke. Secondhand smoke killed Nathan at only 54 years old.”<sup>14</sup>**

- Nathan M., Tips from a Former Smoker



# **The Surgeon General's 2004 Report on *The Health Consequences of Involuntary Exposure to Tobacco Smoke*<sup>13</sup> concluded:**



- Breathing even a little secondhand smoke poses a risk to your health.
- Secondhand smoke causes lung cancer, heart disease, and acute respiratory effects.
- Secondhand smoke can cause sudden infant death syndrome and other health consequences in infants and children.
- Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate secondhand smoke exposure.



# Protecting non-smokers from the risks of secondhand smoke

Exposure to secondhand smoke (SHS), also called **passive smoking**, is a major health risk to non-smokers. There are over 7,000 chemicals in SHS; hundreds of those are toxic and 70 have been identified as cancer causing.<sup>15, 16</sup> Toxins include: carbon monoxide, hydrogen cyanide (used in chemical weapons), ammonia, and butane (used in lighter fluid). In the United States, far too many people are still exposed to SHS.

Exposure to SHS in the United States is high, particularly for certain groups of individuals:

**1 in 4** adults<sup>16</sup>

**1 in 3** living in MUH

**2 of 5** children, and **7 of 10** African American children

There is growing research on the **harmful effects of exposure to the secondhand aerosol**, also called secondhand vapor, from e-cigarettes. The particles in secondhand aerosol contain nicotine and potentially other harmful chemicals. The United States Surgeon General has concluded that e-cigarette aerosol is not harmless.<sup>17</sup>

To **protect non-smokers** from the risks of exposure to SHS, best practices are to put in place local and state policies to reduce the likelihood that individuals will be exposed to SHS. North Dakota has a goal in its Comprehensive Tobacco Prevention and Control State Plan to reduce exposure to SHS.<sup>7</sup>

A multi-component set of **strategies** included in the State Plan are:

- Maintaining North Dakota's comprehensive smoke-free policy, approved by North Dakotan voters in 2012
- Prevent preemption and support local policy work
- Support voluntary smoke-free policies in MUH to protect North Dakota families
- Increase protection of smoke-free workplaces, including smoke-free casinos
- Increase the number of smoke-free outdoor areas in North Dakota, including parks and other shared outdoor spaces

State Plan Objective 2.1: By June 30, 2021, eliminate/reduce exposure to secondhand smoke in North Dakota by maintaining the North Dakota Smoke-Free Law as passed in November 2012.

# North Dakota smoke-free law

## North Dakota smoke-free law

On November 6, 2012, **every county in the state voted in support** of a comprehensive smoke-free indoor air law (see Appendix C). Many local smoke-free policies had been passed prior to the passage of the statewide law; having the state law in place **provides equal protection** to North Dakotans in all public and non-tribal places of employment. North Dakota's strong law includes e-cigarettes, protecting North Dakotans from the toxins released from ENDS.

In North Dakota **exposure to SHS at home or in a vehicle**, which are outside of the smoke-free law, **has also declined** since 2012.<sup>19</sup> North Dakotans reporting such exposure were:

**17.6% in 2012**

**14.9% in 2019**

Electronic products are cause for some concern, especially for youth. More than **1 in 4** North Dakota high school students, **27.4%**, reported breathing in the vapor from someone else's electronic vapor products in 2019.<sup>20</sup>

## Cigar bar bill

During the last two legislative sessions a "cigar bar" bill was proposed and failed to pass. This proposed legislation threatens North Dakota's comprehensive smoke-free law and would reverse the vote of North Dakotans, as well as go against the **3 out of 4 North Dakotans who support the law**.<sup>21</sup>

*"I think over the years there has been growing support for the smoke-free law."*

- Bismarck-Burleigh Tobacco Coordinator

National and international studies have found **strong public support for smoke-free laws**, from both smokers and non-smokers. In North Dakota, compliance with the law has been strong; however, compliance was 50% at vaping shops in recent years.<sup>18</sup>

## The North Dakota smoke-free law was passed after a groundswell of local policies were passed

I think it was because of the local work that [LPHUs] did that [the state] ended up taking [the smoke-free law] to a vote of the people...

It wasn't until 70% of North Dakota citizens were already covered by local laws that the state was able to pass [the state smoke-free law].

I think [local communities] were instrumental in getting the [state] smoke free law pushed forward.

Typically, I talk about [the state smoke-free law] in every presentation because it's so important.

When [LPHUs] can pass [policy] locally, it gives an example for the state and shows that the communities are interested in those policies.

# Educate in the community about the state smoke-free law

LPHUs play an essential role in raising public awareness of the importance of the state smoke-free law and maintaining its support. Tobacco coordinators partner with local stakeholders to educate community members through in-person presentations, social media messaging, brochures, and signage.



## Education successes include...



**Tobacco coordinators educated the public on the state smoke-free law by frequently incorporating information about it in their tobacco presentations and conversations**

"...I include [in presentations] the fact that the reason why we have such a strong smoke-free law is because ours includes vaping." – Fargo Cass

"[Through the Behavioral Health Coalition] we educate the public or students [and] we always visit about the [state] smoke-free law. That's something that we always do in our presentations...to remind [the public]." - Southwestern



**Tobacco coordinators expressed how much progress has been made to change social norms and reduce involuntary SHS exposure in public places, though they noted it has been a slow process with more work to be done**

"I would say that the most impactful thing probably is the slow changing of norms. You don't see quite as many people smoking...in the concession stands and the bars and the wedding dances where everybody was standing right outside the door. I think that community norm is changing, although slowly..." - Emmons

## Education challenges include....

**To counteract the "cigar bar" bill for the 2021 legislative session, Emmons developed the "Close but No Cigar" social media campaign targeting college students**

"In March...we developed a media campaign called 'Close but No Cigar', because we [had] seen [the cigar bill] at the last [legislative] session. The ads have been placed for nine months...and target the college age group, because the University of Mary tends to have a high rate of using cigars for celebrating, and the president there has a cigar club."  
- Bismarck-Burleigh

# Promote policies for healthy outdoor areas

Smoke-free policies in outdoor areas, such as parks, patios, recreational areas, and beaches, help protect people from SHS exposure in public outdoor spaces. These policies have become more common as people worry about developing respiratory problems, such as asthma in children. In 2012, **a metareview found that there were high levels of SHS present in outdoor smoking areas as well as nearby indoor areas designated as smoke-free.**<sup>22</sup>



Hazleton Recreation Area,  
Emmons County

## Policy successes include...

Across the four LPHUs there are **15 outdoor areas** with tobacco-free or smoke-free policies, including Bismarck (3), Emmons (5), Fargo Cass (5), and Southwestern (2), based on an evaluation of quarterly data reporting.



**While adopting smoke-free policies for larger park systems and public events are challenging, tobacco coordinators persist in their community engagement and education efforts**

"We started [by] educating [about] parks. We did a survey on parks, did the flagging of tobacco products in parks, had the youth present the survey. We met with the park board several times, and they did not move forward [on the outdoor tobacco policy]...I know eventually it will come, but they just weren't ready." – Bismarck-Burleigh

"We've gotten some [policies passed for] outdoor spaces, events, and different things. They're extremely challenging...[tobacco staff] did make some headway with [a policy for the fairgrounds] this year, but then the fair was canceled [due to] COVID-19."  
- Fargo Cass

## Policy challenges include...

**Bismarck-Burleigh shared that a significant challenge posed by outdoor smoke-free policies is enforcement when park staff are youth**

"[The park board's] biggest hang up was who is going to do enforcement because [they were] not going to have park staff who are teenagers enforce the policy...There's definitely some challenges with a bigger population versus smaller [population]. Smaller public health units will tell you that the person who sits on the park board is their brother, and sometimes it's family. So, each [LPHU] has their different challenges."  
– Bismarck-Burleigh

**Nonsmokers who are exposed to secondhand smoke at home or at work increases their risk of developing lung cancer by 20-30%.<sup>13</sup>**

**More than 1 in 3 nonsmokers who live in rental housing are exposed to secondhand smoke, and 2 out of every 5 children are exposed.<sup>16</sup>**



# Ensure clean, smoke-free air in multi-unit homes

Many adults and children face exposure to SHS in their homes, particularly in MUH such as apartments and condominiums. Smoke can travel through walls, hallways, and ventilation systems. The Surgeon General's report concluded that **"separating smokers from non-smokers, cleaning the air, and ventilating buildings cannot completely eliminate secondhand smoke exposure."**<sup>13</sup> LPHUs partner with local housing agencies to encourage them to adopt smoke-free policies for their properties.



Blue Hawk Square housing property, Dickinson

## Policy successes include...



**MUH policy can be simpler in smaller, rural communities compared to larger cities that have more housing agencies to engage**

"[The MUH policy] wasn't so complicated because there's really only one [housing] agency and we don't have a lot of apartments [in the area]...I was able to work with the one agency and by being able to provide them with signage and copies of draft policies was a big help with educating and promoting [the MUH policy]." - Emmons

## Policy challenges include....

**Fargo Cass and Emmons focused their MUH policy efforts on preventing SHS exposure for higher risk groups, such as the elderly and lower income residents**

"We focused [MUH policy] on the retiring age group and the college age group because that's typically the people who are calling us very upset about their apartment not being smoke-free...apartments and condos, are our biggest issues when it comes to the community and the [state] smoke-free law." - Fargo Cass

"We worked with MUH [for the] low-income and elderly...The way that the housing [was laid out] there would be SHS coming into their apartment. Those were the stories we heard. And we still hear those stories because you can [make] policy change and you can let everybody know [about the policy], but sometimes people are slow to get on the wagon..." - Southwestern

**Enforcement relies on property owners and other residents speaking up**

"Enforcement isn't part of [LPHUs' role], that is the [responsibility of] property managers and owners. That is where some of the issues come into play. I think that is the hardest part with MUH, is that enforcement part." - Bismarck-Burleigh

"The enforcement part is a little bit more challenging. People have to enforce it themselves [and] put a lot of pressure on each other saying, 'This is a smoke-free apartment complex.'" - Emmons

# Create healthy, smoke-free outdoor workplace environments

Despite the North Dakota smoke-free law prohibiting smoking in all indoor workplaces, restaurants, and bars, there remains a risk of breathing SHS on workplace grounds. The state law requires smokers to keep a 20-foot distance from building entrances and exits, but even brief exposure to smoke outside can be harmful. In fact, a 2007 study found that a non-smoker sitting outside only a few feet away from a burning cigarette can be exposed to potentially hazardous outdoor tobacco smoke levels.<sup>23</sup> The risks of SHS exposure can increase when there are multiple people smoking outside of a building.



Badlands Human Service Center,  
Dickinson

To address these health concerns, LPHU tobacco coordinators provide extensive education to community members and employers on the importance of clean outdoor air. To date, across the four LPHUs there are **56 workplace grounds** with smoke-free policies, including Bismarck (29), Emmons (1), Fargo Cass (13) and Southwestern (13), based on an evaluation of quarterly data reporting.

## Policy successes include...



### **Southwestern has built strong partnerships with behavioral health organizations to educate on the importance of maintaining smoke-free grounds**

Southwestern's collaboration with Badlands Human Service Center has resulted in tobacco-free grounds policy and opened the door for providing cessation support to individuals receiving addiction services.

"At Badlands Human Service Center, we guided them through the [tobacco-free workplace] policy issues...I'll never forget helping them and going over and educating their clients while they're [receiving services]...They're going to be [at the Center] for a couple of weeks because they've got an addiction, and they're being told that you can't smoke on the grounds, and they didn't know that. [As a tobacco coordinator, my role was] being there to be supportive and try to calm everyone down...People are slow to accept change'" - Southwestern

## Policy challenges include....

### **Encountering hesitancy from hospitals to adopt tobacco-free policy because of staff turnover concerns**

"It's really hard and I've tried working with our hospital...on making their grounds tobacco free. They won't [establish the policy] because they're short staffed and [some of] the people they get are smokers. They don't want to push the [policy] issue because they're afraid they're going to lose their staff. – Bismarck-Burleigh

**“And last year, it was a battle. The schools talked about how much vaping there was in the bathrooms, in the parking lot.”** – *Bismarck-Burleigh*

**“[Vaping] does seem to be a large problem because we work with our school resource officers here and they tell us, and often they bring items to us that they've confiscated from students.”** – *Southwestern*

# Protect children and youth from smoke in schools

Exposure to SHS in schools can have negative effects on the physical health and learning of students. Ensuring clean indoor air within schools helps create healthy learning environments for children in North Dakota to thrive. When schools adopt a comprehensive model school policy, they help protect the health of students and staff, and reduce youth tobacco use. Comprehensive model school policies used by NDDoH include current definition of all tobacco products and specific language about enforcement of these policies.



Students participating in 2019 Youth Action Summit held in Bismarck and Fargo



Across all LPHUs, **220 Local Education Agencies (LEAs)** in North Dakota have adopted comprehensive tobacco-free school policies that have **protected up to 116,098 students** from the harm of SHS at school, based on an evaluation of quarterly data reporting.



## LEA adoption of comprehensive tobacco-free school policies in North Dakota

	Number of LEAs	Number of students impacted
Bismarck-Burleigh	14	14,972
Emmons	4	503
Fargo Cass	9	26,157
Southwestern	14	7,450

Data includes comprehensive tobacco-free school policies adopted by LEAs through October 2020.

Combined, the four LPHUs helped establish school **smoke-free or tobacco-free policies for at least 41 LEAs and ensured clean air in schools for up to 49,082 students**, based on an evaluation of quarterly data reporting.

# Protect children and youth from smoke in schools, continued

## Policy successes include...



### **Tobacco coordinators provide education to multiple stakeholder groups, including students, families, SROs, school staff and administration**

With the schools we're able to [provide] education for the students, teachers, and parents at various settings. This could include [education] in the classroom, in the school newsletter, [at] parent-teacher conferences, or [during] teacher/staff trainings. " - Emmons



### **In Bismarck-Burleigh, students benefit from having school tobacco prevention coordinators placed in middle and high schools**

"For Bismarck, we have [School Tobacco Prevention Coordinators]...who know the students [in a way that tobacco coordinators] don't. They recruit [students] for us... [being from] outside the school it's more challenging than a teacher that might be teaching health to them [and who] knows them. " – Bismarck-Burleigh



### **SROs are key partners in addressing student ENDS use**

"At the beginning of the school year, I meet with the SROs and get all their names and their emails and what school they work at...They really rely on me to tell them what we're hearing as far as new [tobacco and vaping products] and what the kids are using. Then [SROs] start looking for [those products]...We have a great relationship with the SROs." - Fargo Cass

## Policy challenges include....

### **Pandemic-related school closures, social distancing practices, and overburdened school staff have led to less access to educate students and parents, and partner with educators**

"We haven't been able to educate parents [because of the pandemic]. The parents with kids who are coming into junior high, we haven't been able to do the PTA presentations...I went from 80 presentations last October and November to...one today and that's probably going to be it...I think even when you're talking about schools and educating teachers...they don't even have time to [participate right now]. " - Fargo Cass



# Change social norms and creating smoke-free colleges

Policies for college and university campuses are an important way to protect students, faculty, staff, and guests from involuntary exposure to SHS. Although the number of smoke-free and tobacco-free campuses have increased in recent years, the rise in vaping among young adults highlights the need to continue to promote, implement, and enforce tobacco policies in institutions of higher education.<sup>24</sup>

More than **52,000 students** in North Dakota attend college and universities that are **free from SHS exposure**, based on an evaluation of quarterly data reporting.

A few of the larger colleges that have tobacco-free and smoke-free policies within **Bismarck-Burleigh** and **Fargo Cass** counties include:



## Policy successes include...



**Building strong relationships with college and university leadership to help pass campus smoke-free and tobacco-free policies.**

"With the United [Tribes] Technical College, I [worked with] three different people...until finally leadership stepped up, and it was the right time to pass [the campus policy]. When that happens, the ball can go real quick and you want to have things ready to be able to provide [college leadership] with technical assistance, like the right language to put into the model policy and why those components are important." - Bismarck-Burleigh

## Policy challenges include....

**Planning for implementation and enforcement is crucial for campus tobacco policy to be effective and sustained.**

"When [a campus tobacco policy] passes [the next consideration] is the implementation part of it. It's having the signage and the education, and [figuring out] how to address [a situation when] somebody is using tobacco on their campus....Other colleges can tell their story about how, over time, people become compliant with [the policy]...but it takes time for [compliance] to occur. So, you have to have a lot of patience."  
- Bismarck-Burleigh

# Youth and Young Adult Initiation Policy

*Addressing the increase in youth initiation, especially the increase in ENDS use, is another important part of state and local tobacco prevention and control efforts. This section summarizes statewide and local education and policy efforts that are important in terms of decreasing youth and young adult tobacco initiation.*



**In North Dakota each year,  
as many as 200 youth  
under 18 become new daily  
smokers.<sup>25</sup>**

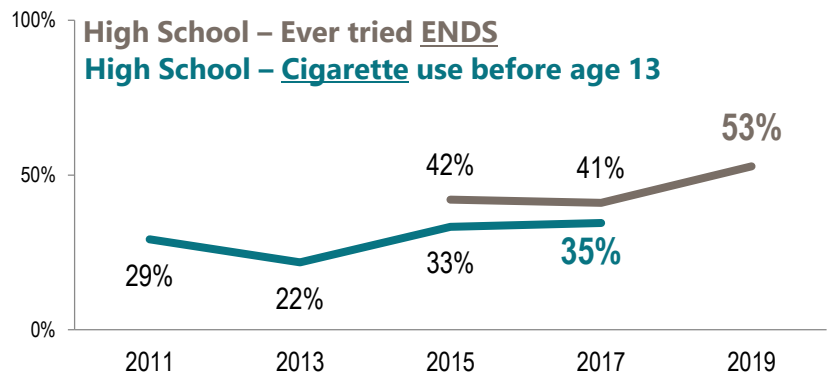
**33.1% of high school  
students use e-cigarettes  
in North Dakota,  
compared to 19.6% of high  
school students in the  
U.S.<sup>25</sup>**

# Addressing youth and young adult initiation

## Youth initiation rates are increasing in North Dakota

Preventing tobacco use among youth and young adults remains an important issue for North Dakota as outlined in the Department of Health's Comprehensive Tobacco Prevention and Control State Plan (Goal 1). The graph on the right shows how initiation rates among high schoolers have been increasing for both cigarettes and ENDS over the past five years. **Notably, ENDS initiation is higher than cigarettes.** This resembles nationwide trends, with the CDC citing that ENDS have been the most popular tobacco product among youth since 2014.<sup>26</sup>

Tobacco Initiation (cigarette and ENDS) in North Dakota, by year



Data from the NDDoH,  
Tobacco Surveillance Data



Smoking by youth and young adults can lead to addiction to nicotine, reduced lung function, reduced lung growth, early cardiovascular damage, and lasting effects on adolescent brain development.<sup>17</sup>

## Addressing youth and young adult initiation means addressing ENDS

### Complexity of the issue

- **Flavored products** are especially appealing to youth and young adults
- **Numerous vape shops** make it difficult to enforce compliance and ensure no sales to minors
- ENDS use among youth means they're **more likely to use cigarettes**<sup>27</sup>

"Every single kid who vapes knows which vape shop is selling to people under the age of 21."

- Fargo Cass

### Policy as part of the solution

Besides educational efforts, policies are essential in addressing youth and young adult initiation.

Potential policies include:

- Federal level ENDS regulations
- Including ENDS in smoke-free indoor air laws
- Restricting youth access to ENDS
- Licensing retailers

"When laws prohibiting tobacco sales to youth are strong and actively enforced with the education of retailers, they successfully reduce tobacco use among youth"<sup>17</sup>

-2016 Surgeon General's Report: E-cigarette Use Among Youth and Young Adults

# Statewide initiation and ENDS policies

The following table shows which policies, regulations, or definitions the state of North Dakota has already passed and enacted, and which have not been passed. This table represents the status of state policies at the time of this report during the 2021 legislature.

**"In our state ENDS aren't classified as tobacco. They're not licensed the way other tobacco products are. They're not monitored or regulated, so we have no actual picture of what's happening in our state or coming in and out of our state. But we can see the numbers climb with our youth-related initiation and it's maddening." – TFND**



## Policies North Dakota has



## Policies North Dakota does not have

### Definitions

Use of e-cigarettes included in definition of smoking and therefore prohibited in public places, etc. (State smoke-free law)

E-cigarettes not included in definition of tobacco products

### Age

Sale/distribution of electronic smoking devices to under 18 prohibited

Purchase/possession/use of electronic smoking device by person under age 18 prohibited

T21- Prohibit the sale of tobacco products (including ENDS) to persons under the age of 21\*

### Flavor restrictions

Sale/distribution of flavored e-liquids to persons under the age of 18 prohibited

Flavored Tobacco Products – Restrict (sales, advertising/promotion, product access, pricing, or graphic warnings) of all flavored tobacco products, including ENDS and menthol

### Licensing and other access laws

Self-service displays of electronic smoking devices restricted to tobacco specialty stores and vending machines inaccessible to persons under the age of 18

No retail license or permit requirement to sell e-cigarettes

Retailers' sale and shipment of electronic smoking devices through mail prohibited unless retailer verifies purchaser is at least 18 and requires signature upon delivery of a person at least 18

### Tax

No state special tax on e-cigarettes

\*The State T21 law passed during 2021 legislature.



**Young Americans who had ever used e-cigarettes had seven times higher odds of becoming smokers one year later compared with those who had never vaped.<sup>27</sup>**

# ENDS education in the community

Although North Dakota lacks the protection of statewide ENDS policies, education efforts led by LPHU coordinators and staff members ensure community members are aware of ENDS and their use by youth and young adults. This education also lays the groundwork for local and statewide policy adoption.



Tobacco Coordinator, Fargo Cass

## Education successes include...



### **Presentations help increase awareness of ENDS in the community**

All four LPHUs that were interviewed described their efforts giving educational presentations in schools and other community settings that provided information about the harm of ENDS and vaping.



### **School administrators and SROs are valued partners in addressing youth ENDS use**

For Bismarck-Burleigh and Southwestern, SROs allow them to stay informed on the most current ENDS issues and the new devices being used by students in schools. These key partnerships help inform efforts to develop and get support for passing local ENDS policies.



### **Sharing and leveraging community members' experiences can allow for more impactful education on tobacco prevention and control**

"We were lucky to have met Haley, who was the first case of EVALI in North Dakota. She was willing to share her story and allow us to record it. Her story is located on our website for everyone to access it. Haley talks about how she was a smoker before she started vaping, and then how she got sick with EVALI. Haley shares about the impact of her tobacco use. It's nice to have a localized story to use (for educational purposes)."

– Bismarck-Burleigh

## Education challenges include...

### **New products and appealing flavors are continuously being manufactured by the tobacco industry.**

"...How can you educate people when we're being out resourced by big tobacco [industry]? We know Juul is here, we know they're here all the time. We know that they're creating stuff that we can't keep up with." – Fargo Cass

# Local T21 policies

Tobacco 21 (T21) laws prohibit the sale of tobacco products, including e-cigarettes, to persons under the age of 21. The federal government passed a nationwide T21 law in 2019. By 2020 in North Dakota, six cities and one county had passed either a T21 or V21 (vaping only) local policy. Local T21 policies are important in terms of preventing youth and young adult initiation and ensuring enforcement in local areas. Following the work of local policy, the state legislature notably passed a statewide T21 law in its most recent 2021 session.



## Successes around T21 policies include...



### **Having community leaders as strong supporters can help move local policies forward**

Bismarck-Burleigh described meetings with community organizations and commissioners in preparing a strong policy to pass. In Lincoln, the police chief provided support and championed the T21 bill after receiving education about it from LPHU staff.



### **Knowing when to pivot and change course for local tobacco policies**

Southwestern shared how they pivoted from attempting to pass a flavor restriction to T21 given the timing of other T21 policies occurring.



### **Educate in their community about the implications of not being able to enforce the federal T21 law at the local level**

Bismarck-Burleigh described how they educated in their community that the federal T21 law cannot be enforced at the local level, and that anyone who is caught selling to a minor would be prosecuted at a federal and not local court.

## Challenges around T21 policies include....

### **At times, city government and local legislators may be resistant or present barriers to passing policies**

"The T21 discussion started in Bismarck probably two years ago...[a local doctor] who caught his daughter vaping was wondering why you don't have to be 21 to purchase these products...I had him contact our local city commissioners to just get a pulse [on the level of support for a T21 policy]. The response back was quite interesting...the city commissioners weren't ready for T21." – Bismarck-Burleigh

# Local flavor restriction policies

Research has shown that youth are especially attracted to the flavors of tobacco products and that most teens start by using flavored products.<sup>28</sup> The tobacco industry has spent a significant amount of money marketing flavored products, specifically menthol products, to youth and communities of color.<sup>9, 29, 30</sup> Flavor restriction policies have become an essential prevention measure, given their connection to youth initiation, and the fact that flavored tobacco products are more difficult to quit and are largely unregulated.<sup>31</sup>



## Successes related to flavor restriction policies...



### LPHU staff gauge the level of support from local legislators for tobacco policies and adapt policies when necessary

"The [tobacco flavor policy] from the PHLC was really comprehensive...We figured [the policy] would never pass the way it was written and had our local states attorney adapt the ordinance to better fit the local needs. We ended up [not banning] all ENDS products...we banned the flavor part." -Emmons



### Building support for local tobacco policies from a wide range of community members and organizations

"Emmons did an outstanding job with their flavor policy...I think the way [the tobacco coordinator]...did a lot of the personal visits with the commissioners, and the education that she provided [is] just one of those perfect models of how to pass policy...The way [the tobacco coordinator] worked with her community, her schools, her hospital administrators, and brought in those key people to speak and support her [policy work]."  
- NDDoH

## Challenges related to flavor restriction policies....

### Prioritizing policy moves in relation to other recent policy successes and the local political climate

Bismarck-Burleigh, Fargo Cass, and Southwestern talked about their efforts or capacity to tackle flavor restrictions given the local tobacco policies they've recently passed, what policies the local political landscape would support, and the needs of outlying communities.

# Licensing and other access policies

Another strategy for reducing youth and young adult initiation is restricting access to tobacco products and limiting the tobacco industry's presence in the retail environment through licensing laws and enforcing compliance.



Vape shop photo taken by research team lead Dr. Kelly Buettner-Schmidt, NDSU.

## Successes related to licensing & access policies...



### **Understanding the impact that local tobacco policies may have on other tobacco control efforts**

Fargo Cass shared how their ability to license vape shops allows them to be identified, tracked, and checked for compliance.



### **Following advice from other LPHUs and anticipating community needs with mobile vending policy**

Fargo Cass described how they were able to quickly pass an ordinance prohibiting mobile vending because the Bismarck-Burleigh tobacco coordinator warned that mobile vendors were showing interest in establishing businesses in the state and would likely be moving into the community soon. Bismarck-Burleigh shared their policy language with Fargo Cass and the mobile vending policy passed with full support from local city commissioners.

## Challenges related to licensing & access policies...

### **The prevalence of vape shops in both urban and rural regions of the state**

Fargo Cass and Southwestern explained how the high number of vape shops in their communities inhibits and challenges the passage of local tobacco policies. Fargo Cass (with the most vape shops in the state) shared how vape shop owners attend their community presentations to dispute the tobacco educational messaging they present.

### **ENDS are not classified as tobacco in North Dakota**

"If you're not labeling [ENDS] as tobacco or require licensing, it's hard to have that enforcement piece and compliance check to see if [vaping products] are getting into kids' hands through the retail level." - TFND



# Conclusions and Recommendations

*The following section offers recommendations and opportunities for the NDDoH, LPHUs, and other stakeholders of the TPCP to consider. Four overall conclusions are provided, along with multiple recommendations for consideration.*



# Continue to build and sustain key community partnerships to support local tobacco policy efforts

The case study revealed that **strong partnerships between the LPHU tobacco program, community members, and organizations are essential to successfully developing and passing local tobacco policies**. Tobacco coordinators described how building relationships in their community laid the groundwork for them to educate and gain support for local ordinances. The tobacco coordinators interviewed had created both a breadth and depth of relationships to support their policy work, which also helped them to understand their communities' needs and the extent of tobacco-related problems from different perspectives.

**Cultivating strong relationships with local members and organizations took considerable time and persistence on the part of tobacco coordinators.** Their efforts often included personal visits with individuals to provide one-on-one education about policies and answer questions, and presentations to multiple stakeholder groups. In addition, the tobacco coordinators built a wide network of collaborators across settings, which helped them understand the different types of tobacco policy needs in their community. For example, working closely with students, teachers, school administrators, and SROs helped them stay informed about student vaping in schools and support student and parent education. The relationships that tobacco coordinators have with city council members and city attorneys were beneficial when assessing the level of support and best timing for proposing a tobacco ordinance.

Further, each tobacco coordinator interviewed expressed how their **active engagement in local coalitions promoted their policy work as well as tobacco prevention and control activities** in general. These coalitions' expansive network of diverse stakeholders meant that education on policy efforts and other topics, such as public awareness campaigns for cessation resources, was able to reach a wider audience. Additionally, collaborating and sharing resources with coalitions that addressed other important aspects of community wellbeing, such as behavioral health, social services, education, and faith groups, can support more long-lasting collective impact.

## Recommendations

- The NDDoH could encourage and support all LPHUs to expand and sustain their partnerships with community organizations, particularly with coalitions, to advance tobacco prevention and policy efforts. The examples from the cases study of effective collaboration between tobacco coordinators and partners on policy development and passage could be shared with other LPHUs to inform their work.
- Further, tobacco coordinators who want opportunities for peer sharing and support on their policy work could be urged to attend the Policy Workgroup meetings.
- Lastly, to gain a better understanding of local partnerships and coalition functioning, the NDDoH could examine the types of local coalitions that LPHUs partner with, how they effectively support tobacco prevention, and identify areas for improvement.

# The local tobacco policy process is a long, complex process that varies based on the community context

The case study interviews with tobacco coordinators highlighted how **tobacco policy work at the local level is a complicated and extensive process that requires policy skills and knowledge, along with a deep understanding of the community.** Tobacco coordinators described engaging in multiple activities throughout the policy process, including researching existing policies, learning policy terms and definitions, educating on the benefits of tobacco policy, drafting policy documents, distributing signage, and supporting enforcement in some instances. The skillset to carry out these various policy activities was developed over years of work experience and seeking out resources and trainings. The tobacco coordinators shared how they sought out support and ideas from other tobacco coordinators and the Policy Workgroup, as well as utilized technical assistance provided by the NDDoH, TFND, and the PHLC.

In addition to honing the technical skills needed for policy work, the **tobacco coordinators develop a strong sense of what their community tobacco priorities are, where resistance or barriers may occur, and when the policy window is open for change.** Each community is different and understanding its unique context is essential for successful policy work. Findings from the case study revealed that the policy process can look somewhat different for more rural versus urban communities across the state. For example, LPHUs in rural regions tend to serve multiple communities that are spread out over a wider geographic area. These tobacco coordinators may be collaborating with different types of partners and addressing different policy needs and priorities across several communities. LPHUs in rural regions may also have less administrative capacity and internal resources to develop and promote policy compared to LPHUs in urban areas. The LPHUs serving large metro areas included in this case study had access to internal technical assistance and support, such as city attorneys who draft policy, or partnerships with large health systems to promote policy. However, the policies promoted by LPHUs in urban areas tended to be more in the spotlight than smaller LPHUs and drew the attention of state legislators and the public.

## Recommendations

- The NDDoH could continue to ensure that LPHUs have knowledge and resources needed for passing and implementing tobacco prevention policies in their unique communities. Given the complexity of the policy process, LPHU tobacco coordinators may benefit from structured policy training opportunities and learning about policy best practices from partners such as PHLC.
- The NDDoH could continue to encourage LPHUs, particularly those with less internal capacity, to use policy-related materials provided by PHLC.
- The NDDoH could expand opportunities for sharing among LPHU tobacco coordinators by encouraging participation in the existing Policy Workgroup and creating a peer mentoring program. Tobacco coordinators with years of policy and tobacco prevention experience could advise those who are newer to the role or less experienced.
- Expanding peer sharing networks may foster the sharing of resources and strategies, as well as open opportunities for new, innovative ways of collaborating.

# Highlight and expand on the successes with engaging youth and young adults in tobacco policy and prevention

In North Dakota, youth and young adults are severely affected by tobacco and considered a priority population because of the differences that exist within this group regarding key tobacco-related indicators, such as vaping prevalence, high initiation rate, and risk of exposure to SHS in homes. **Youth engagement in tobacco prevention and control programs is a best practice promoted by the CDC and supported by research.** The case study highlighted several examples of how local tobacco programs engaged youth in local policy work in effective and mutually beneficial ways. For example, youth were important partners in educating their peers and community about the harm of tobacco and the importance of prevention policies. The tobacco coordinators interviewed share how youth are instrumental in the planning and hosting of the annual Youth Action Summit and spreading tobacco prevention messaging through the statewide Break Free youth movement and their local education efforts. They explained how youth can have a powerful voice and perspective when they provide testimony to local and state legislators. In addition, youth can develop leadership and communication skills through their tobacco prevention experience and develop close and supportive relationship with others.

## Recommendations

- As a leader in tobacco prevention and control across the state, the NDDoH can play a substantial role in elevating the importance of engaging youth and young adults and supporting LPHUs to engage youth in their communities. The NDDoH can assist LPHUs in learning about best practices for authentic and effective youth engagement. This could include bringing in additional formal training opportunities, such as the training arranged by TFND and given by Health Resources in Action in November 2020, for tobacco coordinators and their local partners.
- It may be helpful for the NDDoH to augment any future formal youth engagement trainings with opportunities for tobacco coordinators to informally share ideas for ways to apply what they learned within their local context.
- Similarly, the NDDoH could host virtual discussions for tobacco coordinators to share how they have engaged youth successfully in tobacco prevention, ask one another questions, and pass on useful resources. The NDDoH could also encourage tobacco coordinators to share their experiences through participating in the Youth Engagement Workgroup. These peer conversations could include identifying ways to provide local youth with engagement opportunities that allow them to take ownership in the process, as well as bring in a broader diversity of youth beyond those who tend to be youth leaders. The NDDoH could also encourage tobacco coordinators to share their experiences through participating in the Youth Engagement Workgroup.

# Identify successful adaptations to challenges brought on by the COVID-19 pandemic and plan looking ahead

**The COVID-19 pandemic drastically shifted the priorities of LPHUs throughout North Dakota to emergency preparedness, crisis management, and responding to the urgent health needs of community members.** The tobacco coordinators interviewed in the case study described spending a considerable amount of their work time on pandemic-related responsibilities, such as contact tracing, testing events, hotlines, and vaccination events. As a result, they were unable to devote sufficient time to carrying out their regular tobacco prevention and control activities. Some tobacco coordinators explained how pandemic responsibilities meant they had to scale back or put on hold their local policy efforts. Despite these challenges, the tobacco coordinators described making progress on policies by adapting the way they worked, such as meeting virtually with local legislators and community members or expanding their use of social media and other online platforms for public messaging. Notably, two LPHUs included in the case study were able to pass major local tobacco policies during the pandemic. However, the extent of progress on tobacco prevention during the pandemic likely varies across LPHUs depending on their staff capacity and how much of their time is dedicated to COVID-19 tasks.

## Recommendations

- The previous conclusions and recommendations should be considered in the context that this report collected information during the COVID-19 pandemic. Future policy work will need to consider the adaptations that were necessary during this time and that will need to continue.
- Additionally, the NDDoH could continue to provide opportunities for LPHUs to discuss the challenges that they've encountered trying to manage their pandemic and tobacco work at the same time, as well as share what has worked well in their local context.
- As a rural state, it may be beneficial to consider how the virtual formats for communication and collaboration that were used during the pandemic may have removed barriers to access for tobacco prevention work. For example, exploring the following questions:
  - What aspects of local tobacco prevention and control work might continue to have virtual options available after COVID-19 is managed and in-person work resumes?
  - In what contexts might this support stronger tobacco prevention and control work moving forward?
- Finally, the pandemic and the changing landscape of tobacco control presents new challenges and opportunities for tobacco prevention and control policy work. It may be advantageous to consider spending time reaching out to those who could be new partners in tobacco prevention and control work.



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# Appendices

Appendix A – Methods

Appendix B – Map of North Dakota LPHUs

Appendix C – Policy descriptions and definitions

Appendix D – Additional local policies

# Appendix A: Methods

## Approach and purpose

PDA takes a utilization-focused approach to evaluation, which involves identifying the primary intended users of the evaluation and engaging those users throughout the evaluation process. An essential part throughout the evaluation process is stakeholder involvement, which heightens the buy-in and use of the results. The intended users of this report were determined collaboratively to be the NDDoH's TPCP and LPHUs from across the state. PDA worked in partnership with NDDoH to develop the study design and evaluation questions to meet their information needs. The findings are intended to provide lessons learned, successes, challenges, and opportunities regarding local policy for the NDDoH and other LPHUs.

The purpose of the case study was to explore in-depth the policy work of LPHUs in North Dakota. Specifically, the goal was to understand how tobacco coordinators and their partners educate, develop, pass, and maintain local tobacco policies in their community. As part of examining *what* policy activities are being implemented and *how* they are carried out, we sought to identify a set of local policy *success factors* that were related to moving policy forward.

## Evaluation questions

The case study was guided by a set of evaluation questions, created in partnership with the NDDoH, about LPHUs local policy implementation and outcomes. Those guiding questions were:

1. What policy efforts have selected LPHUs made to protect North Dakotans from the harm of tobacco?
  - How are LPHUs educating on the importance of comprehensive smoke-free laws?
  - What have LPHUs done to advance ENDS and flavor ban policies?
  - What have LPHUs done to advance smoke-free MUH policies?
  - What have LPHUs done to advance smoke-free outdoor policies?
  - What other policies (e.g., school and college campuses, retailer compliance, T21, price increase) have LPHUs worked on?
2. What state, local, and community partners help to advance local policy work? What challenges do LPHUs encounter? What additional types of supports would LPHUs benefit from?
3. What are the effects of policy implementation? What are the unanticipated effects?

## Study design

A comparative case study design was used to describe the local policy efforts for a sample of LPHUs across the state. The LPHUs were selected to participate based on policy work that was reported on the quarterly reports, especially policies related to ENDS, flavors, and policies that protect youth. The LPHUs were selected to represent urban and rural regions of the state. Policy efforts for the four LPHUs who participated spanned a timeframe of 2019-2021.

## Sampling

Initially, five LPHUs were invited by PDA via email to participate in the study. One LPHU was unable to take part in the interview due to scheduling conflicts, which meant the final sample was four LPHUs. The LPHUs were purposefully selected to represent rural and more urban settings, and based on local policies passed on ENDS, flavors, and policies that protect youth. The final sample consisted of Bismarck-Burleigh, Emmons, Fargo Cass, and Southwestern.



# Appendix A: Methods, continued

## Data sources

The three main sources of information that were used in the study are described below.

### **Key informant interviews**

PDA conducted 60–90-minute interviews with four tobacco coordinators, one LPHU administrator, and representatives from the NDDOH, TFND, and PHLC. PDA contacted each interviewee via email and provided them with information about the study. Each interviewee verbally consented to participating at the start of the interview. The seven interviews were conducted over Zoom and recorded for accuracy.

Interviews were conducted within the following organizations and staff roles:

Organization	Staff Role
North Dakota Department of Health, Tobacco Prevention and Control Program	Community Programs Coordinator
ND Local Public Health Units	Tobacco Coordinators from: Bismarck-Burleigh Public Health Emmons County Public Health Fargo Cass Public Health Southwestern District Public Health
Tobacco Free North Dakota	Executive Director
Public Health Law Center	Deputy Director of Commercial Tobacco

The interview protocols were developed in collaboration with the NDDoH and covered a range of relevant topics, such as LPHU program structure, community context, education on the ND smoke-free law, implementation of local policy activities, and partners at the local, state, and national level. The interview recordings were transcribed for coding and analysis.

### **Quarterly reporting**

PDA maintains and updates a quarterly online tracking and reporting system to document LPHU activities, which includes: policy interventions (i.e., smoke-free MUH, tobacco-free business grounds and public places, and comprehensive tobacco-free schools), youth engagement work, retail tobacco point-of-sales activities (e.g., compliance checks), and education initiatives. From these quarterly reports, PDA creates quarterly dashboards to document collective progress of the LPHUs toward meeting objectives of the State Plan. For this case study, the quarterly reports from 2019–2021 for the four LPHUs were reviewed to verify and supplement the information provided during the interviews with tobacco coordinators and the NDDoH.

# Appendix A: Methods, continued

## Data sources, continued

### **Document review**

Additional documents were reviewed, as available, including the State Plan, quarterly meeting notes, Policy Workgroup meeting notes, model policies, local tobacco ordinances, and health communication materials.

## Data analysis

### **Qualitative data**

Interview data were analyzed using a deductive approach. First, a coding scheme was developed based on the primary topics covered in the interview. Two members of the evaluation team coded the interviews using NVivo qualitative software. New codes were established as they emerged from analyzing the interviews. The coders meet several times to review progress and ensure consistency in coding. Next, the interviews were examined for common themes, as well as differences across the four LPHUs. Analysis revealed several overarching local policy success factors, as well as examples of the success factors within the context of smoke-free policies and ENDS, flavors, and other policies that protect youth. In addition, policy challenges and adaptations made by tobacco coordinators related to the pandemic were noted.

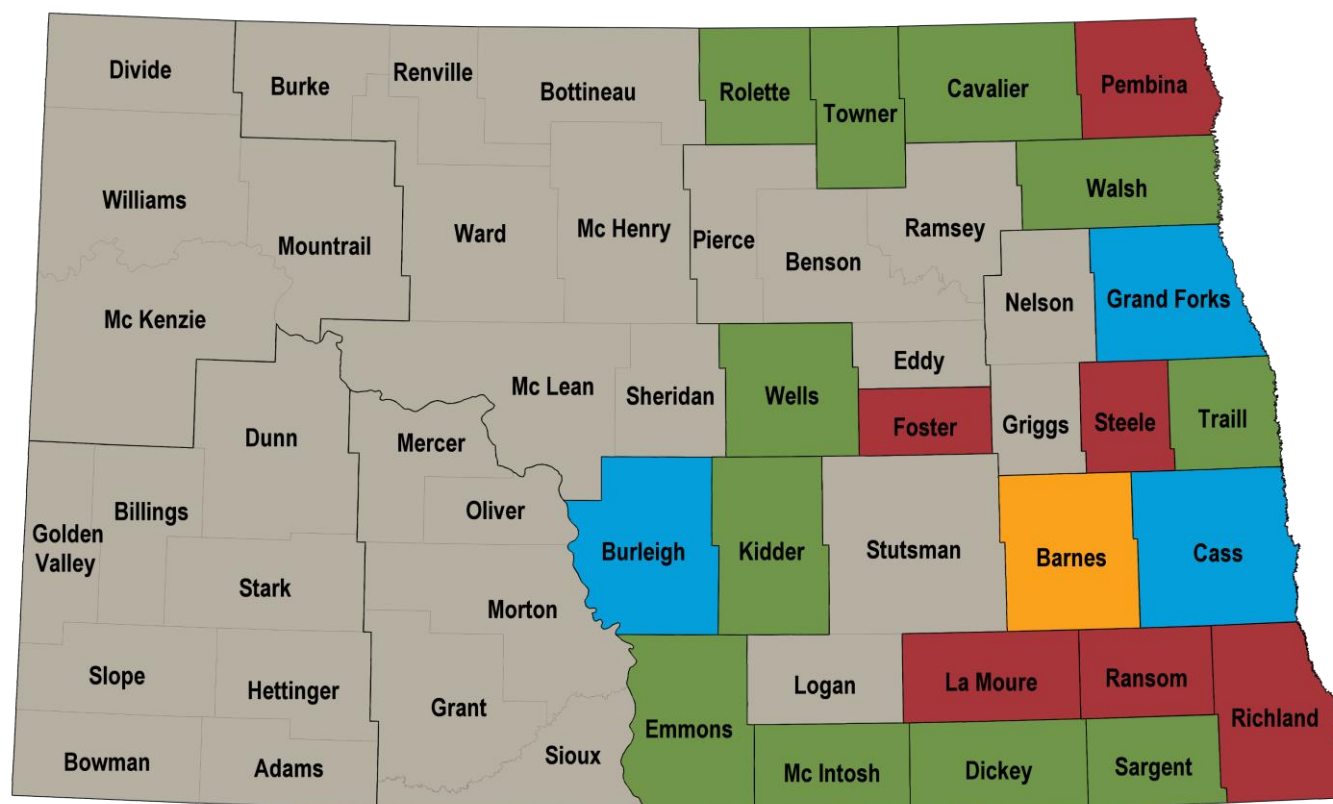
### **Quantitative data**

The quarterly reporting data collected by PDA for the comprehensive TPCP evaluation was examined from 2019-2021 for the four LPHUs. The total number of local smoke-free ordinances across multiple settings (outdoor, workplace grounds, school and college campuses, and MUH) for each of the four LPHUs was calculated from quarterly data tracking. In addition, tobacco surveillance data provided by the NDDoH, including adult tobacco use (YRBS 2019) and youth e-cigarette use (BRFSS, 2019) was used to create tobacco prevalence graphs.

# Appendix B: LPHUs in North Dakota

## LPHU types in North Dakota

The map below shows the 28 LPHUs and how they are organized across the state. They are organized into single or multi-county health districts, city/county health departments, or city/county health districts.



## LPHU Type:

- City/County Health Department
- City/County Health District
- Multi County Health District
- Single County Health Department
- Single County Health District

# Appendix C: Policy descriptions

Below are definitions of key terms and information about the North Dakota Smoke-free Law.

## **North Dakota smoke-free law** (Code t23c12)

- **Definition of smoking** [[N.D. Cent. Code §§ 23-12-09\(15\)](#)]: "Smoking" means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, in any manner or in any form. Smoking also includes the use of an e-cigarette which creates a vapor, in any manner or any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking in this Act.
- **Definition of e-cigarette** [[N.D. Cent. Code §§ 23-12-09\(15\)](#)]: "E-cigarette" means any electronic oral device, such as one composed of a heating element and battery or electronic circuit, or both, which provides a vapor of nicotine or any other substances, and the use or inhalation of which simulates smoking. The term shall include any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, and e-pipe or under any other product, name, or descriptor.
- **Smoking restrictions** ([23-12-10 \(2020\)](#)): In order to protect the public health and welfare and to recognize the need for individuals to breathe smoke-free air, smoking is prohibited in all enclosed areas of: a. public places; and b. places of employment. (Subsection 1). (See policy for further information on smoking restrictions.)
- **Complaints and enforcement – City/county ordinances and home rule charter** ([23-12-10.2](#)):
  - **Subsection 2:** A city or county ordinance, a city or county home rule charter, or an ordinance adopted under a home rule charter may not provide for less stringent provisions than those provided under sections 23-12-09 through 23-12-11. Nothing in this Act shall preempt or otherwise affect any other state or local tobacco control law that provides more stringent protection from the hazards of secondhand smoke. This subsection does not preclude any city or county from enacting any ordinance containing penal language when otherwise authorized to do so by law.

# Appendix D: Additional local policies

The tables below present additional local policies that Emmons, Fargo Cass, and Southwestern have passed in recent years. Information is based on data from quarterly reports (self-reported data) and is not meant to be an exhaustive list.

## Bismarck-Burleigh

Year	Policy
2013	Bismarck updated the smoke-free ordinance to include e-cigarettes (CH. 5-12 & CH. 5-11)
2015	Bismarck updated ordinance (CH. 5-11 & CH. 6.) related to tobacco behind the counter and e-cigarettes included in tobacco licensing
2017-2018	Bismarck ordinance updated related to mobile vendors (CH. 5-11)
2020	Bismarck ordinance updated to be T21 Lincoln ordinance updated to be T21

## Emmons

Year	Policy
2020	Linton ordinance passed to regulate the sale of flavored tobacco products and e-liquids (20-1-1)

## Fargo Cass

Year	Policy
2014-2018	Harwood (10-0502), Mapleton (10-0503), Kindred (10-0505), and Fargo (35-0102) updated the city tobacco license requirement to include e-cigarettes
2018	Fargo ordinance updated to prohibit mobile vending (35-0102)
2019	Fargo ordinance updated to prohibit the sale of flavored e-cigarette liquid to youth under 18 (5237)
2019	Fargo ordinance updated to impose fines on businesses failing compliance checks related to the sale of tobacco products to minors

## Southwestern

Year	Policy
2012	Dickinson ordinance updated to require licensure for tobacco and ENDS retailers
2015	Dickinson ordinance updated to include ENDS as a tobacco product (25.06.010)
2020	Dickinson passed T21 ordinance to prohibit the sale of tobacco products to youth under the age of 21 years (1689)