NORTH DAKOTA COMPREHENSIVE TOBACCO PREVENTION AND CONTROL STATE PLAN 2020-2025

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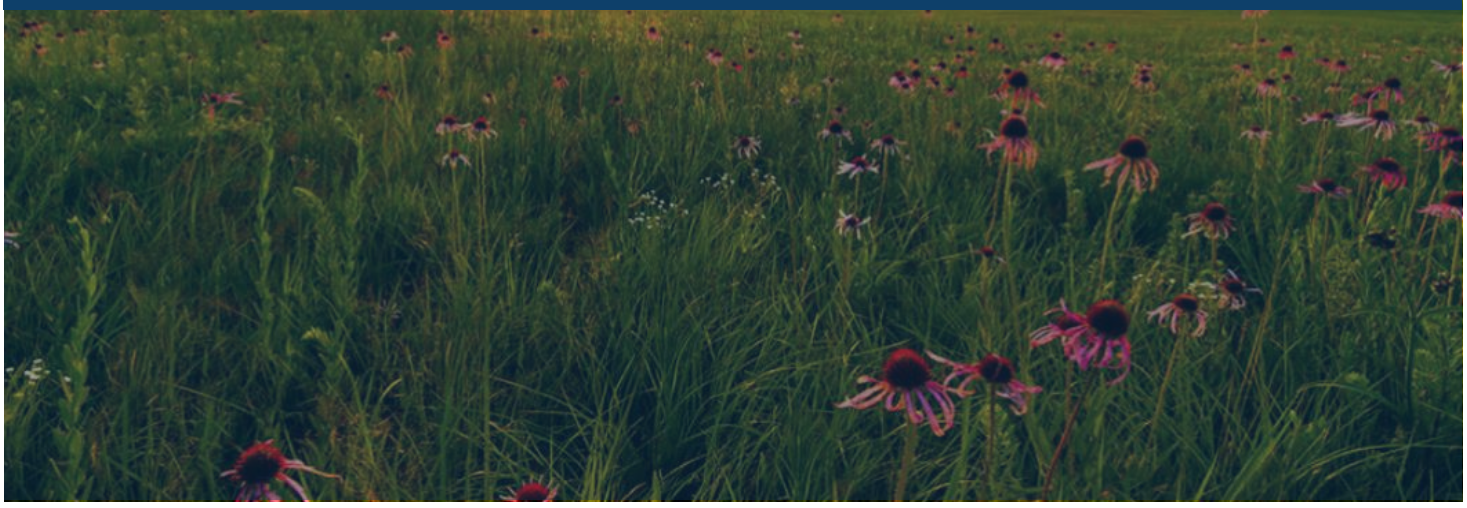

The current North Dakota Comprehensive Tobacco Prevention and Control State Plan (State Plan) is a state plan coordinated by the North Dakota Department of Health (NDDoH), Tobacco Prevention and Control Program (TPCP). The TPCP seeks the input and collaboration of many partners, from state agencies to grassroots community organizations, working together in implementing this plan to reduce North Dakota's burden from tobacco. When the NDDoH TPCP references tobacco in this document, it is referring to commercial tobacco. Commercial tobacco – such as cigarettes, spit or smokeless tobacco, vapes, and synthetic nicotine – differs from traditional tobacco used by Indigenous communities for ceremonial and medicinal purposes. Commercial tobacco manufacturing includes adding harmful chemicals and manipulating nicotine levels to make these products more addictive.

BACKGROUND

Nationally, the Centers for Disease Control and Prevention (CDC) guides tobacco control work throughout states and territories through the National Tobacco Control Program (NTCP). The CDC provides funding and guidance to state grantees that apply for funding through a competitive grant process for a 5-year period. The current CDC NTCP grant (CDC DP20-2001) awarded to the NDDoH TPCP covers the 5-year period of April 29, 2020, through April 28, 2025. This State Plan, which was initially developed and submitted to the CDC on March 18, 2020, is updated biennially.

BURDEN STATEMENT

Tobacco use is the single most preventable cause of death and disease in North Dakota and the United States, causing more deaths annually than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides combined. (Campaign for Tobacco-Free Kids). Tobacco annually costs each North Dakota household $916 in taxes due to smoking-related expenses (Campaign for Tobacco-Free Kids: Toll of Tobacco in North Dakota, 2021). The financial and human toll from tobacco use – either directly or from exposure to secondhand smoke – continues to be the most costly, preventable cause of death in the state. With the increase in the availability of Electronic Nicotine Delivery Systems (ENDS), vaping of nicotine and other substances has escalated related health concerns.

MISSION

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

North Dakota's TPCP has implemented innovative and evidence-based strategies to engage North Dakota communities in developing local solutions. These efforts work in tandem toward ensuring the program is fiscally responsible and prioritizing the state's health and economic interests.

GOAL

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

- Preventing initiation among youth and young adults
- Eliminating exposure to secondhand smoke
- Promoting quitting among adults and youth
- Advancing health equity by identifying and eliminating tobacco product-related inequities and disparities

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

HEALTH EQUITY AND TOBACCO PREVENTION AND CONTROL IN NORTH DAKOTA

Tobacco initiation and use disparately affect subsets of North Dakota's population at higher rates. Higher tobacco usage and initiation rates negatively impact health outcomes for these populations. Addressing tobacco-related disparities within these specific population groups may lead to more positive health outcomes for these groups. The NDDoH TPCP seeks to address the inequity of tobacco use in the following population groups in North Dakota:

- Individuals with Low-Socioeconomic Status (Low SES)
- Individuals with mental health and substance use disorders (Behavioral Health)
- American Indians (AI)
- Youth and Young Adults
- Pregnant Tobacco Users

The CDC DP20-2001 NTCP grant provides support to the TPCP to assist in addressing health equity issues with these populations. NTCP grantees are required by the CDC to address two specific disparate populations: 1) Behavioral Health and 2) Youth and Young Adults. NTCP grantees were also allowed to choose a community-based disparate population on which to focus. The TPCP chose the North Dakota AI population, with the community focus on the populations located on AI Reservations in the state. The NDDoH TPCP continues to work to address health equity in other North Dakota population groups outside of the NTCP.

MODEL FOR COMPREHENSIVE TOBACCO PREVENTION AND CESSATION

The State Plan for comprehensive tobacco prevention and cessation is based on the *Best Practices for Comprehensive Tobacco Control Programs* (*Best Practices*) model outlined by the CDC. Best

Practices describes an integrated programmatic structure for implementing interventions proven to be effective, including:

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

The model also relies on *The Guide to Community Preventive Services for Tobacco Control Programs (the Community Guide),* which provides evidence on the effectiveness of community-based tobacco interventions within three areas of tobacco use prevention and control:

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

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

The TPCP continues to incorporate the program elements recommended by the CDC. It is essential to recognize that these individual components must work together to produce the synergistic effects of a comprehensive tobacco control program. The components below reflect this importance and are directly related to specific CDC Best Practices and the corresponding CDC *Best Practice User Guides* listed throughout this document.

JUSTIFICATION FOR FOCUSING ON GOAL AREAS

The State Plan goal areas, based on Best Practices and the Community Guide recommendations, also include crosscutting interventions based on recommendations from these sources. We provide specific references to illustrate justifications for our State Plan work. These are justifications only. References to specific objectives, strategies, and activities in the CDC NTCP DP20-2001 5-Year Project Period Objectives are below.

GOAL 1: Prevent Initiation of Tobacco Use Among Youth and Young Adults

Partnerships have allowed North Dakota to continue to provide opportunities for policy engagement.

Increase the unit price of tobacco products.

> Rationale: Projections of research findings from the Campaign for Tobacco-Free Kids' indicate that each 10% cigarette price increase reduces youth smoking by 6.5%, adult smoking rates by 2%, and total consumption by about 4% (adjust down to account for tax evasion effects). *The Community Guide*, November 2012, confirms, "public health effects are proportional to the size of price increase and scale of intervention" (pages 1-2). In January 2014, *Best Practices* recommended an increase of the unit price of tobacco products for preventing tobacco use among youth (page 19).

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

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

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

Rationale: In the *2012 Surgeon General's Report on Preventing Tobacco Use Among Youth and Young Adults*, "Prevention efforts must focus on both adolescents and young adults because among adults who become daily smokers, nearly all first use of cigarettes occurs by 18 years of age (88%) with 99% of first use occurring by 26 years of age. Advertising and promotional activities by tobacco companies have been shown to cause the onset and continuation of smoking and other tobacco products use among adolescents and young adults" (page 8). The tobacco industry's own internal correspondence and testimony in court, as well as widely accepted principles of advertising and marketing, support the conclusion that tobacco advertising recruits new users as youth and reinforces continued use among young adults (page 508). Emerging (e.g., ENDS) and traditional tobacco products are the instruments for recruitment.

GOAL 2: Eliminate Exposure to Secondhand Smoke

Partnerships and persistence across North Dakotan programs move policies forward.

Reference: *CDC Best Practices Users Guide, Partnerships in Tobacco Prevention and Control*

Maintain comprehensive smoke-free law in North Dakota.

Rationale: In November 2012, North Dakota passed one of the strongest laws in the U.S. to protect all citizens from secondhand smoke and prevent youth initiation use of tobacco products. Secondhand smoke is a mixture of over 7,000 chemicals, which contaminates both indoor and outdoor air. Exposure to secondhand smoke may lead to adverse health effects to all exposed, especially children. Some adverse health effects experienced by children are middle ear disease, respiratory symptoms, impaired lung function, asthma, pneumonia, and sudden infant death syndrome. These symptoms and diseases have been causally linked to secondhand smoke. Adults exposed to secondhand smoke also have causally linked evidence from nasal irritation to lung cancer, coronary heart disease, and reproductive effects in women (i.e. low birth weight of infants). Chronic diseases caused by smoking are clearly articulated in the *2010 U.S. Surgeon General's Report on How Tobacco Smoke Causes Disease*, (page 11). There is no safe level of exposure to cigarette smoke.

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

Rationale: "Preemption can eliminate the benefits of state and local policy initiatives. Preemption can also have a negative impact on enforcement, civic engagement, and grassroots movement building." (Assessing the impact of federal and state preemption in public health: a framework for decision makers, page 1). Assessing the Impact of Federal and State Preemption in Public Health: A Framework for Decision Makers. *Journal of Public Health Management Practice*, https://www.ncbi.nlm.nih.gov/pubmed/22759986).

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

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

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

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

GOAL 3: Promote Quitting Tobacco Among Adults and Youth

Partnerships with health systems provide innovative, sustainable cessation to nicotine.

Health systems, local public health units (LPHUs), behavior health and addiction treatment systems, and community agencies create a network of support throughout the state for tobacco users who want to quit. This promotes partnerships with local organizations for personalized support and health education.

Reference: *CDC Best Practices User Guide, Cessation in Tobacco Prevention and Control*

Increase the annual treatment reach of NDQuits to all North Dakota tobacco users.

Rationale: *The Community Guide* from Community Preventive Services Task Force, August 2012, recommends "three interventions effective at increasing use of quit lines: mass-reach health communications interventions that combine cessation messages with a quit line number; provision of free evidence-based tobacco cessation medications for quitline clients interested in quitting; and quitline referral interventions for health care systems and providers. Evidence also indicates a quitline can help to expand the use of evidence-based services by tobacco users in populations that historically have had the most limited access to and use of evidence-based tobacco cessation treatments" (page 1). CDC baseline target rate is 6% treatment reach, which no state has yet achieved. North Dakota's treatment reach in fiscal year 2021 was 0.94% (NDQuits annual data).

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

Rationale: *The Community Guide* from Community Preventive Services Task Force, August 2012, recommends "quitline interventions, particularly proactive quitlines (i.e. those that offer follow-up counseling calls), based on strong evidence of effectiveness in increasing tobacco cessation among clients interested in quitting" (page 1). Communication regarding policies and program changes to health care providers and tobacco users increases awareness, interest in quitting, and use of evidence-based treatments.

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

Forming partnerships with youth for advocacy and education as well as focusing on equitable programming to address the needs of all North Dakotans builds program capacity and promotes sustainability.

References: *CDC Best Practices User Guide, Youth Engagement in Tobacco Prevention and Control*, *CDC Best Practices, Program Infrastructure in Tobacco Prevention and Control*

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

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

A note on Goal 4: When the TPCP created the original DP20-2001 in 2020, Goal 4 was used to illustrate the importance of establishing capacity and infrastructure to successfully carry out the goals, objectives, strategies, and activities of the DP20-2001 Work Plan and the State Plan. In 2021, the CDC notified DP20-2001 grantees that the official Goal 4 language had changed to: Advance health equity by identifying and eliminating tobacco product-related inequities and disparities. The current DP20-2001 Work Plan and State Plan address tobacco-related inequity and disparities throughout the plans. We retain the current Goal 4 language to reflect the capacity and infrastructure areas defined in the plan and will address updated Goal 4 language in future plan versions as needed.

GOAL 4: Advance Health Equity by Identifying and Eliminating Tobacco Product-Related Inequities and Disparities

Note: The original DP20-2001 2020 language for Goal 4 was “Build Capacity and Infrastructure to Implement a Comprehensive Evidence-Based Tobacco Prevention and Control Program.” The project period objectives still include this focus and illustrate the importance of establishing capacity and infrastructure to successfully carry out the goals, objectives, strategies, and activities of the DP20-2001 Work Plan and the State Plan. In 2021, the CDC notified DP20-2001 grantees that the official Goal 4 language had changed to *Advance health equity by identifying and eliminating tobacco product-related inequities and disparities*. The current DP20-2001 Work Plan and State Plan address tobacco-related inequity and disparities throughout the plans. The TPCP has updated the current goal language to reflect the CDC changes and to allow the incorporation of this additional focus while retaining the capacity and infrastructure areas defined in the plan.

Partnerships with youth for advocacy and education, as well as focusing on equitable programming to address the needs of all North Dakotans, builds program capacity and promotes sustainability.

References: *CDC Best Practices User Guide, Youth Engagement in Tobacco Prevention and Control*, *Best Practices, Program Infrastructure in Tobacco Prevention and Control*

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

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CDC NTCP DP20-2001 5-Year Project Period Objectives

The CDC NTCP DP20-2001 requires states to create work plans based on 5-year Project Period Objectives (PPO) for the 2020-2025 period. The NDDoH TPCP created a work plan based on the Goal Areas described above. The DP20-2001 provided opportunity to apply for funding for two separate components. Component 1 was to describe the state-level objectives, strategies, and activities of the overall NTCP. Component 2 is specific to the administration of the state quitline, NDQuits. The PPOs designate if they are specific to Component 1 (C1) and/or Component 2 (C2). Some PPOs are shared between the two components.

Note that the data sources for the PPOs below are fixed to what was available at the time of the creation of the DP20-2001 5-year workplan. The goal numbers are based on the "current" sources known at the time. The CDC requires annual reporting of progress of these PPOs and annual modification of the DP20-2001 C1 and C2 Workplan.

The font colors in the Project Period Objectives below correspond with the font color-coding provided in the original DP20-2001 Work Plan. We retain this color coding for ease of reference to the expanded DP20-2001 Work Plan and State Plan elements.

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

5-Year Project Period Objective C1-1: By April 28, 2025, decrease North Dakota high school students who use tobacco products to 15%. (Current 23.0%. Source: 2021 ND Youth Risk Behavior Survey [YRBS]).

GOAL 2: Eliminate Exposure to Secondhand Smoke

5-Year Project Period Objective C1-3: By April 28, 2025, increase the amount of smoke-free public area policies on North Dakota American Indian Reservations to 4 (Current: 2 in 2020. Source: ND TPCP).

5-Year Project Period Objective C1-4: Increase the number of smoke-free campuses for Mental Health Facilities to 90% and Substance Use Facilities to 50% by April 28, 2025, (Current: Mental Health 86.1% in 2020; Substance Use Facilities 30.4% in 2020. Source: SAMHSA Treatment Locator: https://findtreatment.samhsa.gov/locator.html).

5-Year Project Period Objective C1-5: By April 28, 2025, maintain efforts to educate North Dakotans about the success of the comprehensive 2012 North Dakota Smoke-Free Law.

5-Year Project Period Objective C1-9: By April 28, 2025, collect community health needs assessments and create tribal tobacco prevention and control strategic plans in four American Indians Reservations in North Dakota. (Current: 0. Source: NDDoH TPCP).

GOAL 3: Promote Quitting Tobacco Among Adults and Youth

5-Year Project Period Objective C1-2: By April 28, 2025, decrease American Indian adults in North Dakota that smoke commercial tobacco to 30% (Current 36.1%. Source: 2020 ND BRFSS).

5-Year Project Period Objective C1-7/C2-2: By April 28, 2025, decrease the percentage of North Dakota adults who are current smokers to 15% (Current: 17.4%. Source: 2020 ND BRFSS).

GOAL 4: Advance Health Equity by Identifying and Eliminating Tobacco Product-Related Inequities and Disparities

(Updated 2021 goal language with 2020 objectives produces asynchrony that the TPCP will address moving forward in the grant cycle)

5-Year Project Period Objective C1-6: By April 28, 2025, increase statewide mass-reach health communication interventions to CDC-recommended levels. (Current media efforts do not show Gross Rating Points [GRPs]) Strategy 4: Plan, implement, and evaluate communications interventions, and support media engagement efforts.

5-Year Project Period Objective C1-8: By April 28, 2025, maintain comprehensive statewide tobacco prevention and control surveillance and evaluation activities.

5-Year Project Period Objective C2-3: By April 28, 2025, continue to work with NDQuits contractors and NDDoH TPCP-funded evaluators to provide an annual evaluation of NDQuits services and submit data to the National Quitline Data Warehouse as requested.

5-Year Project Period Objective C1-10/C2-4: By April 28, 2025, continue to maintain the NDDoH TPCP staffing and infrastructure that align with the five core components of the Component Model of Infrastructure, including contract management, providing technical assistance, and fiscal management.

5-Year Project Period Objective C2-1: By April 28, 2025, increase statewide mass-reach health communication interventions to CDC recommended levels (Current media efforts do not show GRPs).