



The State of Tobacco Control in North Dakota: 2019 – 2021

Innovation. Community focus. Fiscal responsibility.

Successes, challenges, and opportunities of the North Dakota comprehensive Tobacco Prevention and Control Program during the 2019 – 2021 biennium.

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**Tobacco
annually
costs each
North
Dakota
household
\$724 in
taxes due to
smoking-
related
expenses.¹**

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.¹

The North Dakota Tobacco Prevention and Control Program serves the health and economic interests of North Dakotans.



North Dakota youth displaying a poster promoting #ENDit, a call to be the first tobacco-free generation.



Brody Maack, PharmD, CTTS, presenting a gift to tribal speakers before a presentation on sacred tobacco use at the Nicotine Dependence Conference in Fargo, February 2020.



Nakisha, holding Kenzie, was able to quit smoking with help from North Dakota's BABY & ME - Tobacco Free Program.



Audience at the 2020 Nicotine Dependence Conference in Grand Forks, a collaboration of four health systems: Altru Health, Family Healthcare, North Dakota State University, and Spectra Health.

Tobacco is still a problem. What is North Dakota doing to address it?

Tobacco is still a problem

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 availability of Electronic Nicotine Delivery Systems (ENDS), vaping of nicotine and other substances has only escalated related health concerns.

Here is how North Dakota is addressing it

North Dakota's Tobacco Prevention and Control Partnership (TCP) 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 working to prioritize the health and economic interests of the state.

Tobacco Control Programs and Grantees

Funding for North Dakota's Tobacco Program supports a small staff of 6.35 fulltime employees at the Department of Health, who manage several programs and grantees.

NDQuits. North Dakota's quitline is available to all North Dakotans, year-round. Telephone counseling and/or web counseling is available, as is Nicotine Replacement Therapy.

BABY & ME – Tobacco Free Program™ (BMTFP). North Dakota funds 15 grantees to provide cessation support to pregnant mothers, starting by 32 weeks prenatal and continuing for up to 12 months postpartum.

NDQuits Cessation (NDQC) Grant Program. North Dakota funds 17 grantees to provide brief cessation interventions and education to patients and the community.

Local Public Health Units (LPHU). All 28 LPHUs are funded to provide prevention, cessation, and policy work in their communities.

"It is important to keep in mind that many little steps will lead to big things in the future and sometimes it is hard to stay positive in the world of tobacco."

-Local Public Health Tobacco Coordinator

Who benefits from Tobacco Prevention and Control?

All who use nicotine, a highly addictive drug

Nicotine, which can be found in a variety of tobacco and vaping products, is a powerful drug. Nicotine, a drug that reaches the brain within seconds, increases dopamine, a reward center of the brain. However, the effects are temporary, meaning a user of nicotine needs to reach for another cigarette, dip, or vape sooner as they crave more, and they will use any kind of nicotine to satisfy the addiction.¹ [Nicotine is one of thousands of ingredients in cigarettes, chew tobacco, other combustible tobacco products \(cigars\), and a major ingredient of nearly all ENDS products used to vape.](#)

Residents with an interest in the economic well-being of the state

Tobacco costs the state of North Dakota much more than is brought in from the current tobacco tax. These [tobacco taxes bring in \\$19.7 million annually but tobacco costs the state \\$326 million annually](#). All North Dakotans who care about the economic status of the state have an interest in the costs of tobacco to all citizens.

Intersectionality is a “prism for understanding” problems, a legal term that coined in 1989 by Kimberlé Crenshaw. In tobacco control, this means taking a lens that a North Dakotan is impacted by tobacco control through multiple factors, living in a rural area, Medicaid eligible, and having a behavioral health disorder.

Here is who is most at risk

In public health, equity is the just and fair inclusion into a society in which all can participate, prosper, and [reach their full potential](#). The Centers for Disease Control and Prevention’s (CDC) Best Practices in Tobacco Control defines tobacco-related disparities as: [“Differences that exist among population groups with regard to key tobacco-related indicators](#), including patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness; capacity, infrastructure, and access to resources; and secondhand smoke exposure.”² In North Dakota, these groups are:

Rural: Adults in rural areas are more likely to smoke, more likely to be heavier smokers, and kids in rural areas are more likely to start smoking at an earlier age.³

American Indians: The commercial tobacco use rate in North Dakota’s American Indian populations is double that of the general population.⁴

Pregnant women: Just over 10% of women reported smoking in their first trimester, which has implications for the development of the fetus and the mom.

Behavioral health: An estimated 35% of cigarette smokers have a behavioral health disorder.⁵ Tobacco users with a behavioral health disorder use tobacco two times more often than the general population.

Youth and young adults: Over half (52.8%) of North Dakota high schoolers reporting trying an e-cigarette and over one-third (34.5%) have tried a cigarette before the age of 13.⁴ Both rates have increased.

Medicaid: Nearly 40% of North Dakotans who use Medicaid also use tobacco, double the rate of the general population.⁴

What is the purpose of this report?

The **purpose** of this report is to synthesize evaluation and surveillance activities during the 2019 – 2021 biennium. The North Dakota Department of Health (NDDoH) facilitates the state’s TPCP. This partnership includes over 50 organizations, mostly from North Dakota, with some support from national partners.

The TPCP work is driven by the North Dakota Tobacco Prevention and Control State Plan, which is a strategic plan coordinated by multiple agencies within the state.

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.*

The objectives and targets of this plan are externally evaluated and reported biennially to the North Dakota Legislature, the NDDoH and all of the TPCP partners and stakeholders.

Professional Data Analysts (PDA) is a B-corporation that is contracted to conduct an external evaluation of the North Dakota TPCP activities. PDA has been evaluating tobacco control efforts for over 20 years across the United States. This experience informs this comprehensive evaluation of the TPCP during the 2019 – 2021 biennium.

Transparency and data excitement are core values of PDA. While this report is intended to be visually appealing and easy to read for a broad audience, readers interested in the details can find our methods in Appendix B. A dashboard visualizing progress on the State Plan can be found in Appendix D. Please contact Melissa Chapman Haynes, PhD, with questions about this report. Questions about the TPCP should be directed to Neil Charvat, Director, TPCP.



Interested in more details?

[+ North Dakota Comprehensive Tobacco Prevention and Control State Plan](#)

[+ Tobacco Prevention and Control Evaluation Plan](#)

[+ CHI St. Alexius Case Study](#)

[+ NDQuits FY2019 Annual Report](#)

[+ North Dakota Tobacco Surveillance Data](#)

[+ 2017 – 2019 Synthesis Report](#)

7 key takeaways

This report is organized around three themes: **innovation** in addressing tobacco control and prevention, **community focus** in policy and overall engagement with North Dakotans, and **fiscal responsibility** to reduce tobacco prevalence and support North Dakota's economic interests.

Vaping is at epidemic levels. North Dakota has had an innovative response, but more policies and regulation are needed to fully address this epidemic.

Communication of tobacco control messages has been done in an innovative and effective manner, though the messages would reach more North Dakotans with increased funding.

Partnerships and persistence moved local tobacco policies forward. There are now over 900 policies, including raising the age to purchase nicotine products and restricting flavored ENDS.

Partnership with American Indians in tobacco control advanced this biennium, laying the groundwork for future impact. The number of smoke-free casinos doubled.

The collaboration throughout North Dakota is helping tobacco users quit, but there is still more work to do. Additional resources would expand evidence-based, community-driven work.

Tobacco costs the state \$326 million in smoking-related costs, likely more since ENDS-related costs are not captured. Only a fraction is recuperated through taxes.

With absence of regulations of ENDS products, there is no way to capture the true cost of nicotine addiction to North Dakotans.

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Innovation

Tobacco control in North Dakota has a history of using innovative and evidence-based strategies to prevent tobacco use and increase cessation attempts.



Tobacco Prevention and Control has stayed at the forefront of combating the vaping epidemic with innovative new programming. The different forms of nicotine in vapes mean faster absorption and a new way to hook kids and adults on nicotine. North Dakota has responded quickly and flexibly.



Neil Charvat, Tobacco Prevention and Control Director at the NDDoH, welcoming the audience to North Dakota's first ENDS Summit in 2019. This innovative event brought together state and national speakers to address the vaping epidemic.

Epidemic levels of vaping call for immediate intervention at the state and local levels.

JUUL allows for more and faster absorption of nicotine as the first ENDS product to use nicotine salts. North Dakota's tobacco partners are connecting with schools and youth to educate, prevent, and support cessation of ENDS.

Local public health educated and coordinated with law enforcement, schools, parents, and community members. With e-cigarette use rate passing that of cigarettes, education on the products is essential.

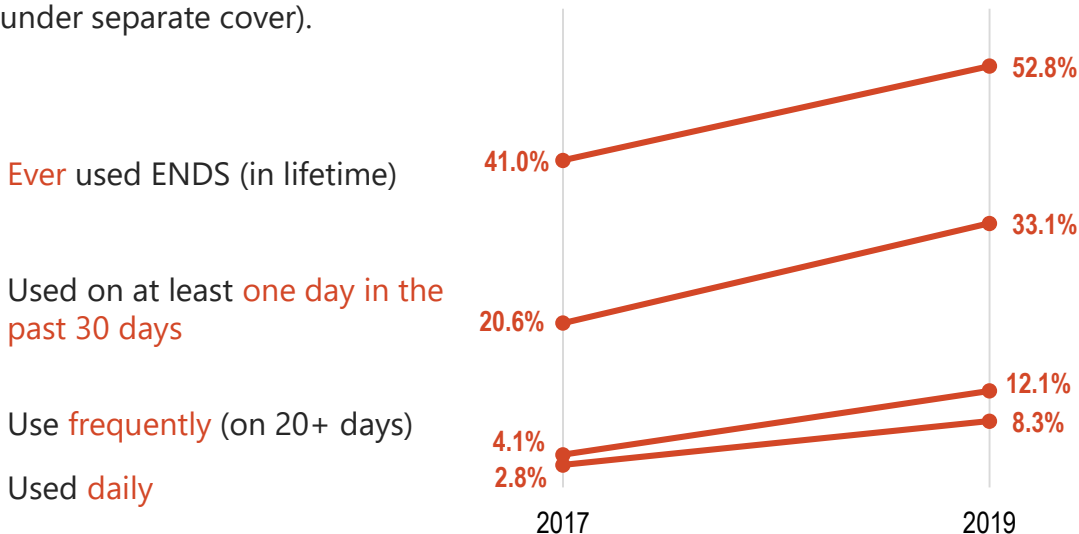


Melissa Markegard, Tobacco Prevention Coordinator for Fargo Cass Public Health, showing a range of vaping devices on August 8, 2019. Photo credit Bismarck Tribune



Jordyn Schaeffbauer, Prevention Outreach Coordinator Bismarck Burleigh Public Health, speaking on vaping at the North Dakota Association for Lifelong Learning in 2019. Photo credit: Tom Stromme, Bismarck Tribune

Over half of North Dakota high schoolers have tried a vaping product and one in twelve use an ENDS product daily. North Dakota's response to address cessation in this age group is detailed on [page 32](#) and in the annual quitline report (under separate cover).



Data from the North Dakota Department of Public Instruction, Youth Risk Behavior Survey in 2017, 2019

North Dakota took a strong stance on the danger of ENDS in 2018, for both youth and adults.

A statement on ENDS by the NDDoH cautions on the dangers of ENDS to youth and adults.

The NDDoH wrote an [ENDS Position Statement](#) in September 2018 that addressed a cautious approach to ENDS. ENDS are not approved by the Food and Drug Administration (FDA) as a cessation device, which addresses the marketing of these products by the tobacco and vaping industries (note that Altria, a tobacco company that makes Marlboro, owns a 35% stake in JUUL).

Further, these devices can explode, exposure of e-liquids to the skin can cause poisoning, and the particulate matter from secondhand vaping contains harmful chemicals.⁶ Finally, ENDS contain nicotine levels that are unregulated (see [page 14](#)).

The NDDoH took strong action to create and implement an annual ENDS Summit, pulling together public health, law enforcement, policy makers, educators, and students from across the state.

The NDDoH created and launched an ENDS Summit, bringing in national speakers to educate and develop actions to address the vaping epidemic. Presentations focused on:

- Vape shops, e-liquids, and policy considerations
- FDA and regulation of ENDS
- Flavors in e-cigarettes
- Emerging research on ENDS health effects

Actions resulting from the ENDS Summit include the AMA statement calling for strong action on vaping products and efforts at the local level to pass policies to address flavors, ENDS, and Tobacco 21 (see [page 27](#)).

A second ENDS Summit took place in December 2020, virtually due to COVID-19.

A statement on ENDS by the American Medical Association followed the North Dakota ENDS Summit.

The [American Medical Association](#) (AMA) put forth a statement in 2019 [calling for strong action on vaping products](#). Dr. Siobhan Westcott, professor at the University of North Dakota (UND) and Board member of the AMA, was instrumental in developing this statement, spurred by the ENDS Summit in 2019. Some aspects of this statement include advocating for research funding to study the safety and effectiveness of vaping products for tobacco cessation purposes and advocating for medical diagnostic codes for vaping associated illnesses, including pulmonary toxicity.



The first ENDS Summit in Bismarck, May 2019. A panel of school-based personnel speaking on ENDS, including a teacher, school administrator, school resource officer, and Abby Erickson, far right, NDDoH Community Programs Coordinator.

With an increasing number of vape shops in North Dakota, cutting edge research highlights gaps.

While most ENDS users calling NDQuits want to quit tobacco, nearly all are not able to do so. Without regulation, North Dakotans don't know what they are getting when they purchase ENDS.

Increase in vape shops without regulation means variability in nicotine content.

Kelly Buettner-Schmidt, PhD, RN, FAAN has led two rounds of studies to examine the content of nicotine and other substances present in vaping devices sold in all North Dakota shops selling ENDS products. **Vaping products are not currently regulated in North Dakota, despite the five-fold increase in shops selling these devices in a five-year time span.**

Date	Number of shops selling ENDS
2014	9
2016	24
2019	44

Concerning trends were uncovered in the 2019 vaping shop study. A 2019 follow-up study to an earlier 2015 study examined the labeling and chemical concentration of nicotine salts at vaping shops in the state.⁷

Nearly one-third of the tested ENDS devices were not child proof. Nearly 80% of those were in the form of eye-droppers with rubber bulbs, easily opened by children or chewed up by pets. This is out of compliance with North Dakota House Bill 1186, passed in 2015.

Only 3.8% of the 285 vape liquid samples had nicotine content within 10% of the labeled content. 91.9% had less nicotine than was labeled and 4.2% had more.

Only two vape shops (5.7%) were fully compliant with North Dakota's smoke-free air law. Noncompliance included recent smoking or vaping indoors (5 shops) or lack of signage.

Despite claims by the vaping industry that ENDS help smokers quit, that is not true for NDQuits participants.

84% of ENDS users who called NDQuits reported using ENDS as a quit aid.

79% of these ENDS users reported **also** using other forms of tobacco (e.g., cigarettes, smokeless, etc.) **7 months after calling NDQuits.** Dual use of cigarettes and vaping products means the users gets higher levels of nicotine, tobacco-specific nitrosamines, volatile organic compounds, and metals as compared to those with single product use.⁸

Switching is not quitting. The above finding is evidence that the messaging from the vaping industry about using their product to quit was effective. What is not supported is evidence that these products helped NDQuits users quit tobacco. Instead, nearly 4 in 5 were using ENDS as well as another tobacco product, increasing their exposure to nicotine.

NDQuits addresses vaping. In fiscal year (FY) 2019, 46% of people who enrolled in NDQuits and reported no other tobacco use at intake were using ENDS only (n=29). About half of the NDQuits users between ages 18 and 21 reported using ENDS at enrollment.

The long-term effects of vaping are unknown, but early results point to increased risk for a variety of chronic diseases.

Dr. Antranik Mangardich, pulmonologist at Altru Health System, stated:

"People who are vaping are at risk for respiratory disease, the kind of chronic lung disease that causes people to be asthmatics and have chronic bronchitis and emphysema – basically, the same things that lead to chronic obstructive lung disease."

TPCP has responded to two public health threats this biennium.

Both EVALI and COVID-19 highlight the importance of tobacco prevention and control.

Vaping-related lung injuries sends North Dakotans to the hospital. In late 2019, the vaping epidemic turned deadly with a national outbreak of **e-cigarette, or vaping, caused product use-associated lung injury (EVALI)**.

Patients with EVALI tended to be younger, otherwise healthy individuals that presented with severe lung infections, like Hailey (pictured right), North Dakota's first case. The NDDoH and its grantees responded to this public health threat by quickly submitting data to the CDC and highlighting the dangers of ENDS products in public communications.

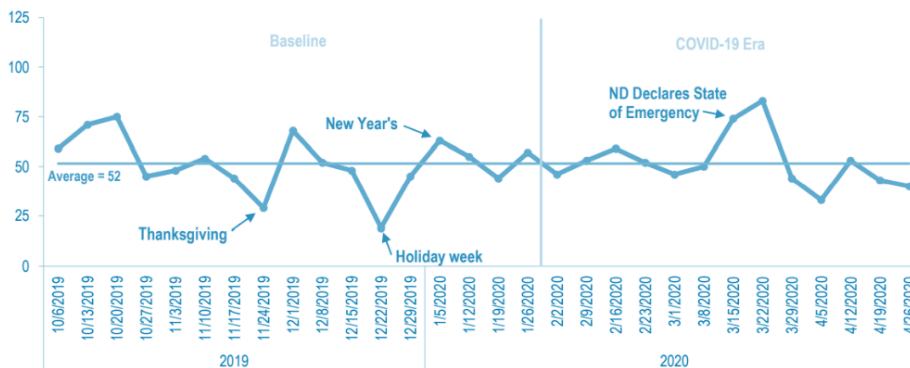


Hailey, North Dakota's first EVALI case, speaks about her experience in a case study video produced by Bismarck Burleigh Public Health. Posted on BreatheND's website.

Smoking is a risk factor for more severe COVID-19 symptoms. COVID-19 caused a rise in hospitalizations, added to hospital workloads, and drew TTS away from cessation work to direct patient care. Likewise, COVID-19 affected TPCP staff who were pulled into the COVID-19 hotline and school response team. The NDDoH health system partners responded immediately to this public health crisis by modifying their workflows to include COVID-19 testing, providing nicotine replacement therapy by mail and curbside pick-up, and offering **telehealth services** for tobacco cessation counseling.

COVID-19 and tobacco cessation in North Dakota

Number of incoming calls per week to NDQuits



Data monitoring implemented due to COVID-19 showed weekly incoming calls to NDQuits spiked in mid-March, overlapping with the COVID-19 crisis. This may indicate these two events are related; however, there could be other contributing factors.

"Individuals who smoke are at greater risk of a more severe case of COVID-19, should they contract it. Helping smokers quit has never been more important, but because of the pandemic, visiting a provider in person for healthcare can pose additional problems." - American Lung Association

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

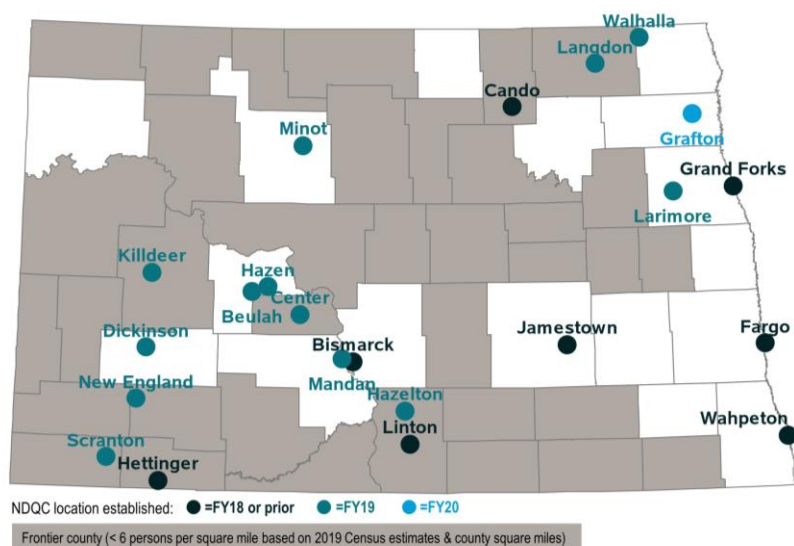
At least 70% of people who smoke see a physician every year. Even brief advice to quit from a clinician increases quit rates, making health systems an ideal partner in tobacco cessation.⁹ The **NDDoH funds health systems** to train Tobacco Treatment Specialists (TTS) and implement tobacco cessation counseling and pharmacotherapy through the NDQuits Cessation (NDQC) Grant Program. TTS work with physicians to support patients in tobacco cessation.

"I have been extremely impressed with the hard work that Kara Backer and her colleagues have done with promoting tobacco cessation throughout the state of North Dakota. Their ongoing efforts in promoting and coordinating tobacco treatment specialist training to people across the state, their dedication and determination in putting on a yearly nicotine dependence conference, and their passion for their work in tobacco control are very evident."

- Therese Shumaker, Addiction Coordinator, Mayo Clinic

In Fiscal Year (FY) 20, the NDQC Program had 17 grantees providing face-to-face counseling visits in 22 cities across the state and telehealth visits in many more. **NDQC grantees are providing tobacco cessation counseling in eight frontier counties.** Established grantees tend to be larger health systems serving more major metropolitan areas with newer grantees serving more rural areas.

NDQC locations overlaid on frontier counties



The NDQC Program meets the activity goals outlined in the State Plan regarding grantee diversity:

- hospitals,
- clinics,
- specialty care centers,
- college campus health clinics,
- addiction treatment facilities,
- Federally Qualified Health Centers, and
- cancer centers.

"Data demonstrates that patients are more likely to quit with proper counseling and pharmacotherapy. [The TTS] allow me to work more efficiently and assess more patients on a daily basis who may also need cessation counseling." - North Dakota physician

Health systems partnerships have grown into three innovative conferences on nicotine dependence.

NDQC grantees are independent health systems. Multiple grantees **partner together and with other organizations to provide educational conferences** on nicotine dependence to health care providers. The conferences provide North Dakotans education, awareness, and tools to address nicotine dependence across the state. The partnerships consist of independent health systems, Federally Qualified Health Center, local public health, and a university. Pooling resources across grantees allows for bigger events, hosting in multiple locations, and wider reach to providers.

“If you're hoarders of information, things don't grow. And that doesn't help anyone. You have to share what works and you have to share what doesn't work.”

– Rajeen Backman, Interview with PDA, April 3, 2020



Nicotine Dependence Conference, January 2020. This event was a collaboration of three independent health systems: CHI St. Alexius Health, Mid Dakota Clinic, and Sanford Health Bismarck.

In this biennium, **over 300 providers received additional training** in tobacco and nicotine cessation at five events located across the state. In 2020 alone, there were three Nicotine Dependence conferences held in Bismarck, Fargo, and Grand Forks training over 200 health care providers. Specific topics covered include the vaping epidemic, mental health and tobacco use, sacred tobacco use, tobacco cessation and adolescents, and tobacco cessation in pregnancy.



Nicotine Dependence Conference, Fargo, February 2020. This event was a collaboration of five organizations: Essentia Health, Family HealthCare, Fargo Cass Public Health, North Dakota State University, and Sanford Medical Center Fargo.



Nicotine Dependence Conference, Grand Forks, December 2019. This event was a collaboration of four organizations: Altru Health System, Family HealthCare, North Dakota State University, and Spectra Health.

Ongoing and expanded Youth Action Summit brings youth together to become North Dakota's tobacco prevention and control leaders.

Meaningful youth engagement is critical for an effective comprehensive tobacco prevention and control program. Current research and the CDC's Best Practices in Tobacco Control guidelines suggest that involving youth as advocates in their own health and wellbeing leads to positive outcomes for youth and more effective tobacco programs and policies. Youth have a powerful voice and can mobilize peers and adults to change social norms messaging around tobacco use in their community.

For nearly 15 years, Bismarck-Burleigh Public Health, supported by the TPCP, has held the **Youth Action Summit** (YAS) for youth across the state to make their voices heard and develop skills to make real change in their community through increasing awareness, education, and policy efforts.

In 2019, the YAS **expanded** to the two locations of Bismarck and Fargo and brought together **more than 200 youth** to hear from national speakers and learn about tobacco prevention education and policy.



Students presenting at the 2019 YAS.

"[My favorite part was] getting to see people from across the State with the same views, education. Getting outside our little world helps to feel more confident in our own community." - 2020 YAS youth participant



Students speaking at the 2019 YAS.

In October 2020, the YAS was **adapted to a virtual format** which opened access to youth from across North Dakota who may not have been able to attend otherwise. There were **150 youth** who joined the virtual summit.

*"Since taking a dozen youth to Fargo Youth Summit in the fall, student leaders from Wahpeton High School have taken what they learned and ran with it teaching youth, educating school board officials and other community members to understand the harms and of tobacco products and the importance of tobacco control work!...They have become true ambassadors in tobacco prevention control and advocacy efforts."
- Local public health staff*

North Dakota's Break Free Youth Movement builds and expands youth engagement statewide.

North Dakota values the perspective of youth and recognizes the importance of partnering with young people to create change locally and statewide. Youth engagement continues to expand beyond the annual YAS to include youth-focused activities that raise awareness and promote tobacco prevention education and policy.

The 2019 YAS launched the **Break Free brand**, along with the logo to the right. The **Break Free Youth Board** was also established in 2020 to connect and organize youth from across the state to raise awareness about the harm of tobacco use and mobilize support for policy change.



KFYR-TV news story on Bismarck Break Free Youth Board.

In 2020, four student advocates wrote an **editorial, published in the Bismarck Tribune**, promoting the evidence supporting increasing the price of tobacco products. Another youth leader of the Bismarck Break Free Youth Board, Madeline Erickson, was accepted into the Campaign for Tobacco Free Kids' (CTFK) **2020 National Youth Ambassador Program**: *"I enjoy being a CTFK ambassador because of the opportunities it has given me. CTFK has taught me not only about the harmful effects of tobacco use but also how I can make a difference and advocate for change in regards to tobacco and vaping."*

Bismarck Mayor Steven Bakken and the Bismarck City Commission signed a **proclamation for the 2020 Take Down Tobacco National Day of Action on March 18, 2020**. The proclamation educated about the North Dakota Smoke Free Law and tobacco industry marketing to youth. Students of the Break Free Youth Board and Bismarck High School's Break Free youth chapter spoke at the City Commission meeting about the activities they had planned for the event.



Students from the Break Free youth board and Bismarck High School's Break Free youth chapter with Bismarck Mayor Steve Bakken and Bismarck City Commission.

Partners across the state are actively working to protect North Dakota's smoke-free, vape-free law.

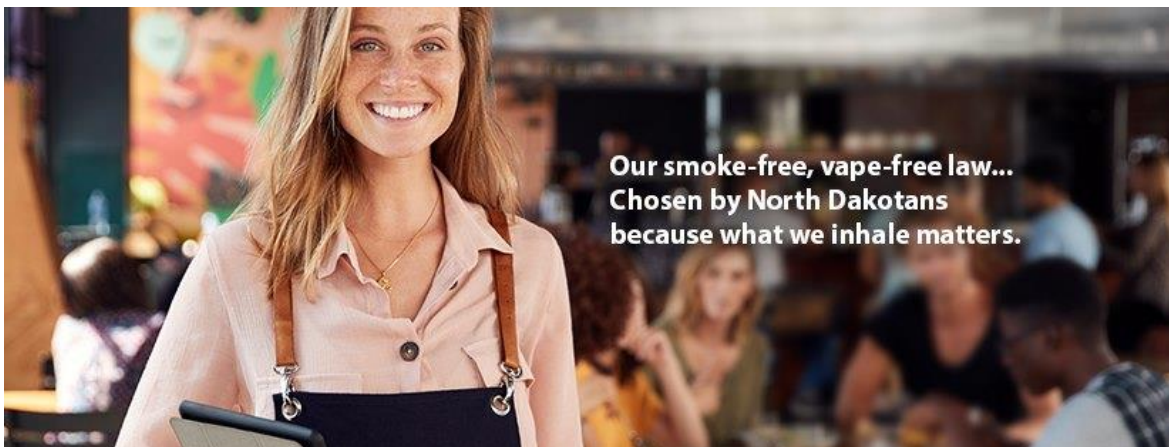
North Dakota's comprehensive smoke-free law, which was put in place by North Dakota residents in 2012, protects North Dakotans from the dangers of secondhand smoke as well as the particles in vaping products. North Dakota's law is among the strongest in the United States.

One effort to educate on the importance of this law was the third annual Big Tobacco Exposed contest. Tobacco Free North Dakota (TFND) partnered with Bismarck-Burleigh Public Health to sponsor this competition. Posters were received from students at Bismarck State College and United Tribes Technical College graphic design programs. Students from the University of Mary Health Professions program judged submissions. The winning poster is displayed to the right, and the top three posters were used on the Bismarck Burleigh Public Health and TFND Facebook pages.



Brady Braun of Bismarck State College won first prize in the third Big Tobacco Exposed poster competition.

A national partner, the American Cancer Society – Cancer Action Network (ACS-CAN), identified protecting smoke-free air as a priority in 2019. ACS-CAN partnered with TFND and local public health to create health communications around the importance of this law.



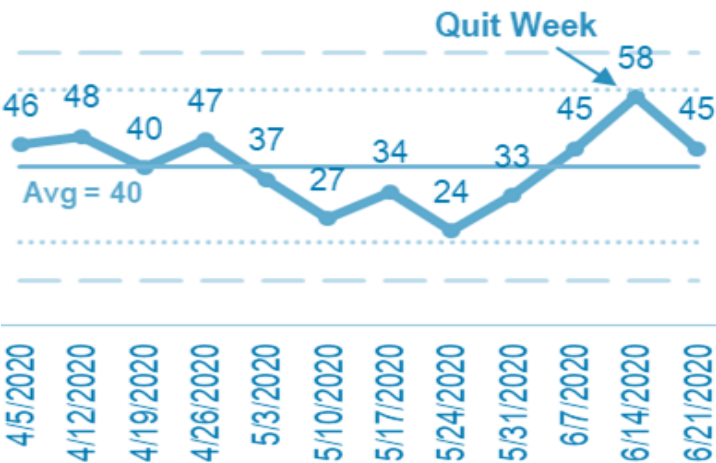
Digital banner communicating the importance of North Dakota's comprehensive law that protects North Dakotans from the dangers of secondhand smoke and vaping

Innovations in media campaigns positively impact all North Dakotans and are proven to be effective.

North Dakota's **Quit Week** was held **June 15 - 21, 2020** as part of the "It's Quitting Time" statewide tobacco cessation campaign. Quit Week is a **partnership between the NDDoH, TFND, and Odney**, with TPCP partners sharing Quit Week media and materials. The goal of Quit Week was to raise awareness of the health risks associated with tobacco use, and to encourage North Dakotans who use tobacco to seek help to quit.



IT'S QUITTING TIME



NDQuits enrollments increased leading up to and during Quit Week. There were 18 more enrollments during Quit Week than the average for the past 12 weeks.

"I like that we had a **unified campaign from Public Health, and it was received well.** I appreciate the well-made materials provided for the campaign."

- Local Public Health Tobacco Coordinator

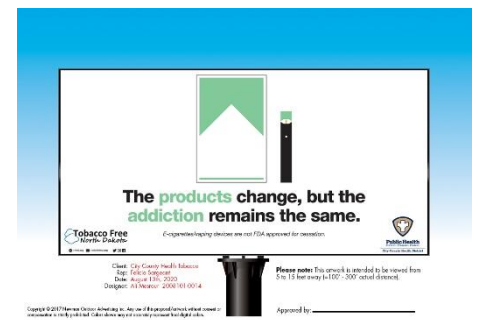
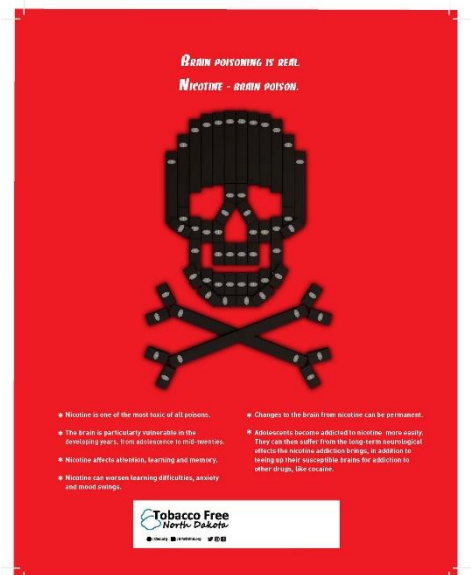
Clear, consistent messaging is essential – additional resources are needed to increase reach.

TFND created materials on ENDS for use by LPHUs and other partners. These ready-made materials educate on the dangers of ENDS products and are shared on social media sites by the TPCP partners. The materials could be modified for local contexts, as needed, while still aligning with a unified, statewide approach. Local public health responded positively:

"It was a smart and effective way of promoting quitting tobacco and tobacco advocacy and awareness through social media utilization. In line with the It's Quitting Time Quit Week promotion, the ready-made, yet easy to modify messages and resources aided Steele County Public Health in spreading the word and reaching the community in many ways."

"Having created artwork and sample messages you can edit for your specific service area makes it more likely to share TPC messages."

These messages are still being modified and shared by the tobacco partners. The billboard on the right was recently placed as a digital billboard in Valley City, North Dakota.

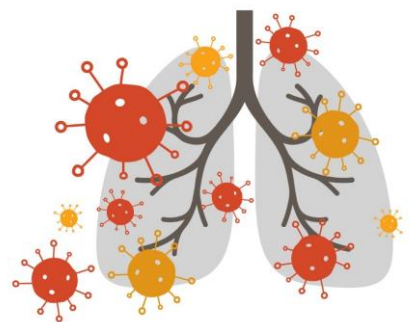


The importance of quitting tobacco during the COVID-19 pandemic is being created and shared. Placement is primarily on the social media sites of the NDDoH and the tobacco partners across the state. Examples of materials on smoking and vaping / COVID-19 are included on the right.



People who use **TOBACCO OR VAPING PRODUCTS** and have cardiovascular disease, respiratory disease, cancer, and diabetes are at **HIGHER RISK** for developing **SEVERE ILLNESS** with COVID-19.

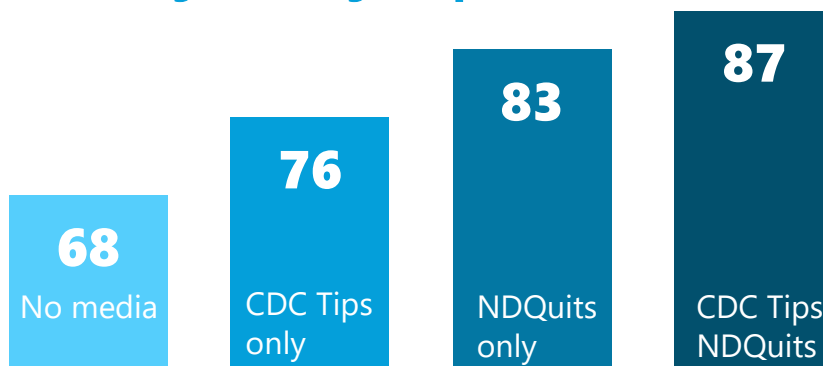
SMOKING OR VAPING MAKES IT **HARDER** FOR THE BODY TO FIGHT OFF **COVID-19** AND **THE FLU**.



Media investment is associated with higher reach of NDQuits, making it an efficient and judicious use of funds.

The highest number of calls occurs when a CDC Tips campaign is running and NDQuits is investing \$30k or more per week in media promotion. This result, from a longitudinal study of the relationship between media placement and calls to NDQuits from 2014 – 2019, highlights the importance of media to drive individuals to NDQuits. It is especially important to have funding to create and implement North Dakota-specific media.

Number of average incoming calls per week to NDQuits



The tobacco industry spends \$25 million each day on marketing its products. Those most influenced by this marketing are youth, who are three times as sensitive to tobacco advertising as compared to adults. To combat this, the recommended level of funding for counter-tobacco media in North Dakota is \$9 million, at a minimum. Actual current funding for media is a fraction of that, limiting the state’s ability to have resources to start to combat the millions of dollars put into marketing by the tobacco industry.



An extended interview with Dr. Warne of the UND was one of the new creative spots developed during the biennium.

Limited funding means that the evidence-based strategy of placing broadcast media is extremely limited. Digital and social media campaigns are placed on websites and spots that reach the intended audience, which is helpful for overall awareness but means that “spikes” in calls to the NDQuits are less likely to occur. An extended interview with Dr. Warne at UND was a new creative spot that was placed on social media.

Limited funding also means less resources to ensure materials are created that are specific to North Dakota. While some examples are provided on [pages 21](#) and [22](#), these are exceptions that were possible due to pockets of additional funding. Further, a study by Odney found that there was a decrease in 2019 among North Dakotans who recalled seeing an NDQuits ad, following a large increase from 2013 to 2016 (55% in 2013, 77% in 2016, 67% in 2019).¹⁰ A decrease in recognition of the brand is likely to be associated with a decrease in calls to NDQuits.



Community Focus

North Dakota is unique. It is important that tobacco control is grounded in, created by, and led by North Dakotans.

Tobacco control and prevention is about building relationships and working together to build a strong North Dakota.

Break Free is North Dakota's new, emerging 100% authentic youth movement. It is made up of middle and high school students from across the state working collectively to educate their peers and community members on tobacco prevention issues that affect their school, community, and state.



2019 Break Free Youth Summit, Bismarck, North Dakota



**There are 14,000
kids in North
Dakota alive now
that will die from
smoking.¹¹**

**Policies like T21 can
decrease new youth
smokers in North
Dakota by 200 kids
every year.**

Note: North Dakota smoking rates for high school 12th graders from 2017 Youth Risk Behavior Survey and Institute of Medicine reports that a T21 policy would reduce initiation by 25% in this age demographic.

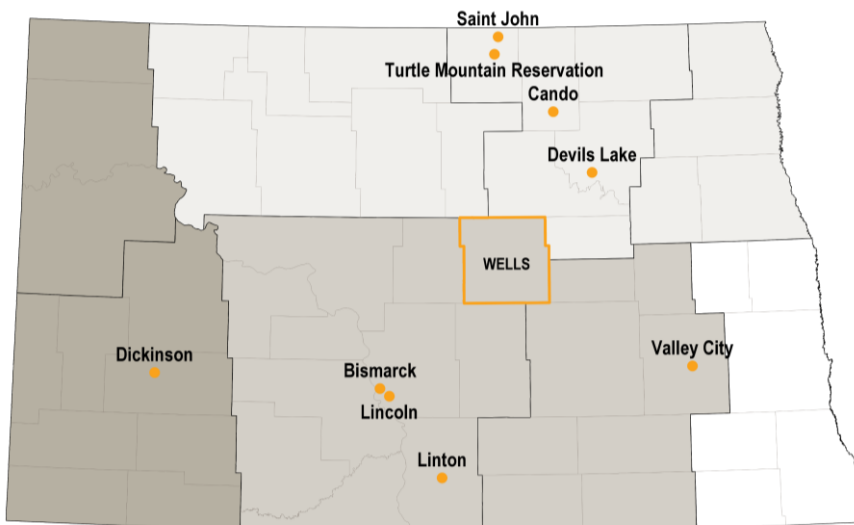
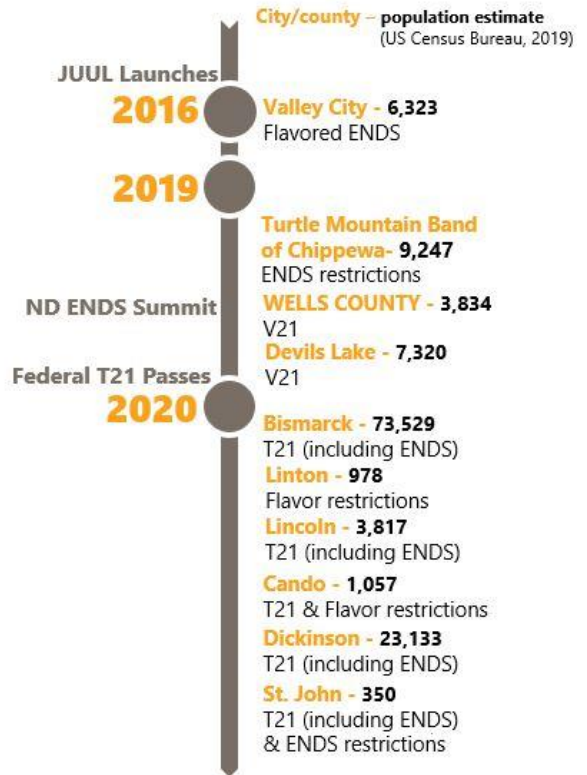
Local policies impact communities and build momentum for statewide policies.

Youth access and flavor restriction policies passed by local public health in North Dakota.

ENDS use among youth is a prominent issue in North Dakota (see [page 12](#) for more information on ENDS use rates by youth). Studies investigating the rise in use among youth have found that flavored e-liquids and flavored tobacco products are particularly attractive to youth.

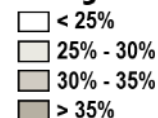
The **NDDoH funds 28 LPHUs** to work on prevention, education, and capacity building activities in order to support the state tobacco program. Between 2019 and 2020, multiple LPHUs have **passed Tobacco 21 (T21) or Vaping 21 (V21) policies** prohibiting tobacco sales (sometimes including ENDS or exclusively ENDS) for those under the age of 21. Others passed **policies banning the sale of flavored products**. These policies protect more than 130,000 North Dakotans.

Cities, counties, and a tribal nation where these policies have passed are depicted in the map below. Shaded areas show the prevalence of e-cigarette use among high schoolers. These local communities are prioritizing the protection of their youth from tobacco through the passage of these types of prevention policies. This local commitment can fuel support for the passage of statewide policies to protect all North Dakotans across the state.



Eight LPHUs and a tribal nation have helped pass policies, yet parts of the state do not yet have any of these policies in place.

Youth e-cigarette use by region:



Partnerships and persistence across North Dakotan programs move policies forward.

Key players and community groups are instrumental in the education around and passage of local ordinances. Quotes are from local tobacco coordinators.



Community, State, & Local Organizations or Groups

Local coalitions and statewide workgroups promote and provide education around policy initiatives; partnerships with local, state, and national organizations and associations that support and enforce local ordinances

"We trained Police Officers [...] on how to complete [tobacco] compliance checks"



Youth Engagement

Education of their peers and communities, attendance at legislative days, and provision of compelling testimonies in support of local policies

"Our local youth have been actively engaging their peers and adults on the topic of tobacco products with specific regards to e-cigarettes (ENDS products). They've presented to the School Board and plan to go to the City Council this spring to keep the conversation going."



Local Legislators & Officials

One-on-one meetings with local officials, presentations to boards of health and city council meetings

"Maintenance of relationships with our state legislators is essential"



Media & Communications

Local media (newspapers and radio) and social media campaigns support education and public awareness; statewide campaigns allow for consistent messaging

"The continued effort and "seed planting" finally paid off with an adoption of a tobacco-free parks policy in February. We have provided them with media and success stories and have helped them to implement the new policy"



Local Schools, Universities, & Educators

Presentations at schools and partnerships with teachers, school administrators, and school resource officers (SROs) assist with implementation and enforcement

"We have sat down with all the [school] representatives, including the assistant superintendent, to discuss how to get them to have a comprehensive policy"

Strong partnerships also work to create and maintain smoke-free or tobacco-free environments. To date, the number of policies passed are...

**Multi-unit
Housing**

339

**Outdoor
Air**

250

School

221

**College/
University**

17

**Healthcare
Setting**

63

Casino

4

Partnership with American Indians in tobacco control advanced this biennium to lay the groundwork for future impact.

The UND Masters in Public Health Program is contracted to take a key role in engaging North Dakota's tribal nations in tobacco control work.



Social media post promoting the American Indian Commercial Tobacco Program, available to NDQuits callers who are American Indian or Alaska Native.

A Tribal Community Public Health Survey 2020 was conducted to identify areas of need specific to public health in North Dakota's tribal nations.

Dr. Nicole Redvers and Kalisi 'Ulu'ave conducted this study, creating a survey adapted from the 10 Essential Public Health Services. Key findings were:

85% of respondents believe their communities have less than adequate capacity and training to meet public health essential needs.

5 capacity building areas were identified: Improve public health communication materials, improve grant writing support, develop additional capacity for behavioral health programs, provide additional capacity for substance abuse programs, and develop a sustainable public health quality improvement and evaluation framework at the tribal community level.

Moving forward, this information will be acted upon in the following ways:

Counting matters: The American Indian Adult Tobacco Survey will be conducted to ensure accurate data is collected and baselines for tobacco prevalence can be calculated.

Contextually relevant, evidence-based education opportunities: A Public Health 101 module is being created by the UND Public Health Program, which will be made available to all tribal prevention and control coordinators and other key stakeholders.

A program specific to American Indians is available through NDQuits.

In FY20, out of all unique NDQuits enrollees, 7% identified as American Indian or Alaska Native (179 out of 2,424). Out of these 179 participants, only 41 (or 23%) chose to enroll in the American Indian Commercial Tobacco Program offered through NDQuits. This is similar to FY19 (37 out of 205, or 18%). Increasing the proportion of participants enrolling in this special protocol is an area of opportunity in North Dakota tobacco cessation.



AMERICAN INDIAN
Commercial Tobacco Program



Seven years of data collection, building relationships, and education has led to two more casinos expanding smoke-free areas.

The North Dakota Smoke-Free Casino Project (NDSFCP) was created in 2013 to work towards encouraging tribal casinos on all American Indian Reservations in North Dakota to be smoke-free. This work involves **educating on the health risks** of secondhand smoke to the casino employees and patrons through air quality testing, **collecting data to inform tribal councils** while they weigh decisions around going smoke-free, and asking other casino leadership to **share experiences** about going smoke-free. Stephanie Jay, the Health Educator from Turtle Mountain Band of Chippewa and the Statewide Smoke-free Casino Coordinator, has been coordinating the creation and implementation of this project from the start in collaboration with the NDDoH.

The NDSFCP work has centered around community and casino engagement. Much of the work has been centered around providing education, doing environmental assessments of the casinos, and surveying community, staff and patrons on their thoughts about implementing smoke-free environments.

In the last year, two of North Dakota’s casinos have expanded their smoke-free areas, a huge success in an effort that has been building education and support for most of the past decade. There are now a total of four casinos that have expanded smoke-free areas, **doubling during this biennium**.



Prairie Knights, operated by Standing Rock Tribal Nation, made all gaming floors smoke-free (with a designated smoking room).



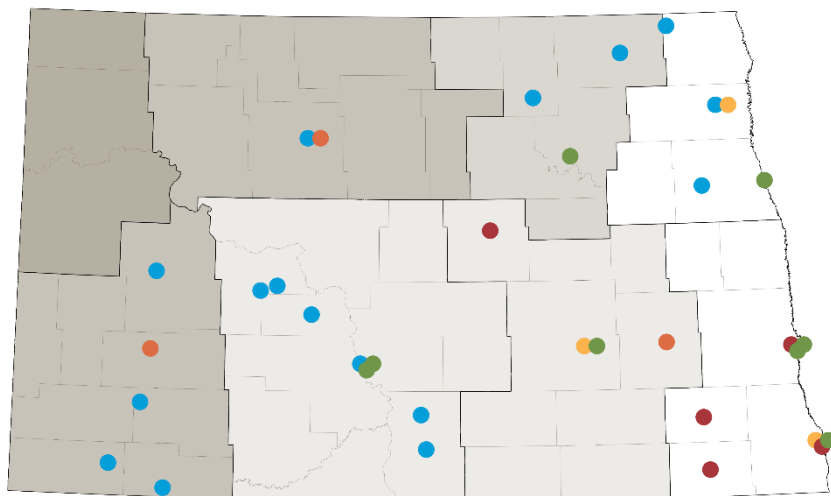
Sky Dancer Casino, operated by the Turtle Mountain Tribe, expanded its smoke-free area in September 2020.

Tobacco cessation work in North Dakota is community-focused, grounded in relationship building and local connections.

Grantees and LPHUs 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.

"By working closer with Custer Health staff that works with Women's Way and Men's Health programs, we have found better access to tribal areas that may utilize our media and education material in order to better reach the Native American population. These contacts should increase the awareness of NDQuits on the reservation and provide our communities in Sioux county with better health education."

- Custer Health, LPHU



Program offered: **NDQC** **BMTFP** **in-person (IP) counseling** **BMTFP & IP** **NDQC & BMTFP**

Tobacco use prevalence: **< 20%** **20% - 22%** **23% - 25%** **26% - 28%** **> 28%**

Tobacco use prevalence data is from the North Dakota Behavioral Risk Factor Surveillance System (ND BRFSS) 2019

Counselors and providers are trained to help tobacco users quit with **tailored support**. The state quitline (NDQuits) counselors are **based in-state** at the UND, while LPHU and grantee counselors are dispersed locally throughout the state.



13,500

patients received counseling through the NDQC program grantees by a TTS in FY20.



1,300

pregnant women enrolled in North Dakota's BMTFP between 2014 and 2020.



125

TTS were trained & are providing services at NDQC grantees in FY20.



3,285

tobacco users enrolled, on average, in NDQuits each year since 2011.



1 in 4

referrals to NDQuits go on to enroll in the program. This is the same as the national average of quitlines at 25%.¹³



1.16%

of North Dakota tobacco users were provided treatment by NDQuits in FY20. This is similar to the national average of quitlines at 1.19%.¹⁴

The collaboration throughout North Dakota is helping tobacco users quit, but there is still more work to do.

Seven months after enrolling in NDQuits, **30.8%*** of participants who received treatment **were quit from tobacco**. This is slightly above the national quitline goal of 30%.¹¹

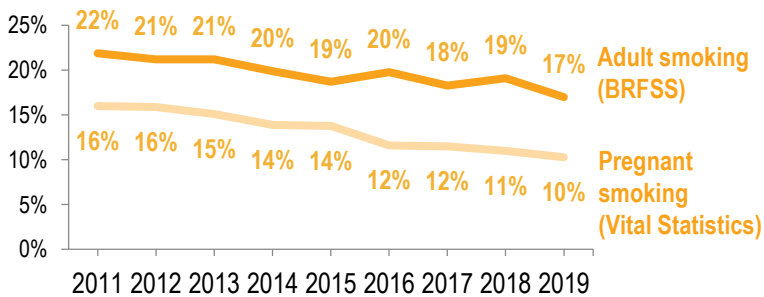
"[The] program really helps give confidence they believe in you when no one else does." – NDQuits participant

Pregnant smokers who enroll in the BMTFP have better birth outcomes than mothers in ND who smoked during pregnancy.

Through December 2019, BMTFP participants' babies had a **higher average birthweight** than the average birthweight reported by North Dakota mothers who had a baby in 2018 and reported smoking during pregnancy (7.5 lbs. vs. 7.1 lbs.).¹⁴ This is a difference of approximately 6 ounces.

"I had tried to quit smoking multiple times before and was unsuccessful. When I found out I was pregnant, I knew I needed to quit and stay quit for my baby. This program allows me to have constant support from others rather than trying to quit by myself...I have been smoke-free for two years now." – BMTFP participant

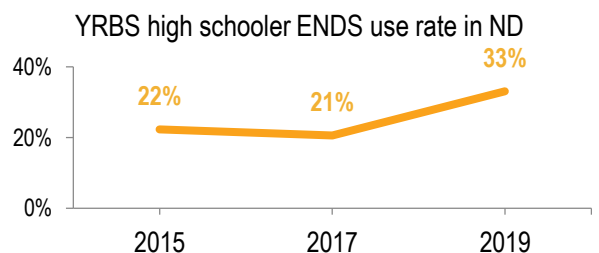
Though smoking rates have been declining, 17% of North Dakotans were still smoking cigarettes in 2019. One in ten pregnant women reported smoking during their first trimester in 2019.



While BMTFP in North Dakota has made a difference in higher average birthweights, the expenses to coordinate the program with the national BMTFP and in-state program support are high for the number of participants who can sustain a quit attempt. NDQuits has a pregnancy protocol that only enrolled 36 participants in FY20. Promotion of this protocol is an area of opportunity to continue helping pregnant women quit tobacco products.

Youth ENDS rates are an area of opportunity in tobacco cessation to reduce nicotine addiction.

NDQuits has a youth-specific program called **My Life, My Quit**, available to help youth under 18 quit ENDS and tobacco. Although 33% of high school students used ENDS in the past 30 days in 2019, only 23 youth enrolled in My Life, My Quit in FY20.



*The 95% confidence interval for the quit rate is 26.0%-35.5%. This quit rate is for December 2018-November 2019 enrollees.

Fiscal Responsibility

Tobacco prevention and control just makes sense. It is fiscally responsible to invest in efforts to prevent tobacco use initiation as well as to support tobacco users who want to quit.

Money and lives are saved from implementing evidence-based solutions.



"We want businesses to understand that the number two expense for most companies is healthcare and the biggest driver of healthcare expenses is smoking rates."



Quote by the United States Surgeon General Jerome Adams in 2019 at the Main Street Summit, Bismarck, North Dakota

Tobacco costs North Dakota much more than the revenue brought in by tobacco taxes.

Smokers do not pay for themselves with taxes. In fact, North Dakota brings in \$26.8 million annually from taxes on cigarettes and other tobacco, but tobacco use **costs the state more than twelve times that amount** (\$326 million annually).¹⁵

North Dakota's Century Code credits all revenue from the cigarette tax to the state General Fund (57-36-25 (2001)) with three cents distributed to incorporated cities based on population (57-36-31 and 57-36-32 (1993)). Funding for tobacco prevention and control is essential to implement programs that are based on evidence. These programs support cessation for those who want to quit and to prevent youth from starting to use tobacco. The time to fund tobacco has never been more urgent. With over half of North Dakota youth trying an ENDS device ([page 12](#)) and tobacco use exacerbating the length of hospital stays for tobacco users who contract COVID-19 ([page 36](#)), the costs of tobacco are high for the fiscal health of the state and for all North Dakota households.

The national estimate of smoking-related health costs and lost productivity is \$19.16 per pack of cigarettes¹⁵; North Dakota only collects a fraction of that to support costs of tobacco use to the state. North Dakota ranks **second to last in the nation** for its tax on tobacco products, putting the people of North Dakota at a disadvantage to combat the tobacco-related illnesses and lost productivity due to tobacco-related sickness or hospital stays.

\$0.44 per pack of cigarettes

28% of the wholesale purchase price for cigars and pipe tobacco

\$0.16 per ounce of chewing tobacco

\$0.60 per ounce of snuff

\$0.00 for any ENDS product

No tax or regulation of ENDS products in North Dakota means that the costs to the citizens of North Dakota using these products is unknown. ENDS and other nicotine products are being sold in North Dakota with little state regulation. Though these products contain nicotine synthesized from tobacco, North Dakota has no mechanism to track the number of products being sold, through which medium (stores, online, etc.), and to whom they are being sold.

Tobacco costs North Dakota \$326 million each year in smoking-related costs.

Nicotine addiction is expensive, starts young, and is tough to quit.

Smoking costs North Dakota businesses nearly \$6,000 per tobacco user each year.

Tobacco users take, on average, **six extra days of leave, take more breaks during the workday to smoke, and use more paid time off as compared to non-smokers.** Additionally, because tobacco use is harmful for nearly every organ in the body, it contributes to **multiple chronic conditions** such as heart disease, lung cancer, and stroke.¹⁶

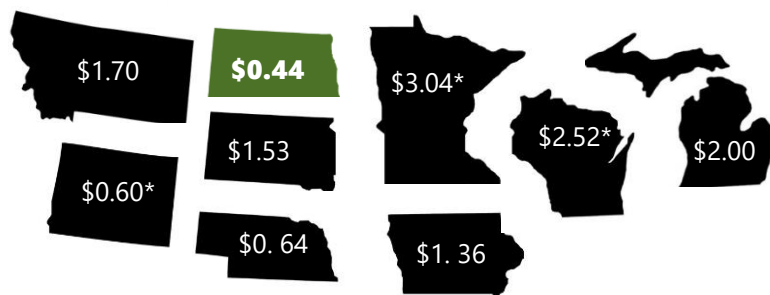
Nicotine is a highly addictive drug. Taxes on tobacco products are sometimes termed a “sin tax,” since tobacco initiation is sometimes seen as a personal choice. However, the main addictive ingredient in tobacco products, nicotine, is one of the most highly addictive drugs available. It is estimated that while 70% of tobacco users want to quit, **only 6% are ultimately successful** in staying quit. It’s widely known that quitting tobacco for good takes multiple attempts.¹⁷

Most users are addicted to nicotine by the time they are 18 years old.

Further, **nine out of ten smokers are addicted to nicotine by the age of 18 and 99% are addicted by the time they are 26 years old.** Brain development continues through the age of 25 and there is conclusive evidence that nicotine use in youth and young adults leads to changes in brain development related to attention, learning, and memory.¹⁸ In short, nicotine poisons the developing brain.

North Dakota’s tobacco tax is much lower than states in the region, and three of these states tax ENDS products.

The tax on tobacco in North Dakota is the second lowest in the United States and it does not include ENDS products. **The average state cigarette tax in the United States as of July 1, 2020 is \$1.82 per pack.** As shown below, North Dakota’s neighboring states all have higher taxes on tobacco, most by a substantial amount. Minnesota, Wisconsin, and Wyoming (indicated with an *) also passed state-level legislation that requires a tax on e-cigarettes. As of August 1, 2020, there are 25 states with this type of legislation.



Medicaid supports the cost effectiveness of tobacco cessation.

North Dakotans using Medicaid smoke at a higher rate than the general population.

Almost **40% of North Dakotans with Medicaid coverage smoke cigarettes** (39.1% or 18,017). This is **more than double** the rate of smoking in North Dakota overall (19.1%). Medicaid costs caused by smoking are \$56.9 million in North Dakota.¹⁵

Investment in cessation for North Dakotans using Medicaid is proven to be cost effective. A return-on-investment study found that **for every dollar spent on program costs, a \$2.12 return on investment to the Medicaid Program was realized** within one year of the benefits being used.^{19, 20} Tobacco cessation support by Medicaid has increased following evidence of the cost savings. Since the passing of the Affordable Care Act, Medicaid has covered cessation products such as Nicotine Replacement Therapy (e.g., patches, gum, etc.).

Starting on January 1, 2020 Medicaid made it even easier for North Dakotans to quit by covering all cessation medications (e.g., Chantix, bupropion) and removing the requirement for prior authorization from a physician. Providers are strongly encouraged to refer patients to NDQuits and/or to provide brief counseling to patients on how to successfully quit. **Since the coverage change, over 2,800 North Dakotans on Medicaid received a tobacco cessation medication and/or counseling visit.**

NDQuits helps Medicaid-insured tobacco users with their quit journey. During FY19, NDQuits served a high percentage of Medicaid-insured North Dakotans and a higher percentage of North Dakotans with no insurance as compared to the state average.

19% of NDQuits participants were insured by Medicaid

28% of NDQuits participants had no insurance (compared to 18% statewide)

Opportunities exist to increase use of Medicaid benefits and to increase the cost savings. There are 46,081 adults in North Dakota who have Medicaid (American Community Survey 5-year estimates, 2018). Only 2,884 had a claim for medication or counseling, leaving an estimated 15,133 Medicaid smokers without any type of tobacco cessation support. Almost 20% of the \$326 million health care costs caused by smoking in North Dakota are paid by Medicaid. It is estimated that smoking costs Medicaid more than \$57 million (note that this estimate includes adults and children). This cost estimate was calculated by PDA in an ongoing analysis of Medicaid costs.

The NDDoH and the North Dakota Department of Human Services Medicaid Office have strengthened their collaboration. The agencies participated in a 6|18 Initiative Program from the CDC to establish a goal to allow the certified tobacco treatment specialists with a National Certificate of Tobacco Treatment Practice (NCTTP) to be recognized as Designated Providers for Medicaid. This will enable these providers to be reimbursed by Medicaid for outpatient counseling. Currently, there are at least 45 CTTS/NCTTP providers within the NDQC Grant Program.

COVID-19 has exacerbated the health and economic consequences of vaping and cigarette use.

"One worrisome impact of vaping during the COVID-19 pandemic, is that the symptoms of vaping lung injury mimic those of coronavirus."²¹

- Cleveland Clinic physician

Youth and young adults who vape or smoke are more likely to test positive for COVID-19. A recent study addressed the relationship between youth smoking and e-cigarette use and COVID-19.²² The results of this online, national survey of 13- to 24-year-olds found that **ever users of e-cigarettes were five times more likely to receive a positive COVID-19 diagnosis.** Ever dual users of e-cigarettes and combustible cigarettes were **7 times more likely to receive a positive diagnosis and 4.7 times more likely to have COVID-19 symptoms.**

Smokers are more likely to be hospitalized and have longer hospital stays due to COVID-19. North Dakotans who are **smokers have longer hospital stays** than North Dakotans who do not smoke. Looking at hospitalization data and comparing smokers and non-smokers who were hospitalized due to COVID-19:

2.8% of COVID-19 cases who were not smokers were hospitalized

7.2% of COVID-19 cases who were smokers were hospitalized

The average length of time in the hospital for non-smoking North Dakotans hospitalized for COVID-19 was **6.08 days while that rises to 7.09 days** for patients hospitalized for COVID-19 who smoke. The average inpatient costs for a nonprofit hospital in North Dakota is \$1,980 per day for nonprofit hospitals and \$4,501 per day with for-profit hospitals.²³ Calculations based on a COVID expense study by FAIR Health brief estimates that there is an \$11,000 per day charge for a hospital stay for a COVID patient in North Dakota.²⁴

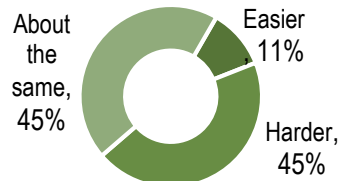
The COVID-19 pandemic appears to be affecting tobacco and ENDS users who use NDQuits in a variety of ways; while many are reporting no effect of COVID-19 on the challenge of quitting (or staying quit), others report quitting is harder, and a small number report quitting is easier.

Has the COVID-19 pandemic made it easier, harder, or about the same for you to quit/stay quit from:

e-cigarettes/vaping products (N=23)



Tobacco (N=159)



COVID-19 led to a **fear of sharing tobacco products** and ENDS, as well as trying to use tobacco products less in order to **keep one's mask clean** ("I wear a mask almost everywhere I go now and I don't want it to stink and try not to smoke while wearing it").

With no regulation of ENDS products, there is no way to capture the true cost to North Dakotans. North Dakota youth have been active in asking their legislators to increase the price of and regulate ENDS to reduce youth initiation.

The ACS-CAN, TFND, and the state's LPHUs collaborated to host the 2019 North Dakota Day at the Capitol for Tobacco Prevention. Over 150 students and their advisors from across the state attended and received advocacy training, tobacco prevention policy training, and North Dakota Legislative process and protocols training. The students hosted their district legislators for lunch and chatted with them about tobacco prevention policy best practices and what they are seeing in their local schools and communities.



A news conference held, and speakers included student advocates, ND Legislators, TFND, and ACS-CAN.

The tobacco coordinator at Jamestown's Central Valley LPHU, brought two student advocates to the Capitol during the Interim Taxation Committee Hearing in January 2020 to provide testimony on ENDS from a student's perspective, sharing what they see in their school, and asking for an increase in the price of ENDS to keep kids from using these products.



Two students testify at the January 29, 2020 Interim Taxation Committee Hearing

There is extensive evidence that e-cigarette use increases the risk of using combustible tobacco – a cause for concern with over half of North Dakota youth having tried ENDS.

"I have been seeing, for the last year and half, these devices expand to a segment of the young population that would never have thought of smoking. Last year, for the first time, e-cigarette use surpassed regular cigarette use with youth."

~ Pat McKone, regional senior director with the American Lung Association of the Upper Midwest.

A Congressionally mandated report on the public health consequences of e-cigarettes was published in 2018 from the National Academy of Science, Engineering, and Medicine. This report found "substantial evidence that e-cigarette use increases the risk of ever using combustible tobacco cigarettes among youth and young adults."²⁵

A study just released in the journal Addictive Behaviors found that **youth who tried e-cigarettes were seven times more likely to use combustible tobacco a year later.**²⁶

We know what works to curb nicotine use in youth and young adults – whether from ENDS or from combustible tobacco like cigarettes and cigars.

- Safeguard North Dakota's **comprehensive smoke-free air law**, which protects against secondhand smoke and toxins produced by vaping
- Continue to **strengthen Tobacco 21 laws** at the local level to clarify enforcement
- **Increase the tobacco tax** to be comparable to the United States and neighboring states, as well as include ENDS products
- **Increase funding** for tobacco prevention
- **Increase access to cessation programs**, particularly for those disproportionately impacted by tobacco



American Lung Association, *Proven Policies to Prevent and Reduce Tobacco Use*, <https://www.lung.org/research/sotc>

Recommendations



Recommendations

Use of ENDS is at epidemic levels for youth and young adults, though the true impact on North Dakota cannot be estimated until these products are regulated through inclusion in the tax code.

Nearly all ENDS products contain some level of nicotine, which is highly addictive, and some products (e.g., JUUL) use nicotine salt which makes the products less harsh and more addictive. Further, research out of North Dakota State University (NDSU), supported by the TPCP, collected samples from all of North Dakota's shops that sold ENDS at two different time points (2015, 2019) revealed that the labeled ingredients of ENDS, including nicotine, are incorrect the majority of the time. This is consistent with research nationally which is increasingly pointing to a growing list of harmful ingredients, including nicotine, that are likely to lead to intermediate and/or long-term health effects. Three localities in the state have passed restrictions around flavored ENDS products, which are most likely to appeal to youth and young adults. North Dakota should join the 25 other states in the nation who tax ENDS products and regulate their content to protect the citizens of their states.

North Dakota has made significant progress in building systems that support evidence-based cessation support for North Dakotans wanting to quit nicotine of any form. Consider how to coordinate and deepen these multiple systems and programs to ensure all North Dakotans have access to cessation resources.

There are even more cessation resources available to North Dakotans in this biennium, as compared to 2017 – 2019. This has been a major point of success for the TPCP and the distribution of the types of cessation support is visualized on the map on [page 31](#). There are opportunities for grantees and LPHUs, which are a network of support throughout the state, to expand cessation resources, especially in regions with relatively higher levels of tobacco use. Further, the health systems work, as it continues to expand, might consider deepening relationships and buy-in from hospital administration to ensure long-term sustainability of the work that many NDQC grantees have been building for many years. Nicotine dependence is a serious, expensive, and large-scale problem and it takes multiple partners working in a coordinated, integrated manner to ensure strong cessation resources continue to be available across the state.

North Dakota TPCP has shown effectiveness in expanding cessation resources at a systems level; Medicaid users are twice as likely to be addicted to nicotine and they now have easier access to nicotine replacement therapy. The TPCP should continue to work with Medicaid and other partners to sustain tobacco control work and deepen research.

Given that tobacco is the leading cause of preventable death for North Dakotans, and despite reductions made to tobacco prevention and control funding over the last two bienniums, the TPCP has shown deep commitment to this work. For example, the NDDoH and Medicaid have deepened their work together to better reach Medicaid users through state-level policy changes. There are still 15,133 Medicaid smokers not utilizing the available tobacco cessation support (medication or counseling). Further, NDQuits served a higher percentage of Medicaid-insured North Dakotans and a higher percentage of North Dakotans without insurance as compared to the state average.

Recommendations (continued)

There are serious disparities in tobacco use in some populations in the state; engagement to reach these populations is essential and North Dakota has taken important steps in the biennium to ensure resources are prioritized to reach these individuals.

In addition to the partnership with Medicaid, the TPCP has started to engage with American Indians in a new way. A new partnership with the public health program at the UND has Native Americans doing the work with North Dakota's four tribal nations and building tribal capacity to address nicotine dependence. There are opportunities to strengthen utilization of the NDQuits special protocols, to develop innovative ways to reach pregnant smokers and vapers in the state as the BMTFP is discontinued, and to engage with tobacco users in frontier and rural areas of the state. The broad education and awareness throughout the state, supported by coalitions and health communications, can build support for policies and educate on the obstacles faced by priority populations.

Building authentic youth engagement is an emerging area; during the 2019 – 2021 biennium some key activities were conducted to expand work with youth and young adults and youth leaders have emerged as new and powerful voices.

During the biennium, the YAS was expanded to two locations in 2019 and during 2020 moved forward in a virtual format due to COVID-19. The Break Free brand was developed in 2019 and throughout the biennium there were multiple venues and ways in which youth used their voices to educate and ask for improved tobacco policies, and to keep the comprehensive smoke-free air law in place. Youth engagement creates new leaders, and youth are an essential partners in prevention and control because they can educate peers on the harm of tobacco (and especially ENDS), mobilize youth and adults to take action, and they are savvy with social media and raising awareness.

Funding for broadcast media is a cost-effective strategy in North Dakota, and North Dakota specific ads are the most effective in motivating people to call NDQuits.

As funding for tobacco prevention and control was reduced by 42% in the 2017 biennium, and then reduced again in the 2019 biennium, the resources available to implement this proven strategy severely limit the program's ability to continue this strategy. The campaigns that were launched, such as Quit Week, were highly effective in increasing calls to NDQuits and raising awareness. Having limited resources to create North Dakota-specific broadcast ads, a cost-effective strategy, impacts the effectiveness of tobacco control in the state.

Continue to use data to drive decision-making, to maintain increased transparency of evaluation and research findings, and to further engagement of the TPCP partners in using this information to move forward the State Plan.

During the 2017 – 2019 biennium the TPCP was built as a diverse group of state and national partners; the building blocks developed in the last biennium were deepened during the current biennium. Numerous examples of national dissemination of North Dakota's work occurred (see Appendix D) and engagement continued of the partners despite the challenges of COVID-19. The data emerging from the two public health threats during this biennium only deepen the importance of tobacco prevention and control. The TPCP should continue to have evaluation as a partner at the table so the evaluation priorities can remain flexible and responsive to programmatic changes and the work of the partnership.

References

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Appendices



Supporting Documentation and Details

- p.48 A. What is the TPCP? Who does the work?***
- p.51 B. Evaluation approach and methods***
- p.54 C. Progress on the State Tobacco Plan***
- p.58 D. National dissemination of North Dakota's tobacco control efforts***
- p.61 E. Testimonials from participants in the TPCP cessation programs***

A. What is the TPCP? Who does the work?

The Tobacco Prevention and Control Partnership is a collaboration of over 50 organizations to address the health and economic impact of nicotine products to North Dakotans. This work is facilitated by staff at the NDDoH and implemented by partners across the entire state.

Backbone of the TPCP

The North Dakota Department of Health facilitates and is responsible for the administrative functioning of the TPCP. This includes convening meetings of state and national partners quarterly; contracting with media, evaluation, and legal/policy training and technical assistance; and managing grantees at local public health units and at hospitals and health systems around the state.



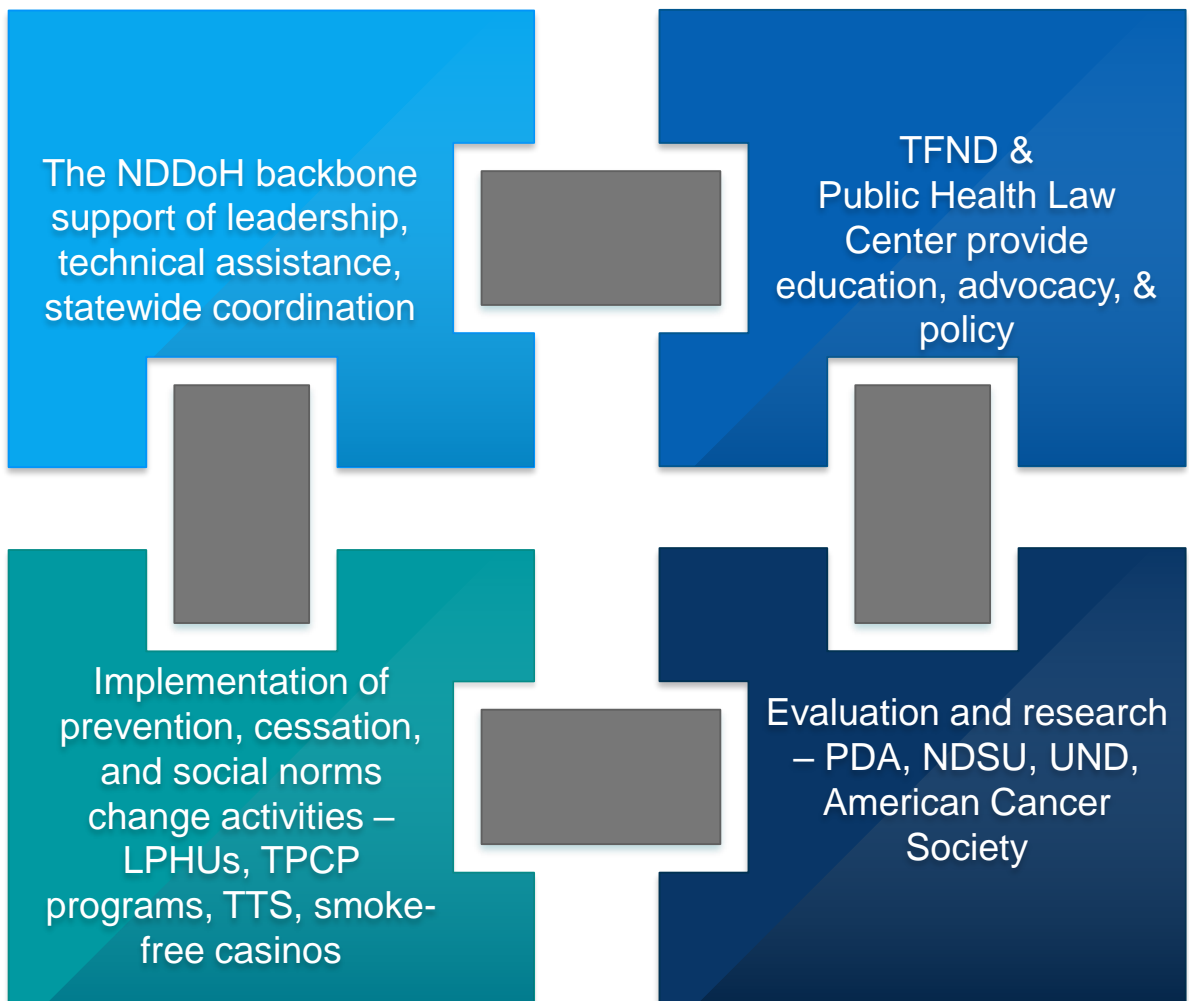
Pictured, left to right: Clint Boots (NDDoH), Neil Charvat (NDDoH), Kara Hickel (NDDoH), Kara Backer (NDDoH), Stan Glantz (University of California-San Francisco), Abby Erickson (NDDoH), Kelly Buettner-Schmidt (NDSU), Mylynn Tufté (State Health Officer at the NDDoH until May 2020).

TPCP Partners

Over 50 partners coordinate to implement the comprehensive tobacco prevention and control activities. The four goals of the TPCP are:

1. Prevent initiation of tobacco use among youth and young adults
2. Eliminate exposure to secondhand smoke
3. Promoting quitting tobacco use
4. Build capacity and infrastructure to implement a comprehensive, evidence-based tobacco prevention and control program.

The strategies to achieve these results are detailed throughout this report and in North Dakota's Comprehensive Tobacco Prevention and Control State Plan (see [Appendix C](#)), in coordination with the following partners:



B. Evaluation approach and methods

Methods in this section are included specific to the development of this synthesis report, as well as a brief summary of analyses that were conducted for specific project evaluations (and that are fully described in a separate report). PDA takes a utilization-focused approach to the evaluation, identifying the intended use of the evaluation by stakeholders and then keeping that intended use front and center throughout the evaluation process.

Approach to synthesizing the evaluation and surveillance data for this report

Who is PDA?

PDA is an evaluation and statistical consulting firm that has been conducting evaluation and research for over 35 years. The focus of PDA's work for the past two decades has been to work with states across the United States to evaluate tobacco control and prevention; PDA has been serving as the external evaluator for some or all of North Dakota's tobacco control work since 2012.

THE PDA team that contributed to this report includes:

[Melissa Chapman Haynes](#), Director of Evaluation

[Kate LaVelle](#), Senior Evaluator

[Sam Friedrichsen](#), Statistician

[Sara Richter](#), Senior Statistician

[Audrey Hanson](#), Associate Evaluator

[Lily Dunk](#), Associate Statistician

[Alyce Eaton](#), Evaluator

Overall approach

PDA takes a utilization-focused approach to evaluation, meaning that one of our first activities is to identify the primary intended users of the evaluation and to engage those users throughout the evaluation process. Of primary concern is that there is stakeholder involvement throughout our evaluation process, heightening the buy-in and use of the results. PDA balances this by following the guiding documentation of our professional standards, particularly the Program Evaluation Standards (version 3). The Standards provide guidance that evaluations should balance issues of feasibility, propriety, accuracy, utility, and accountability.

How was information identified and synthesized for this report?

The PDA team started to identify key findings over the biennium in May 2020. The findings were compiled into an internal document and three themes were identified to organize the findings: innovation, community-focus, and fiscal responsibility. A face sheet was developed to identify and communicate the purpose of the report, the intended audiences, and the timeline. This was shared with the NDDoH and some additional data sources were identified for inclusion.

Over the later months of 2020, the PDA team conducted additional analysis as needed, including analysis of new data from Medicaid and an ongoing, multi-year comparative case study of local policy work over the past three years. PDA also conducted some targeted literature reviews to ensure the newest research was incorporated in this report, particularly on ENDS and vaping.

Within the three themes that organized this report, PDA identified three to five key findings within each theme. These findings included both successes as well as areas of opportunity.

A major purpose of this evaluation is to track and report on progress on the goals of the State Plan. Some of these goals are monitored quarterly, and progress is reported at least annually to the TPCP partners. The progress to date on the State Plan goals are visualized and detailed in [Appendix C](#).

Methods for specific program evaluations within PDA's comprehensive evaluation work

Full methods are found in reports that are under a separate cover. See [page 7](#) for a list of the reports that are publicly available on the NDDoH's website.

NDQuits. The primary datasets used to inform this evaluation include data extracts produced by the quitline vendor National Jewish Health: referral data, intake data, as well as follow-up survey data collected by Wyoming Survey & Analysis Center (WYSAC). In addition, PDA used surveillance results to interpret NDQuits results in light of overall trends. Specifically, PDA uses results from the Behavioral Risk Factor Surveillance System (BRFSS) and the North Dakota Adult Tobacco Survey (NDATS). Finally, PDA uses results from the North American Quitline Consortium (NAQC) annual survey as a way to understand North Dakota's results as compared to other quitlines in the United States.

NDQuits Cessation (NDQC). PDA hosts a secure, online reporting tool for the NDQC grantees to submit annual planning documents and quarterly reports. To collect the data for the quarterly progress reports, each NDQC grantee receives a link to the online data collection tool that is unique to their site. Data entry completeness and consistency is monitored, and regular updates are sent to the NDDoH. Each quarter when the data is collected, any data discrepancies are resolved through a quality assurance process. PDA then creates the individualized dashboard reports that show grantee accomplishments and program trends. The dashboard reports are specific to each grantee, highlighting data and trends unique to that grantee while also providing an overview of the data trends for the whole NDQC Program. Data from the planning document is also incorporated so grantees can monitor their progress towards their goals throughout the year. These reports are sent to the NDDoH and distributed to grantees.

BABY & ME – Tobacco Free Program (BMTFP). There are multiple data sources utilized for this evaluation. The primary source of information is appointment data for each participant that is collected by BMTFP grantees

and is recorded and entered into an online database called EvalForms. This database was launched in May 2019 to ensure accurate data collection. It is hosted and managed by PDA.

In addition, infant birthweight and mothers' gestational age data at the state level were obtained from North Dakota's annual Vital Statistics data. Finally, quarterly national calls and grantee materials (workplans, etc.) present information about participants' utilization of the program and program outcomes, which inform a larger understanding of the grantees' work.

Local Public Health. PDA maintains and updates a quarterly online tracking and reporting system to document Local Public Health Unit (LPHU) activities including: policy interventions (i.e., smoke-free multi-unit housing, 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. Quarterly dashboards are combined with qualitative LPHU success stories and disseminated to the NDDoH, LPHUs, and TFND quarterly.

Health Communications. PDA conducted multiple linear regression to assess the relationship between NDQuits media investment, NDQuits broadcast TV Targeted Rating Points, and NDQuits digital impressions with incoming calls. The number of NDQuits registrations were examined by week from July 2013 – June 2020. The media data was obtained from Odney and examined weekly from July 2012 through June 2020. Finally, data was obtained from CDC on the Tips campaigns placed in North Dakota.

C. Progress on North Dakota's State Tobacco Plan

North Dakota was one of the first seven states in the United States to have a strategic, state-level plan, over 30 years ago. This plan coordinates the work between partners and provides an accountability mechanism for biennial reporting to the North Dakota Legislature. The 2019 – 2021 North Dakota Comprehensive Tobacco Prevention and Control State Plan (State Plan) is a living document that is periodically reviewed, modified, and updated throughout the biennium.

In this section, progress on each goal of the State Plan is detailed. Approximately half of the goals have been met.



Progress on North Dakota's State Tobacco Plan

The following data represent the cumulative progress towards the 2019-2021 biennium goals through September 2020. **Blue bars indicate the goal has been met.**

● State goal ◆ National average

Goal 1: Prevent the initiation of tobacco use among youth and young adults

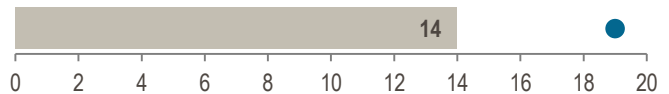
Objective 1.1: Increase price of tobacco products by the minimum amount necessary to effectively lower health impacts. Current tax rate is 44 cents.



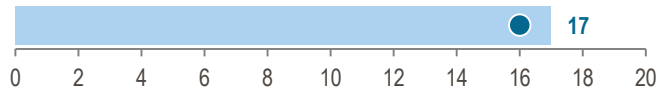
Objective 1.2: Collaborate with local education areas (LEAs) to adopt the NDDoH and North Dakota School Board Association comprehensive model tobacco-free school policy. Goal: 90% of LEAs covered.



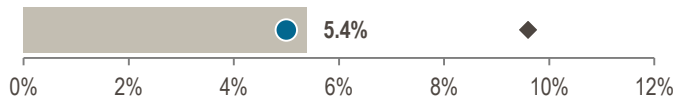
Objective 1.3: Collaborate with college campuses to adopt tobacco-free grounds policies. Goal: 19 colleges with tobacco-free grounds policies.



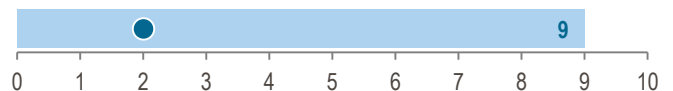
Objective 1.4: Engage youth in tobacco control efforts. Goal: 16 local and tribal TPCPs engaging North Dakota youth to become advocates to counteract tobacco industry marketing. This number reported is for FY20 Quarter 1.



Objective 1.5: Reduce the percentage of retailers selling tobacco products to minors as determined by the Synar program to 5% or lower.*



Objective 1.6: Increase the number of local community promising practice policies/ordinances to reduce youth tobacco product initiation to 2.



*State average from Synar 2020; national average from Synar 2018.

Goal 2: Eliminate exposure to secondhand smoke

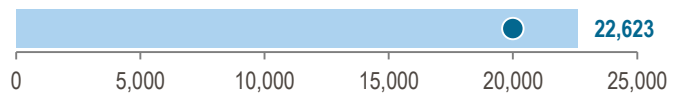
Objective 2.1: Eliminate/reduce exposure to secondhand smoke in North Dakota by maintaining the North Dakota Smoke-Free Law as passed in November 2012.

National partner, ACS-CAN and state partner, TFND, collaborated to educate on the importance of the 2012 law.

Objective 2.2: Prevent preemption in all North Dakota state tobacco prevention and control laws.

Desmond Jenson from the Public Health Law Center presented on pre-emption at both ENDS Summits. Also, TPCP partners attended the National Conference in Minneapolis in September 2019, where multiple presentations addressed preemption.

Objective 2.3: Increase number of smoke-free multi-unit housing to 20,000 housing units.



Objective 2.4: Increase the number of smoke-free policies and laws in casinos not covered by the ND Smoke-Free Law to five policies.

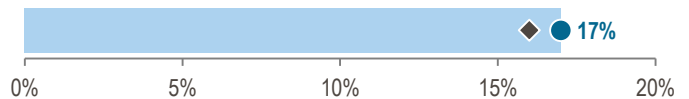


Objective 2.5: Increase the number of smoke-free policies in outdoor areas (including workplace grounds) not covered by the ND Smoke-Free Law to 250 policies.

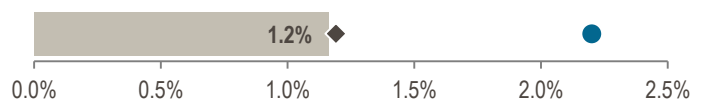


Goal 3: Promote quitting tobacco use

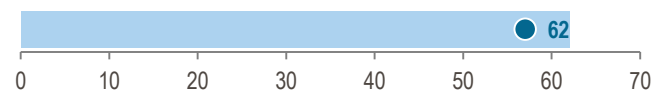
Objective 3.1: Decrease the percent of North Dakota adults who are current smokers to 17%.



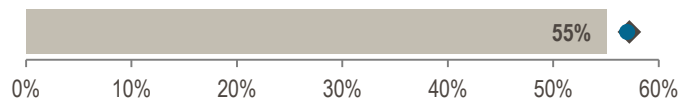
Objective 3.2: Increase the reach of NDQuits to 2.2%.



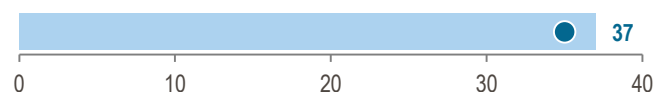
Objective 3.3: Increase the number of health care settings using the systems approach to 57.



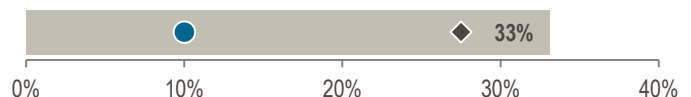
Objective 3.4: Increase the proportion of adults making quit attempts to 57%.



Objective 3.5: Increase the number of health systems and community organizations working to target special populations to 35.



Objective 3.6: Decrease the percent of North Dakota high school students who used ENDS products at least one day in the last 30 days to 10%.**



**State average from Youth Behavior Risk Survey 2019; national average from National Youth Tobacco Survey 2019.

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

Objective 4.1: 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*.

The NDDoH is not funded at CDC-recommended levels; the administrative structure of the staff is strategically prioritized to maximize the impact possible with the current resources. The State Plan has been responsive to incorporating emerging issues, such as ENDS.

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

The TPCP partners were engaged in strategic planning efforts during May 2019 and again during the October 2019 quarterly partners meeting. Funding is provided to key partners to implement the State Plan activities in a manner that utilizes CDC-approved training resources and CDC Best Practices.

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

The health communications efforts are coordinated through two campaigns, NDQuits and BreatheND, in partnership with a North Dakota-based media contractor, Odney. Creative efforts were made to deliver strategic and targeted messages through earned and paid media. For example, TFND developed materials around ENDS that can be modified for local contexts. Further, the TPCP collaborated to place a high-impact cessation campaign called Quit Week in May 2020. During Quit Week, there were 18 more enrollments in NDQuits than the average for the past 12 weeks.

Objective 4.4: Maintain the North Dakota comprehensive statewide surveillance and evaluation plan.

This goal is met through coordinated, complementary efforts by epidemiological staff at the NDDoH and an external evaluation contractor. The external contractor maintains a comprehensive evaluation plan, annually evaluates NDQuits and other, funded tobacco programs and grantees. These reports, along with surveillance tables maintained by the tobacco epidemiologist at the NDDoH, are publicly available the NDDoH's website.

Objective 4.5: Maintain sustainability efforts for tobacco prevention and control in North Dakota.

The TPCP partners coordinate the work of the State Plan through quarterly partners meetings, multiple workgroups, and innovate activities such as the ENDS Summits. The progress on the State Plan was shared with TPCP partners by the external evaluation contractor in October 2019, July 2020, and then to a broad audience in this report.

D. National Dissemination of North Dakota's Tobacco Control Work

An important part of the TPCP's work is to share innovative work with researchers and practitioners around the tobacco control and prevention work happening in North Dakota. During the biennium, this included peer-reviewed research, national conferences, and case study recognition.

Peer-Reviewed Publications

Buettner-Schmidt, K., Muhlbradt, M., & Brierly, L. (2021). *Why not Minot: The battle over North Dakota's first smoke-free ordinance*. In D. J. Mason, Dickson, E., McLemore, M.R., Perez, A. Policy and Politics in Nursing and Health Care (8th ed., pp. 555-561). Saunders. (Invited).

Buettner-Schmidt, K., Miller, D. R., & Maack, B. (2019). Disparities in rural tobacco use, smoke-free policies, and tobacco taxes. *Western Journal of Nursing Research*, 41(8), 1184-1202. <https://doi.org/10.1177/0193945919828061> (Invited manuscript).

Case Study Recognition

Organization Highlighted

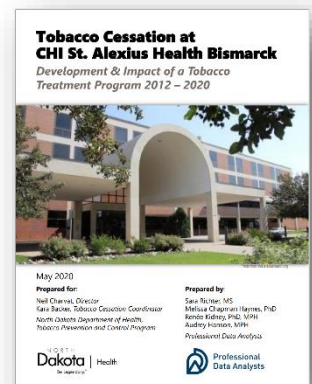
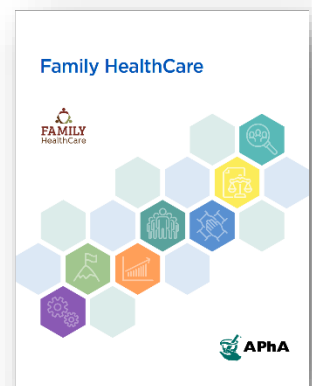
Family HealthCare
Fargo, ND
September 2020

Description

Family HealthCare was highlighted in the American Pharmacists Association's "Promising Practices for Pharmacist Engagement in Tobacco Cessation Interventions" as one of seven pharmacy practices across the nation engaged in tobacco cessation in meaningful and promising ways. https://www.pharmacist.com/sites/default/files/audience/APhAPromisingPracticesTobCess_web_2020.pdf

CHI St. Alexius Health
Bismarck, ND
September 2020

CHI St. Alexius Health was one of the first NDQC grantees and has helped shape that program. A case study examining their history establishing a strong tobacco treatment program was conducted. In September 2020, the Tobacco Control Network featured this case study in its bi-weekly newsletter. https://www.health.nd.gov/sites/www/files/documents/Files/HSC/CHS/Tobacco/Reports/ND_QC_FY20_CHI-St_Alexius_Health_Case_Study.pdf

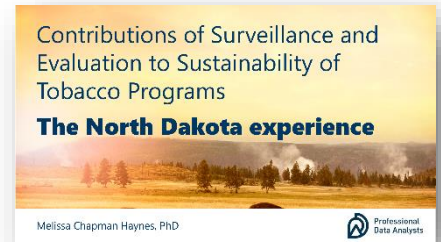


Presentations

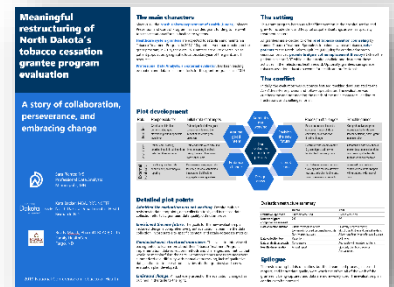
National Conference on Tobacco or Health

August 2019 | Minneapolis, MN

Melissa Chapman Haynes (PDA) gave an oral presentation entitled **“Contributions of surveillance and evaluation to sustainability of tobacco programs”** featuring the unique ways North Dakota has leveraged partnerships to expand their tobacco control and prevention program amid budget cuts.



Sara Richter (PDA), Kara Backer (NDDoH), and Brody Maack (Family HealthCare) presented a poster entitled **“Meaningful restructuring of North Dakota's tobacco cessation grantee program evaluation”** demonstrating the benefits of change and effectiveness of collaborative evaluation.



American Association of Respiratory Care Congress

November 2019 | New Orleans, LA

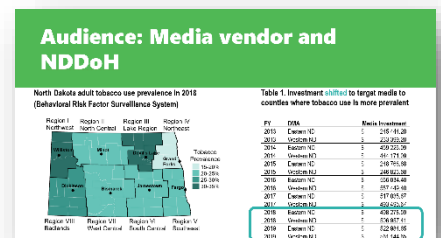
Michelle Earl (Altru Health System) gave an oral presentation entitled **“Brief interventions for respiratory therapists to treat tobacco use”** reviewing tobacco products, their effects on health, and how respiratory therapists can implement and maintain a Tobacco Treatment Program.



CDC Office on Smoking and Health Leadership & Sustainability School

August 2020 | Virtual seminar

Six PDA staff members facilitated a seminar entitled **“Communicating evidence and opportunity”** which focused on communicating evaluation processes and results as well as data visualization best practices. Many examples from North Dakota were used as exemplary cases.



E. Testimonials from TPCP Cessation Programs

North Dakota's TPCP has three cessation programs: NDQuits, the NDQuits Cessation Program, and the BABY & ME – Tobacco Free Program. Testimonials from various perspectives are regularly gathered and shared in quarterly reports, social media posts, and emails to grantees. Selected testimonials are provided in this appendix to showcase voices of participants, Tobacco Treatment Specialists, and the NDQuits coaches.

NDQuits testimonials

NDQuits Coaches

"You have to actively interrupt the behavior of quitting. That's what we are here to talk about when you call NDQuits."

- NDQuits coach

"Quitting is a challenge. It can be a scary feeling to quit, but that is a normal reaction. Just remember, it's never too late to change the rest of your life."

- NDQuits coach

NDQuits participants who successfully quit

"I quit within three weeks of starting with NDQuits. I felt like if I was going to break down and open a pack of cigarettes, somebody would be there for me. The support was there."

- NDQuits success story

"Very impressed with it and very grateful for the call backs and the people were very patient. I think it's a really great program. I'm 64 this year and started when I was 11. It was one of the hardest habits I had to quit and for my health I had to quit."

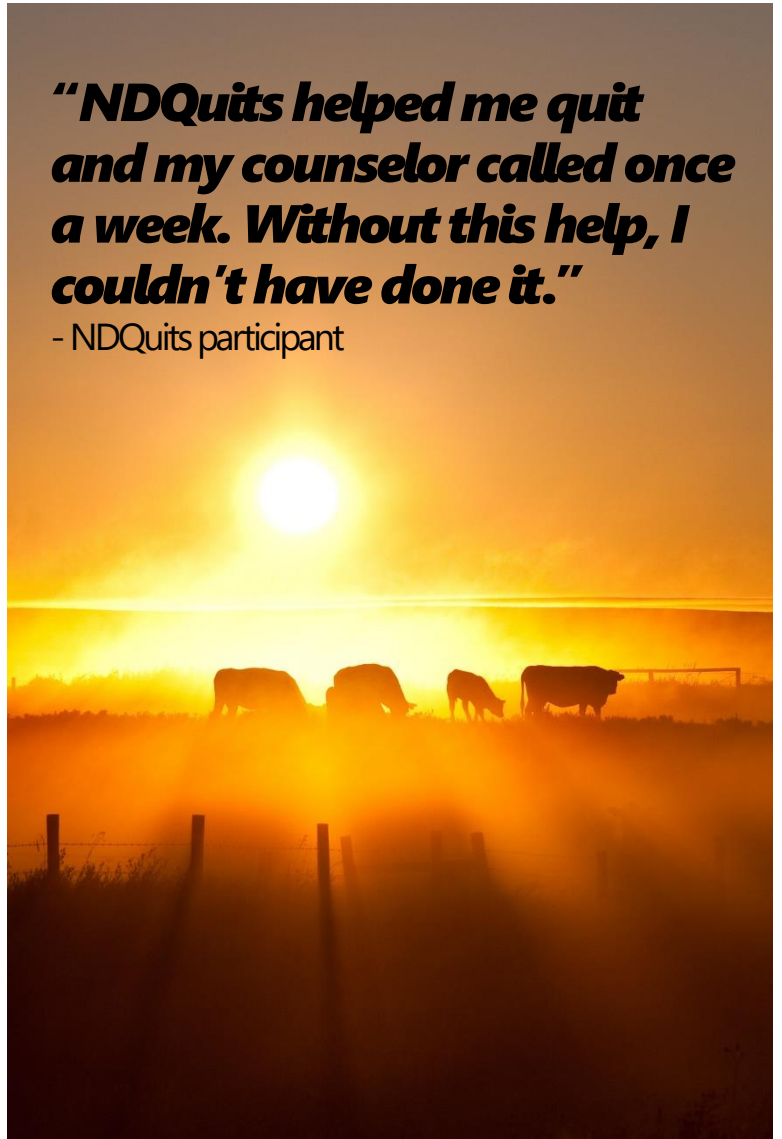
- NDQuits participant

"It gave me a positive energy to quit, to stay quit. Visiting with you guys once every two weeks helped, the text messages and all that helped."

- NDQuits participant

"NDQuits helped me quit and my counselor called once a week. Without this help, I couldn't have done it."

- NDQuits participant



Nicotine dependence is hard to quit

"I feel like the program wasn't long enough. I relapsed - I was 4 months in and couldn't keep going without. I felt kind of confident and I wasn't 100% convinced."

- NDQuits participant

"I think it has been an awesome program, I have used it several times, and this time it worked!"

- NDQuits participant

NDQC Program testimonials

Testimonials from the TTS

"Our biggest accomplishment this year was speaking at the National Respiratory Convention in New Orleans in November. I continue to have people reach out to me from all over the country asking questions and for advice with starting their program."

- Michelle Earl from Altru

"Enjoy the progress! Progress looks different for every patient, so use the progress that you notice to help motivate you and your patients on their tobacco cessation efforts."

- Heartview Foundation

"Outstanding work with the [Quit Week] campaign which engaged others in our health system other than TTS staff."

- Coal Country Community Health Center

Patient testimonials

"Thought you might like to know that I've already gone past my 1 yr. goal of no smokes. Not sure if you can see my quintet keeper, but it is over 7500 not smoked, and a savings of just about \$2100.00!!!!!"

"We saw a patient and she had been working on quitting on her own but was still struggling. After our visit, the patient felt that our counseling really helped motivate her to cut out those last few cigarettes."



Telehealth

"In the past an older male had 'stuck with the program' for a few months, but ultimately just gave up blaming the instability with his mental health. With the availability of telehealth and virtual visits, he is finally down to smoking max of 1 pack per day down from his previous 2.5. He is using NRT and Chantix and is really working hard to achieve a goal of cessation. His last few visits have been very positive and he has started talking about when he is completely quit. The frequent virtual visits have helped keep him on track and helps him keep his anxiety down by not coming into a health care facility."

- Essentia Health

"Overall, telehealth has been a positive experience due to providing access to patient care for patients not previously able to easily come to the clinic due to various issues (transportation, financial, etc.)."

- Family HealthCare

BABY & ME – Tobacco Free testimonials

Participant perspectives

"This program taught me about all the harmful chemicals that are in tobacco while providing positive encouragement to quit. I no longer have a nagging cough and have more energy to be active with my children."

- Magan W., program participant

"Receiving the diaper vouchers impacted the way I thought about things! One cigarette and starting back over is not worth anything my daughter needs."

- Jayme F., program participant

"The best part about quitting was improving my health and the money I was able to save for me and my son. Plus, what I've learned I've passed on to others."

- Shelby L., program participant

Provider perspectives

"She has been tobacco free for 612 days, has not smoked 5100 cigarettes, and has saved \$1785.00!"

"Her health is a motivator along with wanting the baby to be healthy. Has had family members die from complications related to their tobacco use and wants to have a different future ahead of her. Participant is 10/10 confident that she will remain tobacco free through pregnancy."



Bretta got help quitting from NDQuits and the BABY & ME – Tobacco Free Program after smoking for ten years. Here is her advice for smokers:

"I recommend quitting smoking to everyone, especially soon-to-be moms! If you do not think you can do it on your own, definitely utilize the options provided by your doctor and the NDQuits program! Having a good support system, along with the tools the hospital and the NDQuits program provide, I am determined that anyone will be able to quit, but you have to really want it! Do it not only for yourself but most importantly, your precious baby!"