

**Testimony**  
**Health Services Committee**  
**Wednesday, July 31, 2013**  
**North Dakota Department of Health**

Good morning, Chairwoman Lee and members of the Health Services Committee. My name is Krista Fremming, and I am the Tobacco Prevention and Control Program Director at the North Dakota Department of Health (NDDoH). I am here today to provide a review of the NDDoH Tobacco Prevention and Control Program.

Within the Centers for Disease Control and Prevention's Best Practices for Comprehensive Tobacco Control Programs (October 2007), there are five focus areas. These areas are (1) State & Community Interventions; (2) Health Communications; (3) Cessation; (4) Surveillance & Evaluation; and (5) Administration & Management. The Tobacco Prevention and Control Program within the NDDoH is the lead for (1) State & Community Interventions disparities activities, (3) Cessation, including promotion and evaluation related to the cessation services, and (4) Surveillance and Evaluation (evaluation only for cessation programs). NDDoH has approximately 4.5 FTE working directly on tobacco prevention and control, including administrative support. Following is a description of the activities included in each of these focus areas.

State & Community Interventions: Disparities

Disparities are defined as population groups that are more susceptible to certain diseases or risk factors and/or have a harder time finding help to overcome illnesses or risk factors. These high-risk groups are said to have a health disparity. These disparities often occur within racial, ethnic, sexual orientation and socioeconomic groups. Some of the disparities affecting individuals in North Dakota in relation to tobacco use include the following:

- American Indians – According to the Behavioral Risk Factor Surveillance System (BRFSS), tobacco use among American Indians is more than twice as high as the state average at more than 50 percent.
- Adults ages 18 to 24 – According to the BRFSS, people in this age group smoke at a higher rate than the general adult population (21.9 percent) at approximately 29.8 percent.
- Pregnant women – According to the NDDoH Division of Vital Records, pregnant women in North Dakota smoke at a rate of 16 percent. According to national vital statistics reports, the national average is 10.7 percent.
- Lower education status.

- Lower economic earnings.
- Other groups – Members of the military; members of the lesbian/gay/bisexual/transgender (LGBT) communities; homeless people; bar and casino workers; new Americans (i.e., refugees, immigrants); rural residents; and people with mental or physical disabilities.

The following programs are dedicated to assisting the disparate population and are implemented with the assistance of a variety of partners.

- Tribal tobacco programs provide grant funds along with guidance and technical assistance to each reservation. The grants fund a local Tribal Tobacco Prevention Coordinator on each reservation to work with the community on systems changes, educate on the differences between commercial tobacco and traditional tobacco, and provide resources to help tribal members quit commercial tobacco. Traditional tobacco has been used by American Indians for centuries as part of cultural traditions. Much of the tobacco used by American Indians prior to the promotion of commercial tobacco consisted of a blend of natural plants such as cansasa ("red willow"), mullein and bearberry. The Department of Human Services Substance Abuse Prevention Program and the NDDoH Tobacco Prevention and Control Program continue to partner to ensure inclusivity of prevention efforts on each reservation.
- The Campus Tobacco Prevention Project (CTPP) is a partnership between the NDDoH Tobacco Prevention and Control Program and the North Dakota University System Consortium for Substance Abuse Prevention. This project addresses challenges North Dakota campuses are facing regarding awareness of tobacco cessation service(s) among the campus community, including disparate populations. The CTPP identifies existing statewide level resources and develops tools to assist campuses with resources for tobacco cessation as a result of tobacco-free policy implementation.
- Baby and Me Tobacco Free is a cessation program created to reduce the burden of tobacco use on pregnant women and new mothers. Women who quit tobacco are less likely to have low birth weight babies and can reduce the damaging effects of secondhand smoke on their children, including a higher risk of sudden infant death syndrome (SIDS). The program combines cessation support specific to pregnant women, offers practical incentives, targets low-income women (the largest group of tobacco users during pregnancy), and monitors success. The program collaborates with local agencies that already provide prenatal services. Each participant receives at least four sessions of cessation counseling, support and carbon monoxide

(CO) monitoring, usually during a regular prenatal visit. After the birth of the baby, the mother returns monthly to continue CO monitoring and relapse prevention. If tobacco-free, she receives a \$30 voucher for diapers each month for up to 12 months after delivery.

- Million Hearts Community Action Grant “S” (Smoking Cessation) program provides funding to the major health-care systems in North Dakota to establish “cessation centers.” This program is a partnership between the NDDoH Tobacco Prevention and Control Program, Heart Disease and Stroke Program and the American Heart Association, Midwest Affiliate. The cessation centers are working to provide cessation education and counseling to patients in the health-care system by certified staff, incorporate Ask/Advise/Refer in the system’s electronic medical records and expand these services system-wide into rural communities.
- NDQuits partners with Medicaid to provide coverage for all seven of the FDA-approved medications for cessation to Medicaid enrollees who want to quit tobacco and enroll in counseling.
- LGBT/Fargo-Moorhead Pride includes providing information in partnership with Fargo-Moorhead Pride Collective about disparate tobacco use among LGBT populations and about quitting tobacco use through NDQuits.
- Other partnerships that are not related to a specific program but have an impact on tobacco use in disparate populations include:
  - Department of Public Instruction.
  - School Board Association.
  - Governor’s Prevention Advisory Council on Drugs and Alcohol (GPAC).
  - Mental Health and Substance Abuse Prevention through Department of Human Services and their 8 Regional Human Service Centers.
  - Statewide Epidemiological Outcomes Workgroup.
  - Prevention Expert Partners Workgroup.
  - North Dakota Center for Persons with Disabilities.

The NDDoH Tobacco Program also monitors emerging tobacco products, including preparation of educational materials regarding new tobacco products like electronic cigarettes, hookahs, dissolvable sticks, strips and orbs and snus, among others. We stay current with national partners related to the FDA Family Smoking Prevention and Tobacco Control Act and relay information about current activities. Worksite Wellness and statewide coalition involvement are also important areas that relate to the State and Community Intervention area.

## Cessation

- NDQuits – This free cessation service can be accessed via telephone, internet and mobile device. Nicotine Replacement Therapy (NRT) is available to any North Dakota resident who is underinsured or uninsured and enrolls in counseling. Six months after counseling, 31.2 percent of former tobacco users are not using tobacco. The North Dakota Tobacco Quitline was launched in September 2004, the online portion was launched in February 2010, and mobile service was added in 2012.
- NDPERS Cessation Program is a tobacco cessation service provided to state employees and their eligible family members that are at least 18 years old. The program is a combination of counseling, a physician's office visit, nicotine replacement therapy and prescription medication. This is a partnership between NDPERS, Blue Cross Blue Shield of North Dakota and the tobacco program.
- City/County Cessation Program is tobacco cessation service provided to city and county employees and their eligible family members. The program is a combination of counseling, nicotine replacement therapy and prescription medication.
- Public Health Service (PHS) Guidelines Initiative is a program that ensures patients are asked about tobacco use, advised to quit and referred to a state or local cessation program at every health visit. This method is called Ask/Advise/Refer (AAR). The tobacco program is training health-care staff about why tobacco is such a concern for health-related issues and offering technical assistance as health-care providers set up their own PHS guidelines system. Through a grant program and partnerships between the Oral Health Program and Family Planning Program, four Safety Net Dental Clinics and three private family planning clinics in the state are involved in the PHS guidelines initiative.

## Surveillance and Evaluation

Surveillance, as defined by the Best Practices for Comprehensive Tobacco Control (2007), is the process of monitoring tobacco-related attitudes, behaviors and health outcomes at regular intervals of time. The NDDoH Tobacco Prevention and Control Program is involved with many surveys that measure the adult and youth smoking and tobacco usage rates in North Dakota. State specific fact sheets to support the data are then developed. Surveys include:

- Behavioral Risk Factor Surveillance System (BRFSS)
- Adult Tobacco Survey (ATS)
- Youth Tobacco Survey (YTS)

- Youth Risk Behavior Survey (YRBS)
- North Dakota Secondhand Smoke Study

Evaluation of the cessation programs offered through the NDDoH is conducted on an ongoing basis and is used to assess program activities and to guide program improvement.

This concludes my testimony. I will be happy to answer any questions you may have.