

Summary of Programs

North Dakota Department of Health and North Dakota Tobacco Prevention and Control Executive Committee

Interim Health Services Committee

October 9, 2014

Statewide, tribal and community policy and prevention

Funding	Programs receiving funding	Populations served/not served	Collaboration/options to improve collaboration
NDDoH CDC Grant	Tribal Tobacco Prevention and Control Programs	All residents of North Dakota's four reservations are served through public education, policy development and implementation and partnerships with reservation health care providers and programs. Not served: ND residents who do not live on a reservation.	NDDoH and the Executive Committee's Center plan to pursue a joint effort to establish baseline data to measure the prevalence of tobacco use on the reservations. The data will inform Tribal Tobacco Prevention and Control Program work on the reservations.
Executive Committee Tobacco Prevention & Control Trust Fund	Local Policy Grants for policy, public education, and cessation (See also Cessation Services, below.)	As the grants are provided to all 28 Local Public Health Units serving all 53 counties, the total state population of 725,395 (2014 population estimate, all races) is served.	Executive Committee's Center and NDDoH collaborate on writing State Plan work plan which outlines which agency is lead on different objectives. All Center and some NDDoH grantee work is part of the State Plan work plan. Both agencies are working with ND Indian Affairs Commission for increased collaboration on reservations. Executive Committee grantees work with the Department of Health on cessation. Special Initiative grantees and contractors work with Department of Health on statewide policy, public education, and evaluation of the comprehensive program. Continued and increased communication and joint planning will improve collaboration.
	Special Initiative Grants for policy and public education	All N.D. residents are served by the grantees' statewide policy and public education work. Specific communities working on local policies are also served, with the potential for state policy work. Not served are residents in communities that are not ready to adopt local policies at this time, but public education is still provided there.	
	Special Initiative contracts for policy, public education and evaluation	All N.D. residents are served through statewide policy, public education, and the evaluation of the comprehensive program. Evaluation assists in improving program effectiveness. Not served are communities that are not ready to adopt local policies at this time, but public education is still provided there.	

Cessation services and health systems changes to refer to NDQuits

Funding	Programs receiving funding	Populations served/not served	Collaboration/options to improve collaboration
NDDoH Community Health Trust Fund	Baby & Me – Tobacco Free Program	Any North Dakota woman who is pregnant and was a smoker for at least 3 months prior to becoming pregnant is eligible to participate. Not served: North Dakotans who are not pregnant.	Collaboration exists between the NDDoH and four local public health units (LPHUs) that provide the services. LPHUs also receive funding from the Center to carry out policy work, which complements the Baby & Me program by ensuring a multi-level approach to tobacco prevention and control in LPHUs that provide the Baby & Me program.
	City-County Employee Cessation Program	Any city or county employee who resides in the service areas of LPHUs that applied for City-County grant funding. Currently there are three LPHUs that applied and were granted funding. All LPHUs are eligible to receive funding. Not served: city and county employees who reside in a LPHU area that did not apply for grant funding.	The Center should continue to encourage LPHUs to apply for City-County grant funding.
	NDPERS Cessation Program	All current state employees and their dependents age 18+ are eligible to participate. Not served: ND residents who are not state employees or dependents of state employees.	The Center should continue to promote the use of the NDPERS Cessation Program through LPHUs and other communication channels.
	NDQuits (phone and web cessation program)	Any person who spends at least half of their time in ND is eligible to participate. Not served: not applicable, since everyone who spends at least half of their time in ND is eligible.	The NDDoH and the Center should continue to communicate regarding promotional strategies for NDQuits that are used by both agencies. The Center should continue to require LPHUs to implement ‘Ask, Advise, Refer’ protocols to ensure that their patients who use tobacco are referred to NDQuits.
	Million Hearts S (MHS) Grants (S=smoking cessation)	Patients of health care systems that receive MHS grants are served by the Cessation Centers, which were established through this program. Not served: North Dakotans who do not use one of the participating health care systems for their health care.	The NDDoH and the Center should develop a plan to target health systems that are not currently MHS grantees.

Cessation services and health systems changes to refer to NDQuits

Funding	Programs receiving funding	Populations served/not served	Collaboration/options to improve collaboration
Executive Committee Tobacco Prevention & Control Trust Fund	Tobacco Settlement State Aid Grants	Grants are provided to all 28 Local Public Health Units serving all 53 counties, so all residents have access to services. All Local Public Health Units must implement systems changes within the health unit to refer tobacco users to NDQuits. Served: Total clients statewide: 2011-2013 – 49,359; and FY2014 – 51,339. Not served: Local Public Health Unit client-based services are available to all North Dakota residents, but not all residents need or use the client-based services.	Executive Committee grants to Local Public Health Units support NDQuits by requiring health units to ask clients about tobacco use, e-cigarette use, and exposure to secondhand e-cigarette aerosol and cigarette smoke; to advise clients on quitting or eliminating exposure; and to refer users to NDQuits. The Center’s requirement that Local Public Health Units refer to NDQuits and the NDDoH’s NDQuits usage reports to Local Public Health Units should continue to assure collaboration.
	Local Policy Grants to all 28 Local Public Health Units provided funding to for health systems changes (to ask, advise and refer to NDQuits) in community-based health care providers such as dentists and chiropractors. Local Policy Grants also provided funding for all 28 local public health units to deliver cessation therapies (nicotine replacement, counseling to special populations) and promote quitting (electronic health records to identify, advise and refer tobacco users to NDQuits; free nicotine replacement therapy (NRT); local and statewide NDQuits or 1-800-QUIT-NOW advertising; Trained Tobacco Specialist (TTS) certification for professionals to counsel those wanting to quit; quit classes; & health unit salaries for local services.	All N.D. residents are served by the grantees’ statewide public education work. Tobacco users in all 53 counties who accessed client-based services at 28 Local Public Health Units (see above) who are tobacco users or exposed to tobacco use are served. Residents who are tobacco users and receive care from community-based health care providers who ask, advise and refer tobacco users to NDQuits are served. Tobacco users were served if they used the following Fargo area health care providers (funded by the local public health unit to provide services): NDSU Student Health Services, NDSU Wellness Center, MeritCare (now Sanford Health), Innovis Health (now Essentia Health). Not served: North Dakota residents who are tobacco users, but did not use services at the providers listed above or at a local public health unit.	Some Executive Committee grant-funded public education on TV & radio includes a referral to 1-800-QUIT-NOW (NDQuits). The Executive Committee and NDDoH should continue to coordinate referral and public education efforts to enhance the impact and efficiency of these efforts.