Testimony
Health Services Committee
Wednesday, September 12, 2018
North Dakota Department of Health

Good afternoon, Chairman Lee and members of the Health Services Committee. My name is Neil Charvat, and I am the Director of the Tobacco Prevention and Control Program for the North Dakota Department of Health (NDDoH). I am here today to provide an update on the finalized statewide tobacco prevention and control plan that is consistent with the five components of the Centers for Disease Control and Prevention (CDC) *Best Practices for Comprehensive Tobacco Control Programs*. These five components are state and community interventions, health communication interventions, cessation interventions, surveillance and evaluation, and administration and management.

The North Dakota Comprehensive Tobacco Prevention and Control State Plan (State Plan) is based on CDC *Best Practices for Comprehensive Tobacco Control Programs* and is organized into four goal areas: prevent initiation of tobacco use among youth and young adults, eliminate exposure to secondhand smoke, promote quitting tobacco use, and build capacity and infrastructure to implement a comprehensive evidence-based tobacco prevention and control program.

The current version of State Plan was finalized in October 2017. The plan has been reviewed and approved by tobacco prevention and control partners and at numerous levels within the CDC. The NDDoH is a CDC grantee for tobacco prevention and control, thereby allowing the NDDoH utilization of many national and state level resources to finalize the State Plan. Shortly after completion, the State Plan was posted on the NDDoH web site for public access at http://www.ndhealth.gov/tobacco/NDDoH_TPCP_State_Plan_Update.pdf.

The State Plan is intended to be a fluid document. The strategies and activities of the plan may be changed to be responsive of the needs of tobacco prevention and control priorities in the state. NDDoH State Health Officer, Mylynn Tufte, has created an Executive Leadership Team for North Dakota Comprehensive Tobacco Control efforts comprised of statewide partners, agencies, and decision makers. The Executive Leadership Team will analyze State Plan evaluation results and provide recommended changes as necessary. It is anticipated that the Executive Leadership Team will have a planning meeting in the second quarter of the current fiscal year, pending results of the State Plan evaluation for the fiscal year of July 1, 2017, through June 30, 2018.

Professional Data Analysts (PDA) is our State Plan evaluation contractor. They have provided preliminary evaluation results for the fiscal year ending June 30, 2018. Some highlights of the preliminary evaluation results include

Goal 1 (Prevent initiation of youth and young adults):

- There has been an increase from 6 to 14 college campuses adopting tobacco-free or smoke-free grounds policies (goal is 16. Objective 1.3).
- Some local education associations (LEAs) have been working on communication and policies around e-cigarettes, including JUUL (Objective 1.2).
- Following a nicotine poisoning of a Jamestown High School administrator, local and statewide efforts were coordinated to educate the Jamestown-area families on nicotine poisoning. The NDDoH created a press release, while the local tobacco coordinator presented to staff at area schools. The press reached other counties in the state, and in some cases, locals leveraged that opportunity to educate on the dangers and many varieties of e-cigarettes (Objective 1.2).
- Richland County Health Department presented information on JUUL to all county K-12 school administration in Quarter 3 of FY18 (Objective 1.2).

Goal 2 (Eliminate exposure to secondhand smoke):

- The number of smoke-free units in multi-unit housing (MUH) was exceeded by the end of March 2018 (Objective 2.3). At that time, there were 7,819 units that were smoke-free, surpassing the goal of 7,500 (baseline was 6,583).
- The objective around increasing the number of smoke-free outdoor policies is nearly met (Objective 2.5). At the end of March 2018, 135 such areas were covered (the baseline was 126 and the goal is 140 policies).
- Steele County finalized and passed the tobacco-free park policy with the City of Finley in coordination with the Finley Park Board for adoption and implementation to the four outdoor recreational areas in the City of Finley (Objective 2.5).

Goal 3 (Promote quitting tobacco use):

- The objective to increase the number of health care settings who use the systems approach has been exceeded (Objective 3.2). As of March 2018, there are 56 health care settings using the systems approach (the baseline was 45 and the set goal is 50).
- There are over 54 certified tobacco treatment specialists (TTS) working across the 10 NDQuits Cessation program grantees (increase from 22 in 2014. Objective 3.3).
- The objective to increase the number of health systems and community organizations working to target special populations has been far exceeded (Objective 3.4). There are currently 52 organizations targeting special populations across the state (the baseline was 30 and goal is 33).
  - 17 target behavioral health
  - 13 target low SES populations

- 9 target young adults
- 5 target pregnant women
- 5 target American Indian populations
- 3 target Lesbian/Gay/Bisexual/Transgender

- An example of coordination across initiatives and unintended (positive) outcomes: First District Health Unit, a BABY & ME - Tobacco Free (BMTF) grantee Objective 3.4, speaks with expecting and new moms about the importance of having a smoke-free environment. During one of these visits, a mom shared that four adults smoked in her home. They discussed the dangers of secondhand smoke especially to her unborn baby. On her next visit, the mom shared that after discussing the dangers of secondhand smoke with her family, the smokers all go outside now (Objective 2.3).

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

Updated 7/2018

Tobacco Surveillance Data

NORTH DAKOTA DEPARTMENT of HEALTH

Indicator	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Tobacco Use (Used at least once in past 30 days)										
Cigarette Smoking										
Adult (BRFSS)*				21.9	21.2	21.2	19.9	18.7	19.8	
High School (YRBS)		22.4		19.4		19.0		11.7		12.6
American Indians[1]				52.0	46.2	44.0	47.9	42.1	49.7	
Pregnant (smoked cigarettes during 1st trimester)[2]	18.3	17.0	16.8	16.0	15.9	15.1	13.9	13.8	11.6	11.5
Low Income[3]				29.5	32.0	32.0	34.9	31.8	36.1	
Low Education[4]				33.0	33.3	33.2	41.2	31.5	34.1	
Smokeless Tobacco[5]										
Adult Males (BRFSS)*				14.8	14.0	13.8	11.8	14.1	12.6	
High School Males (YRBS)		23.2		22.2		22.0		17.6		12.8
E-Cigarettes[6]										
Adult (ND ATS)								16.0		19.6
High School (ND YTS)				1.6		6.0		19.1		19.1
Any Tobacco Product[7]										
Adult (BRFSS)*									24.4	
High School (YRBS)										28.8
Tobacco Use Initiation										
Adult - Ever tried electronic cigarettes[8]					8.9			21.2		21.2
High School - Ever tried electronic cigarettes[8]				4.5		13.4		38.0		39.1
High School cigarette use before age 13[9]		32.6		29.2		21.8		33.3		34.5
High School smokeless tobacco use before age 13[10]		18.3		24.2		17.0		27.2		26.1
Tobacco Consumption										
Cigarettes Sold - in millions (ND Tax Commission)	946	912	911	965	1,047	1,054	1,113	1,096	1,020	966
Annual Cigarette Tax Revenue - in millions	$20.8	$20.1	$20.0	$21.3	$23.0	$23.2	$24.6	$24.1	$22.5	$21.2
Annual Other Tobacco Tax Revenue - in millions	$3.3	$3.7	$4.4	$5.1	$6.1	$6.6	$7.7	$7.5	$7.1	$7.0
Cessation										
Cigarette Smoking Quit Attempts										
Adult (BRFSS)*				53.1	52.8	51.0	55.7	55.8	52.5	
High School (YRBS)		53.2		52.8		55.5		47.4		50.3
NDQuits - Total Enrolled[11]					3,541	3,380	3,317	3,319	3,489	3,266
NDQuits - Quit Rate (phone program)[12]					35.9	35.6	31.9	28.5	31.2	40.5†
NDQuits - Quit Rate (web program)[12]					27.0	25.7	27.4	25.6	28.2	41.4†
Tobacco-related Policy										
Support increasing cigarette tax to $2.00[13]								54.8		57.8
Health and Economic Consequences										
Deaths Attributed to Tobacco Use[14]										1,000
Deaths Attributed to Secondhand Smoke[15]										80 - 140
Smoking Attributable Medical Expenditures - in millions[16]										$326
Smoking Attributable Productivity Loss - in millions[17]										$232.6

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*Note: In 2011, the Behavior Risk Factor Surveillance System (BRFSS) methodology began including cell phone-only users and the method of weighting the results was changed. This makes BRFSS results from 2010 and prior no longer comparable to 2011 and beyond.

[1] American Indian current smoking prevalence obtained from the North Dakota Behavior Risk factor Surveillance System (BRFSS) Calculated Variables Report. Data currently unavailable for smokeless tobacco use.

[2] Pregnant women smoking rate obtained from North Dakota Vital Statistics (birth certificate data). It is the percent of women who reported smoking during the 1st trimester. Data currently unavailable for smokeless tobacco use.

[3] Current smoking rate among low income adults (defined as earning less than $15,000 per year). From the North Dakota Behavior Risk Factor Surveillance System

[4] Current smoking rate among adults having low education (defined as having less than a high school diploma or GED). From the North Dakota Behavior Risk Factor Surveillance System (BRFSS).

[5] Adult males and young males (grades 9-12) in North Dakota consistently use chewing tobacco at much higher rates than their female counterparts. Information on adult and young females' (grades 9-12) use of chewing tobacco may be obtained from the North Dakota Department of Health's Tobacco Prevention and Control Program.

[6] Current use of electronic cigarettes for adults (among those reporting they have ever used, those who used at least one day of the past 30 days) from the North Dakota Adult Tobacco Survey (ND ATS). Youth (youth in grades 9-12 who used at least one day of the past 30 days) from the North Dakota Youth Tobacco Survey (ND YTS).

[7] For adults, any current tobacco use (used at least one day of the past 30 days) includes cigarettes, smokeless tobacco, or electronic cigarettes while for youth (grades 9-12), any current tobacco use includes cigarettes, cigars, smokeless tobacco, or electronic cigarettes.

[8] Ever tried electronic cigarettes for adults obtained from the North Dakota Adult Tobacco Survey (ND ATS) and for youth (grades 9-12) obtained from the North Dakota Youth Tobacco Survey (ND YTS).

[9] Of current cigarette smokers in grades 9-12, the rate who report first cigarette use before age 13 (YRBS).

[10] Of current smokeless tobacco users in grades 9-12, the rate who report first smokeless tobacco use before age 13 (ND YTS).

[11] Total number of people enrolled in NDQuits is for state fiscal year (July-June) and is obtained from NDQuits State Summary Reports.

[12] NDQuits quit rate via phone or web is obtained from annual NDQuits Evaluation Reports and calculated using North American Quitline Consortium (NAQC) guidelines. They are for state fiscal year (July-June) and participants are considered to have quit if, 7 months after program registration, they report not using cigarettes or other forms of tobacco in the past 30 days (i.e. Thirty-day Point Prevalence Abstinence).

[13] The source for this tobacco tax-related policy question is the North Dakota Adult Tobacco Survey (ND ATS).

[14] North Dakota estimate of smoking-attributable deaths: CDC, Best Practices for Comprehensive Tobacco Control Programs—2014. This estimate is the annual average from 2005-2009, is among adults aged 35 years and older, and does not include burn or secondhand smoke deaths.

[15] Estimated range of deaths due to secondhand smoke exposure reported by the Campaign for Tobacco Free Kids (CTFK).

[16] Smoking attributable medical expenditures reported by the Campaign for Tobacco-Free Kids and are among adults aged 18 years and over.

[17] Smoking attributable productivity costs reported by the Campaign for Tobacco-Free Kids (CTFK). They are the annual average productivity costs from 2000-2004 reported by they CDC's SAMMEC (Smoking-Attributable Morbidity, Mortality, and Economic Costs) website updated to 2009 dollars.

†Respondents to the NDQuits 7-Month Follow-Up Survey in FY17 were more likely to exhibit characteristics that are associated with higher levels of quitting (i.e. be older at intake, have a higher education level, be insured, and to use their first cigarette later after waking). This means the FY17 quit rate could be biased upwards since a greater proportion of these groups of tobacco users were among survey responders compared to all program participants.

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