

## North Dakota

## Recommended Program Intervention Budgets

October 2007

## CDC Recommended Annual Investment      \$9.3 million

### Deaths in North Dakota Caused by Smoking

Annual average smoking-attributable deaths	900
Youth ages 0-17 projected to die from smoking	11,000

### Annual Costs Incurred in North Dakota from Smoking

Total medical	\$247 million
Medicaid medical	\$47 million
Lost productivity from premature death	\$190 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$23.3 million
FY 2006 tobacco settlement payment	<u>\$21.3 million</u>
Total state revenue from tobacco excise taxes and settlement	\$44.6 million

Percent tobacco revenue to fund at CDC recommended level    21%

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	\$7.37
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	\$1.86
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	\$3.52
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	\$1.28
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	\$0.64
<b>Total</b>	<b>\$14.67</b>

*Note: A justification for each program element and the rationale for the budget estimates are provided in Section A. The funding estimates presented are based on adjustments for changes in population and inflation since the 1999 publication. The recommended levels of investment (per capita and total) are presented in 2007 dollars using 2006 population estimates. These should be updated annually according to the U.S. Department of Labor Consumer Price Index and U.S. Census Bureau. The actual funding required for implementing programs will vary depending on state characteristics such as tobacco use prevalence, socio-demographic factors, and other factors. See Appendix E for data sources on deaths, costs, revenue and state-specific factors.*

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