



**North Dakota Tobacco Prevention and Control Executive Committee**  
Center for Tobacco Prevention and Control Policy  
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**Testimony to the Interim Health Services Committee**  
**Senator Judy Lee, Chair**  
from Jeanne Prom, Executive Director  
**North Dakota Center for Tobacco Prevention and Control Policy**  
**October 30, 2013**

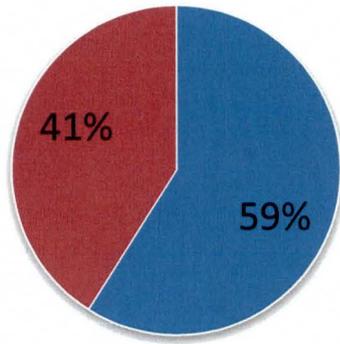
Requested information:

- Number of tobacco users in the state
- Amount spent per tobacco user on tobacco prevention and control
- Changes in the number of adult tobacco users statewide
- Number of adult tobacco users by race
- How the number of Native American tobacco users affects the overall percentage of tobacco users in the state
- How the comprehensive statewide tobacco prevention and control program provided by the North Dakota Tobacco Prevention and Control Executive Committee addresses tobacco use by the Native American population on the Indian reservations

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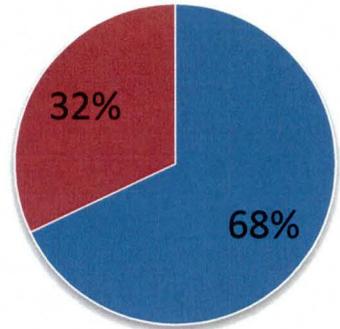
## Comprehensive Tobacco Control Program 2009-2011 Budget for DoH + Center



- ND Center for Tobacco Prevention and Control Policy- \$12,882,000 - 59%
- Department of Health- \$9,080,745 - 41%

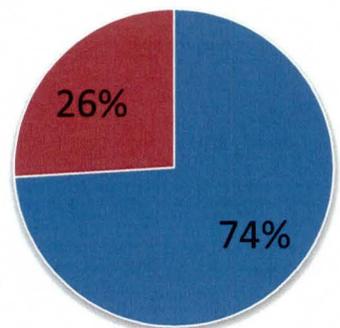
The Center received a portion of the NDDoH appropriation in the 09-11 biennium

## Comprehensive Tobacco Control Program 2011-2013 Budget for DoH + Center



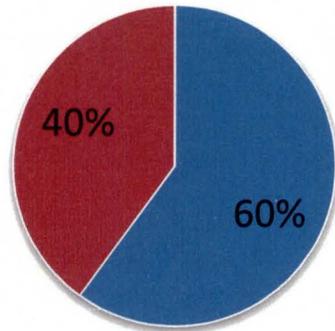
- ND Center for Tobacco Prevention and Control Policy- \$12,922,614 - 68%
- Department of Health- \$6,162,396 - 32%

## Comprehensive Tobacco Control Program 2013-2015 Budget DoH + Center



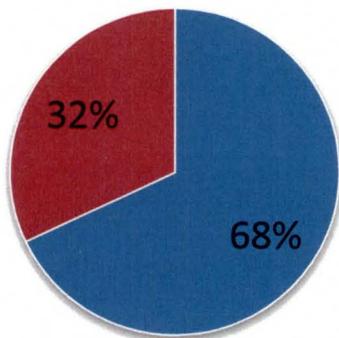
- ND Center for Tobacco Prevention and Control Policy- \$15,815,828 - 74%
- Department of Health- \$5,544,251 - 26%

## Comprehensive Tobacco Control Program 2009-2011 Expenditures for DoH + Center



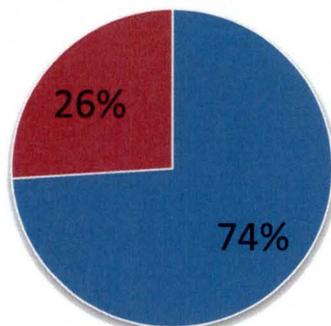
- ND Center for Tobacco Prevention and Control Policy- \$8,118,602 - 60%
- Department of Health- \$5,308,147 - 40%

## Comprehensive Tobacco Control Program 2011-2013 Expenditures for DoH + Center



- ND Center for Tobacco Prevention and Control Policy- \$11,758,913 - 68%
- Department of Health- \$5,485,311 - 32%

## Comprehensive Tobacco Control Program 2013-2015 Budget DoH + Center



- ND Center for Tobacco Prevention and Control Policy- \$15,815,828 - 74%
- Department of Health- \$5,544,251 - 26%

## Amount Spent on Tobacco Prevention and Control

### 2009-2011 and 2011-2013 - Spent

column 1	column 2	column 3	column 4	column 5	column 6	column 7	column 8	column 9
Biennium	NDDoH	Center	<b>Total amount spent</b>	Average yearly amount spent	ND population *	<b>Amount spent per capita</b>	ND tobacco user population	<b>Amount spent per ND tobacco user (adult)</b>
09-11	\$ 5,308,174	\$ 8,118,602	\$ <b>13,426,776</b>	\$ 6,713,388	674,499	\$ <b>9.95</b>	144,481	\$ <b>46.47</b>
11-13	\$ 5,485,311	\$ 11,758,913	\$ <b>17,244,224</b>	\$ 8,622,112	699,628	\$ <b>12.32</b>	142,795	\$ <b>60.38</b>

\* 07/01/10 US CENSUS ESTIMATES were used for 09-11 biennium; 07/01/12 US CENSUS ESTIMATES were used for 11-13 biennium

## Amount Budgeted for Tobacco Prevention and Control

### 2013-2015 - Budgeted

column 10	column 11	column 12	column 13	column 14	column 15	column 16	column 17	column 18
Biennium	NDDoH budget	Center budget	<b>Total budget</b>	Average yearly budget	ND population *	<b>Budget amount per capita</b>	Estimated ND tobacco user population	<b>Budget amount per ND tobacco user</b>
13-15	\$ 5,544,251	\$ 15,815,828	\$ <b>21,360,079</b>	\$ 10,680,040	733,224	\$ <b>14.57</b>	192,105	\$ <b>55.59</b>

\* ND population used for the 13-15 Biennium is the estimated population for 2014 from the ND Statewide Housing Needs Assessment: Housing Forecast

### Amount Spent

Biennium	Amount spent per capita	CDC recommended per capita adjusted for inflation	Estimated tobacco industry marketing per capita
09-11	\$ <b>9.95</b>	\$ 16	\$ <b>40</b>
11-13	\$ <b>12.32</b>	\$ 16	<b>Not available</b>

### Amount Budgeted

Biennium	Budget amount per capita	CDC recommended per capita adjusted for forecasted inflation
13-15	\$ <b>14.57</b>	\$ 17

Note: The percent of tobacco users are factored into the formula used to determine what each state should invest in tobacco prevention and control

**TOLL OF TOBACCO IN NORTH DAKOTA**

<b>ANNUAL COSTS</b>	<b>total ANNUAL cost</b>	<b>ANNUAL cost per capita * ND US 2012 Census of 699,628</b>	<b>ANNUAL cost per ND tobacco user</b>
Annual health care costs in ND directly caused by smoking	<b>\$ 247,000,000</b>	\$ 353	\$ 1,730
Portion covered by the state Medicaid program	<b>\$ 47,000,000</b>	\$ 67	\$ 329
Annual smoking-caused productivity losses in North Dakota	<b>\$ 192,000,000</b>	\$ 274	\$ 1,345
Estimated amount spent in North Dakota by the tobacco industry to market tobacco products	<b>\$ 27,900,000</b>	\$ 40	\$ 195
Source: Campaign for Tobacco Free Kids, Toll of Tobacco in North Dakota			

## Tobacco Use (Cigarettes + SLT)

Note: Blue Text = Excel Formula

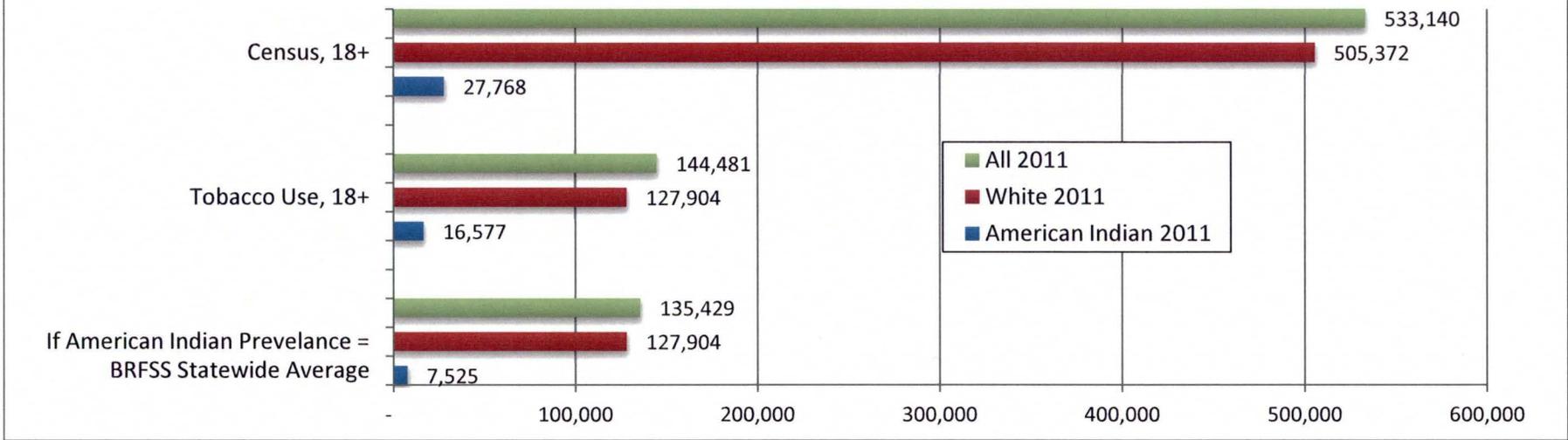
Census	2011				2012			
	Count	Percentage			Count	Percentage		
<b>American Indian and Alaska Native</b> (Includes Hispanic, non-Hispanic, and multiple race respondents)	27,768	5.2%			28,423	5.2%		
<b>White</b>	490,968	92.1%			500,580	91.8%		
<b>Other: black or African American, Asian, Native Hawaiian</b>	14,404	2.7%			16,017	2.9%		
<b>Total Adult Population (18+ years old)</b>	<b>533,140</b>	<b>100%</b>			<b>545,020</b>	<b>100%</b>		

TOBACCO USE, BRFSS	2011				2012			
	Estimate	95% CI			Estimate	95% CI		
<b>Overall</b>	27.1%	(25.3, 28.8)			26.2%	(24.4, 28.0)		
<b>By Usage Type</b>								
Cigarettes-Only	19.5%	(18.0, 21.1)			18.9%	(17.3, 20.5)		
SLT-Only	5.2%	(4.4, 6.2)			5.0%	(4.1, 5.9)		
Dual Users	2.4%	(1.8, 3.2)			2.3%	(1.8, 3.1)		
<b>By Race</b>								
White	25.3%	(23.6, 27.1)			24.5%	(22.7, 26.2)		
American Indian	*	*			*	*		
Hispanic	*	*			*	*		
American Indian	59.7%	(49.0, 70.5)			56.1%	(44.5, 67.8)		
Other or Multiracial	*	*			*	*		

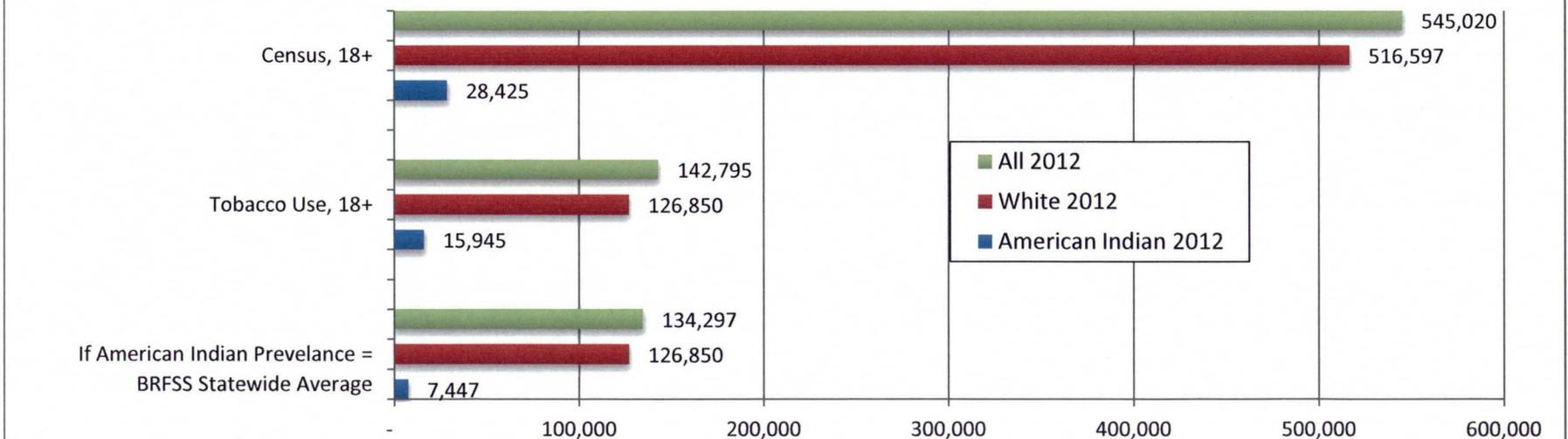
Population Counts	2011				2012			
	Statewide		American Indian		Statewide		American Indian	
	Estimate	Calculation	Estimate	Calculation	Estimate	Calculation	Estimate	Calculation
<b>Adult Population, Census</b>	533,140	A	27,768	V	545,020	A	28,423	V
<b>Tobacco Use, BRFSS</b>	27.1%	B	59.7%	W	26.2%	B	56.1%	W
<b>Number of Tobacco Users</b>	144,481	$C = A * B$	16,577	$X = V * W$	142,795	$C = A * B$	15,945	$X = V * W$
<b>Number of Tobacco Users under Scenario 1</b> If American Indian Prevalence = BRFSS statewide average	127,903	$D = C - X +$	7,525	$Y = V * 27.1$	126,850	$D = C - X + Y$	7,447	$Y = V * 26.2\%$

Facts	2011		2012	
	Percent of adult tobacco users	American Indians make up 5.2% of the state's adult population, but represent 11.5% of the state's adult tobacco users.		American Indians make up 5.2% of the state's adult population, but represent 11.2% of the state's adult tobacco users.
Scenario 1: How many fewer American Indian tobacco users?	9,052 fewer American Indian tobacco users in North Dakota (decrease from 16,577 to 7,525)		8,498 fewer American Indian tobacco users in North Dakota (decrease from 15,945 to 7,447)	
Scenario 1: Statewide prevalence would be?	24.0% statewide tobacco use in North Dakota (decrease from 27.1%)		23.3% statewide tobacco use in North Dakota (decrease from 26.2%)	

## 2011 ND Census, Tobacco Users By Race, 18+



## 2012 ND Census, Tobacco Users By Race, 18+



## **How the comprehensive statewide tobacco prevention and control programs provided by the N.D. Tobacco Prevention and Control Executive Committee address tobacco use by the American Indian population on the Indian reservations**

### **Prior to this biennium**

#### **MOU between the DOH and Center – January through June 2013**

- **DOH:** Provide funding to Tribes (Reservations) for infrastructure to focus on preventing initiation among youth and young adults, promoting quitting among adults and youth, eliminating exposure to secondhand smoke, and working with identifying and eliminating tobacco-related disparities among American Indians.
- **Center:** Provide Local Tobacco Control Policy Grants to all Local Public Health Units (LPHUs) for local education about CDC Best Practices for Comprehensive Tobacco Control Programs to prevent and reduce tobacco use in the LPHU service area. Grants focus on the current priorities of eliminating exposure to secondhand smoke and otherwise changing social norms to prevent and reduce tobacco use through tobacco-free K-12 and higher education campus policies, education on how a tobacco tax increase will prevent and reduce use and healthcare costs. Local grants include work with reservation and tribal populations within the service area to augment NDDOH tribal grants. This requires communication and cooperation with the NDDOH and invitation to go on the reservations from the tribal tobacco coordinator.
- The Center has not provided funding directly to tribes as tribes are funded by DOH, but works through the grants to LPHUs to reach North Dakota residents of all races in all counties.

### **2013-2015**

- The Center provides **Local Tobacco Control Policy Grants to all LPHUs**, currently -- \$7.5 million, with an additional \$1.1 million in tobacco settlement state aid. Grant focus areas are similar, with secondhand smoke work now directed to places not covered by the new state smoke-free law, for example, multi-unit housing and parks and recreation areas, and most places on reservations.
- Local grants continue to include work with reservation and tribal populations within their service areas, both on and off reservations.
- However, in some areas, the previous MOU requirement to go through the tribal tobacco coordinator became a barrier, rather than a conduit, for the LPHU to serve all county residents, regardless of race. Two-way communication between the tribal and local coordinators was lacking.
- To move ahead toward achieving goals and to remove barriers related to LPHU work with all residents on reservations, **the Center has initiated a strategic approach through a Special Initiative Grant with the American Nonsmokers Rights Foundation (ANRF).**
- ANRF staff have expertise working with local and tribal organizations across the nation and have an organizational mission to work with all parties involved in tobacco prevention

efforts, regardless of any funding sources. ANRF is also a trusted national leader in working toward smoke-free casinos on and off reservations.

- **Specifically, the ANRF grant is to:**
  - 1) Provide **ongoing technical assistance and consultation on tribal tobacco-free strategies to all partners**, LPHUs, and tribal nation stakeholders, on the benefits for implementing commercial tobacco-free policy for workplaces, including casinos.
  - 2) Provide **technical assistance to LPHUs** on how to more effectively partner with people in tribal nations to advance commercial tobacco-free policies.
  - 3) Host or participate in a call or meeting with in-state and other national partners to discuss **a strategic plan for supporting sovereign tribal nations** in efforts to reduce secondhand smoke exposure in workplaces and other places not covered under current state law.
  - 4) **Provide resources** -- sample tribal smoke-free resolutions and /or model policies, national tribal smoke-free lists/maps, research, fact sheets, and other materials, including smoke-free tribal casino resources.
- **In the first quarter of FY2014, ANRF has:**
  - Communicated directly with DOH to discuss strategic plans and future efforts to support sovereign tribal nation's desires to reduce exposure to secondhand smoke.
  - Developed a sample tribal smoke-free resolution and smoke-free tribal casino resources.
  - Provided technical assistance to 2 LPHUs and their tribal partners including promoting smoke-free tribal casinos and smoke-free tribal businesses; and about how LPHUs can more effectively partner with tribal nations.
  - Visited the Turtle Mountain, Spirit Lake and Standing Rock reservations with LPHU or DOH staff.
- Because of ANRF's long history of work on tribal lands, ANRF has well established trusted professional connections with regional tribal health organizations.
- **We are directing the ANRF staff to be complementary and inclusive** in their work to enhance local connections within and with the tribes (tribal coordinators, tribal health organizations, LPHUs, and DOH, who has been the lead on work with tribes).
- **We require ANRF to be specific in their reporting of progress to us, and to be focused on outcomes that can reasonably be expected to protect more tribal members from exposure to secondhand smoke and tobacco use through policies.**
- Through LPHUs and the Center-funded Local Tobacco Control Policy Grants in every county, **LPHU staff provide "boots on the ground"** to educate and organize all communities to adopt comprehensive tobacco-free policies, whether on or off reservations.
  - One of the best examples of success is **LPHU work with all schools**. LPHUs have assisted schools on reservations, many of which are public schools, in passing comprehensive tobacco-free policies.
  - After Belcourt Public Schools, Bismarck Public Schools has the **highest K-12 enrollment of American Indian youth**, followed by public schools in New Town, Grand Forks, Devils Lake, Dunseith, Minot, St. John and Fargo (300-1,000 enrollment, 2012-2013, DPI).

- LPHU work on the reservations is important, as these sovereign nations have the ability to enact their own tobacco-free laws.
- Reaching American Indians and other populations with higher-than-average tobacco use rates has been achieved with **policies off the reservation** as well.
- The **2010 Census** shows that in North Dakota 54.6% (19,963) of those indicating they were American Indian (one race) lived on reservations, but 45.4% (16,628) live off the reservations in North Dakota.
- More American Indians live in the city of Bismarck (2,773) than in any other North Dakota city, including cities on reservations. Fargo, Grand Forks, Minot, Mandan and Devils Lake have significant American Indian populations (near or above 1,000).
- This shows that policy work in cities across North Dakota, as well as at the statewide level, is important in preventing and reducing tobacco use among American Indians – and all races.

**Approaches:**

- Interventions should continue to reach out to American Indians and all others who suffer disproportionately by tobacco use. These interventions should be focused on outcomes such as policies that provide protection from exposure to secondhand smoke and other tobacco use.
- Efforts focused on the entire state population and populations in every county through LPHU work is effective in reaching American Indians, especially those attending public and other schools on or off the reservation, and those living or working off the reservation.
- Through work of the Center grant with ANRF, LPHUs work with tribal partners is expected to increase and result in more population-based outcomes (like policies) on the reservations.
- Thus far, the Center grant with ANRF has shown initial results in increasing connections between partners in tobacco control on and near reservations.
- More work needs to be done to reach all populations to prevent and reduce tobacco use in our state.

Thank you for your continued appropriations to fund North Dakota’s comprehensive tobacco prevention and control program. I look forward to working with all of you on continuing to make progress in preventing tobacco use for all residents in our state.