

**Testimony
to Health Services Committee
Wednesday, October 30, 2013
North Dakota Department of Health**

Good morning Chairman Lee and members of the Health Services Committee. This testimony is provided by Javayne Oyloe, executive officer of Upper Missouri District Health Unit (UMDHU). This testimony is being provided today to relate the UMDHU experience as a grantee of the comprehensive tobacco prevention and control program.

Background

Upper Missouri District Health Unit, which was founded in 1947, covers Divide, McKenzie, Mountrail and Williams counties and has an estimated population of 60,000 people. The service area, estimated at approximately 8,000 square miles, is located in northwest North Dakota. The Fort Berthold Indian Reservation is 85 miles east of Williston and two of UMDHU's counties, Mountrail and McKenzie, are included within its boundaries. In the UMDHU service area, the majority of American Indians live in Mountrail County. The Trenton Indian Service Area (TISA) is 15 miles southwest of Williston.

UMDHU area has experienced unprecedented population growth and annual wage increases. The US Census population of 41,615 does not include the temporary non-resident service workers employed in the UMDHU area. For example, the North Dakota State University estimates the 2012 worker population for Williams county alone at 51,000.

UMDHU works with community partners and systems to establish lasting public health improvements and operates on an annual budget just under 2 million dollars, which employs 22 staff members. Of those employees, two are primary workers on tobacco prevention and control. In FY2014, UMDHU received \$225,000 from the Center for Tobacco Prevention and Control Policy. I serve as a part-time executive officer and part-time tobacco coordinator.

Background on tobacco prevention and control funding

In 1992, the Department of Health began funding local public health units (LPHUs) with federal dollars for coalition building, passage of youth access ordinances and smoke-free public places. In 2001, the Community Health Trust Fund was developed in the state of ND for broader public health efforts. In 2008, an initiated measure was passed

to fund a comprehensive tobacco prevention and control program. Much of this funding was provided to local public health units to continue and enhance efforts.

In 2009, the ND Center for Tobacco Prevention and Control Policy (the Center) was developed, along with the agreement that the Department of Health would be charged with distributing the Tobacco Prevention and Control Trust Funds to LPHUs for this new program. In July of 2009, the Department of Health decided it was best for the department to distribute only the CDC grant funds to LPHUs, believing an arrangement for the Center to distribute the Tobacco Prevention and Control Trust Funds would be the best way to provide clear lines of authority. In the spring of 2011, the Department of Health discontinued all tobacco prevention CDC funding to LPHUs; however, tribes continued to receive CDC funding for tobacco prevention. With the Department of Health's retraction of funds to LPHUs, the Center supplied replacement funds in the 2011-2012 grant cycle.

Partnerships and outcomes

UMDHU is tasked with addressing tobacco use among youth and adults and to eliminate secondhand smoke exposure by implementing proven and effective evidence-based policy and systems changes.

- **Experience with partners** UMDHU has had an active tobacco prevention coalition since 1992, now called the IMPACT coalition. A few of the members have remained on the coalition until this day. Since 1999, North Dakota has seen a drop in 9th – 12th grade current smoking from 40.6% to 19.4%. Many state and local smoke free policies have been passed, including a comprehensive smoke-free state law which members of the IMPACT coalition were involved with. Local cessation through UMDHU and with local healthcare providers has grown especially since they are now able to refer people to NDQUITS. Williston State College recently adopted a tobacco-free campus policy with support from UMDHU and the local coalition. UMDHU has had many productive years working with and providing resources to our partners from the Mandan, Hidatsa and Arikara Nation. Examples include: school vision screening, immunizations, Health Tracks services, Women's Way, Health Maintenance and Emergency Preparedness.

➤ **UMDHU outcomes in the Fort Berthold area**

UMDHU has worked with partners on the Fort Berthold Reservation to address a smoke-free tribal building and property policy and implemented a cessation program in collaboration with Indian Health Services. Sample surveys and other support was provided to Fort Berthold Community College to move the college towards a tobacco-free campus. Recently UMDHU, through the funding allotted by the Center, supported Mandaree and New Town Schools in adopting comprehensive tobacco-free policies. Community member education was enhanced by providing funding and materials, including a carbon monoxide tester. Until recently, UMDHU was meeting monthly with local partners to find out how to help fill gaps in tobacco prevention.

➤ **Barriers to work with Native American population**

Recently, UMDHU was told by the Department of Health tobacco section that tobacco prevention work on Fort Berthold with tribal members could only be done by invitation of the local tobacco coordinator. This is difficult because the UMDHU Board of Health expects public health work to be done in every county and provided to all community members. Fort Berthold tribal members constitute 71.9% of the reservation's population (2010 US Census), which makes public health work very challenging with these parameters. UMDHU wants to partner with tribal tobacco prevention advocates to support local goals and continue to experience positive public health outcomes. In August, Phyllis Howard, Department of Health Equity Office, suggested having a meeting with tribal partners and UMDHU. We are looking forward to this opportunity to discuss how we can work together.

UMDHU would like to help fill gaps in tobacco prevention for all community members, both tribal and non-tribal, in the four-county service area. The UMDHU Board of Health believes there should be no barriers in providing all available resources to reduce and prevent tobacco use to all citizens.

Please contact me with any questions you may have:

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