

Testimony
Health Services Committee
Wednesday, July 30, 2014
North Dakota Indian Affairs Commission

Good morning, Chairwoman Lee and members of the Health Services Committee. My name is Brad Hawk. I am the Indian Health Systems Administrator of North Dakota Indian Affairs Commission (NDIAC).

We have had discussion last time about the original traditional use of tobacco. As we move forward with tobacco prevention we understand that Tribal population in ND is approximately 11% of the smokers statewide. The US Census shows that the Tribal population in North Dakota is just over 5% of the population. The numbers show that our Tribal populations are smoking at a larger percentage of the general population.

Activities:

Following are some updates from Tribal Tobacco Prevention Programs in North Dakota:

- Tribal Tobacco Prevention Programs on each ND Reservation continue with funded activities to address commercial tobacco use on each reservation as identified in work plans specific to each Tribal Tobacco Prevention Program and each Tribal Tobacco Prevention Coordinator. This includes smoke-free policy work, engaging Tribal Health Programs with cessation assistance, development of Tribal-specific media products, and engaging tribal communities, including Tribal Councils from each Reservation
- A Tobacco User's Fee (tobacco tax) of five cents per pack has been passed by the Turtle Mountain Band of Chippewa Tribal Council. Funds gathered from this User's Fee will be used to provide assistance with health needs on the Reservation, such as travel assistance for medical appointments
- The ND Smoke-Free Tribal Casino Project is moving forward. The group, composed of Tribal Tobacco Prevention Coordinators and community members from each North Dakota Reservation, is working with the Tribal Casinos to implement smoke-free policies.

Recommendations

We will continue to be available to partner with all agencies and organizations. There are some road blocks currently that has been hindering progress. One of the issues surrounds the use of best practices from CDC.

Our office was asked if there can be a strategic plan developed to show the process for moving forward with the Tribes. We have discussed the idea with the Tribes and the Department of Health and we feel that this plan may not be needed. The programs are in a good place and are continually working to make communities healthier by educating, teaching, and promoting the reduction of tobacco use.

Outreach efforts with the Center are ongoing. The Department of Health is continually working with the Tribal Tobacco prevention workers. We are open to continually working with all agencies and will do what it takes to help reduce the amount of people using tobacco in a non-traditional way.

This finalizes my testimony. I will be more than happy to answer any questions you may have.