



# **Tobacco Prevention and Control in North Dakota**

## **A Status Report of Leading Indicators**

**2004**



**NORTH DAKOTA**  
DEPARTMENT *of* HEALTH



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## **A Status Report of Leading Indicators**

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## Reducing Tobacco Use: A Public Health Priority

Tobacco use is the leading preventable cause of death in North Dakota. Tobacco-related diseases kill 860 people every year in our state, more than AIDS, alcohol, drug abuse, car crashes, murders, suicide and fires combined.

Tobacco use imposes a significant financial burden on the state. The direct cost of medical expenditures in North Dakota is \$193 million annually, and lost productivity due to smoking costs another \$158 million annually. Smoking and smokeless tobacco use rates for North Dakota youth are among the highest in the nation.

The challenges are great. The tobacco industry spends \$26.3 million a year in North Dakota promoting its products and creating new tobacco users. About 1,400 young people become new daily smokers in our state every year.



In 2001, the North Dakota Department of Health – in partnership with local health agencies, tribes, schools and community organizations – launched a statewide tobacco control effort funded through the Community Health Grant Program. The program was launched with a clear mandate – to reduce tobacco use and tobacco-related illnesses and deaths. The program, to the extent possible, follows recommendations from the U.S. Centers for Disease Control and Prevention.

This report shows the results of the state and local partnership. Tobacco prevention and control efforts in the state are making a difference. We have experienced some early successes, but tobacco use is a complex problem. There is much work left to be done.

Our state is just beginning the fight against tobacco. Reducing tobacco use is a public health priority and an important part of our mission to protect and improve the health of North Dakota citizens.

Terry Dwelle, M.D., M.P.H.T.M.  
State Health Officer



***A sustained effort is essential  
to produce lasting results.***

# Tobacco Prevention Data Advisory Committee Members

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# Tobacco Prevention and Control Program

## Program Goals

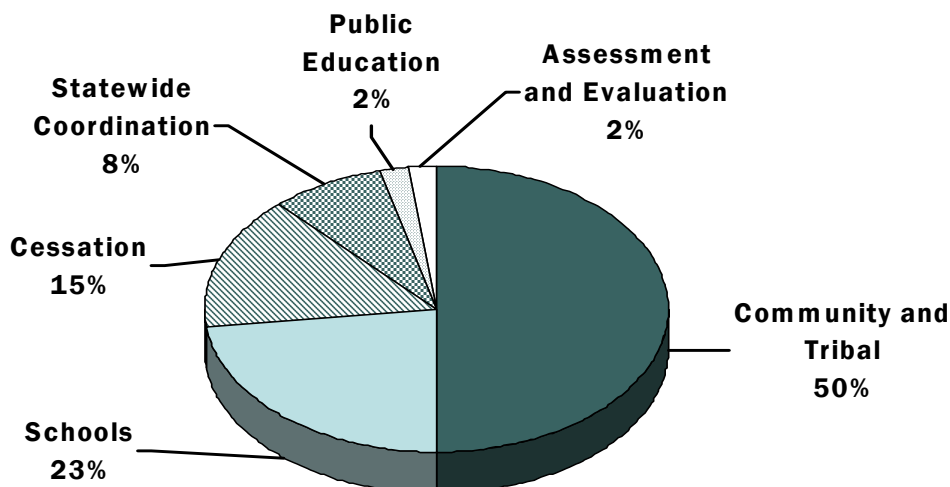
- ▶ Prevent youth from starting to use tobacco
- ▶ Promote quitting among youth and adults
- ▶ Reduce exposure to secondhand smoke
- ▶ Reduce tobacco use among specific high-risk populations

## Program Funding

The Tobacco Prevention and Control Program budget for the state fiscal year 2004 (July 1, 2003 to June 30, 2004) was \$4.128 million. The budget includes a portion of the Master Settlement Agreement (\$2.99 million) and funding from the U.S. Centers for Disease Control and Prevention (\$1.1 million) and the American Legacy Foundation (\$38,000).

## Program Budget

More than 92 percent of Tobacco Prevention and Control funding supports programs and services directly provided by public and private organizations. A majority of the funding (73 percent) is used to provide grants to local communities for school- and community-based prevention programs. Fifteen percent of the funding is dedicated to cessation efforts; 8 percent is used for statewide coordination including program administration, outreach, technical assistance and training, and program monitoring; and 4 percent is used for public education, program assessment and evaluation. The Department of Health currently contracts with all 28 local public health units, four Indian Tribes and one Indian Service Area for tobacco prevention and control services at the local level.



# Current Efforts

The North Dakota Department of Health is working to build a comprehensive approach to preventing and reducing tobacco use in the state. Following the U.S. Centers for Disease Control and Prevention model, North Dakota's plan is to achieve its goals through an integrated approach where each component reinforces the other.

## Comprehensive School-Based Programs

During the current biennium, all 28 local public health units received funding to implement comprehensive tobacco prevention programs in schools.



Students benefit from proven effective tobacco prevention curricula; special resources and training for teachers; school policies that aim to eliminate the use of tobacco in school buildings, on grounds and at school events; and cessation support for students and staff.

Research has shown that school-based programs are effective when combined with other program components that are reinforced by adults and the community environment.

## Community-Based Programs

### *Local Public Health Unit-Based Programs*

All 28 local public health units receive funding to support community-based programs and coalitions serving North Dakota's 53 counties. Local coalitions and networks create work plans that fit local needs and opportunities to reduce youth access to tobacco; create tobacco-free schools, workplaces and public places; and link tobacco users to cessation programs and services.

### *Tribal-Based Programs*

Native Americans have a tobacco use rate that is twice as high as the state average.

All four tribes and one Indian service area receive funds to implement tobacco prevention programs. Their efforts are designed to decrease tobacco use by Native Americans while respecting the sacred use of tobacco in their culture.





## Statewide Public Education Campaign

Local public health units partnered to develop a public education campaign to increase public awareness of the dangers of secondhand smoke.



## Statewide Leadership and Coordination

The Tobacco Prevention and Control Program is complex and engages a wide variety of partners and activities. The state program provides training, technical assistance and consultation to local programs. Program activities and contracts are carefully monitored to ensure effective implementation and use of resources. Coordination among the various program components is essential to achieve maximum benefits and accountability.

## Program Evaluation

Program outcomes are measured using a wide variety of sources including the Youth Risk Behavior Survey, Youth Tobacco Survey, Behavioral Risk Factor Surveillance System, Pregnancy Risk Assessment and Monitoring System, birth and death certificates, tax revenue and consumption data, and specific research projects. This information guides the development and revision of program services to ensure effective use of resources.

## Cessation Programs

Local public health units use a portion of their funding to develop cessation programs and services for youth and adults and train health-care providers in effective cessation approaches. Pilot city/county and state employee cessation programs were developed to serve as models. The North Dakota Tobacco Quitline provides free, confidential cessation counseling to any resident interested in quitting.



# Program Successes

► **Youth Smoking** – The percentage of youth in grades nine through 12 who are current smokers has significantly declined from 41 percent in 1999 to 30 percent in 2003. That means there are more than 6,000 fewer youth smoking.



► **Youth Smokeless Tobacco** – The percentage of youth in grades nine through 12 who are current smokeless tobacco users has declined from 15 percent in 1999 to 10 percent in 2003. That means there are more than 3,000 fewer youth using smokeless tobacco.



► **Adult Smoking** – The percentage of current adult smokers age 18 and over has declined from 23 percent in 2000 to 21 percent in 2003. That means there are 12,000 fewer adults smoking.

► **Money Saved** – An estimated \$42 million in tobacco-related direct medical expenditures and lost productivity costs are saved each year as a result of the reduced number of adults smoking.

► **Health-Care Costs** – An estimated \$100 million in future tobacco-related health-care costs has already been saved by the reduced number of youth using tobacco.



► **Cessation** – Cessation programs were implemented in 69 locations in 45 counties. Nearly 1,000 individuals enrolled in cessation programs and tried to quit using tobacco in 2004.

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## The Work Ahead

North Dakota's Tobacco Prevention and Control Program is a good investment in the future of our state. The program is successfully saving lives and saving money, and, in order to continue these trends and produce lasting results, a sustained comprehensive approach is essential. Continuing challenges lie ahead, but we have the ability to dramatically reduce the health and economic burden of tobacco use by implementing proven strategies. Achieving this goal will require collaboration among state decision makers, public health officials, business leaders and community members.

# Leading Tobacco Indicators

## The Burden of Tobacco

### *Mortality*

- ▼ Each year, smoking kills 860 North Dakotans.
- ▼ Secondhand smoke kills 80 to 140 North Dakotans each year.

Source: SAMMEC, 1999

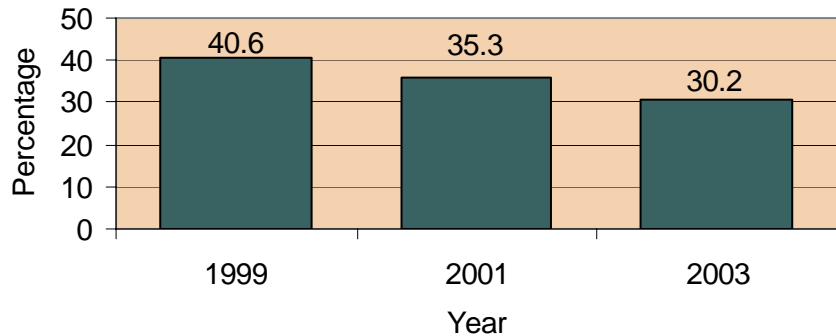
### *Economic Costs*

- ▼ Smoking costs North Dakota \$351 million annually.
  - \$193 million in direct medical expenditures
  - \$158 million in lost productivity

Source: SAMMEC, 1998 and 1999

# Youth Tobacco Use

## Youth Cigarette Use



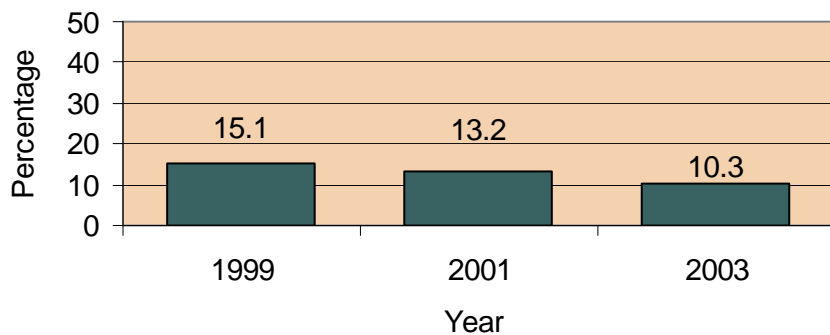
Source: YRBS

## Cigarettes

The percentage of North Dakota youth who currently smoke cigarettes significantly decreased from 40.6 percent in 1999 to 30.2 percent in 2003.

**Goal: 22 percent by 2010**

## Youth Smokeless Tobacco Use



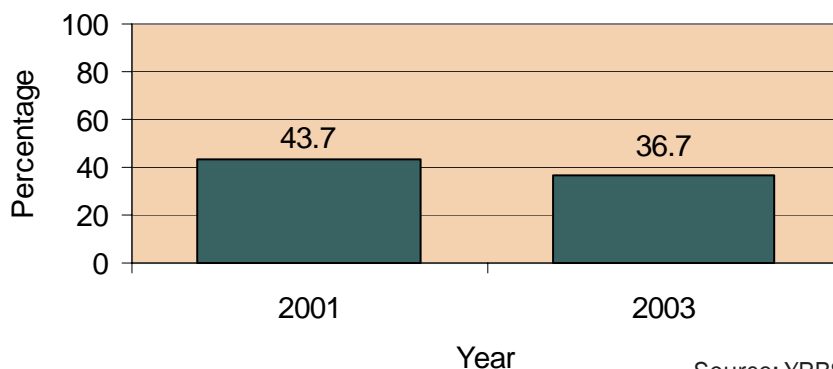
Source: YRBS

## Smokeless Tobacco

Since 1999 the use of smokeless tobacco products among North Dakota youth has decreased from 15.1 percent to 10.3 percent.

**Goal: 5 percent by 2010**

## Smoked Cigarettes Before Age 13



Source: YRBS

## Age of Initiation

The percentage of individuals who smoked their first whole cigarette before the age of 13 decreased from 43.7 percent in 2001 to 36.7 percent in 2003 (asked of those who ever tried smoking).

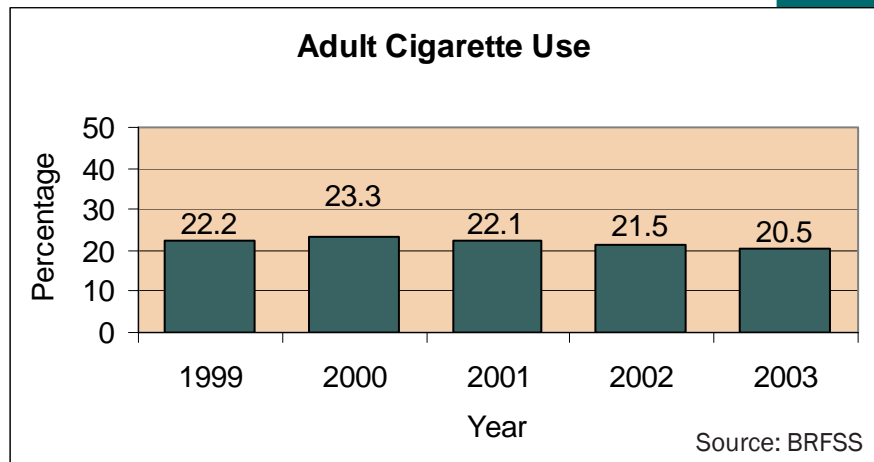
**Goal: 34 percent by 2008**

# Adult Tobacco Use

## Cigarettes

The percentage of North Dakota adults currently smoking has remained relatively stable. However, since 2000 there has been a steady decline.

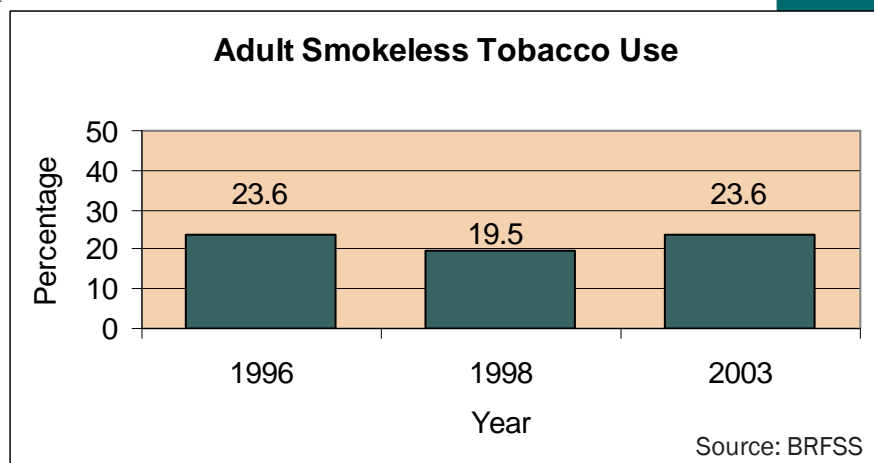
**Goal: 19 percent by 2010**



## Smokeless Tobacco

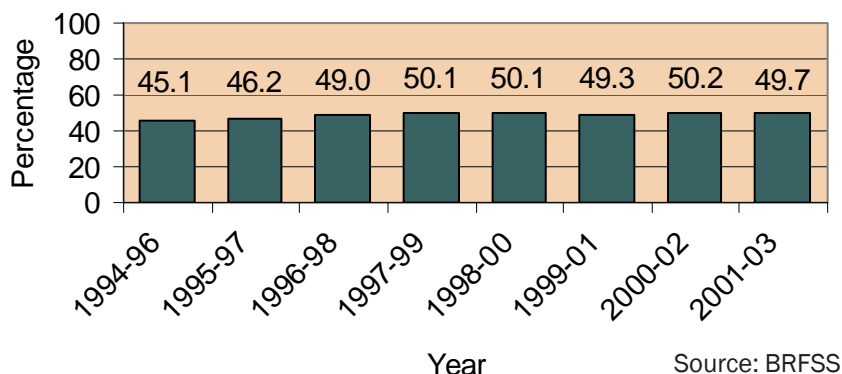
Despite a decline in 1998, the percentage of North Dakota adults who use smokeless tobacco products has remained relatively stable.

**Goal: 20 percent by 2010**



# Cessation Attempts

## Adult Quit Attempts



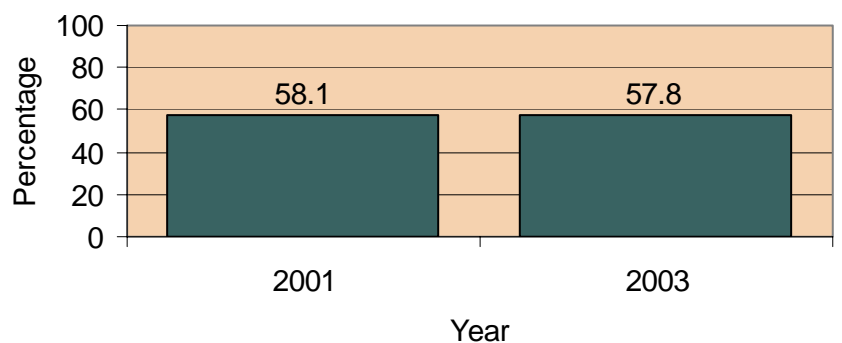
## Adult Quit Attempts

The percentage of North Dakota adult current smokers who have attempted to quit has remained relatively stable.

**Goal: 55 percent by 2008**

**Note:** Due to the small number of respondents in this category, three-year rolling averages were used.

## Youth Quit Attempts



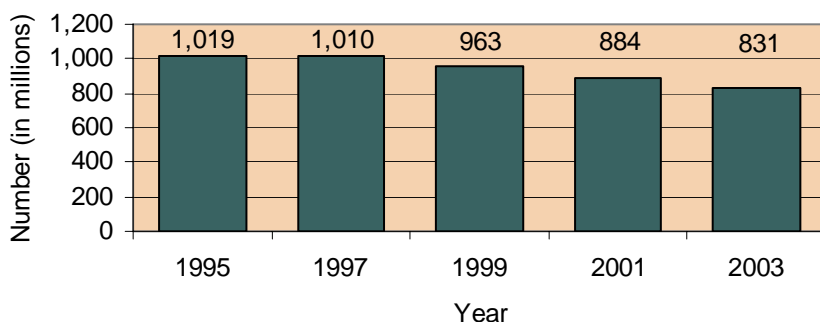
## Youth Quit Attempts

The percentage of North Dakota youth current smokers who have attempted to quit has remained relatively stable.

**Goal: 63 percent by 2008**

# Cigarette Consumption

## Total Number of Cigarettes Sold



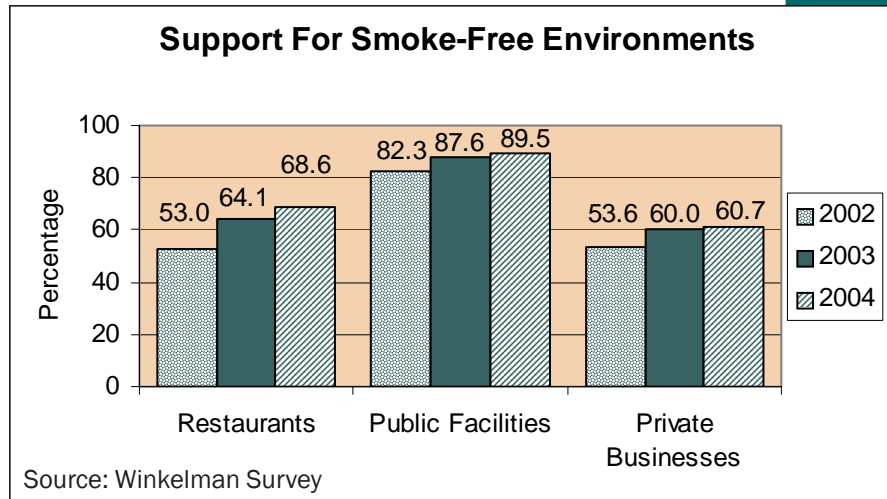
## Cigarettes Sold

The number of cigarettes sold in the state of North Dakota has steadily decreased in the past decade.

# Secondhand Smoke

## Attitudes Towards Smoke-Free Environments

North Dakotans' support for smoke-free environments – such as public facilities, restaurants and private businesses – has been steadily increasing.



## ***Smoke-Free Policies***

Minot became the first North Dakota city to enact a smoke-free restaurant ordinance in 2001.

# Data Sources

## **Behavioral Risk Factor Surveillance System (BRFSS)**

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest telephone survey. The BRFSS is a state-based, random-digit-dialed telephone survey of the noninstitutionalized civilian population age 18 and older. It is designed to monitor the prevalence of the major behavioral risks among adults associated with premature morbidity and mortality. Information from the survey is used to improve the health of the American people.

## **North Dakota Tax Department Annual Statement of Collections**

Every year, the North Dakota Tax Department publishes a report containing the annual state of collections related to cigarette and tobacco tax collected in the state.

## **Smoking-Attributable Mortality, Morbidity and Economic Costs (SAMMEC)**

SAMMEC provides an online database that allows users to estimate the adverse health outcomes and disease impact of smoking on adults and children. The Adult SAMMEC application provides users the ability to estimate the number of annual deaths, years of potential life lost, medical expenditures and productivity losses among adults due to smoking.

## **Youth Risk Behavior Survey (YRBS)**

The YRBS, developed in 1990, monitors priority health risk behaviors, including tobacco use, that contribute markedly to the leading causes of death, disability and social problems among youth and adults in the United States. The survey is administered to students in grades nine through 12 every other year in a random sample of North Dakota schools.



