

HB 1024  
ND Center for Tobacco Prevention and Control Budget  
February 2, 2015  
Submitted by:  
Javayne Oyloe, Executive Officer, Upper Missouri District Health Unit  
  
House Appropriations Committee, Human Resources Division  
Representative Chet Pollert, Chair

Good Morning Chairman Pollert and members of the House Appropriations Committee Human Resources Committee. I am Javayne Oyloe, Executive Officer at Upper Missouri District Health Unit, which extends services to Williams, McKenzie, Mountrail and Divide counties.

Across the nation, public health professionals know that the tobacco epidemic is one of the biggest public health threats the world has ever faced, killing nearly six million people a year. But local public health providers also know that they cannot effectively fight this epidemic by working on their own. That's why, as a North Dakota local public health provider, I am very glad today to support the continuation of full funding for the statewide comprehensive tobacco prevention program that has been administered since 2009 by the Center for Tobacco Prevention and Control Policy working in tandem with all 28 local public health units.

North Dakota's statewide program has made all the difference for local public health providers. Now, we can be effective working within our local communities because we are working from the indispensable foundation provided by its high-impact statewide, multi-media public education campaign; and the statewide NDQuits program that brings state-of-the-art tobacco-cessation counseling to every corner of the state via both telephone and internet.

Also thanks to the comprehensive program, local public health providers are kept on top of important tobacco control developments as they evolve. For instance, our state program has made sure that we are fully educated on of the rapidly-changing health threats newly posed by the whole array of drug-delivery paraphernalia that is loosely referred to as "electronic cigarettes." And because North Dakota's statewide program is built entirely on the U.S. Centers for Disease Control and Prevention's decades of tobacco prevention science, we know that the strategies we learn to implement have been tested and proven effective.

Due to the Bakken oil boom, the Upper Missouri District Health Unit faces some special tobacco prevention and control challenges because tobacco-use rates among oil-field workers are very high. Upper Missouri, Southwestern and First District Health Units, covering 19 western counties, have experienced these challenges and use this funding to address the unique needs in the area. The CDC's Morbidity and Mortality Report (September 2011), shows that workers in construction and extraction trades and food service occupations have the highest smoking prevalence – at 30 percent – compared to the state's adult average of 21.2 percent.

As we continue to combat tobacco use rates in the west, it is important to note that North Dakota's cigarettes are some of the cheapest in the nation. Cheap tobacco makes it challenging to keep both youth and adult tobacco use rates at a reduced level. In a high tobacco use market – the western ND market – an increase in the price of tobacco is needed to keep ahead of the tobacco industry's marketing and discount tactics that keep enticing users. Local public health supports a price increase for the health of our community members.

Tobacco prevention funding has enabled UMDHU to develop effective tobacco-free and smoke-free policies at workplaces, multi-unit housing buildings, and schools. These tobacco-free environments are protecting the public from tobacco's harms, and steadily de-normalizing tobacco use – and reducing addiction rates.

For all these reasons, we cannot compromise on effective tobacco prevention programs. It is more critical than ever to continue funding to build the necessary policies that reduce tobacco addiction, so that the tobacco epidemic will take fewer-and-fewer lives, and consume fewer-and-fewer healthcare dollars. In order for us to continue making these critical tobacco-prevention gains, our comprehensive program must remain fully funded.

Sincerely

Javayne Oyloe  
Executive Officer  
Upper Missouri District Health Unit  
701-774-6400  
Joyloe@umdhhu.org