Smoking claims the lives of more than 6,000 Minnesotans each year. Much work remains to reduce the burden that smoking and other tobacco-related health inequities put on our state.

ENDNOTES
THE COST: $3.19 BILLION ANNUALLY

While the overall smoking rate in Minnesota has decreased dramatically over the last two decades, the cost of smoking remains significant. In Minnesota, smoking was responsible for $3.19 billion in excess medical expenditures in 2014 — a per capita expense of $583 for every person in the state.¹

A CALL TO ACTION: PREVENTION & POLICY

Many factors impact our health. One is prevention efforts, such as deterring young people from starting to smoke and helping current smokers quit, which offer significant opportunities for controlling health care costs. Another is our surroundings — where we live, work, learn and play. Tobacco-free spaces are essential to decreasing the impact of smoking — including its costs. It’s also imperative to address the inequities within commercial tobacco use.

Despite years of progress, some populations continue to smoke at disproportionately high rates and are more frequently targeted by tobacco-industry marketing. For instance, low-income individuals experience significantly higher rates of smoking and smoking-related health issues than the general population.² Additionally, people suffering from mental health issues smoke at rates almost double that of the general population.³ We also know that in Minnesota, 59 percent of American Indians smoke,⁴ along with approximately 24 percent of Somalis,⁵ compared to 14 percent of all Minnesota adults.⁶

As a result, these and other communities are at a greater risk for premature death and disease. We can’t afford to ignore these inequities.

A COMPARISON: HOW COSTS STACK UP

To get a sense of the magnitude of smoking-related medical costs, it is helpful to compare $3.19 billion in public and private health care expenditures attributed to smoking with other investments. This juxtaposition is for comparison purposes only and shows a relative view of just how much taxpayers, employers and government spend on these preventable costs.

$3.19 billion COULD ALSO BUY:

- 6,380 FIRE TRUCKS
- 200 LIBRARIES
- 58,000 FOUR-YEAR DEGREES
- 79,750 JOBS AT $40,000
- 10 STATE CAPITOL RENOVATIONS

AND IS EQUAL TO:

- 10 state capitol renovations × $310 million = $3.1 billion
- 79,750 jobs at $40,000 per year each = $3.19 billion
- 58,000 four-year undergraduate degrees at the University of Minnesota × $55,360 each = $3.2 billion
- 200 libraries × $16 million each = $3.22 billion
- 6,380 fire trucks × $500,000 = $3.19 billion

A CLOSER LOOK: $3.19 BILLION BROKEN DOWN

The $3.19 billion Minnesotans spent on excess medical costs related to smoking includes nursing home care, ambulatory care, hospital care, prescription drugs and other personal health care for adults.¹ These total expenditures do not include the costs of lost productivity or workers’ compensation that are indirectly attributable to smoking.

SMOKING-ATTRIBUTABLE HEALTH CARE COSTS: MINNESOTA, 2014

<table>
<thead>
<tr>
<th>COST COMPONENT</th>
<th>COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing home (adult)</td>
<td>$472,000,000</td>
</tr>
<tr>
<td>Ambulatory care (adult)</td>
<td>$410,000,000</td>
</tr>
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<td>$1,144,000,000</td>
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<td>$243,000,000</td>
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THE HUMAN COST: LIVES LOST

In 2014, smoking was responsible for the deaths of 6,306 adults in Minnesota and six infants whose mothers smoked during pregnancy.¹ These individuals suffered from one or more of 24 adult and four infant conditions that have been tied to premature death in smokers or infant mortality. The chart below demonstrates the staggering proportion of overall deaths from these conditions that can be tied directly to smoking.

ALL DEATHS AND SMOKING-ATTRIBUTABLE DEATHS: MINNESOTA, 2014

<table>
<thead>
<tr>
<th>DISEASE CATEGORY</th>
<th>ALL DEATHS</th>
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<tbody>
<tr>
<td>Cancer* (adult)</td>
<td>5,669</td>
<td>2,584</td>
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<td>Respiratory diseases— (adult)</td>
<td>2,813</td>
<td>1,703</td>
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<td>Heart and vascular diseases² (adult)</td>
<td>9,946</td>
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<td>1,193</td>
<td>138</td>
</tr>
<tr>
<td>Perinatal conditions³ (infant)</td>
<td>64</td>
<td>6</td>
</tr>
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<td>Total deaths</td>
<td>19,685</td>
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This information has been developed using data provided by the state of Minnesota and calculated using methods developed by the Centers for Disease Control and Prevention to calculate these costs on a state-by-state basis.² Totals may not equal sums because of rounding.

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² Includes: Tuberculosis; pneumonia, influenza; bronchitis, emphysema; and chronic airway obstruction.

³ Includes: Ischemic heart disease; other heart diseases; cerebrovascular disease; atherosclerosis; acute anemia; and other arterial disease.

⁴ Includes: Macular degeneration and diabetes mellitus.

⁵ Includes: Short gestation/low birth weight; respiratory distress syndrome; other respiratory- newborn; and sudden infant death syndrome.
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