



**Interested Party Testimony on House Bill 49
before the House Finance Subcommittee on Health and Human Services
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Good morning Chairman Romanchuk, Ranking Member Sykes, and members of the committee.

My name is Amy Bush Stevens and I am the Vice President for Prevention and Public Health Policy at the Health Policy Institute of Ohio (HPIO).

I am going to build upon my colleague's testimony on the [2017 Health Value Dashboard](#) by providing information about evidence-based strategies to improve health value, focusing specifically on the importance of reducing Ohio's high smoking rate.

How can we improve health value in Ohio?

There is a great deal of research about what works to improve health. Many strategies are already being implemented in Ohio, but more can be done to ensure that the most effective policies and programs are deployed at the scale needed to measurably improve health value. We recommend two sources of information about how to do this:

- [Ohio's 2017-2019 state health improvement plan \(SHIP\)](#) was developed with input from a wide range of Ohio stakeholders and includes a menu of strategies to improve outcomes for mental health and addiction, chronic disease and maternal and infant health.
- [HPIO's Guide to improving health value resource page](#) provides several tools to identify evidence-informed and cost-effective strategies.

What approaches are most likely to yield positive outcomes?

In order to identify which approaches are most likely to yield positive outcomes, we looked at which *Dashboard* domains correlated most strongly with population health rank. This analysis found that the social and economic environment and public health and prevention domains were the strongest drivers ($r=.68$ and $.69$ respectively).

For this reason, it makes sense to focus on the following types of strategies:

- **Improving the social and economic environment** involves strategies like increasing income, labor force participation and housing stability. Examples include vocational training and low-income housing tax credits
- **Strengthening Ohio's commitment of public health and prevention** involves promoting healthy behaviors and supporting community conditions through strategies such as increasing cigarette taxes, fruit and vegetable incentive programs and complete streets policies to promote physical activity.

Tobacco use and health value

I will now focus more specifically on tobacco prevention and cessation. As my colleague mentioned, Ohio ranks in the bottom quartile for health value. Our high smoking rate is one of the key factors contributing to Ohio's poor performance. Ohio ranks in the bottom quartile for both adult smoking and secondhand smoke exposure for children.

In our *Dashboard* analysis, we found a strong correlation between a state's adult smoking rate and its health value rank ($r=0.7$). This means that states with a lower adult smoking rate are more likely to have a better health value rank. All of the states in the top quartile for health value—those with the best health outcomes and lowest spending—have lower adult smoking rates than Ohio.

Tobacco use contributes to many of Ohio's greatest health challenges, including cardiovascular disease, cancer and infant mortality. In addition, tobacco use is a cost driver for Medicaid and employers. Researchers estimate that 15 percent of Medicaid costs are attributable to cigarette smoking¹ and that smoking increases healthcare costs for employers².

We know what works: Evidence-based tobacco prevention and cessation strategies

There is a strong body of evidence on what works to reduce tobacco use. As outlined in our [state policy options fact sheet](#), the most effective strategies include:

- Increasing the price of tobacco products
- Media campaigns
- Access to cessation counseling and medication
- Smoke-free policies

In the *2017 Health Value Dashboard*, we took a closer look at trends in smoking rates in Midwestern and neighboring states³ (see [page 24](#)) and noticed a pattern. All the Midwestern states that had significant reductions in adult smoking from 2013 to 2015—Illinois, Minnesota, Pennsylvania and Ohio—had state and/or local cigarette tax increases between 2012 and 2015.⁴ In addition, we found that states with the highest cigarette tax rates have lower adult smoking rates than Ohio.

When considering the proposed increases to Ohio’s cigarette and other tobacco taxes, please keep the following in mind:

- Research indicates that tobacco taxes are one of the most powerful policy levers for reducing youth and adult tobacco use⁵ and that the higher the tax increase, the greater the impact on tobacco use.^{6,7}
- Tax increases should be paired with access to cessation services and media messages that encourage quitting.

In closing,

- The good news is that we know what works to improve healthy behaviors and support healthy communities.
- Improved deployment of evidence-based tobacco prevention and cessation strategies in particular is one of the most powerful opportunities to improve health value in Ohio.

Thank you to Chairman Romanchuk for the opportunity to share this information with the committee. We are happy to take questions.

¹ Xu, X., et al. “Annual Healthcare Spending Attributable to Cigarette Smoking: An Update.” *American Journal of Preventive Medicine* 48, no.3 (2015): 326- 333. Note that forty-two percent of working-age Medicaid enrollees were current smokers in 2015 in Ohio. (Source: 2015 Ohio Medicaid Assessment Survey (OMAS). “2015 OMAS Public Data and Tables.” OMAS. Accessed March 6, 2017.

<http://grcapps.osu.edu/dashboards/OMAS/adult/>

² Berman, Micah, et al. “Estimating the cost of a smoking employee.” *Tobacco Control* 23, no.5 (2014): 428-433. This estimate considers absenteeism, presenteeism, smoking breaks, healthcare costs and pension benefits; it is based on private employers who self insure and use defined benefit pension systems.

³ The 2017 Dashboard highlighted trends in in Midwest (Department of Health and Human Services Region V) and neighboring states.

⁴ Data from Campaign for Tobacco-Free Kids. “Cigarette Taxes by State Per Year 2000-2017.” November 10, 2016 <https://www.tobaccofreekids.org/research/factsheets/pdf/0275.pdf>

⁵ Tobacco Use and Secondhand Smoke Exposure: Interventions to Increase the Unit Price for Tobacco Products. *The Community Guide*. Centers of Disease Control and Prevention, 2012. <https://www.thecommunityguide.org/findings/tobacco-use-andsecondhand-smoke-exposureinterventions-increase-unit-pricetobacco>

⁶ The Guide to Community Preventive Services. <http://www.thecommunityguide.org>

⁷ Community Health Advisor, estimates of the impact of small and large tobacco tax increases on health outcomes and healthcare spending, <http://www.communityhealthadvisor.org/cha3/>