



**House Bill 166
Interested Party Testimony**

Gary Dougherty
Director, State Government Affairs and Advocacy
American Diabetes Association
Senate Finance Committee – May 28, 2019

Chairman Dolan, Vice Chair Burke, Ranking Member Sykes, and Members of the Committee:

My name is Gary Dougherty and I am the Director of State Government Affairs and Advocacy for the American Diabetes Association.

On behalf of the more than 4.3 million Ohioans with or at risk for diabetes, I share with you the position of the American Diabetes Association on three aspects of the state budget bill.

Healthy Food Financing Initiative / Produce Perks

As you know, a healthy diet can help decrease risk for obesity and chronic diseases like diabetes. Access to healthy foods is equally important for people who have already been diagnosed with diabetes and must manage their disease carefully to prevent dangerous and costly complications such as amputation, blindness, kidney failure, heart attack, and even death.

More than two million Ohioans live in areas known as food deserts where they have limited access to nutritious foods. Individuals and families living in these areas are often left without the ability or the means to purchase nutritious foods to prepare healthy meals, due to factors such as lack of transportation and high prices.

According to Feeding America's recently released annual report on local food insecurity, Ohio ranks 40th among the states with a 14.5% food insecurity rate.¹

The American Diabetes Association also notes that those with severe food insecurity have an approximately twofold risk of diabetes compared with those without food insecurity.² In such cases, individuals rely more heavily on less nutritious, inexpensive, calorie-dense food alternatives, again highlighting the importance of affordable access to good-quality nutritious food.

¹ <https://map.feedingamerica.org/>

² <http://care.diabetesjournals.org/content/diacare/36/8/2430.full.pdf>

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For these reasons, the American Diabetes Association supports an increased investment in the **Healthy Food Financing Initiative** of at least \$1 million in each fiscal year to eliminate food deserts and improve access to healthy food, which will, in turn, help Ohioans lead healthier lifestyles and decrease their risk for chronic disease, including diabetes.

Previous investments by the State of Ohio have triggered a 5:1 match in private, foundation, and other funding. An increased appropriation would allow for even more Ohioans who lack access to fresh and healthy food to be served, promote better health outcomes, and help further our diabetes prevention goals in Ohio.

In addition, we support the request of **Produce Perks Midwest** for an appropriation of \$500,000 in each fiscal year within the Department of Job and Family Services' TANF Block Grant. This will allow Produce Perks to expand services to reach more SNAP recipients across the state by providing a dollar for dollar match for fruits and vegetables, doubling the purchasing power of low-income Ohioans to buy fresh, healthy produce.

Tobacco 21

Finally, the American Diabetes Association's Standards of Medical Care in Diabetes – 2019³ recommends that people with diabetes be advised not to use cigarettes, other tobacco products, or e-cigarettes. When considering diabetes prevention, the Standards state "Smoking may increase the risk of type 2 diabetes; therefore, evaluation for tobacco use and referral for tobacco cessation, if indicated, should be part of routine care for those at risk for diabetes."

Furthermore, the Standards address one of the industry's latest attempts to increase demand for their products, e-cigarettes :

In recent years e-cigarettes have gained public awareness and popularity because of perceptions that e-cigarette use is less harmful than regular cigarette smoking. Nonsmokers should be advised not to use e-cigarettes. There are no rigorous studies that have demonstrated that e-cigarettes are a healthier alternative to smoking or that e-cigarettes can facilitate smoking cessation.

Raising the age for tobacco purchase to 21 is an effective strategy to curtail tobacco use. In 2015, the Institute of Medicine concluded that raising the tobacco age to 21 is likely to lower

³ http://care.diabetesjournals.org/content/diacare/suppl/2018/12/17/42.Supplement_1.DC1/DC_42_S1_2019_UPDATED.pdf



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initiation rates of tobacco use and reduce prevalence.⁴ To date, 12 states and a diverse array of localities have enacted or implemented some form of Tobacco 21 legislation.

Consistent with leading advocates on the tobacco issue, such as the American Cancer Society and the American Heart Association, the American Diabetes Association supports raising the age for tobacco purchase to 21 as long as it is executed in a meaningful and effective way.

Thank you very much for your attention this morning and I will try to answer any questions you might have.

⁴ http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2015/TobaccoMinAge/tobacco_minimum_age_report_brief.pdf

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