

# 2017 Health Value Dashboard™

## A closer look at tobacco use and health value

The **2017 Health Value Dashboard** found that Ohio ranks 46 out of 50 states and the District of Columbia on health value, a composite measure of population health outcomes and healthcare spending. This means that Ohioans are living less healthy lives and spending more on health care than people in most other states.

**Tobacco use 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. Analysis of *Dashboard* data found a strong correlation between a state's adult smoking rate and its health value rank. As shown in figures 1 and 2, states with a lower adult smoking rate are more likely to have a better health value rank—meaning better population health outcomes and lower healthcare spending.

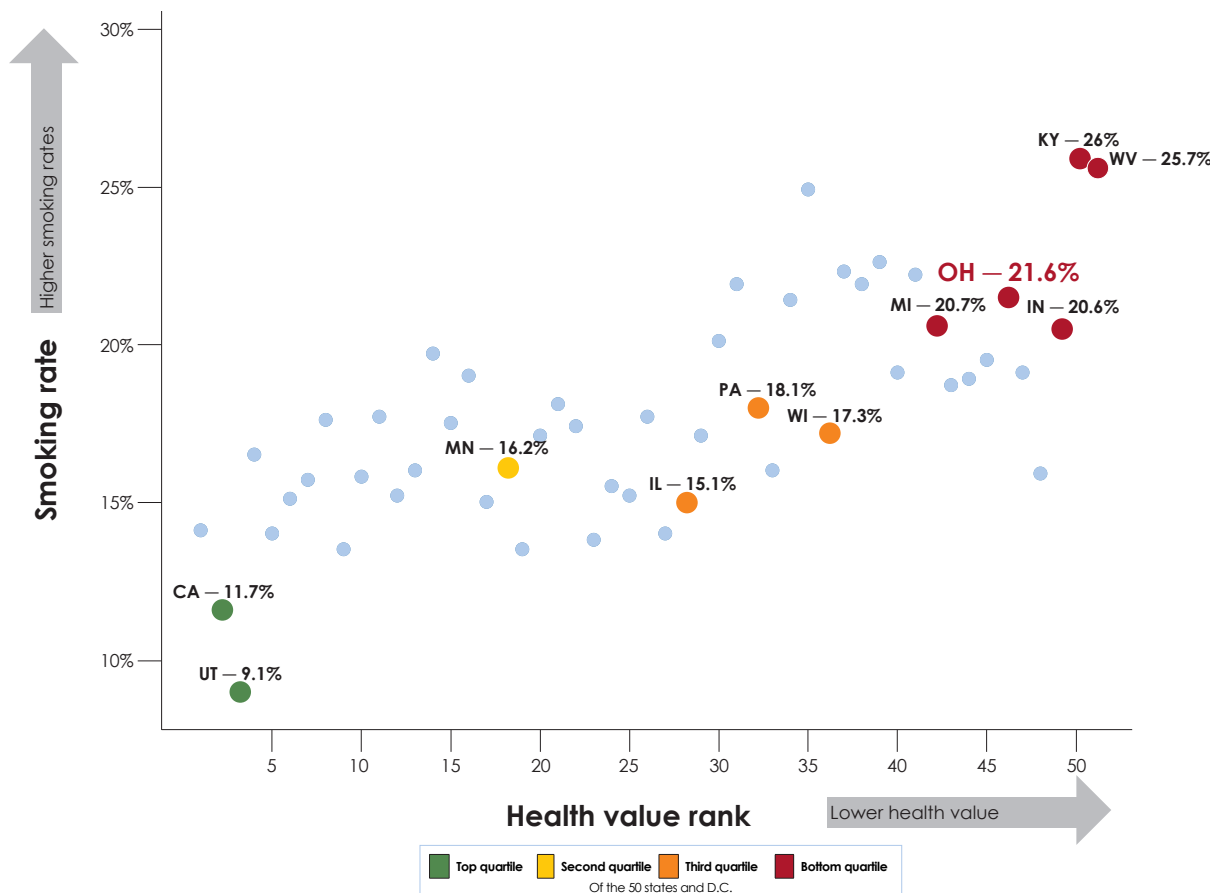
### What works to reduce tobacco use?

There is a strong body of evidence on what works to reduce tobacco use. As outlined in an HPIO **policy options fact sheet**, the most effective strategies include:

- Increasing the unit price of tobacco products, including excise taxes on cigarettes and other tobacco products
- Media campaigns
- Access to cessation counseling and medication
- Smoke-free policies

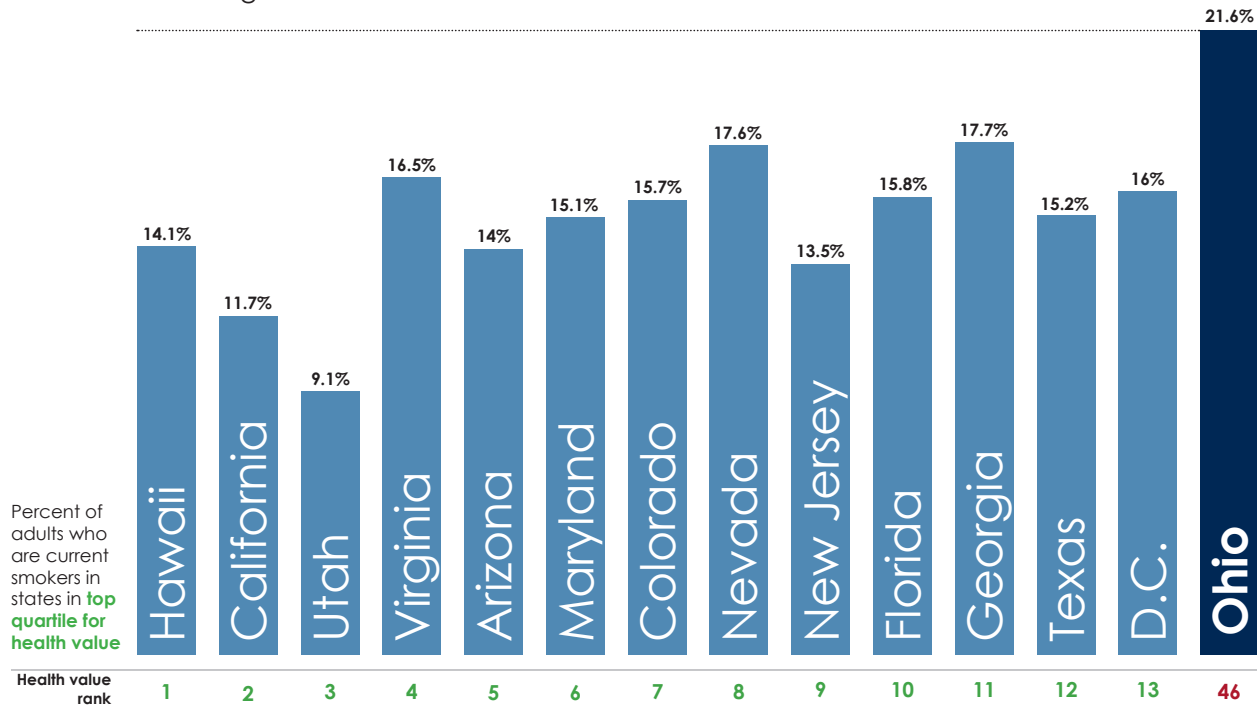


Figure 1. **Correlation between smoking rate and health value rank**  
2015 adult smoking rate and 2017 health value rank ( $r=.70$ )



Source: 2017 Health Value Dashboard

Figure 2. **Smoking rates in best-value states and Ohio**  
2015 adult smoking rate and 2017 health value rank



Sources: HPIO 2017 Health Value Dashboard (value rank), 2015 Behavioral Risk Factor Surveillance System (smoking)

### How tobacco use affects health outcomes and healthcare spending

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 U.S. Medicaid costs are attributable to cigarette smoking<sup>1</sup> and a recent Indiana study found

that per member per month (PMPM) Medicaid expenditures were 51.4 percent higher for smokers compared to non-smokers.<sup>2</sup> Smoking also increases healthcare costs for employers.<sup>3</sup>

### Ohio's rank on tobacco-related metrics

As shown in figure 3, Ohio ranks in the bottom half of states for all tobacco-related metrics in the *Dashboard*.

Figure 3. **Ohio's performance on tobacco-related metrics**

Metric	Ohio's rank	Most recent data
<b>Children exposed to second-hand smoke.</b> Percent of children who live in a home where someone uses tobacco and smokes inside the home (2011/2012)	49	10.3%
<b>Adult smoking.</b> Percent of population age 18 and older that are current smokers (2015)	43	21.6%
<b>Youth all- tobacco use.</b> Percent of youth ages 12-17 who used cigarettes, smokeless tobacco, cigars or pipe tobacco during past 30 days (2013-2014)	37	9.4%
<b>Tobacco prevention spending.</b> Tobacco prevention and control spending as a percent to the Centers for Disease Control and Prevention-recommended level (FY 2017)	33	11.8%
<b>Cigarette tax.</b> State cigarette excise tax rate (2015)	29	\$1.25 increased to \$1.60 July 2015

Source: 2017 Health Value Dashboard



## Recent trends

Despite lagging behind other states, Ohio has made some progress. Adult smoking and youth all-tobacco use in Ohio both declined in recent years. Figure 4 displays adult smoking rates in 2013 and 2015 for Midwestern and neighboring states, as well as the best and worst-performing states.

## Policy spotlight: Cigarette taxes

All of 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.<sup>4</sup>

- Illinois and Pennsylvania allow certain municipalities to add their own tobacco taxes.
- In 2012, Illinois increased its cigarette tax by \$1.00<sup>5</sup>, and Chicago and Cook County each

raised their cigarette taxes in 2013.<sup>6</sup>

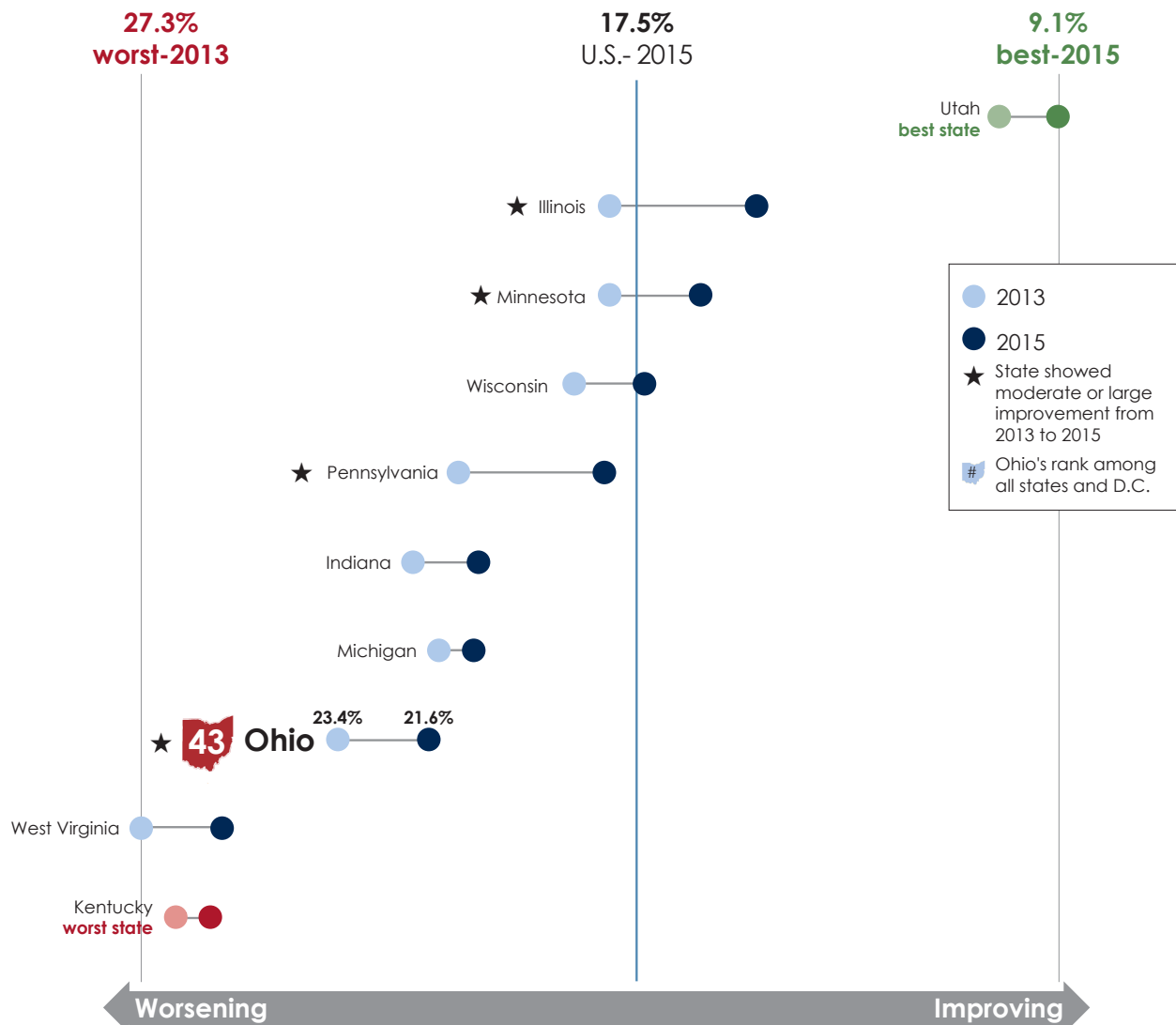
- Pennsylvania's cigarette tax increased in 2009 and 2016<sup>7</sup>, and Philadelphia's cigarette tax went up \$2.00 in 2014.<sup>8</sup>
- In 2013, Minnesota increased its cigarette tax \$1.60 and began annual adjustments pegged to inflation.<sup>9</sup>
- Ohio's cigarette tax increased \$0.35 per pack in 2015<sup>10</sup> and is lower than the rates in Utah, Illinois, Minnesota, Wisconsin, Pennsylvania and Michigan.

## Tobacco use and health equity

The 2017 *Health Value Dashboard* included calculations of the magnitude of difference between the group with the best outcomes and the group with the worst outcomes for specific metrics. Of the 29 metrics included in this analysis, the largest disparity was for children exposed to secondhand smoke by

Figure 4. **Percent of adults age 18+ that are current smokers, 2013 and 2015**

In Midwestern and neighboring states and best- and worst-performing states

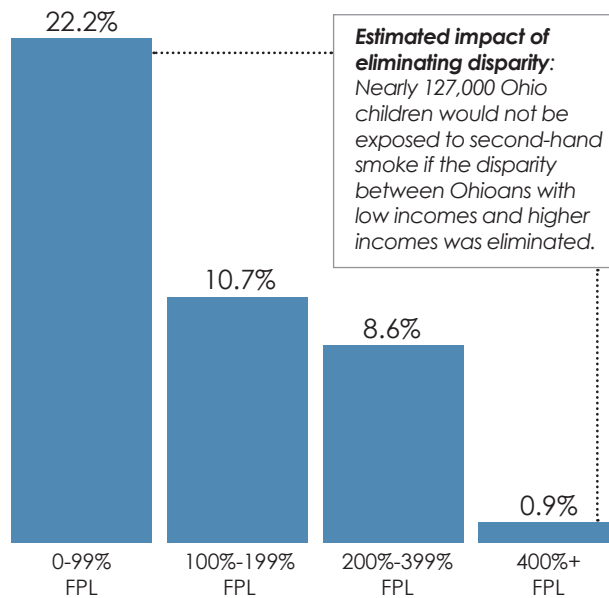


Source: 2017 *Health Value Dashboard*, based on data from Behavioral Risk Factor Surveillance System

household income level. Twenty-two percent of children in households below the federal poverty level (FPL) lived in a home where someone smokes, compared to less than one percent of children in households at 400 percent of FPL or above (see figure 5). Secondhand smoke exposure is associated with Sudden Unexpected Infant Deaths, asthma, ear infections,<sup>11</sup> poor cognitive performance and behavior problems for children.<sup>12,13</sup>

Similarly, there is a large disparity in adult smoking by income level. Thirty-nine percent of adults with household incomes less than \$15,000 smoke, compared to 13 percent of those with annual incomes above \$50,000.<sup>14</sup> In addition, 42 percent of working-age Ohio Medicaid enrollees were current smokers in 2015.<sup>15</sup>

Figure 5. Percent of Ohio children exposed to secondhand smoke, by household poverty status (2011/2012)



Source: National Survey of Children's Health and 2017 Health Value Dashboard disparity analysis.

## Notes

- 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/>)
- SVC, Inc. Indiana Smoking Attributable Medicaid Expenditures Final Report, March 2017. <https://www.rmff.org/wp-content/uploads/2017/04/Fairbanks-SAE-Final-UPDATED-Report-3.31.2017.pdf>
- 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.
- 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>
- 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>
- Data provided directly by the Respiratory Health Association, Dec. 2016
- 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>
- Pennsylvania Department of Revenue. "Philadelphia Cigarette Tax." <http://www.revenue.pa.gov/GeneralTaxInformation/Tax%20types%20and%20Information/Pages/Cigarette%20Tax/Philadelphia-Cigarette-Tax.aspx#.WksnGvkrLct>
- 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>
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- Chen, Ruoling, et al. "Is exposure to secondhand smoke associated with cognitive parameters of children and adolescents?: A systematic review of the literature." *Annals of Epidemiology*, Vol. 23, Issue 10 (2013): 652-661. doi: 10.1016/j.annepidem.2013.07.001.
- Yolton, Kimberly, et al. "Environmental tobacco smoke exposure and child behaviors." *Journal of Developmental and Behavioral Pediatrics*, 29(6) (2009): 450-7. Doi: 10.1097/DBP.0b013e31818d0c21.
- Data from the 2015 Behavioral Risk Factor Surveillance System (BRFSS). Centers for Disease Control and Prevention. Accessed 4/4/17. <https://www.cdc.gov/brfss/brfssprevalence/index.html>
- Data from the 2015 Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard, stratified results. Current smokers among non-senior adults (ages 19-64). Accessed February 9, 2016. <http://grcapps.osu.edu/dashboards/OMAS/adult/>

View all 2017 Health Value Dashboard material at:

[www.hpio.net/2017-health-value-dashboard/](http://www.hpio.net/2017-health-value-dashboard/)

