

Agency: 303 Department of Health
Decision Package Code/Title: P2 Youth Tobacco and E-Cigarette Use Prevention
Budget Period: 2015-17
Budget Level: PL-Performance Level

Recommendation Summary Text:

The Department of Health requests funding to support prevention of tobacco use and vaping (such as e-cigarettes) aimed at youth and populations with high incidence of tobacco use to prevent chronic disease and reduce healthcare costs.

Fiscal Detail:

Operating Expenditures		<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
001-1	General Fund- State	1,500,000	1,500,000	3,000,000
Total Cost		1,500,000	1,500,000	3,000,000

Package Description:

Tobacco related illness remains to be the states most leading preventable health threat. Currently an estimated 892,000 people in Washington State are tobacco users. Nearly all (95 percent) began using tobacco before the age of 21. Unfortunately our state is still experiencing an increase in tobacco sales to minors. Investments in tobacco use prevention efforts reduce the incidence of chronic diseases such as cancer, heart disease and strokes – as well as the overall health care costs in Washington State.

This request will maintain funding received in the 2014 Supplemental Operating Budget for activities that discourages youth from using tobacco and includes additional prevention efforts focused on vaping devices (such as e-cigarettes) that are now increasing in popularity. It will address population health disparities.

From 2010 -2013 the state did not fund youth tobacco prevention activities beyond retailer compliance checks aimed at preventing illegal sales to minors. For most communities, educational outreach was eliminated at the end of fiscal year (FY) 2010 and limited outreach was restored in FY 2014. Populations in Washington State continue to experience significant disparities in tobacco use and marketing – these populations include:

- American Indian/Alaska Native adult smoking is 76 percent higher than the non-Hispanic white rate.
- African American adult smoking is 25 percent higher than the non-Hispanic white rate.
 - Advertisements for more addictive menthol cigarette are posted in 87 percent of stores in predominantly African American neighborhoods and not at all in other neighborhoods.
- For lesbian, gay, and bisexual people, the smoking rate is more than 60 percent higher than the general population.
- People with low incomes are three times more likely to smoke than the general population. This is also true for people with a high school education or less.

The requested funding will support the following programs and services that are evidence-based best practices that lead to prevention and health care savings.

Reduce Tobacco-related Disparities:

Tobacco use among some groups, such as people with less income or education, or members of racial and ethnic minorities, is significantly higher than the general population. Often, these groups also have less access to healthcare resources to help them quit or treat tobacco related illnesses. This results in a higher rate of death and disease from tobacco use.

The department will contract with culturally-specific, community-based organizations to promote tobacco prevention in communities disproportionately impacted by tobacco use. Funding will support the following:

- The American Indian Health Commission of Washington State to implement the ‘Healthy Tribal and Urban Indian Communities Framework.’ The goal of this framework is to prevent chronic diseases and improve the health of American Indians/Alaska Natives by focusing on tobacco-free living, healthy eating, active living, and emotional wellness.
- Programs that develop youth leaders in the Asian/Pacific Islander and African American communities who can educate peers and community leaders on the harmful impact of tobacco and e-cigarette marketing and use.
- Prevention strategies and activities targeting low income youth.
- Prevention outreach and education for lesbian, gay, bisexual, transgender and questioning youth and community leaders.

Youth Tobacco Prevention:

Most tobacco use begins before age 18 and almost all tobacco use begins before age 21. Youth prevention is a high priority because middle and high school aged students are particularly vulnerable to initial and repeat tobacco and vaping/e-cigarette use.

The department will contract with Educational Service Districts (ESDs) across the state to provide youth tobacco prevention programs. ESDs will use existing prevention centers and relationships with all 295 school districts in the state to identify and reach schools and students with the highest rates of tobacco use.

Prevention work conducted by ESDs will include:

- Outreach and education to school districts on creating and enforcing effective policies on tobacco use.
- Developing and distributing educational materials on health impacts of emerging products like vaping devices, such as e-cigarettes.
- Leveraging of existing substance abuse prevention programs supported by the Department of Social and Health Services that provide youth prevention services in schools with high rates of tobacco use.

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Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

Funding activities that address prevention will drive results in these key areas:

- 11 school districts in the state have 10th grade smoking rates above 20 percent.
- An additional 82 school districts have more than 10 percent of their sophomores reporting that they smoked in the last 30 days.
- About half of middle schools and high schools report that there is a place on or near their campus where students congregate to smoke.
- Research shows schools that eliminate permissive smoking policies reduce the risk of youth smoking.
- Schools that provide education/counseling in addition to enforcement can achieve lower smoking rates.

Implementation of the activities proposed in this decision package will allow the Department of Health to:

- Reduce the percentage of youth who smoke cigarettes.
- Reduce the percentage of youth who use other forms of tobacco (including e-cigarettes).
- Reduce the percentage of youth exposed to secondhand smoke.
- Increase the number of middle and high schools with stronger smoking policies on and around campus.

Return on Investment (ROI):

- In 2012 a study in the *American Journal of Public Health* found that for every dollar spent by Washington State’s Tobacco Prevention and Control Program between 2000 and 2009, more than five dollars were saved by reducing hospitalizations for heart disease, stroke, respiratory disease and cancer caused by tobacco use. Over the 10-year period the program prevented nearly 36,000 hospitalizations saving \$1.5 billion compared to \$260 million spent on the program. The 5-to-1 return on investment is conservative because it only represents savings from prevented hospitalizations.
- [The Surgeon General’s Office estimates](#) that annual healthcare costs are about \$2,000 higher for smokers than for non-smokers.

Service	Cost	Prevention Focused Investment Targets	Outcomes and Strategies
Tobacco-related Disparities	\$600,000	<p>Higher rates of smoking and disease in populations when compared with Caucasian populations at 18 percent:</p> <ul style="list-style-type: none"> ▪ African American 23 percent ▪ Native American/Alaska Native 32 percent ▪ Pacific Islander 25 percent ▪ Lesbian/Gay/Bisexual/Transgender >25 percent ▪ Low income/education >26 percent <p>Having trusted messengers and resources from the respective communities is important to deliver culturally appropriate messages and education.</p>	<p>There is an estimated 892,000 smokers in Washington state (BRFSS). Every smoker incurs an extra healthcare cost of \$2,000 per year.</p> <ul style="list-style-type: none"> ▪ Through a contract with DOH, two tribes will implement a healthy tribe’s initiative related to tobacco prevention. ▪ Promote existing prevention and cessation services to priority populations using people from those communities. ▪ Create youth leaders from priority communities to continue tobacco prevention activities for the future
Youth Tobacco Prevention	\$900,000	<ul style="list-style-type: none"> ▪ Half of secondary schools still have smoking areas. ▪ 93 school districts report 10th grade smoking rates above 20 percent. ▪ Existing prevention programs do not have a strong tobacco emphasis. ▪ School based prevention has been shown to work. ▪ ESDs serve all school districts in the state and have capacity to include tobacco with existing prevention activities. 	<ul style="list-style-type: none"> ▪ There are 565,000 middle and high school aged students in Washington State. A savings of \$17,500 in future health care costs for every teen that does not begin smoking. (Campaign for Tobacco Free Kids) <p>Preventing youth from starting to smoke also prevents the associated tobacco related illnesses.</p> <p>ESDs will:</p> <ul style="list-style-type: none"> ▪ Address disparities in youth smoking rates. ▪ Work with OSPI to get better enforcement of tobacco policies. ▪ Provide educational material on

			<p>smoking and e-cigarette prevention to schools.</p> <ul style="list-style-type: none"> ▪ Create youth leaders in schools to continue tobacco prevention activities for the future. ▪ Ensure existing prevention coalitions address tobacco along with other substance abuse.
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Performance Measure Detail

Activity: A002- Prevent Chronic Disease

Is this DP essential to implement a strategy identified in the agency’s strategic plan?

Yes. This decision package supports the following Goals and Objectives in the 2014-16 Department of Health Strategic Plan:

Goal 2: Prevent illness and injury and promote ongoing wellness across the lifespan for everyone in Washington.

Objective 4: Promote tobacco-free living.

Does this decision package provide essential support to one or more of the Governor’s Results Washington priorities?

Yes. This decision package supports Results Washington Goal 4 -- Healthy and Safe Communities:

- 1.2. Y-d: Decrease percentage of 10th graders who report smoking cigarettes in past 30 days from 10% in 2012 to 9% by 2017.
- 1.2.A.e.1: Decrease percentage of persons who smoke cigarettes among those with low education (high school or less) from 26% in 2011 to 23% by 2016, and pregnant women from 9% to 8% by 2016.

What are the other important connections or impacts related to this proposal?

- Tobacco prevention is a priority for several stakeholders including the American Lung Association, American Heart and Stroke Association, American Cancer Society, Campaign for Tobacco Free Kids and the federal Centers for Disease Control and Prevention.
- Everyone in Washington State pays for smoking-related illnesses. Total annual costs from a 2007 smoking study revealed that every Washington household pays an estimated \$628 per year for smoking-related healthcare – even if no one in that household smokes. This keeps healthcare costs high, impacts affordability (premiums, deductibles and co-pays) and access.
- Funding will support the tobacco prevention components recommended by Centers for Disease Control and Prevention (CDC).
- Funding is needed to attain Governor’s Results Washington Goal 4, 1.2.Y-d measure by 2017.

What alternatives were explored by the agency and why was this alternative chosen?

No alternatives were explored. With dedicated tobacco settlement funding depleted, we have no other State funding options for this important work.

What are the consequences of adopting or not adopting this package?

Not adopting this package will likely result in a continued rise of youth tobacco and e-cigarette use as these products are heavily marketed to youth and other vulnerable populations. It will also limit the ability of the state to address the increasing disparities in tobacco use resulting in continued preventable illness and premature death. Lastly would be the inability to meet Governor's Results Washington objectives and measures related to youth smoking.

What is the relationship, if any, to the state capital budget?

None.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None.

Expenditure and revenue calculations and assumptions.

Revenue:

None.

Expenditures:

Beginning in FY 2016 and ongoing funding will be used for salaries, benefits and associated costs for a full-time Health Services Consultant 3 to coordinate youth prevention activities for tobacco, vaping/e-cigarettes, and marijuana (as appropriate). This person will manage school-based contracts, create and coordinate educational material for schools and youth, and gather and disseminate research about tobacco and substance abuse prevention for the agency. A large portion of the funding will be contracted out as follows:

- \$600,000 for contracts with community based organizations serving communities and populations with high rates of tobacco use.
- \$776, 000 for ESDs to increase policy enforcement and tobacco prevention services.
- \$124,000 for salary and benefits to fund a full-time Health Services Consultant 3 to coordinate

Total estimated costs for FY 2016 \$1,500,000 and FY 2017 \$1,500,000 and ongoing.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

All costs are ongoing for prevention activities. Efforts to prevent or reduce youth and adult tobacco require a stable funding source. In the past this work was funded primarily by state resources the Tobacco Master Settlement funding and partially through federal (CDC) grants.

For federal grants: Does this request require a maintenance of effort or state match?

No.

For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

Yes, these funds can be used to meet the CDC Tobacco grant match requirements. (25 percent of federal funds). That grant award is currently \$1.4 million.

<u>Object Detail</u>		<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
A	Salaries and Wages	83,000	83,000	166,000
B	Employee Benefits	24,000	24,000	48,000
C	Personal Service Contracts			0
E	Goods and Services	15,000	15,000	30,000
G	Travel			0
J	Capital Outlays			0
N	Grants Benefits & Client SVS	1,376,000	1,376,000	2,752,000
T	Intra-Agency Reimbursements	2,000	2,000	4,000
Total Objects		1,500,000	1,500,000	3,000,000