



February 3, 2014
 Joint Legislative Budget Hearing on Health/Medicaid

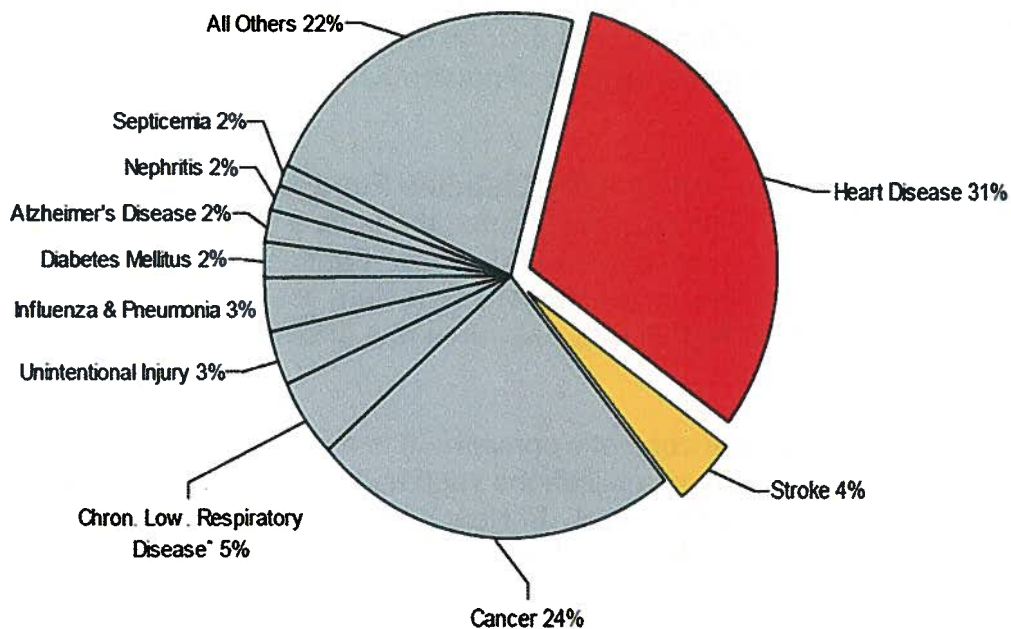
Testimony of Julianne Hart
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 American Heart Association/American Stroke Association

Senate Finance Committee Chair John A. DeFrancisco and Assembly Ways and Means Committee Chair Herman D. Farrell, Jr., and New York State Legislators:

Thank you for the opportunity to testify today. My name is Julianne Hart and I am the NYS Government Relations Director for the American Heart Association / American Stroke Association (AHA). The AHA is the largest volunteer organization in the world dedicated to the building of healthier lives, free from heart disease and stroke – the No. 1 and No 4 causes of death. The American Heart Association has set a 2020 impact goal to improve the cardiovascular health of all Americans by 20% while reducing deaths from cardiovascular diseases and stroke by 20%.

The facts surrounding heart disease are both startling and alarming. Cardiovascular disease (CVD), including heart disease and stroke, is the leading cause of death in New York State.

Leading Causes of death in New York in 2010*



New York has the 15th highest death rate from cardiovascular disease in the U.S.

- Heart disease is the No. 1 killer in New York*
- 44,981 people in New York died of heart disease in 2010*
- Stroke is the No. 4 killer in New York*
- 6,213 people in New York died of stroke in 2010*

Based on total number of deaths in 2010. Centers for Disease Control and Prevention. WISQARS Leading Cause of Death Reports, 2010.

** List includes Puerto Rico and D.C. Based on 2007-09 age-adjusted death rates (ranked from worst to best CVD health). American Heart Association. Heart Disease and Stroke Statistics, 2013

Risk Factors for Cardiovascular Diseases:

Major risk factors for heart disease include smoking, high blood cholesterol, high blood pressure, and being overweight or obese. These major risk factors are also modifiable and investments should be made to help New Yorkers lower their risk of heart disease and stroke. Policy change makes the greatest impact when it optimizes the environments where people live, learn, work and play -- workplaces, schools, homes, and communities, making healthier behaviors and healthier choices the norm by default or by design, putting individual behavior in the context of multiple-level influences. Toward this end, we have advocated for funding for programs which seek to implement these environmental policy changes. Note: The American Heart Association does not receive state funding.

Executive Budget Proposal:

We are aware the Executive Budget will consolidate numerous prevention programs into 10 competitive pools; however, we are concerned with the lack of transparency. Without legislative oversight there is no assurance that funding will be invested in successful programs that aim at preventing heart disease. Specifically, we are concerned that funding for the **Healthy Heart Program and Obesity and Diabetes Funds, and a portion of the Tobacco Control Program** appear to be lumped into the these pools. Given the limited number of prevention dollars, we cannot afford further cuts.

Healthy Heart Program and Obesity/Diabetes Funding:

Despite being the No.1 killer of New Yorkers, the state's Healthy Heart Program is the sole program dedicated to fighting heart disease. Funded contractors implement programs to control and reduce the major risk factors associated with CVD such as sedentary lifestyle, diets high in fats, saturated fats and sodium, and overweight and obesity.

Obesity is more than just a cosmetic concern. It is a major risk factor for CVD and sets us on a fast track for health complications such as heart disease, Type 2 diabetes, high blood pressure and high cholesterol. In New York State, **six out of ten adults are considered overweight or obese. That's 8.5 million New Yorkers.**

And obesity is not just a problem for adults. It has also emerged as a major health concern for teens and children. Nearly one-third of NYS children between the ages of 10 to 17 are considered overweight or obese. And while we are beginning to make progress, more needs to be done as for far too many young people, excess weight threatens their future and quality of life. According to a recent study in the New England Journal of Medicine, overweight 5-year-olds were four times as likely as normal-weight children to become obese.

But there is good news: Obesity is one of the major risk factors for CVD that can be modified. And it doesn't take high-tech treatments or cutting-edge medications. The solution begins and ends with the daily decisions we make. With a strong commitment by the state, we can help New Yorkers and their families eat healthy food and increase physical activity.

DOH prevention dollars from the Healthy Heart Program and the Obesity/Diabetes funding help fund critical programs such as the **Healthy Schools Program (HSP)**. These contractors work to establish programs to improve healthful eating and increase opportunities for physical activity in high-need schools through the implementation of sustainable school health policy and practice changes. Eighteen contractors are working with 130 schools to provide technical assistance to help comply with Physical Education (PE) standards and increase physical activity. Current funding allows HSP to reach only **130** and the program is not able to assist in every county. NYS already experiences dismal compliance rates with PE standards.

In addition, we were disappointed in the Governor's veto of legislation (S2316 /A4818) to create the New York State Governor's Council on Physical Fitness, Sports and Health. The veto called for such discussion to occur within the budget framework; however this was not included with the Executive budget proposal.

No-cost options:

The American Heart Association encourages the addition of two no-cost measures to be included with the final budget language.

- Eliminating artificial trans fat in restaurants.
- Calorie labeling in chain restaurants.

Since 2006 consumers have been able see how much trans fat is in the packaged food they purchase at the grocery store. Many New York localities have enacted laws to eliminate artificial trans fat, but residents living in other communities could still be consuming foods with dangerously high levels of trans fat.

The Food and Drug Administration stated that partially hydrogenated oils no longer fit under the agency's "generally recognized as safe" designation. This paves the way for the removal of artificial trans fat – however, this process could take years. Therefore, AHA encourages the budget to include language removing artificial trans fats in restaurants.

The scientific evidence is clear – eating food with trans fat increases production of “bad” cholesterol which is a risk for cardiovascular disease. Eating trans fats increases your risk of developing heart disease and stroke, and it’s also associated with a higher risk of developing Type 2 diabetes.

The American Heart Association also encourages the adoption of language to provide for calorie labeling in chain restaurants. While the federal government passed calorie labeling as part of the Affordable Care Act, the process has stalled and the standards have yet to be implemented. State and local governments may enact laws that have the same requirements as the federal law and regulations. State and local governments may not require restaurant chains or similar retail food establishments with 20 or more locations or to comply with different requirements than those imposed by the federal law. Enacting our own law will allow state government to monitor and enforce the requirements instead of relying on the federal government to do so.

Tobacco Control Program:

While New York State has made great strides, smoking continues to kill more than 23,000 people every year. To combat this still-grim statistic, we have advocated for increased funding for the state’s successful Tobacco Control Program. However, we were dismayed to learn that funding for the Tobacco Control Program has not been increased and a portion of the funding is consolidated in the Executive Budget.

The New York State Tobacco Control Program has proven effective in reducing the number of women and men who smoke and the number of children taking up this deadly habit. The rates of adult and teen smoking in New York have fallen at a faster rate than the United States as a whole. Unlike other programs, the Tobacco Control Program is statutorily required to be reviewed by a third party. This independent evaluation has concluded that the program is responsible for significant public health improvements. In addition, the review has most recently identified the program’s single biggest weakness – dwindling state support.

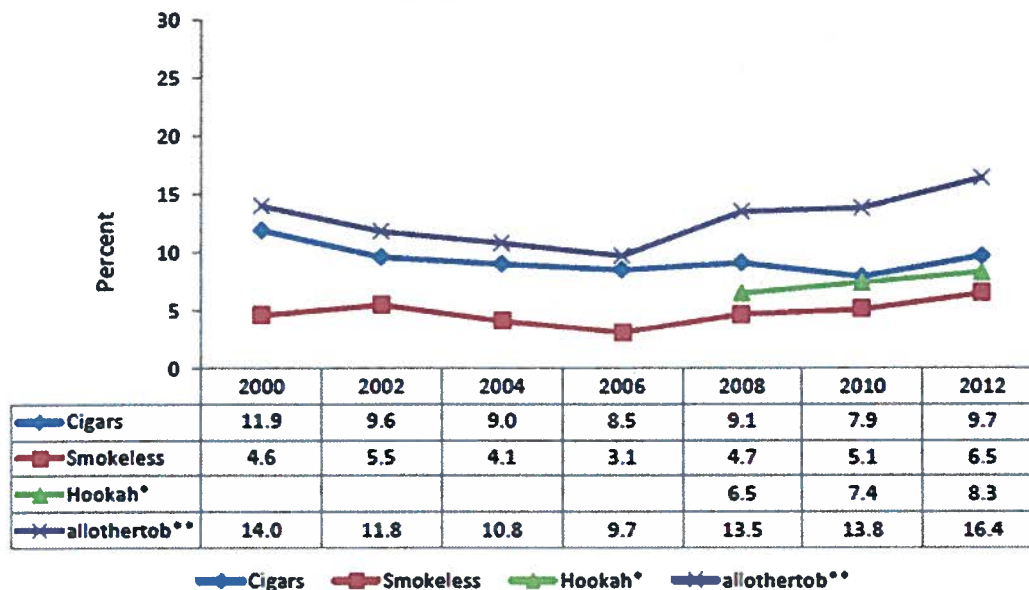
Despite the progress in NYS, we are troubled by these statistics:

- There are more than 23,000 smoking attributable deaths in NYS.
- Annual health care costs in NYS caused by smoking now exceed \$10 billion
- 16.2% of NYS adults still smoke.
- 11.9% of high school students smoke cigarettes and 16.4% use other tobacco products.

And enormous disparities remain in the state’s smoking rates:

- 35.6% of adults reporting poor mental health smoke.
- From 2003 to 2011, there was not a significant decline in smoking rates for African Americans, Hispanics, those with less than a high school degree or those with incomes below \$25,000.

Trends in other tobacco use among high school students in New York State, 2000-2012



* Hookah refers to tobacco smoked in a water pipe. The NY Youth Tobacco Survey started collecting data on Hookah use starting in 2008.
 **allothertob refers to all other tobacco products including cigars, smokeless tobacco and hookah. Cigarettes are not included.

http://www.health.ny.gov/prevention/tobacco_control/reports/statshots/volume6/n4_use_of_tobacco_products_other_than_cigarettes_among_high_school_students.pdf

Given the trend in other tobacco products use among high school students, the American Heart Association believes it is imperative for other tobacco products to be taxed at a rate that provides for tax parity with cigarettes. This additional revenue should be used to help smokers quit and prevent kids from picking up this deadly habit. Since 2006-07 funding has dropped from \$85m to \$39m in the current fiscal year. The CDC calculates that New York should spend \$203 million to reduce tobacco use.

The Value of Prevention:

As the leading killer of Americans and New Yorkers, CVD places massive strains on our economy. Nationwide, direct and indirect medical care costs for these diseases reached almost \$450 billion in 2010 and are projected to exceed \$1 trillion a year by 2030. In New York State, obesity-related health care costs alone were an estimated \$11.8 billion for all New Yorkers in 2011, according to a recent report by the NYS Comptroller. However, research indicates prevention can **save** money while saving lives.

A recent policy statement by the American Heart Association concluded that community-based programs to increase physical activity improve nutrition and prevent smoking and other tobacco use can show a return on investment of \$5.60 for every dollar spent within five years. We can pay a little now, or a lot later.

Recommendation:

With the limited number of prevention dollars that already exist, consolidation of successful prevention programs may mean fewer dollars invested in health. The AHA urges transparency be restored and that funding levels be increased for:

- Healthy Heart Program (\$1.5 million).
- Obesity/Diabetes funding (\$10 million).
- Tobacco Control Program (\$85 million).

To address the rise in the use of other tobacco products, the final budget should include language to provide for tax parity between other tobacco products and cigarettes.

The following no-cost options to help improve the health of all New Yorkers should be addressed within the budget framework:

- Eliminate artificial trans fats in restaurants.
- Provide for calorie labeling in chain restaurants.

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