

Ohio's Tobacco Settlement Presents A "Once-in-a-Lifetime" Opportunity

By Mark Willis

The State of Ohio is poised to make a far-sighted investment in the health of its citizens as lawmakers decide how to spend a \$10.1 billion budget windfall over the next 26 years. The money is Ohio's share of the historic legal settlement reached in 1998 between state attorneys general and the tobacco industry. In exchange for a halt to state litigation to recover tobacco-related health-care costs, tobacco companies agreed to adhere to marketing and lobbying restrictions as well as to pay the states a total of \$208 billion. Ohio expects its first installment by the end of 1999.

After hearing testimony from a wide range of health-care and public policy constituencies, including Wright State University School of Medicine, the Ohio Tobacco Task Force recommended in September to spend nearly half of the funds on health-related programs. Most of the remainder would be used for public school construction and renovation. The task force plan was introduced in the Ohio General Assembly as SB 192. While lawmakers are uncertain whether SB 192 should provide a budget blueprint for 26 years or a shorter time period, there has been broad consensus for the plan's basic structure.

SB 192 would establish three health-related trust funds:

- The Tobacco Use Prevention and Cessation Trust Fund (\$1.5 billion over 26 years) will fund programs aimed at reducing tobacco use in Ohio.
- Ohio's Public Health Priorities Trust Fund (\$1.0 billion over 26 years) will fund programs in minority health, enforcement of underage tobacco use laws, alcohol and drug abuse prevention, and assistance to low-income Ohioans with tobacco-related illnesses.
- The Biomedical Research and Technology Transfer Trust Fund (\$1.8 billion over 26 years) would fund Ohio research programs involving tobacco-related illnesses as well as other public health priorities.

Earmarking funds for tobacco use prevention was a key goal of the Coalition for a Healthier Ohio, which includes the Ohio State Medical Association, the Ohio Hospital Association, and a host of nonprofit health organizations. Investing a strategic share of the tobacco settlement in biomedical research and technology development was an initiative advanced by Wright State and Ohio's other medical schools.

In testimony presented to the task force in June, Wright State Dean of Medicine Howard Part, M.D. said, "Ohio's medical schools, with their diverse approaches to serving the health care needs of their regions, are prepared to provide research, health services, and educational support that can begin to change tobacco use behaviors. Ohio's medical schools have a track record for collaboration and building partnerships in their communities. We can mobilize powerful partnerships to fight the tobacco problem."

According to Dr. Part, allocating part of the tobacco settlement for biomedical research and development is "a once-in-a-lifetime opportunity to guide Ohio's economic development in an emerging high-growth industry."

Governor Bob Taft has urged lawmakers to adopt the full 26-year version of the plan. Noting that biomedicine and biotechnology will "define the economy of the future," he has called upon governors of the Great Lakes states to form a regional consortium to promote research development. Dr. Part has testified twice in the General Assembly in support of the 26-year plan. "In all our communications about the tobacco settlement, Wright State has emphasized the importance of community and regional approaches to solving the tobacco problem," he explains. "We believe our community brings a depth of experience to the problem in terms of health-care and research partnerships. We expect Wright State and the Miami Valley region to be very competitive for grants from all three of health-related trust funds."

In his public testimony Dr. Part has cited the Dayton Area Drug Survey (DADS) as one example of community collaboration. For the past ten years DADS has worked with local schools to monitor substance abuse trends among Dayton-area youth. Last year's survey found that tobacco is the drug high school seniors are most likely to use on a daily basis. Nearly one-fourth (23.3%) of Dayton's 12th-graders smoke cigarettes every day. The survey has shown school administrators that tobacco prevention programs need to begin in the earliest grades. As a result, the number of Dayton-area 7th-graders who have tried tobacco at least once in their lives dropped last year for the first time in a decade.

Another example cited by Dr. Part is the Teen Waves Wellness Coalition, a media literacy project that is teaching Miami Valley teenagers how to use the media to develop more effective tobacco prevention messages to their peers. When U.S. Surgeon General David Satcher held a news conference before speaking at Wright State's graduation in June, several Teen Waves participants asked him tough questions about warning labels on cigarette packs. Dr. Satcher asked the teens for suggestions to improve the Surgeon General's warning. As a result, Teen Waves and the Miami Valley Health Improvement Council sponsored a "Teen Tobacco Summit" at Wright State in December to develop strategies for meeting the Surgeon General's challenge.

"These are just two examples of innovative collaborative thinking that our community can apply to the tobacco problem," Dr. Part says. "Tobacco use is such a pernicious behavior, and its health impact is so devastating, that no single strategy will stop it. The wise use of Ohio's tobacco settlement funds will lead to many diverse strategies in the years to come."

Dayton Medicine

December 1999

Volume 55, Number 6