



January 30, 2013
Joint Legislative Budget Hearing on Health/Medicaid

Testimony of Julianne Hart
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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. In 2009, there were 47,283 deaths due to heart disease while another 5,950 people in New York died of stroke. Among both men and women and across all racial ethnic groups, CVD is New York's leading killer.

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 a competitive pool; 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, Obesity and Diabetes Funds, and the Tobacco Control Program** appear to be lumped into the Chronic Disease pool. 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 almost one-third of NYS children between the ages of 10 to 17 are considered overweight or obese, and it is becoming more prevalent every day. For far too many young people, excess weight threatens their future and quality of life.

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**. 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. Currently, eighteen contractors are working with schools to provide technical assistance to help comply with Physical Education (PE) standards and increase physical activity. NYS already experiences dismal compliance rates with PE standards. Without legislative oversight, consolidation could potentially jeopardize programs such as the Healthy Schools Program.

Tobacco Control Program:

While New York State has made great strides, smoking continues to kill 25,500 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 the lion's share of the Tobacco Control Program has been eliminated in the Executive Budget.

The New York State Tobacco Control Program has been 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. We are troubled that the Executive Budget would jeopardize funding for a successful program that is needed to help tobacco-addicted New Yorkers begin to live longer, healthier lives by quitting.

Why is it so important to fund this critical program? Approximately 12.6% of high school students smoke while 18% of adults are still smoking. Smoking is a major risk factor for heart disease and cancer. Among both women and men and across all racial ethnic groups, heart disease is New York's leading killer. Moreover, the state's taxpayers pay more for the Medicaid and other health costs caused by smoking-related diseases.

And we know that New York's primary mechanisms to stop kids from starting and to help smokers quit are already woefully underfunded despite the state raising more than \$2 billion annually in tobacco revenues – and the program has seen its funding cut in half over the past four years.

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 public health programs, specifically the Healthy Heart Program and the Tobacco Control Program, receive dedicated funding lines approved by the Legislature. In addition, we would urge separate appropriations be provided for Obesity Prevention and Diabetes funding.

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