Indiana’s Tobacco and Opioid Epidemics

Presented to:
Indiana Workplace Wellness Partnership

October 14, 2016
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• Overview of the Richard M. Fairbanks Foundation

• State of Health in Indiana

• Our Health Funding Priorities

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Richard M. Fairbanks, Jr. (“Dick”) was the grandson of Indianapolis resident Charles Warren (“C.W.”) Fairbanks, a successful lawyer who was active with the Indiana Republican Party.

C.W. Fairbanks was in the investor group that purchased *The Indianapolis News* in the late 1800's.

In 1897, C.W. Fairbanks was elected by Indiana voters to the U.S. Senate.

He was re-elected in 1903 but resigned in 1904 to join the campaign trail with Theodore Roosevelt.

Roosevelt was elected President and Fairbanks served as his Vice President from 1905 to 1909.

C.W. Fairbanks was married to Cornelia Cole Fairbanks and the couple resided in Indianapolis in a brick and cut-stone mansion located at the southwest corner of Thirtieth and North Meridian Streets.

Cornelia Cole served as president general of the National Society of the Daughters of the American Revolution.

Charles Warren Fairbanks (1852-1918) and Cornelia Cole Fairbanks (1852-1913) are buried together at Crown Hill Cemetery in Indianapolis.
Dick Fairbanks, Founder and Owner of Fairbanks Communications, Inc.

- Attended Yale University and served as a naval officer in WWII.
- Joined the family newspaper business in 1931.
- In 1948, Dick Fairbanks negotiated the merger of *The Indianapolis News* with *The Indianapolis Star*. In the same year, he formed a company to purchase WIBC radio station, called Fairbanks Communications.
- His company owned and operated 20 radio stations around the country, a television station in Atlanta, cable television systems, a charter airplane company, and had interests in real estate.
- Established the Indianapolis Motor Speedway Radio Network.
- Served on many boards, including Butler University, United Way of Central Indiana, the Indianapolis Museum of Art, and Merchants National Bank.
- One of the owners of the Indiana Pacers in the 1980’s.
- First wife, Mary Caperton, passed away in 1967.
Richard M. Fairbanks Foundation Established in 1986, Fully Capitalized in 2002

Creating the Foundation
• Dick Fairbanks did not want to pass on his sizeable wealth to his children. He gave them educational opportunities, and it was up to them to make a life for themselves.
• In October 1986, the Richard M. Fairbanks Foundation was incorporated and capitalized with a $5,000 contribution from Dick Fairbanks.
• Dick made large contributions to the Foundation beginning in the mid-1990s following the sale of various radio and cable properties by Fairbanks Communications.
• Following his death in August 2000, the Foundation was fully capitalized.
• In August 2000, Len Betley, Dick Fairbanks’ attorney, was named President and Chairman of the Richard M. Fairbanks Foundation and served in these roles until the end of 2014.

Overview of the Foundation
• Independent, private foundation (not affiliated with Fairbanks Hospital)
• 9 Board members. Board Chair: Daniel Appel.
• 10 staff members
• Foundation assets: approximately $300M. Annual giving: approximately $15M.
• Geographic focus: Indianapolis
Sample of Largest Grants Awarded by the Foundation

$20M – Richard M. Fairbanks School of Public Health at IUPUI

$15M – Virginia B. Fairbanks Art & Nature Park at the Indianapolis Museum of Art

$10M – Butler University Sciences Building

$10M – The Mind Trust (cumulative)

$8.7M – BioCrossroads (cumulative)

$7.4M – Charles Warren Fairbanks Center for Medical Ethics at Methodist Hospital

$6M – Fairbanks Hall at Indiana University School of Medicine

$6M – New Eskenazi Hospital

$5M – Marian University College of Osteopathic Medicine
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The U.S. ranks very poorly in health indicators compared with other economically advanced countries

Among 13 economically-advanced countries, the U.S. is:

- 13th (last) for low-birth weight babies
- 13th (last) for neonatal and infant mortality
- 13th (last) for years of potential life lost
- 10th for age-adjusted mortality
- 1st in dollars spent/year/per capita on health care

Countries Evaluated in Rank Order:
Japan, Sweden, Canada, France, Australia, Spain, Finland, Netherlands, United Kingdom, Denmark, Belgium, United States and Germany
OECD Health Data 2013
Compared with other states, Indiana fares poorly on almost every health index

Indiana National Health Rankings in 2014

<table>
<thead>
<tr>
<th>Overall Health Ranking</th>
<th>41&lt;sup&gt;st&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity Rank</td>
<td>43&lt;sup&gt;rd&lt;/sup&gt;</td>
</tr>
<tr>
<td>Smoking Rank</td>
<td>39&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Diabetes Rank</td>
<td>39&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Health Determinants Rank (Determinants include behaviors, community and environment, public and health policies, clinical care, etc.)</td>
<td>41&lt;sup&gt;st&lt;/sup&gt;</td>
</tr>
<tr>
<td>Health Outcomes Rank (e.g., diabetes, poor mental/physical health days, infant mortality, cardiovascular/cancer deaths, premature deaths, etc.)</td>
<td>41&lt;sup&gt;st&lt;/sup&gt;</td>
</tr>
<tr>
<td>Public Health Spending</td>
<td>47&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>CDC and HRSA Funding Received</td>
<td>50&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

http://www.americashealthrankings.org/IN; Robert Wood Johnson’s Trust for America’s Health May 2014 report
Indiana: Only 3 Measures in Top Quintile of 50 States

<table>
<thead>
<tr>
<th>Health Factor</th>
<th>2015 Rank</th>
<th>2014 Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS Graduates</td>
<td>8</td>
<td>28</td>
</tr>
<tr>
<td>Salmonella Cases</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Meningococcal Vaccine - Adolescents</td>
<td>10</td>
<td>2</td>
</tr>
</tbody>
</table>

From presentation by Dean Paul Halverson, IU Richard M. Fairbanks School of Public Health at IUPUI
Indiana: Below Average in 25 of 34 Measures

Lowest Quintile of 50 States in:

<table>
<thead>
<tr>
<th>Health Factor</th>
<th>2015 Rank</th>
<th>2014 Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Inactivity</td>
<td>41</td>
<td>43</td>
</tr>
<tr>
<td>Immunizations:19-35 mos.</td>
<td>42</td>
<td>33</td>
</tr>
<tr>
<td>Prevent. Hospitalizations/1000 M-care Disch.</td>
<td>42</td>
<td>41</td>
</tr>
<tr>
<td>Cancer Deaths/100K</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>HPV Vaccine: Males</td>
<td>43</td>
<td>N/A</td>
</tr>
<tr>
<td>Adult Smoking</td>
<td>44</td>
<td>39</td>
</tr>
<tr>
<td>Adult Obesity</td>
<td>44</td>
<td>42</td>
</tr>
<tr>
<td>Dentists/100K</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>Air Pollution</td>
<td>47</td>
<td>48</td>
</tr>
<tr>
<td>Public Health Funding</td>
<td>48</td>
<td>47</td>
</tr>
</tbody>
</table>

From presentation by Dean Paul Halverson, IU Richard M. Fairbanks School of Public Health at IUPUI
Other Notable Indiana Health Measures

<table>
<thead>
<tr>
<th>Health Factor</th>
<th>2015 Rank</th>
<th>2014 Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent Crime – Offenses/100K</td>
<td>29</td>
<td>26</td>
</tr>
<tr>
<td>Diabetes</td>
<td>32</td>
<td>39</td>
</tr>
<tr>
<td>Cardiovascular Deaths/100K</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>Drug Deaths/100K</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>Premature Deaths – Years Lost/100K</td>
<td>40</td>
<td>39</td>
</tr>
</tbody>
</table>
Core Measure Impact

From presentation by Dean Paul Halverson, IU Richard M. Fairbanks School of Public Health at IUPUI
Tobacco Use: Indiana’s Largest Health Challenge

- Tobacco use causes some of the most deadly and costly diseases, including cancer, heart disease and emphysema.
- Tobacco causes harm to the reproductive health system, and damages nearly every organ in the human body.

**Smoking causes:**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 out of 10 deaths from lung cancer</td>
<td></td>
</tr>
<tr>
<td>3 out of 10 deaths from all cancers</td>
<td></td>
</tr>
<tr>
<td>8 out of 10 cases of chronic obstructive pulmonary disease, such as emphysema</td>
<td></td>
</tr>
<tr>
<td>3 out of 10 deaths from heart disease</td>
<td></td>
</tr>
</tbody>
</table>


From presentation by Dean Paul Halverson, IU Richard M. Fairbanks School of Public Health at IUPUI
Tobacco Use: Indiana’s Most Costly Health Challenge

- **Lives Lost:**
  - Adults who die each year from smoking: 11,100
  - Kids alive today who will die prematurely from smoking: 151,000

- **Financial Costs:**
  - For every pack of cigarettes sold in the state, Indiana state spends $15.90 in health care costs related to smoking and lost productivity.
  - Annual health care costs due to smoking: $2.93 billion
  - Medicaid costs: $589.8 million
  - State/federal annual tax burden: $982 per household
  - Smoking-caused productivity losses: $2.6 billion
  - Est. tobacco company marketing expenditures (IN): $294.9 million


From presentation by Dean Paul Halverson, IU Richard M. Fairbanks School of Public Health at IUPUI
We Know How to Decrease Smoking

A large body of scientific evidence exists:

• Raise the price of tobacco products
• Enact comprehensive indoor air laws
• Restrict access - e.g., Tobacco21
• Adequately fund tobacco control programs (state and local)
• Implement counter-advertising campaigns
Price increase: Single most effective way to reduce tobacco use

- Hundreds of studies demonstrating effectiveness of cigarette price increases in reducing smoking
  - Reduced consumption
  - Lower prevalence
  - Increased quitting
- Particularly effective in reducing use among high risk populations
  - Deter initiation/uptake among young people
  - Greater impact on low-SES populations

From presentation by Dean Paul Halverson, IU Richard M. Fairbanks School of Public Health at IUPUI
Cigarette Prices and Cigarette Sales
United States, 1970-2014

From presentation by Dean Paul Halverson, IU
Richard M. Fairbanks School of Public Health at IUPUI

Source: Tax Burden on Tobacco, 2015, and author’s calculations
Cigarette Prices and Sales
Indiana, Inflation Adjusted, 1970-2015

From presentation by Dean Paul Halverson, IU Richard M. Fairbanks School of Public Health at IUPUI

Source: Tax Burden on Tobacco, 2016, and author’s calculations

From presentation by Dean Paul Halverson, IU Richard M. Fairbanks School of Public Health at IUPUI
Prescription Drug Abuse Background

• Deaths from prescription pain relievers have reached epidemic levels over the past 15 years.
• Common opioid or narcotic painkillers:
  • Vicodin (hydrocodone)
  • OxyContin (oxycodone)
  • Opana (oxymorphone)
  • Methadone

In 2010:
• Nearly 15,000 people die every day from overdose of painkillers.
• One in 20 Americans (aged 12 and over, 12 million people) reported using painkillers for non-medical purposes; prevalence has continued to escalate rapidly.
• Enough painkillers were prescribed to medicate every American around the clock for a month.

CDC Vital Signs: http://www.cdc.gov/vitalsigns
Adverse Effects of Prescription Drug Abuse in Indiana

• Poisoning is the leading cause of injury death in Indiana; drug overdoses cause 9 of 10 poisoning deaths (91.3%).

• Overdoses increased 5X between 1999-2012, surpassing motor vehicle deaths in 2008.
  • Death rate - drug overdose: 15.8/100,000
  • Death rate – motor vehicle: 11.2/100,000

• In 2014, 1,152 people in Indiana died from drug poisoning. Indiana ranks 15th nationwide for drug overdose fatalities.

• In 2014, 657 infants in Indiana were born with Neonatal Abstinence Syndrome, which results from maternal opioid use

ISDH Div. of Trauma and Injury Prevention Special Emphasis Report, http://www.in.gov/isdh/26689.htm
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Foundation’s Health Funding Priorities

• The mission of the Foundation is to advance the vitality of Indianapolis and the well-being of its people.
• Grants are awarded to tax-exempt organizations serving greater Indianapolis, Indiana, with an emphasis on Marion County.
• The Foundation has three focus areas: Education, Health, and the Vitality of Indianapolis.
• Two primary root causes of Indianapolis’ poor public health outcomes are tobacco use and other substance abuse.
• To address these challenges, the Foundation has established two goals in its Health focus area:
  – Reduce the rate of tobacco use.
  – Reduce the rates of prescription opioid abuse and heroin use.
Achieving Our New Goals

• Cross-sector partnerships
  – Grantees/ non-profit sector
  – Foundation colleagues
  – Corporations
  – Public sector
  – Other civic and community partners

• Focus on systemic reform, and developing scalable models

• Communicating what is, and what isn’t, working
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What Can Employers Do?

- Implement and ensure full compliance with a tobacco-free workplace, including parking areas
- Implement CDC’s evidence-based program recommendations for employers:
- Provide ongoing training and information to employees about healthcare benefits supporting treatment
  - It takes between 6-10 attempts before a person successfully quits tobacco
  - Evidence demonstrates that Medication Assisted Treatment for tobacco, alcohol and other substance abuse is far more effective than attempting to quit “cold turkey”
  - State of Indiana funds the Tobacco Quitline: **1-800-QUIT-NOW**
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