

New Report Says Secondhand Smoke Costs North Carolina \$288.8 Million Annually

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RALEIGH – According to a new study, North Carolina’s Secondhand Smoke Healthcare Cost Burden, \$288.8 million is spent each year in North Carolina to treat health conditions caused by exposure to secondhand smoke.

The study is modeled on one done in Minnesota by researchers at Johns Hopkins University and Blue Cross Blue Shield of Minnesota. In North Carolina, Clinical Informatics at Blue Cross Blue Shield North Carolina (BCBSNC) replicated the methodology, using North Carolina and national data.

Dr. Marcus Plescia, chief of the Chronic Disease and Injury Section of the N.C. Division of Public Health will present the report findings to the North Carolina House Judiciary I Committee as they meet on Tuesday, March 17, to discuss House Bill 2, a bill to Prohibit Smoking in Public and Work Places.

“This study is based on the 2006 U.S. Surgeon General’s report on secondhand smoke and also on North Carolina-specific data,” said Plescia. “It provides the first-ever look at the health care costs related to secondhand smoke in North Carolina.”

According to the new report, excess medical expenditure due to exposure to secondhand smoke in North Carolina is calculated at \$288.8 million, based on healthcare costs in 2006 and adjusted to 2008 dollars. The estimate is conservative, as it does not consider other costs such as lost productivity, long-term care and disability services not covered by Blue Cross Blue Shield North Carolina (BCBSNC), or the impact on quality of life.

The report analyzed the cost of diseases caused by secondhand smoke as documented in the 2006 Surgeon General’s Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*. For adults, those diseases include lung cancer, heart attacks and other heart diseases. Diseases caused by secondhand smoke in infants and children include low birth weight, acute lower respiratory illness, ear infections, and asthma. The new report calculated the proportion of each disease caused by secondhand smoke, and found that at least 107,067 North Carolinians are treated for conditions caused by secondhand smoke each year.

“With this new information, the state now has a tremendous opportunity to act and to have an immediate and lasting positive impact on the health of North Carolinians,” said Dr Plescia.

Additional information for reporters: About the North Carolina report *North Carolina’s Secondhand Smoke Healthcare Cost Burden* analyzes the costs associated with exposure to secondhand smoke in North Carolina. It replicates a Minnesota study, where researchers used economic modeling, together with state-specific data sources, to examine the state’s health care costs associated with conditions for which the U.S. Surgeon General has determined a causal link to secondhand smoke. The Minnesota study,

The Economic Impact of Exposure to Secondhand Smoke in Minnesota was published in the February 2009 edition of the American Journal of Health Promotion.

In North Carolina, Clinical Informatics at Blue Cross Blue Shield North Carolina (BCBSNC) replicated the methodology used by BCBS of Minnesota and the Johns Hopkins Bloomberg School of Public Health. BCBSNC data were used to estimate disease prevalence and health care costs, and U.S. census and Medical Expenditure Panel Survey data were used to extrapolate prevalence and cost from BCNSNC members to the entire state of North Carolina.

The North Carolina report was prepared by Susan Pfannenschmidt, M.A., and Daryl Wansink, Ph.D., Clinical Informatics Department, Blue Cross and Blue Shield of North Carolina. Researchers for the Minnesota study included Hugh R. Waters, Ph.D., a health economist and then assistant professor of International Health at Johns Hopkins University, and Jon Samet, M.D., M.S., the Jacob I. and Irene B. Fabrikant professor in Health, Risk and Society, and then chair of Epidemiology (2007) at Johns Hopkins University. Dr. Samet was the senior scientific editor for the 2004 and 2006 Surgeon General reports on smoking and secondhand smoke, respectively. Minnesota Blue Cross researchers were Stephen S. Foldes, Ph.D., director of research and evaluation, and Nina Alesci, M.P.H., senior research consultant.

“For this new report, we are grateful to Hugh Waters, Ph.D., health economist at Johns Hopkins University and lead researcher for the study design developed in conjunction with Blue Cross and Blue Shield of Minnesota that we replicated here in North Carolina and to the Clinical Informatics Department of Blue Cross Blue Shield of North Carolina,” said Dr. Marcus Plescia, chief of the Chronic Disease and Injury Section of the N.C. Division of Public Health.