

**Testimony of Jodi Kwarciany, Health Policy Analyst  
At the Budget Oversight Hearing for the Department of Health  
DC Council Committee on Health  
April 9, 2018**

Chairman Gray and members of the Committee, thank you for the opportunity to testify today. My name is Jodi Kwarciany and I am the Health Policy Analyst at the DC Fiscal Policy Institute. DCFPI is a non-profit organization that promotes opportunity and widespread prosperity for all residents of the District of Columbia through independent research and thoughtful policy solutions. I am also a member of the DC Home Visiting Council.

I am here today to speak on behalf of two key areas of the proposed FY 2019 budget for the Department of Health: the District's home visiting programs and tobacco cessation efforts. I'd also like to share how we can build on these further as the DC Council works to finalize the FY 2019 budget.

### **Strengthening Local Funding for DOH-Based Home Visiting Programs**

Home visiting is a family support strategy to help pregnant women, children under three years old, and their families achieve the best possible outcomes in maternal and child health, and development. The home visiting strategy is effective because it brings services to families in their most natural environment, the home.

We know through decades of research that home visiting can promote healthy child development and academic success, improve health outcomes, and support families' economic security. Moreover, previous research on evidence-based home visiting programs through the Maternal, Infant & Early Childhood Home Visiting Program or MIECHV, which is the District's largest funder of home visiting services, found that every dollar invested in a program yielded a return of \$1.89.<sup>1</sup>

While the District has a foundation to sustain a comprehensive home visiting program, the main issue facing DOH will be creating a sustainable funding strategy and expanding capacity that will serve as many eligible families as possible. Home visiting in DC is limited primarily to families in Wards 5, 7, and 8. To serve those families and to expand to all eight wards, the District will need to increase ongoing support for the program. And to attract and retain a broadly skilled home visiting workforce capable of meeting the need for services, there must be an adequate and sustained investment in home visiting.

The budget includes \$1.5 million in federal grant funds through the MIECHV program to support home visiting. Additionally, the budget includes a \$60,000 Innovation Grant through MIECHV, which will support training for best practices in home visiting. Yet the District devotes relatively few local dollars to support the program compared to other jurisdictions. In FY 2018, the District is spending less than \$2 million local dollars on DOH-based home visiting programs. This is enough to serve only a fraction of the families that could benefit.

Looking to FY 2019, we encourage a budget that ensures \$2 million in local dollars for DOH-based home visiting programs, which will give DC an opportunity to expand home visiting services to more families across the District.

### **Increasing the Tobacco Tax to Support Smoking Cessation and Reducing Tobacco Use**

I would also like to comment on the proposed FY 2019 budget as it relates to smoking prevention and cessation.

The DC Council made an important public health move in 2016 when it passed legislation to raise the legal smoking age to 21. Moreover, the Council built on these efforts in 2017 when legislation introduced by you, Chairman Gray, would increase the District's tobacco tax, fund the legal smoking age law, and provide dedicated funding for DOH-based smoking cessation efforts - giving residents more resources to help them quit and reasons to prevent them from starting.

The benefits of this legislation are clear. The estimated savings over the long term in public and private spending caused by declines in smoking include \$148 million in health care costs.<sup>2</sup> In the short term after enacting this legislation, however, we can anticipate fewer smoking-caused heart attacks and strokes, fewer smoking-affected pregnancies and related birth complications, and fewer lung cancer cases.<sup>3 4</sup> We can also anticipate an estimated 5,300 adult smokers quitting, and 2,000 deaths prevented.<sup>5</sup>

This legislation will also benefit our children. Increasing the tobacco tax is an effective way to reduce smoking among youth, as they are more price-sensitive and more incentivized to either quit or simply not start in the first place.<sup>6</sup> For each 10 percent increase in the price of cigarettes, consumption among smokers is reduced by three to five percent. For adolescents, however, this reduction is six to seven percent.<sup>7</sup> For this policy in particular, we can anticipate a 21 percent decline in youth smoking.<sup>8</sup>

Yet the proposed FY 2019 budget for DOH does not include \$674,000 in funding needed to implement the law that increases the smoking age to 21 in the District. Nor does it include in the proposed Budget Support Act the [legislation](#) that would increase the District's tobacco tax, which is estimated to generate at least \$5 million in new revenue and would help reduce tobacco use by DC's youth over time. DC Council should include this legislation in the Budget Support Act to improve public health.

### **Conclusion**

This budget season is the time for the Council to make good on its commitment to improving outcomes for the District's youngest residents and reducing tobacco use. Through both initiatives, DC can continue making meaningful advancements through DOH toward improving public health.

Thank you for the opportunity to testify today.

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<sup>1</sup> Novoa, Cristina and Jamila Taylor. "Home Visiting Programs are vital for Maternal and Infant Health," Center for American Progress, September 12, 2017, available at <https://cdn.americanprogress.org/content/uploads/2017/09/11115136/MaternalHealth-brief.pdf>.

<sup>2</sup> American Cancer Society – Cancer Action Network, Campaign for Tobacco-Free Kids & Tobacconomics, "New Revenues, Public Health Benefits & Cost Savings From A \$2.00 Cigarette Tax Increase In the District of Columbia," Updated January 10, 2018.

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<sup>3</sup> Chang, S et al., “Estimating the cost of cancer: results on the basis of claims data analyses for cancer patients diagnosed with seven types of cancer during 1999 to 2000,” *Journal of Clinical Oncology*. September 2004 22(17):3524-30.

<sup>4</sup> Khuder, S & Mutgi, A, “Effect of smoking cessation on major histologic types of lung cancer,” *Chest*. November 2001 120(5):1577-83.

<sup>5</sup> American Cancer Society – Cancer Action Network, Campaign for Tobacco-Free Kids & Tobacconomics, “New Revenues, Public Health Benefits & Cost Savings From A \$2.00 Cigarette Tax Increase In the District of Columbia,” Updated January 10, 2018.

<sup>6</sup> Campaign for Tobacco-Free Kids, “Raising Tobacco Taxes: A Win-Win-Win,” Fact Sheet. Updated January 12, 2018, <https://www.tobaccofreekids.org/assets/factsheets/0385.pdf>.

<sup>7</sup> U.S. Department of Health and Human Services (HHS), *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, Atlanta: HHS, CDC, National Center for Chronic Disease Prevention & Health Promotion, Office on Smoking and Health, 2012, <https://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf>.

<sup>8</sup> Campaign for Tobacco-Free Kids, “Raising Tobacco Taxes: A Win-Win-Win,” Fact Sheet. Updated January 12, 2018, <https://www.tobaccofreekids.org/assets/factsheets/0385.pdf>.