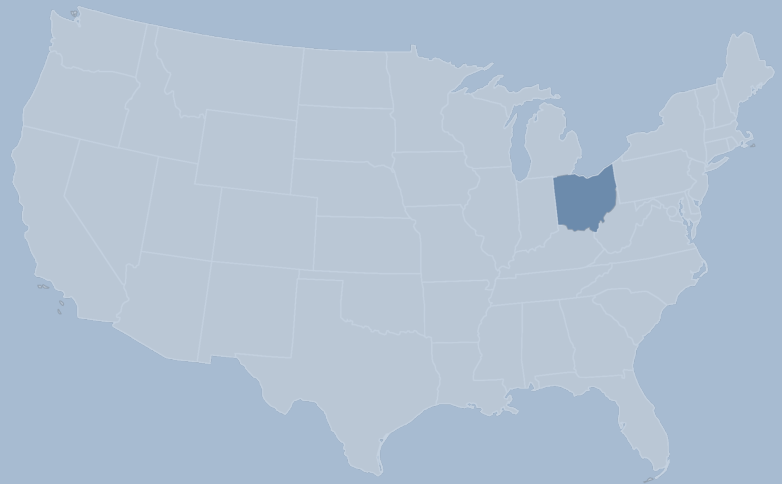


THE STATE OF OHIO'S HEALTH

2024 HEALTH VALUE DASHBOARD





VISION

Ohio is a model of health, well-being and economic vitality

MISSION

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.



Core funders

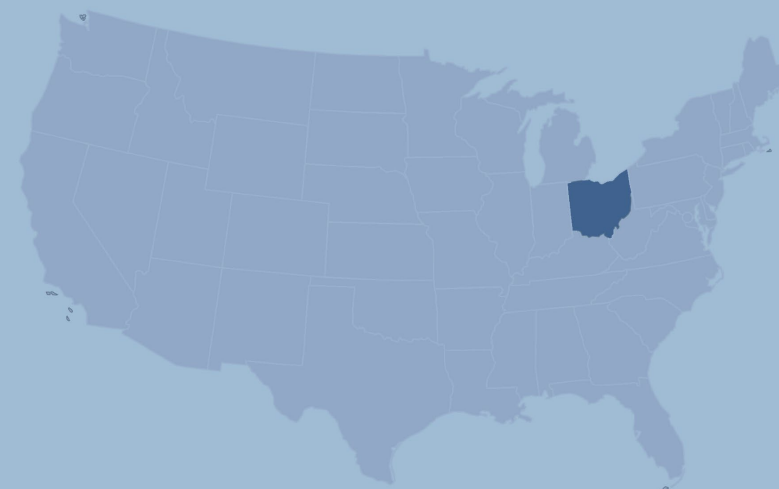


The HPIO *Health Value Dashboard* was funded in part by Health Action Council.

APRIL 2024

HEALTH VALUE DASHBOARD

2024



health policy institute of ohio 



2024
Educational Event
Presenting Sponsor

A dark red silhouette of the state of Ohio is centered above a horizontal red line that extends to the left and right edges of the text box.

OHIO CENTER
of **EXCELLENCE**
FOR BEHAVIORAL HEALTH
PREVENTION & PROMOTION

THANK YOU
to the
organizations that
have generously
supported HPIO's
2024 Educational
Event Series

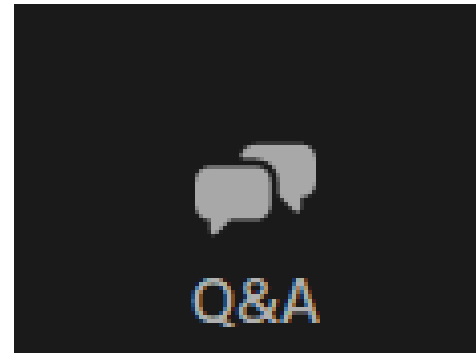
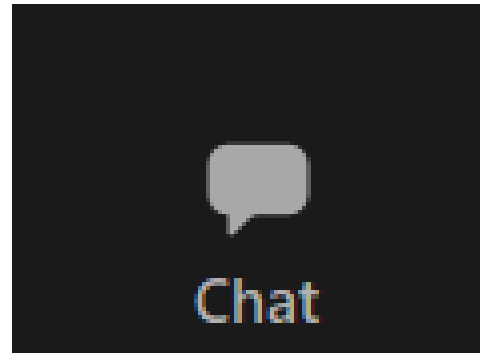
Gold series sponsors



Bronze series sponsors



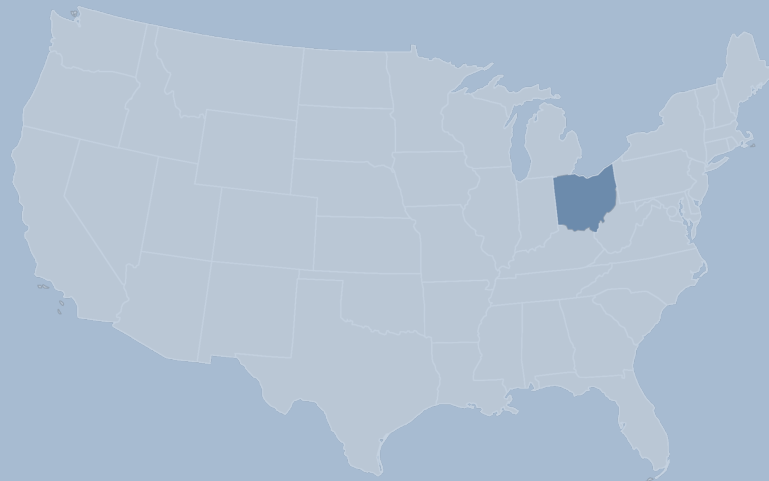
Participating in Zoom





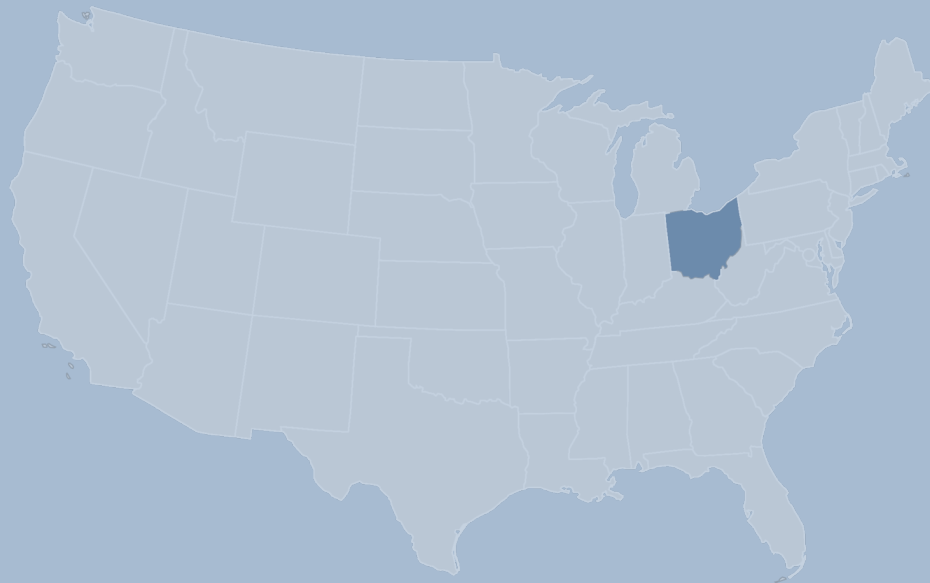
THE STATE OF OHIO'S HEALTH

2024 HEALTH VALUE DASHBOARD



Download slides and resources from today's forum on the event page at

www.healthpolicyohio.org/events

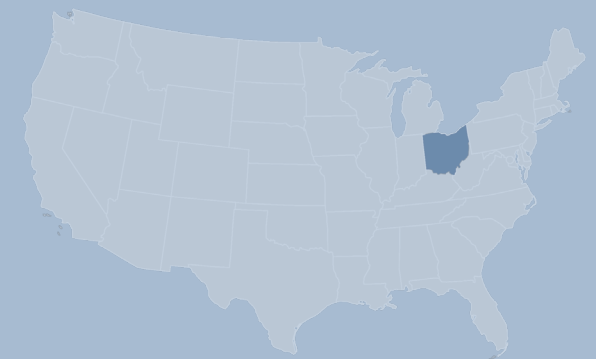


Becky Carroll, MPA

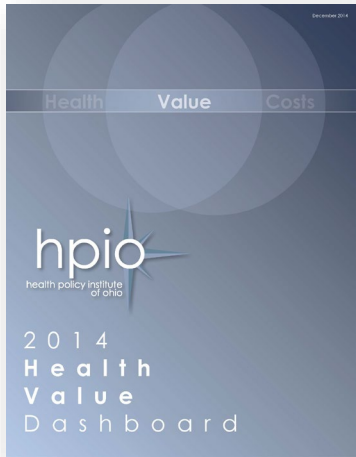
Director of Policy Research and Analysis
Health Policy Institute of Ohio

Carrie Almasi, MPA

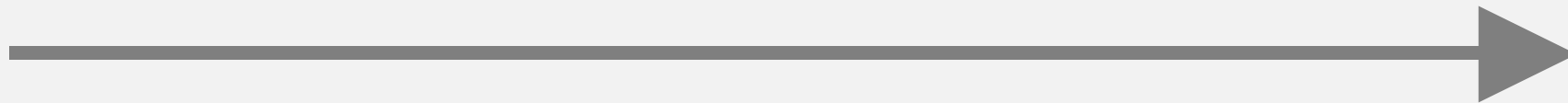
Director of Assessment and Planning
Health Policy Institute of Ohio



10 Years of the Health Value Dashboard



2014



2024



OHIO
UNIVERSITY

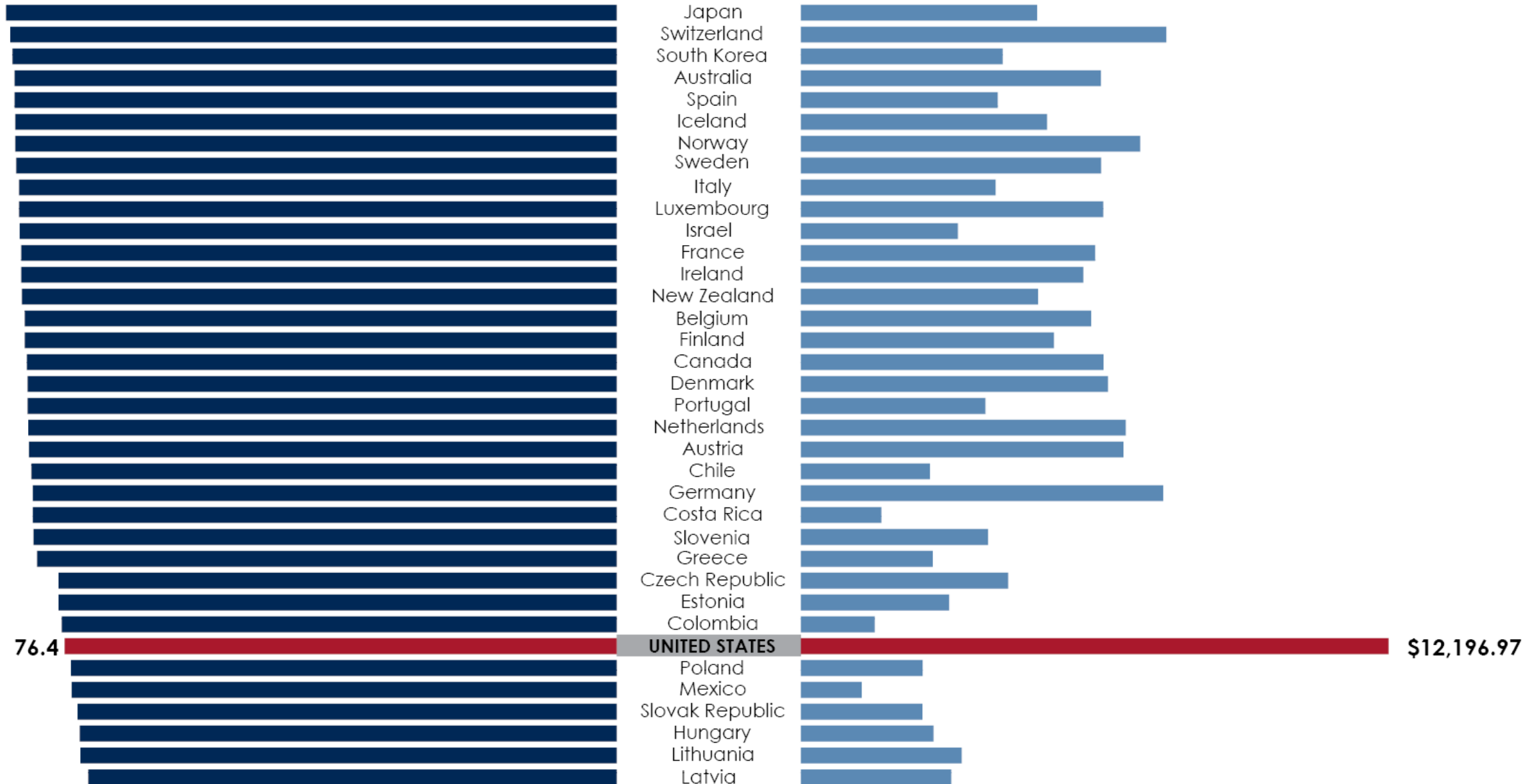
**Voinovich School of
Leadership and Public Affairs**

Why does HPIO develop the *Health Value Dashboard*?



Life expectancy at birth (2021)

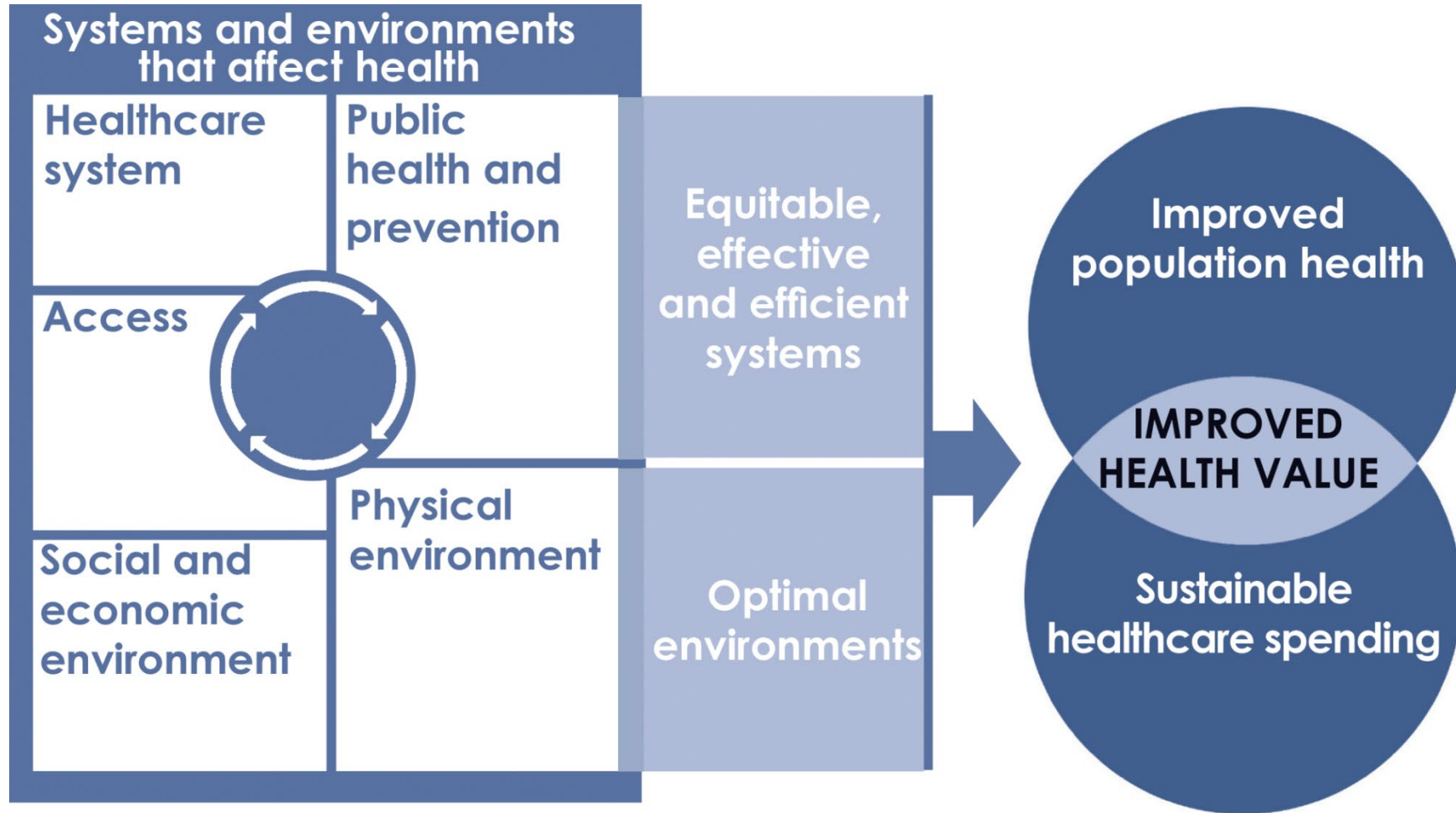
Total healthcare spending per capita (2021)



Source: The Organisation of Economic Co-operation and Development (OECD)

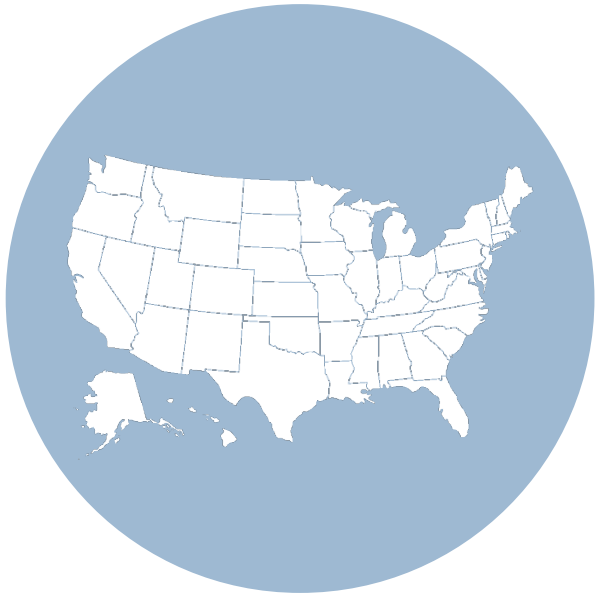
Note: Graphic only include OECD member countries and 2021 data is not available for all member countries.

Pathway to improved health value



World Health Organization definition of health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Informed policy decisions



Data in
context

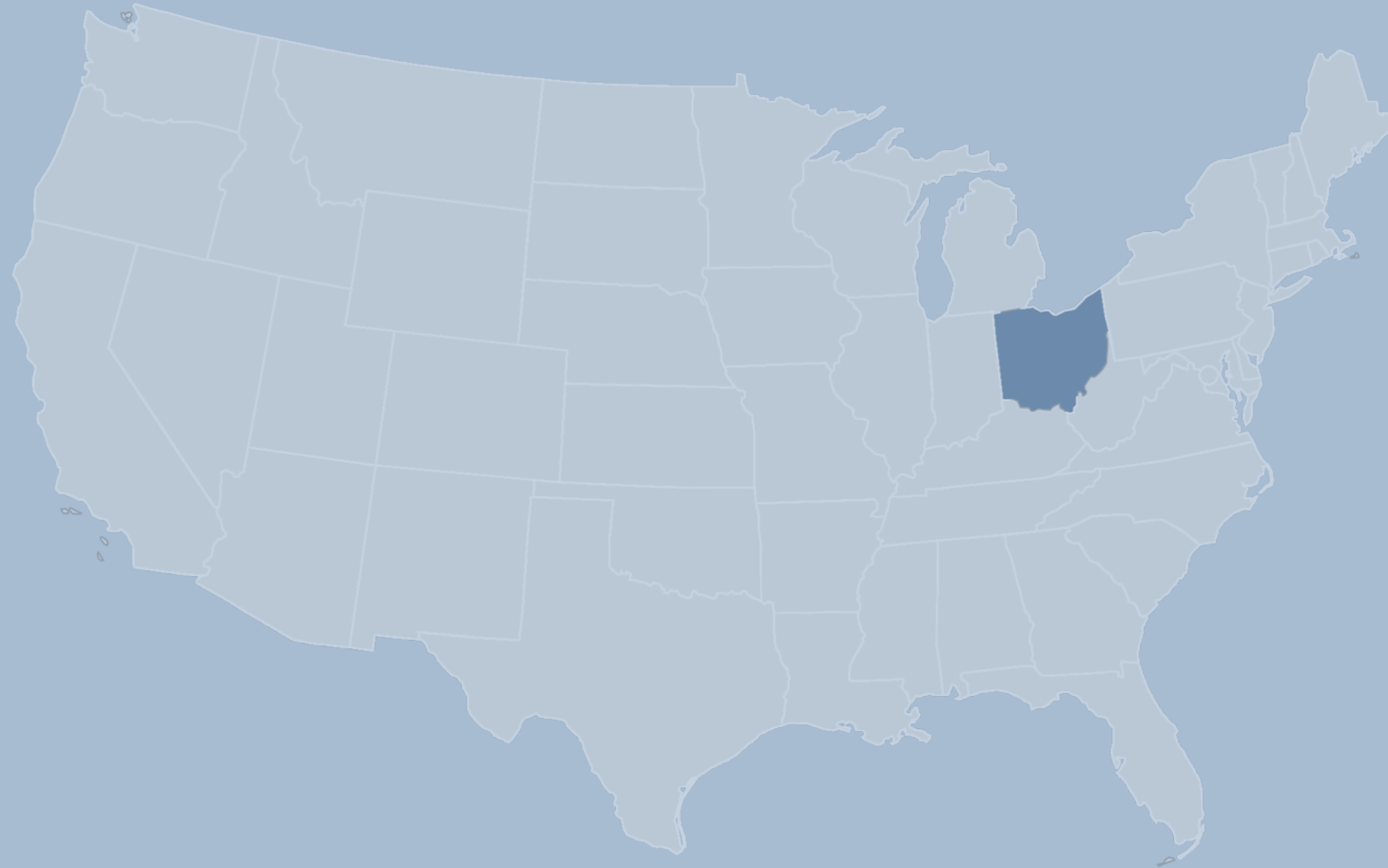


Concise key
findings



Highlight
what works

Where does Ohio rank?



Ohio's health value rank



2014



2017



2019



2021



2023



2024

Top quartile

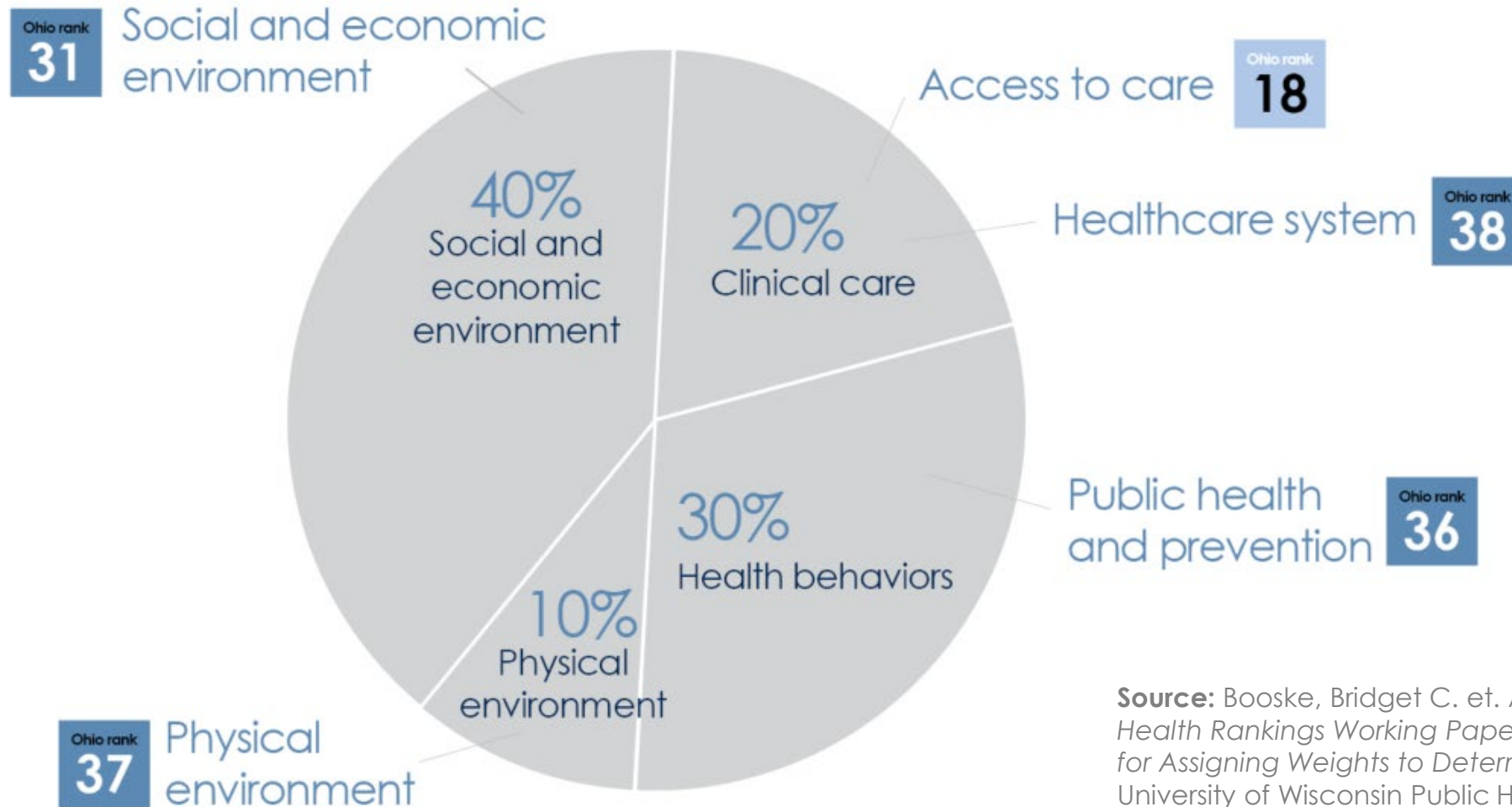
Second quartile

Third quartile

Bottom quartile

Of the 50 states and D.C.

Ohio's domain ranks and the modifiable factors that contribute to health value



Source: Booske, Bridget C. et. Al. *County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health.* University of Wisconsin Public Health Institute, 2010.

Contributing factors

- 18 Access to care
- 38 Healthcare system
- 36 Public health and prevention
- 31 Social and economic environment
- 37 Physical environment

Value factors

- 43 Population health
- 34 Healthcare spending

Health value rank

44

Top quartile (best)

Second quartile

Third quartile

Bottom quartile (worst)

Progress toward health value

Percent of metrics that improved or worsened



Policy priorities to improve health value



Mental well-being



Tobacco and cannabis prevention



Healthcare affordability



Creating opportunities to thrive

Policy priority to improve health value



Mental well-being



Ohio rank

41

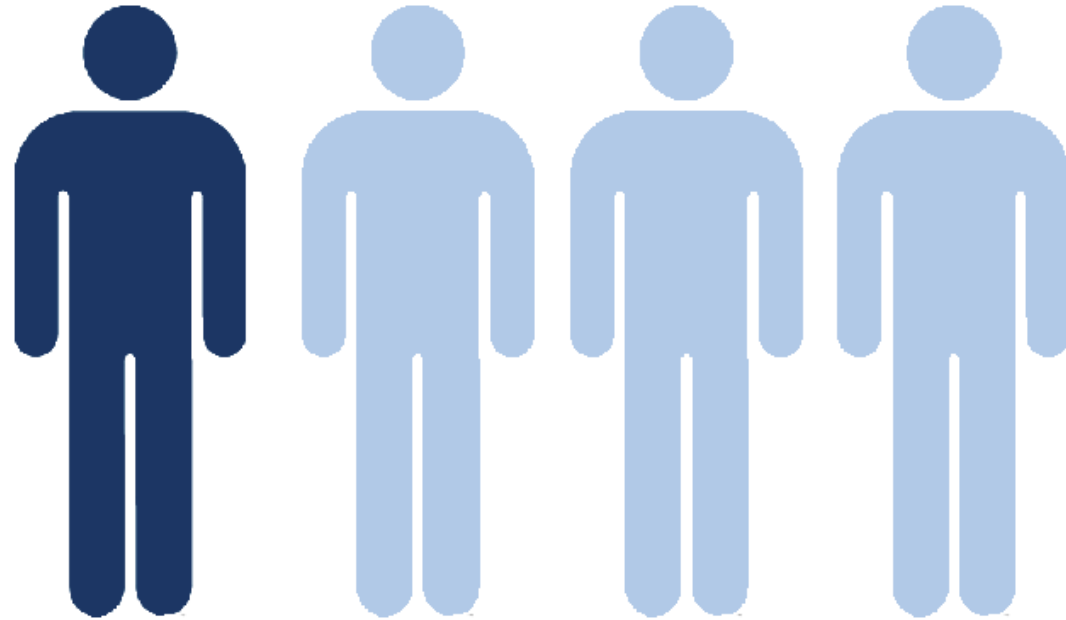
Adult depression



Data source: Behavioral Risk Factor Surveillance System

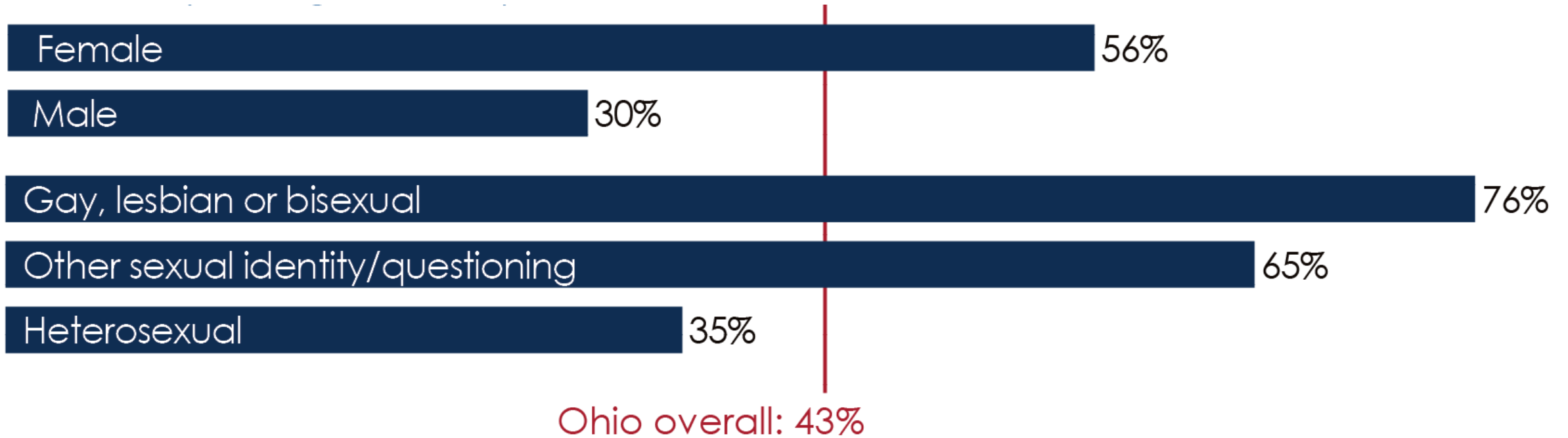
Mental health treatment

Percent of Ohio adults with any mental illness who had a need for mental health treatment or counseling and did not receive it in the past year, 2018-2019



Source: National Survey on Drug Use and Health, via The Commonwealth Fund, 2018-2019

High school students consistently feeling sad or hopeless



Note: Question asked "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?"
Source: Youth Risk Behavior Surveillance System



Policies to drive improvement

Mental well-being



Improve access to tele-mental health services



Fund programs with evidence of mental health benefits, such as mental health first aid and trauma-informed schools



Improve the behavioral health crisis system

Policy priority to improve health value



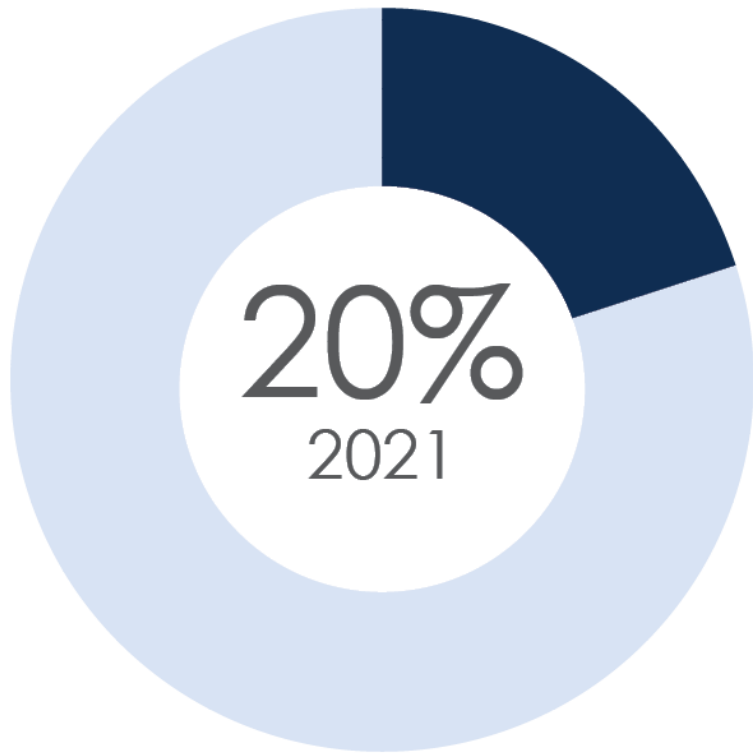
Tobacco and cannabis prevention



Use of tobacco products

Ohio rank
33
out of 43

Youth e-cigarette use



Source: Youth Risk Behavior Surveillance System

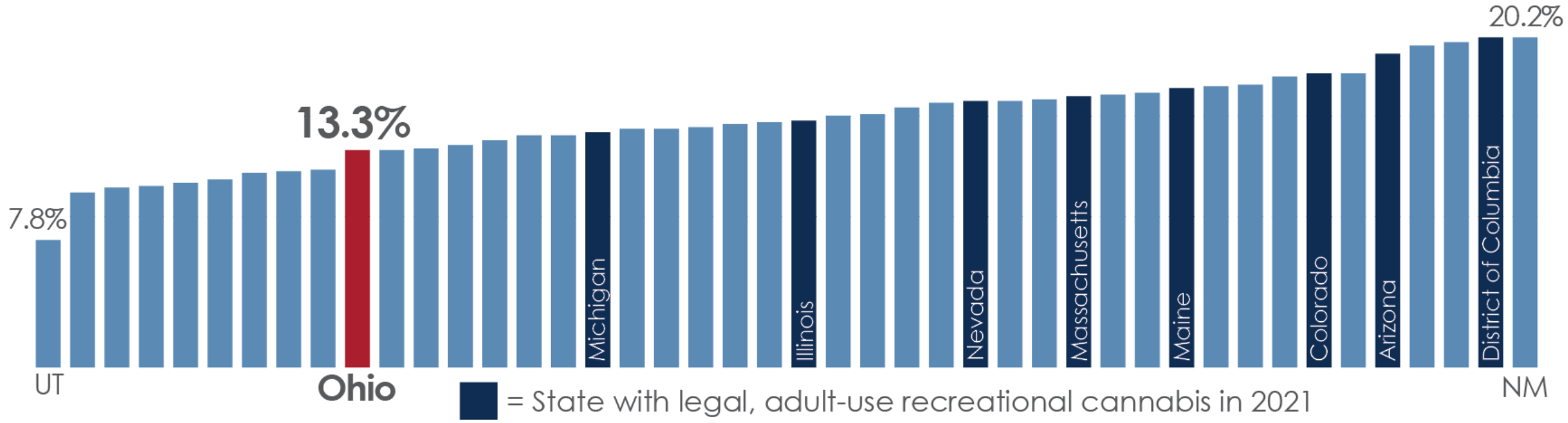
Adult smoking



Source: Behavior Risk Factor Surveillance System

Cannabis use

Percent of high school students who had used cannabis in the past 30 days, 2021



Note: Data is not available for Alaska, California, Georgia, Minnesota, Oregon, Washington and Wyoming. Adult-use recreational cannabis was legal in Washington, Alaska, California and Oregon in 2021.

Source: Youth Risk Behavior Surveillance System

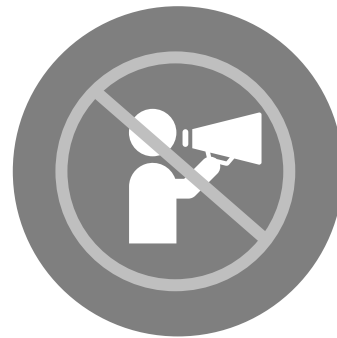


Policies to drive improvement

Tobacco and cannabis prevention



Establish state-level tobacco retailer licensing and fund public health enforcement of Tobacco 21

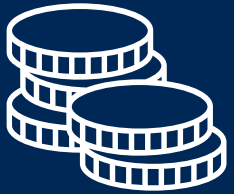


Implement marketing restrictions on tobacco and cannabis products, especially those that would be attractive to children



Ensure Ohio's new cannabis regulatory framework balances important policy goals such as protecting youth health and promoting equity

Policy priority to improve health value



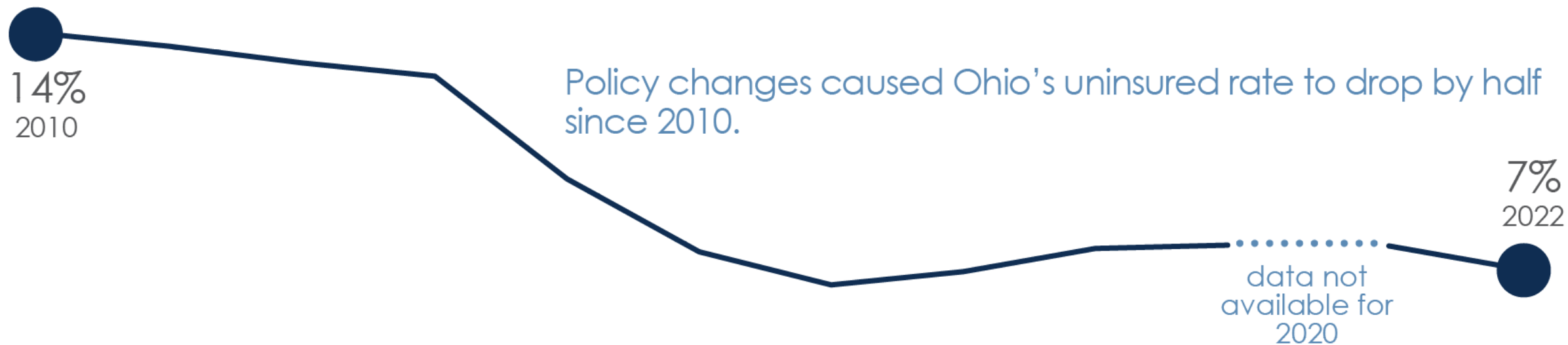
Healthcare affordability



Ohio rank

16

Uninsured rate

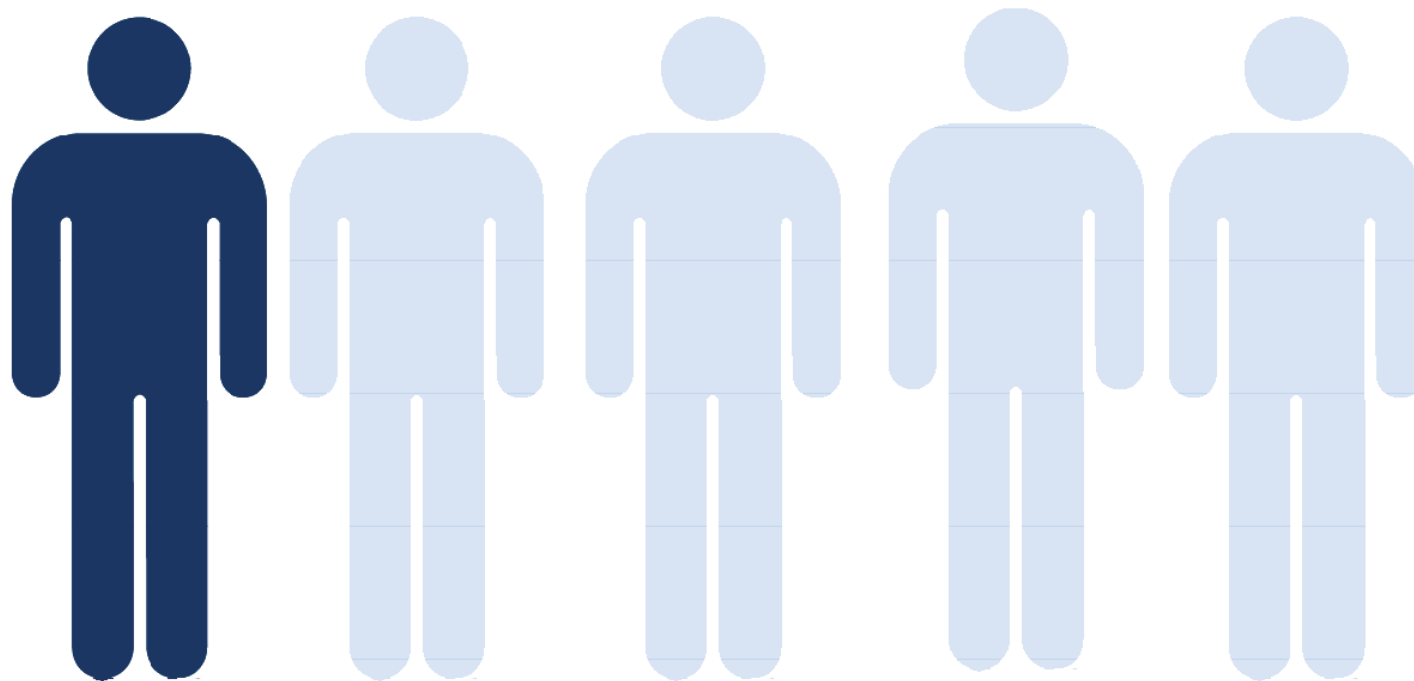


Data source: American Community Survey, 1-year estimates

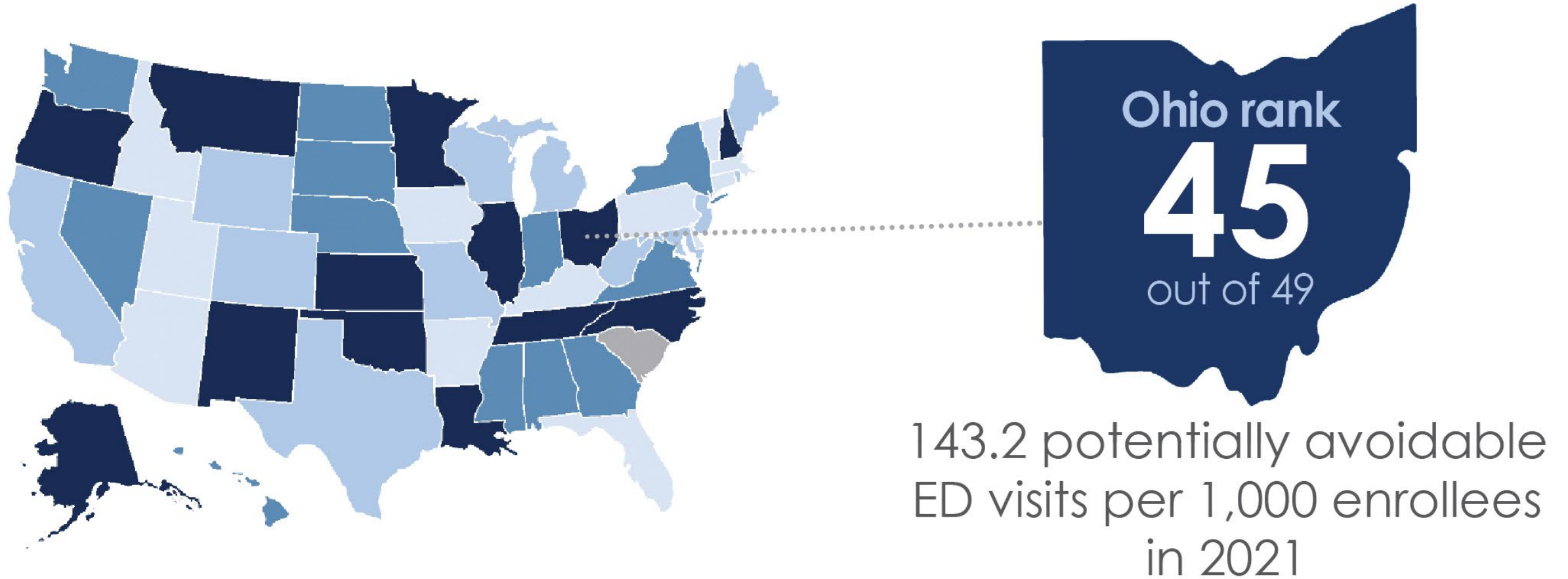
Ohio rank
35

Total out of pocket spending

In 2021, nearly one in five Ohioans — over **2,159,000 people** — lived in families with high out-of-pocket healthcare spending, paying more than 10% of their annual household income for health care.



Potentially avoidable emergency department visits for employer-insured enrollees



Note: This graphic was revised 4.15.204

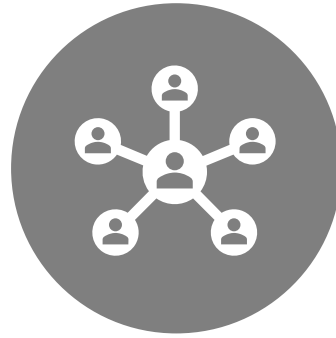


Policies to drive improvement

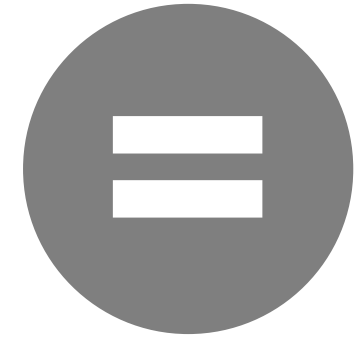
Healthcare affordability



Establish a healthcare cost study commission to examine the key contributors to high healthcare spending



Strengthen provider network accuracy and adequacy and increasing provider workforce capacity



Monitor the results of the new federal All-Payer Health Equity Approaches and Development (AHEAD) model

Policy priority to improve health value



Creating opportunities to thrive



Social drivers of health

Social and
economic
environment

Physical
environment

Access to
care

Root causes

- Culture, values and beliefs
- Institutions
- Policy and legislation



Social drivers of health

Social and economic environment

Physical environment

Access to care

Root causes

- Culture, values and beliefs
- Institutions
- Policy and legislation



Social drivers of health

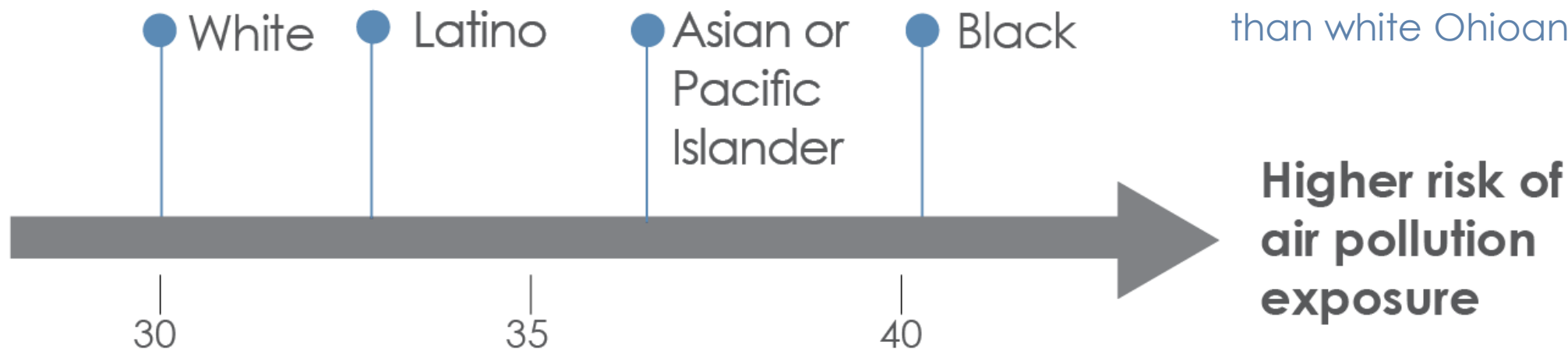
Social and economic environment

Physical environment

Access to care

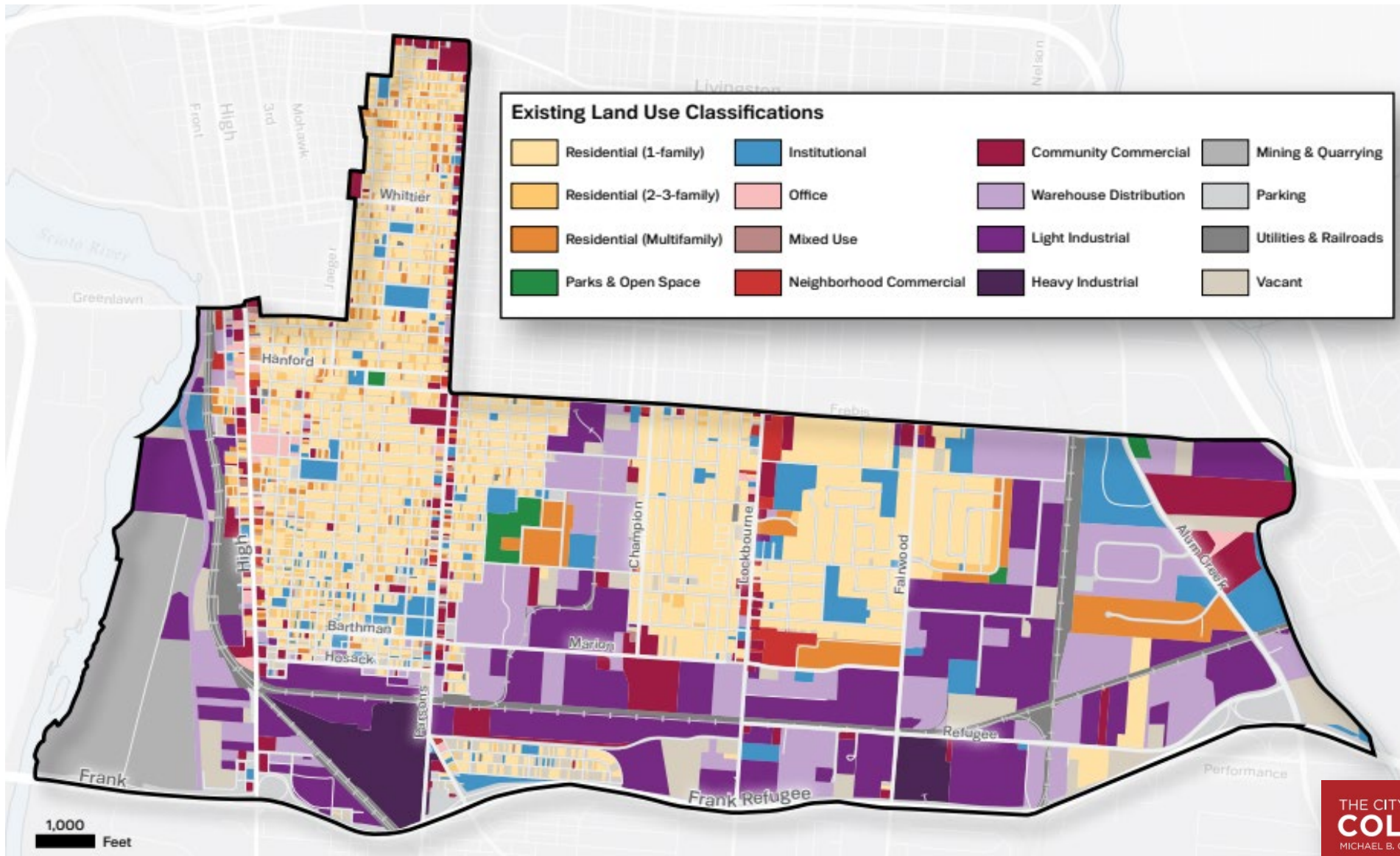
Ohio rank
41

Outdoor air quality

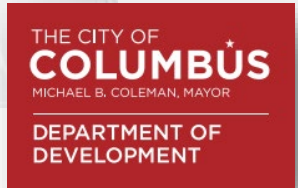


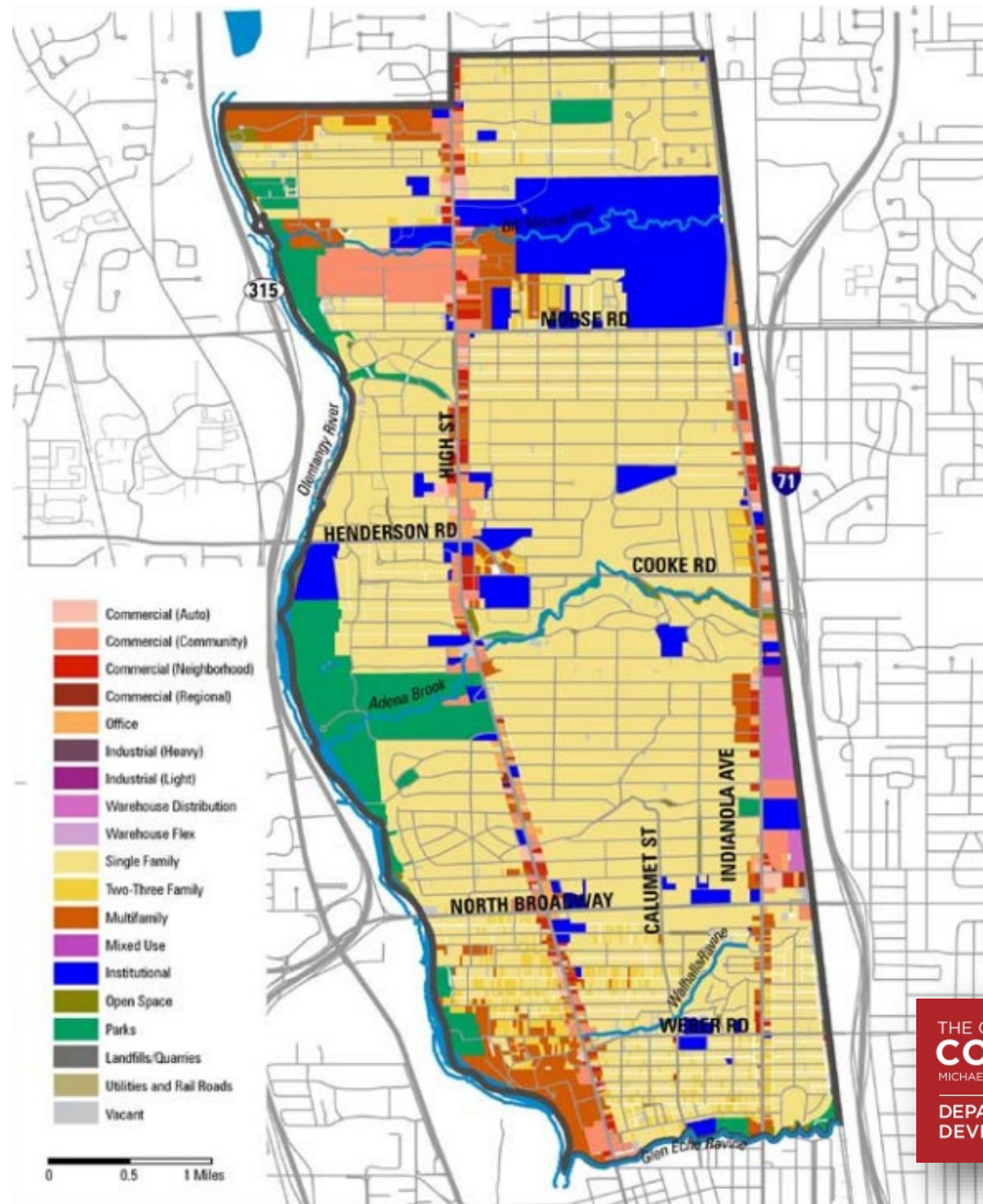
Ohioans of color were more likely to experience exposure to air pollutants (based on a national scale of 1 to 100) than white Ohioans in 2020.

Source: Data from the U.S. Environmental Protection Agency data compiled by the National Equity Atlas.



Source: South Side Plan, City of Columbus, Department of Development, Planning Division



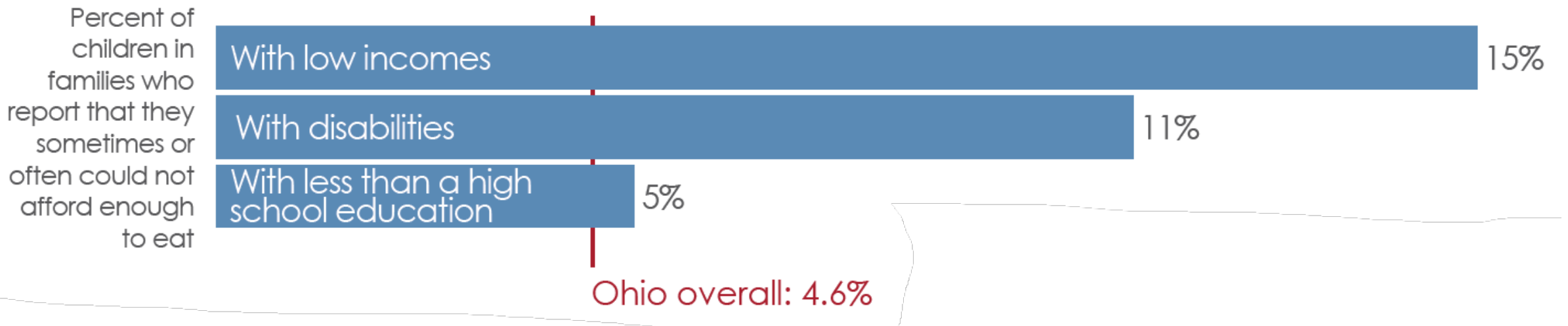


THE CITY OF
COLUMBUS
 MICHAEL B. COLEMAN, MAYOR
 DEPARTMENT OF
 DEVELOPMENT

Source: Clintonville Neighborhood Plan, City of Columbus, Department of Development, Planning Division

Food insecurity among children

Children with disabilities, from families with low incomes and from families with low educational attainment were more likely to be food insecure than Ohioans overall in 2019-2022.



Source: Analysis of National Survey of Children's Health by HPIO and The Voinovich School of Leadership & Public Affairs at Ohio University.



Policies to drive improvement

Creating opportunities to thrive



Increase the presence and accessibility of green spaces and parks, prioritizing areas that have historically lacked access



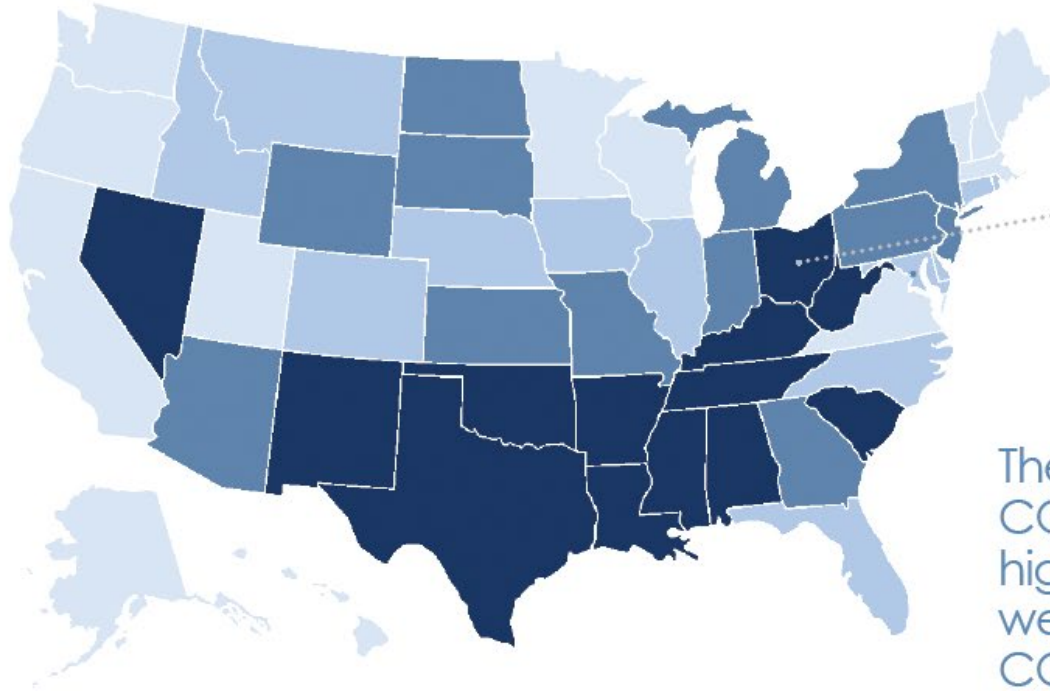
Increase food access for Ohioans most at-risk of food insecurity



Use health equity impact assessments to identify the potential health impacts of proposed policies, programs and services on systematically disadvantaged groups

Age-adjusted number of deaths from COVID-19

per 100,000 population (Jan. 1, 2020 to Nov. 4, 2023)



There are likely a variety of contributors to Ohio's high COVID-19 death rate. Some probable factors include higher rates of co-occurring health conditions, as well as Ohio's relatively high poverty rate¹⁶ and low COVID-19 vaccination rate.¹⁷

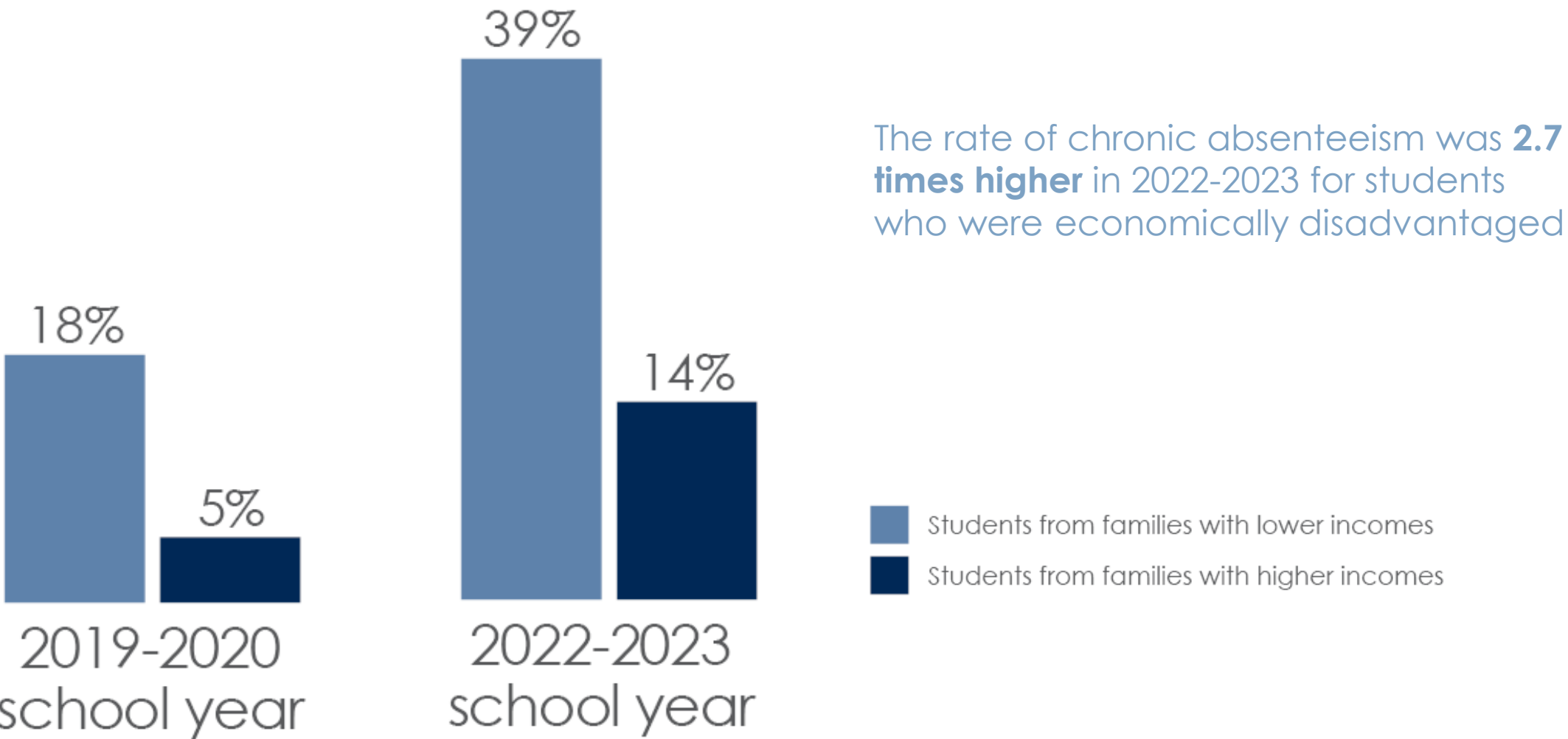


Source: Centers for Disease Control and Prevention, COVID Data Tracker



Chronic absenteeism and COVID-19

Rate of chronic absenteeism, by economic status, Ohio



Source: Ohio Department of Education and Workforce: State Details 2022-2023 School Report Cards Excel table

Policy priorities to improve health value



Mental well-being



Tobacco and cannabis prevention



Healthcare affordability



Creating opportunities to thrive

QUESTIONS?



CONTACT INFORMATION

Becky Carroll, MPA

Director of Policy Research
and Analysis

bcarroll@hpio.net

Carrie Almasi, MPA

Director of Assessment and
Planning

calmasi@hpio.net

www.hpio.net

Panel discussion

Policy priorities to improve health value

Julie DiRossi-King

President and Chief Executive Officer
Ohio Association of Community Health Centers

Dr. David Margolius

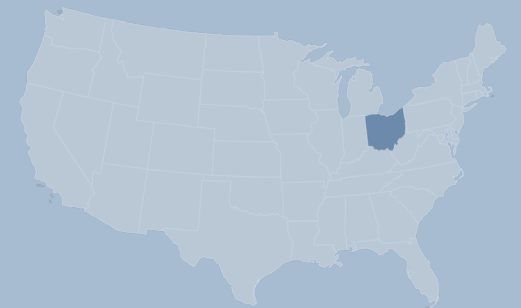
Director of Public Health
Cleveland Department of Public Health

Fran Gerbig

Executive Director
Prevention Action Alliance

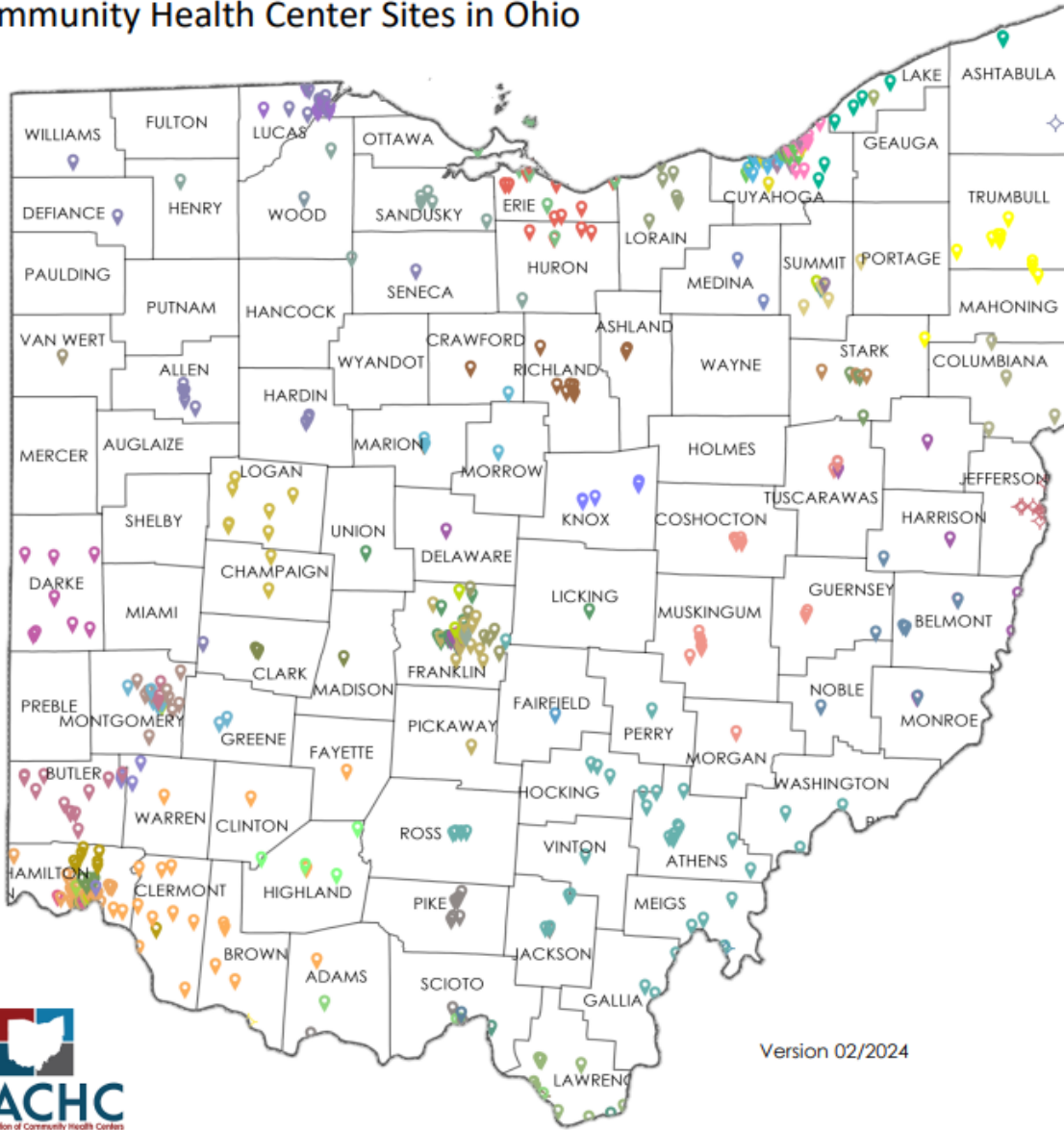
Julialynne Walker

Community Advocates Group Facilitator
Local Matters



QUESTIONS

Community Health Center Sites in Ohio



Community Health Centers

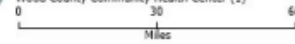
- ASIA-International Community Health Center (IChC) (3)
- Alliance Family Health Center (1)
- AxessPointe Community Health Center (6)
- CAA Health, Behavioral Health and Dental Centers (7)
- Care Alliance Health Center (14)
- Center Street Community Health Center (4)
- Centerpoint Health (6)
- Change Inc. | WV (9)
- City of Cincinnati Primary Care (23)
- Community Health & Wellness Partners (9)
- Community Health Centers of Greater Dayton (10)
- Community Health Services (9)
- Community Support Services (1)
- Compass Community Health (3)
- Compassion Health Toledo (1)
- Crossroad Health Center (4)
- Crossroads Health (1)
- Equitas Health (14)
- Erie County Community Health Center (10)
- Fairfield Community Health Center (2)
- Family Health Services of Darke County (9)
- Family Health Services of Erie County (17)
- Family Health Services of Northwest Ohio (1)
- Family Medical Centers (12)
- Five Rivers Health Centers (8)
- Health Partners of Western Ohio (24)
- Health Point Family Care | KY (1)
- HealthSource of Ohio (21)
- Heart of Ohio Family Health Centers (6)
- Highland Health Providers (5)
- Hopewell Health Centers (35)
- Knox County Community Health Center (7)
- LSS Health Center (1)
- Lewis County Primary Care Centers | KY (1)
- Lifecare Family Health & Dental Center (3)
- Lorain County Health & Dentistry (6)
- Lower Lights Christian Health Center (11)
- Medina County Health Department (2)
- MetroHealth Community Health Center (4)
- Muskingum Valley Health Centers (17)
- My Community Health Center (3)
- NeighborHub Health (8)
- Neighborhood Family Practice (9)
- Neighborhood Health Association (16)
- Northeast Ohio Neighborhood Health Services (NEON) (11)
- ONE Health Ohio (11)
- OSU Total Health and Wellness (4)
- OVP Health Care (2)
- Ohio Hills Health Centers (8)
- Primary Health Network | PA (1)
- Primary Health Solutions (17)
- PrimaryOne Health (19)
- Rocking Horse Community Health Center (5)
- Shawnee Family Health Center (4)
- Signature Health (12)
- Southeast Healthcare (18)
- SpringVale Health Centers (3)
- The Centers (5)
- The HealthCare Connection (9)
- Third Street Family Health Services (13)
- Valley Health Systems (1)
- Valley View Health Centers (11)
- WinMed Health Services (9)
- Wirt County Health Service | WV (1)
- Wood County Community Health Center (1)

Ohio Association of Community Health Centers



©2023 CALIPER

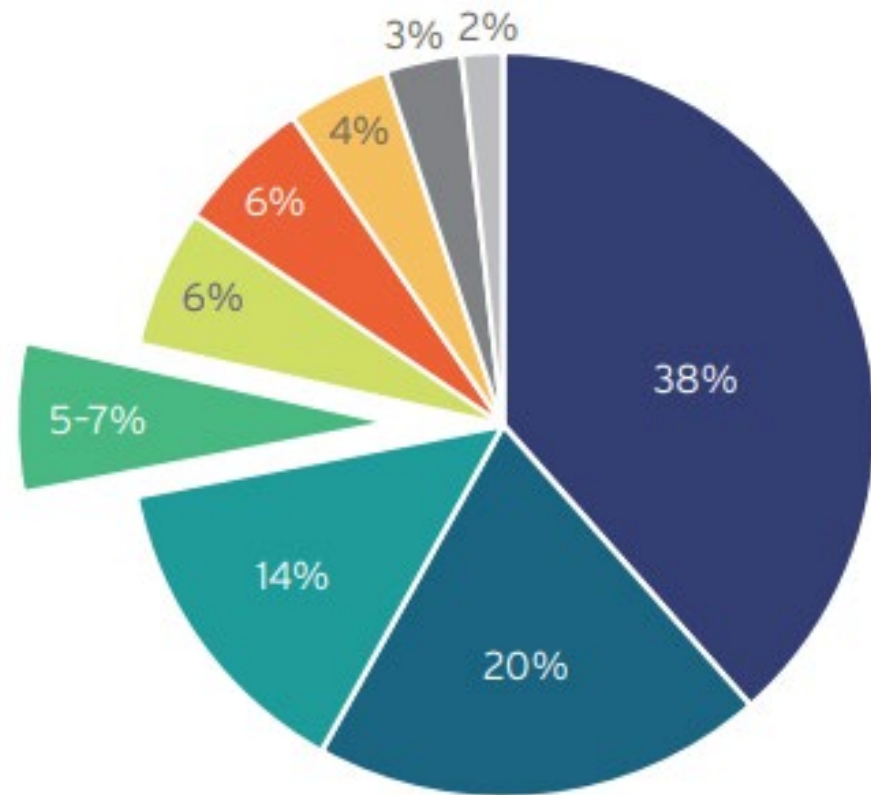
This map is sourced from data provided by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). For more information, please visit [HRSA.gov](https://www.hrsa.gov).



National Health Care Spending

Health Care Spending

- Hospital care
- All other physician and professional services
- Prescription drugs and other medical nondurables
- Primary care
- Nursing home care
- Other health, residential, and personal care
- Dental services
- Home health care
- Medical durables



Policies And Strategies To Strengthen Primary Care In Medicaid

- 1 Report and increase the share of Medicaid spending going to primary care
- 2 Increase payment to primary care clinicians
- 3 Support behavioral health and primary care integration
- 4 Pursue population-based payment models
- 5 Stratify data and incorporate health equity quality incentives into payment models
- 6 Increase federal funding for community health centers and create new access points
- 7 Pay for community health workers
- 8 Encourage Patient-Centered Medical Home (PCMH) attributes, including care coordination

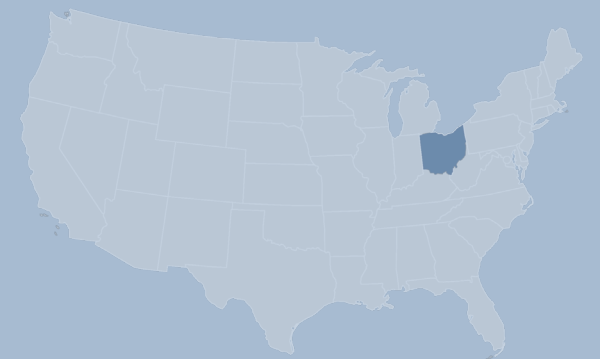
POLL QUESTIONS

Advancing health and equity in cannabis policy

Lynn Silver, MD, MPH, FAAP

Principal Investigator

Getting it Right from the Start





Getting it Right
·from the Start·

Advancing Public Health & Equity in Cannabis Policy

Cannabis Legalization

Lynn Silver, MD, MPH, FAAP

Senior Advisor

Public Health Institute

The State of Ohio's Health 2024

Health Policy Institute of Ohio

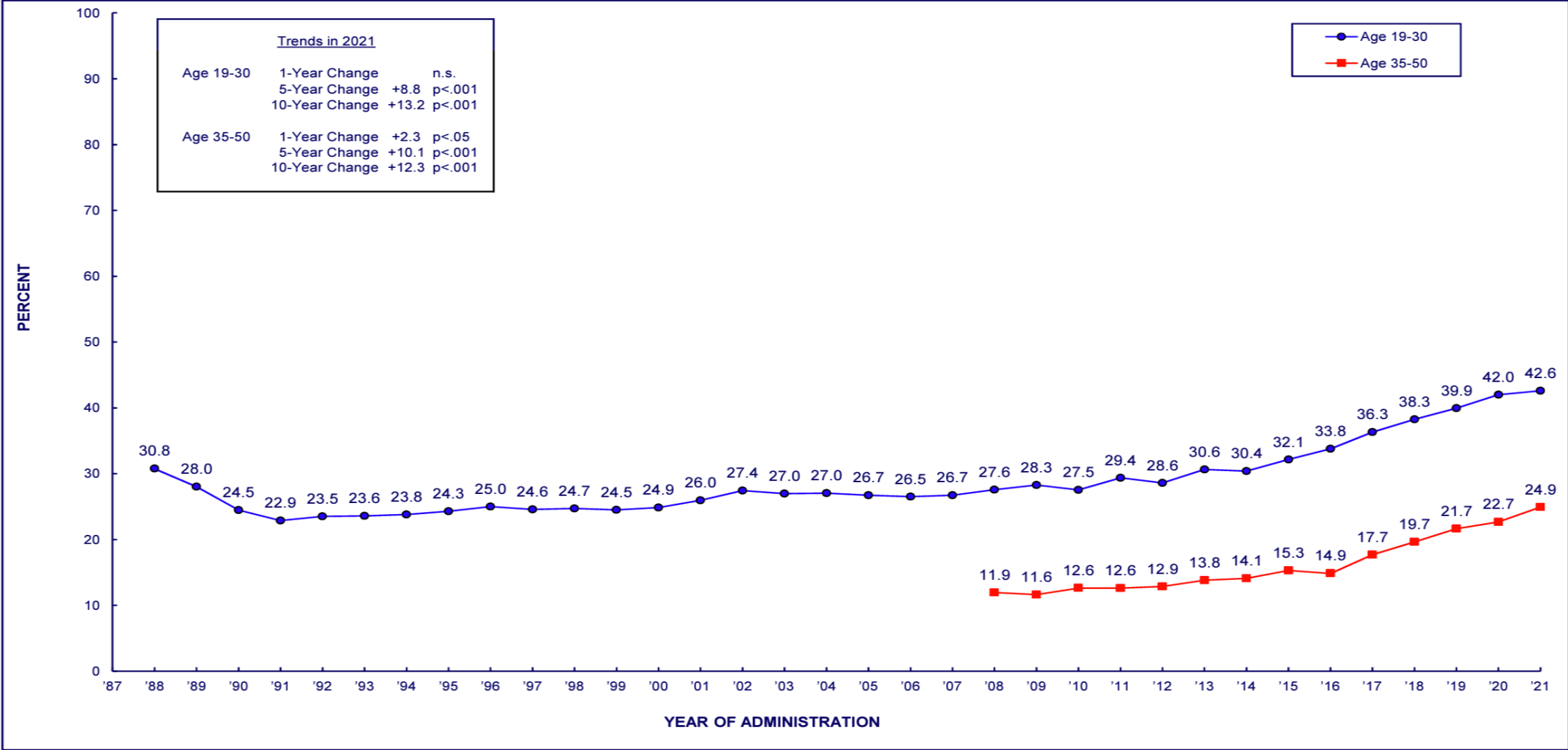
April 11, 2024



Cannabis is
“No Ordinary Commodity”

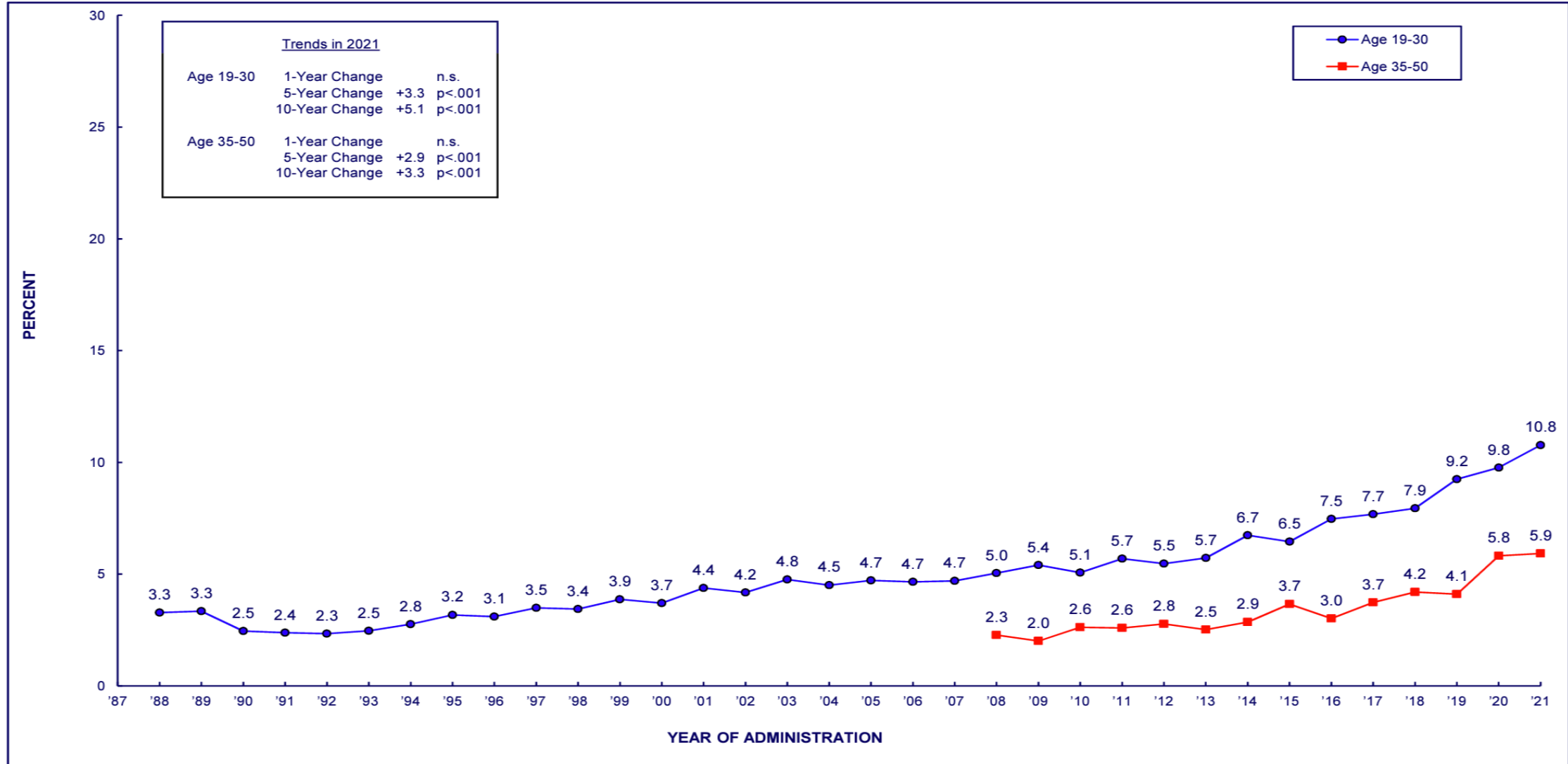
Trends: Cannabis Use 12 Month Prevalence in Adults

1987-2021, Ages 19-50



Source: Monitoring the Future 2021

Trends: **Daily Cannabis Use** in U.S. Young Adults **TRIPLED** 1987-2021, Ages 19-50



Source: Monitoring the Future 2021

Health Effects

- Cannabis harms are not usually as severe or immediate as fentanyl or opioid overdose
- BUT... harms are varied and serious, and aggravated by massive increases in THC
- Because use is so widespread, population health impacts are large-scale
- **Irreversible harms to developing children and increases in psychosis may be most worrisome**
- Cannabis CAN kill indirectly through psychosis, suicide, and accidents
- Today's cannabis is NOT a healthy natural wellness product

Why worry about legalizing sale?

Substantial Evidence of Harm with Use

Low birth weight

Schizophrenia and psychoses, Suicidality

Increased motor vehicle crashes

Respiratory illness, including severe lung disease with vaping

Problem use, associated with early onset of use and frequency of use

Additional emerging evidence



COGNITIVE,
ACADEMIC AND
SOCIAL EFFECTS



GROWTH IN
CANNABIS USE
DISORDER

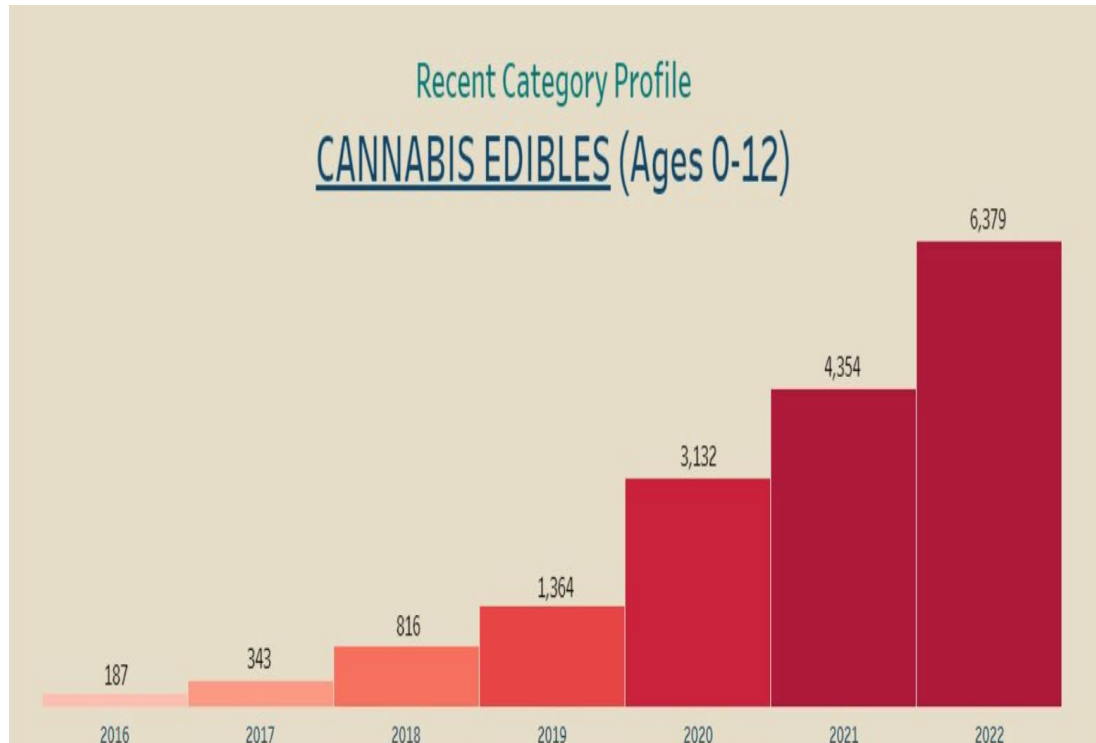


ACCIDENTAL
INGESTION AND
OVERDOSE



CARDIOVASCULAR
DISEASE

Bad News:



>3,311% increase in pediatric cannabis poisonings nationally 2012-2022

Near doubling of use during pregnancy

+75% Increase in cannabis related ER visits in CA 2016-2020, including increasing psychosis; +1804% in older adults in San Diego 2005-2019

Prenatal use increased neonatal
harms in Northern California
2011-2020 n=364,924 (Avalos, 2023)

Low birth weight
aOR, 1.20
95% CI 1.12-1.28

Small for gestational
age aOR 1.24
95% CI, 1.18-1.30

Preterm birth
(<37 wks)
aOR 1.06
95% CI, 1.00-1.13

NICU Admission
aOR 1.06
95% CI, 1.01-1.11

Issue 2

- Seems written by industry
- Good News – Ohio Legislature can repeal or amend



Date _____

**As Ohio legalizes, here are
some Principles to think about**

No free ride

Cannabis tax and business revenue is not free, it comes at a high price



Policies that drive up cannabis use drive up harms



By adopting cautious policies that allow legal access but do not promote cannabis use the burden of negative health impacts can be avoided

Cannabis substantially increases psychosis = Suffering + Costs

Cannabis use disorder may be responsible for 8% or more of new cases of psychosis, 20% of schizophrenia in young males

(Hjorthoj 2023, Di Forti 2019)

Daily use of high potency cannabis increased risk of psychosis 5 fold, may be responsible for 12% of new cases (in 11 cities) as much as 50%

(Amsterdam) (Do Forti 2019)

Example:

Cost of Schizophrenia

- Annual fiscal burden in the US of \$173.6 billion
- A person with schizophrenia will incur \$1.54 million in excess lifetime costs to the government.
- The largest economic losses related to schizophrenia include health care costs (42%), criminal justice/homelessness (40%), and lost tax revenue (18%). They lead to financial drain by upping unemployment, disability, incarceration, and healthcare use.
- Societal lifetime cost per person
 - \$2.38 million
 - \$89,798 per year lived with schizophrenia

Do we really want to sell products that increase this risk?





We need more data – but we need to act on what we have

Good cost – benefit analyses of legalization benefits and harms are not out yet

But we have enough to know we can reap criminal justice benefits but need to contain the harms



Adopt Policies for legal market that
will prevent cannabis induced harms

Equity considerations





2018 SUMMARY

Ohio ranks
28th
in the nation for largest racial
disparities in arrests for
marijuana possession

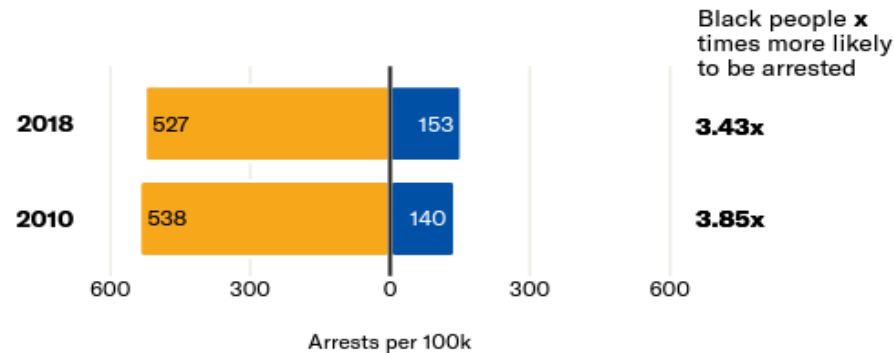
Black people were
3.4x
more likely than **white**
people to be arrested
for marijuana possession ↓

Arrests for the **possession** of
marijuana made up
50%
of all drug arrests in
the state ↑

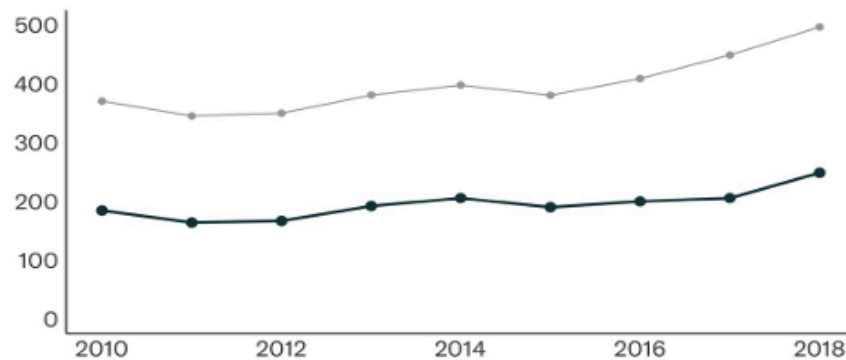
Direction of → indicates increase
or decrease since 2010.

ARRESTS OVER TIME

Rates of **Black arrests** compared to **white arrests** for
marijuana possession, per 100k people



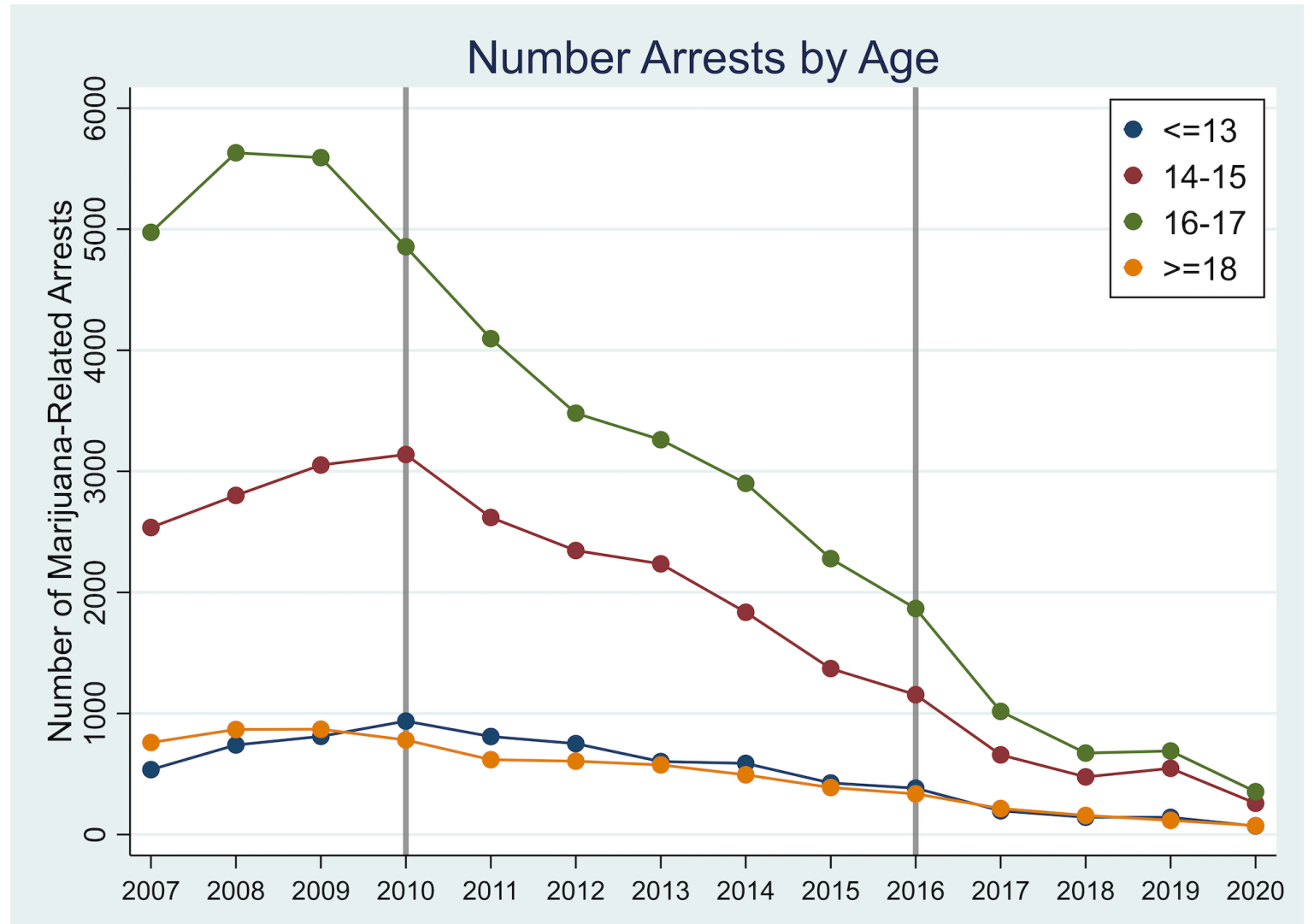
Statewide **marijuana possession** arrest rates compared
to **all other drug arrest rates**, per 100k people



Justice – Major progress in California!

A 98% decline in marijuana possession arrests 2009-2020

87% of eligible
criminal records
expunged by 2023



Criminal Justice – Issue 2 does not solve it

1

Legalizes possession,
which was already
partially decriminalized;
but still has steep
penalties for minors

2

It says nothing about
expunging criminal
records for previous
nonviolent offenses

3

Recommendation:
Include and fund
automatic
expungement of
criminal records.
Reduce underage
penalties

Issue 2 - What is the stated purpose?

It includes no central intent or purpose about protecting kids or public health or not increasing consumption, or reducing criminal injustice:

Stated Purposes are:

- Reducing illegal marijuana and providing a safer legal product
- Limiting influx of out-of-state cannabis
- Funding social equity and job creation, host communities, research, oversight and regulation

Not stated – build the for-profit cannabis industry

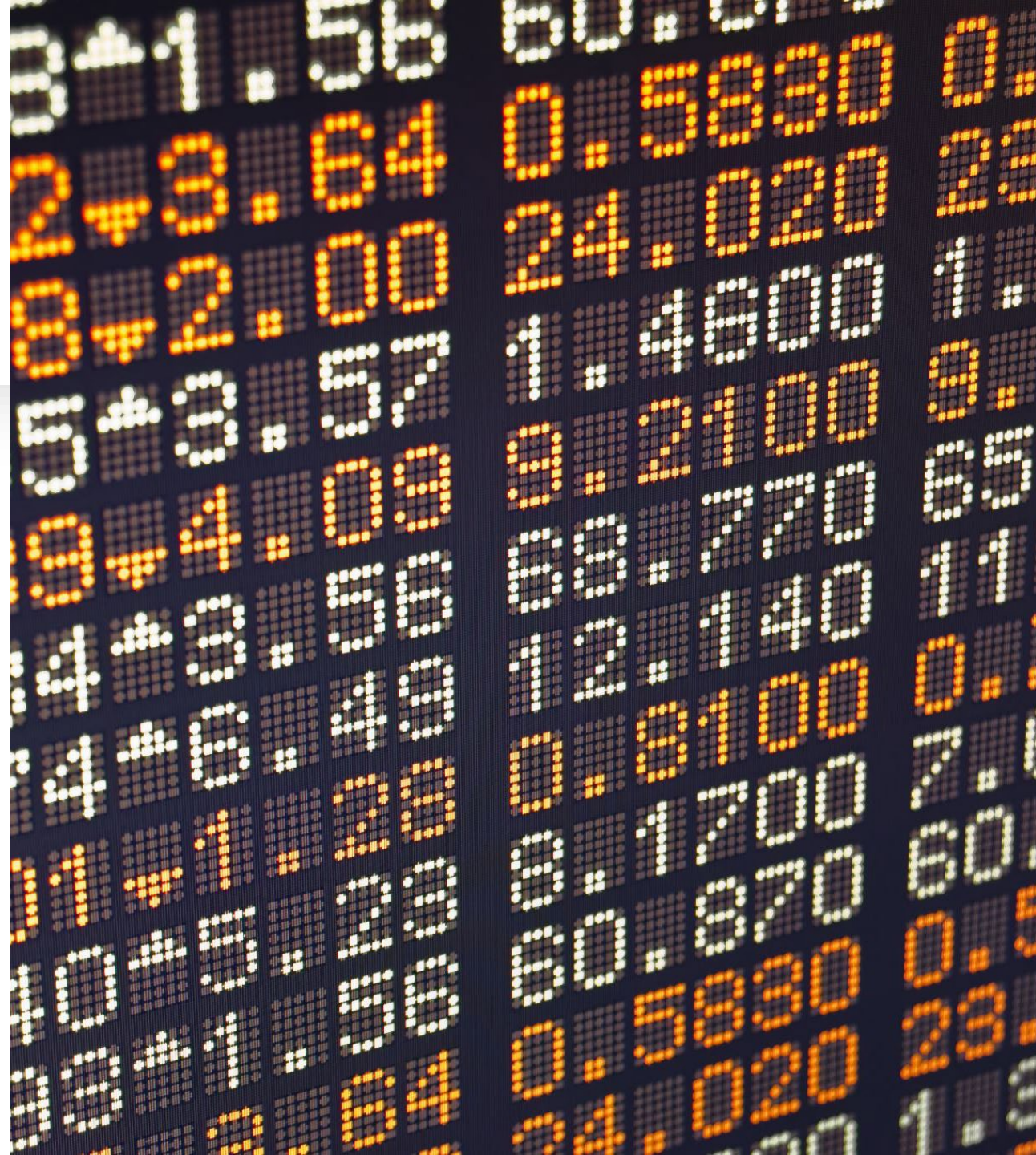
Recommended alternative: Create clear intent and primacy to protect youth and public health, providing legal access without driving up consumption

Who is in Charge?

- Department of Commerce
- Will be viewed as economic growth rather than as public health issue
- *Recommend: Public Health Role, at least for key decisions on products, packaging, labeling advertising, tax and price design, and number of licensees*

Market Structure

- As written will create a for profit market with few limits
- *Recommended safer alternative: use an alcohol monopoly like approach or contracted nonprofit to provide legal access to safer products without aggressive marketing - the "Quebec Model"*



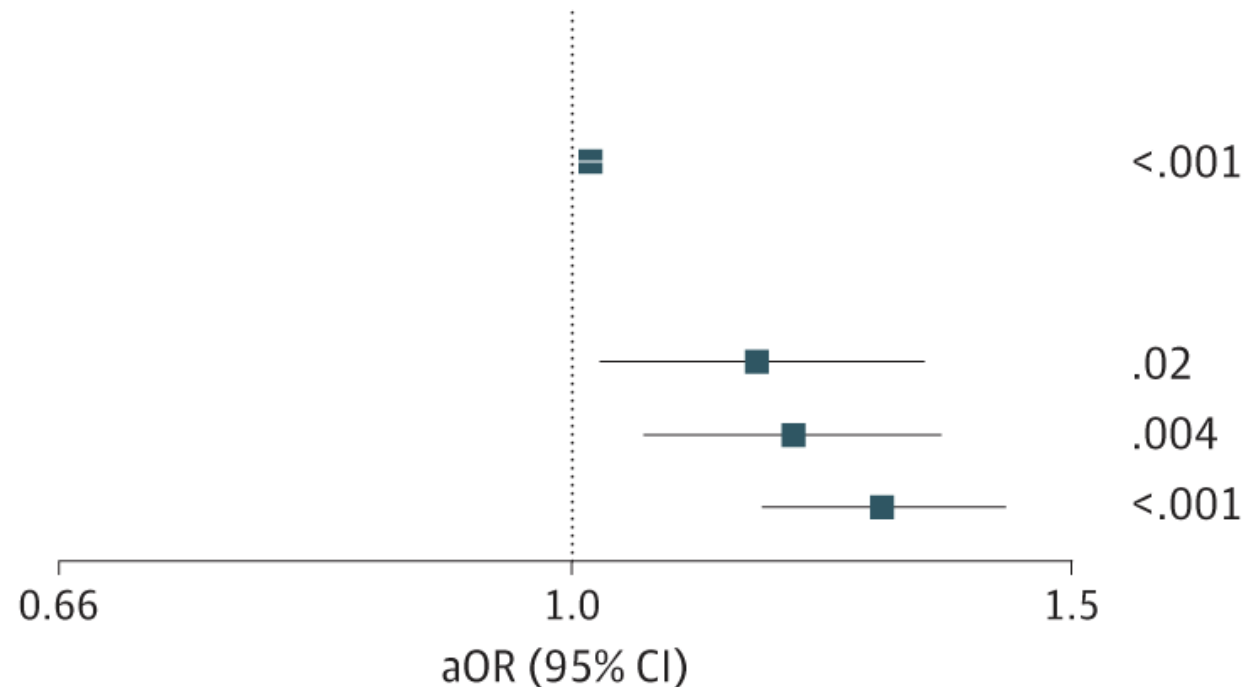
Limit Production & Stores

- *Recommendation: Limit retailers to no more than 1:20,000 people approximately*
- *Consider storefront only option*
- *Limit amount of cultivation allowed to reduce excess driving illicit market/pushing up consumption*
- *Increase buffer to 1,000 feet, add locations like colleges*
- *Strengthen equity in licensing provisions*

What Happens if you Don't Limit Retailers?


Prenatal Cannabis Use Increases with Density of Retailers California 2018

Density			
Number of retailers \leq 15 min			
Continuous (per retailer)	8.1	1.02 (1.01-1.02)	
Categorical			
0	7.0	1 [Reference]	
1-2	8.5	1.16 (1.02-1.32)	
3-5	8.0	1.20 (1.06-1.35)	
\geq 6	9.5	1.29 (1.17-1.42)	



Source: Young Wolff JAMA Network Open, 2021

Issue 2 Local Control – Not much

- Municipal corporation and townships can prohibit or limit operations, but applicants can take it to the ballot
 - Local cannabis taxes not allowed
 - Regulation of other issues under the chapter not allowed
 - ***Recommendation: Allow full local control, including taxation, allow stricter regulation at local level without preemption***
- 

Issue 2

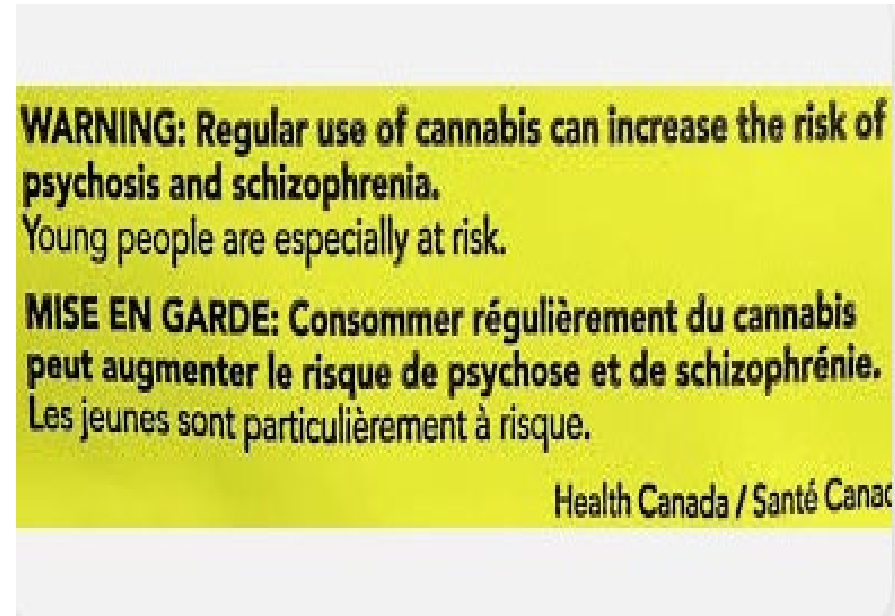
Taxes – too low

- Establishes a single 10% excise tax
- Much lower than many other states in 20-40% range
- Fails to tax by THC content
- Doesn't prohibit discounting
- Not enough to fund prevention and and robust regulation
- **Recommendation: Higher tax in 25-40% range, tiered to THC content, most going to youth and substance abuse prevention, some to community equity investment**
- **Prohibit discounting**



Does Issue 2 Make Products Safer ? Nope

- Explicitly protects highest potency products of flower up to 35% and concentrates to 90%
- These products have higher risk of addiction and psychosis
- Explicitly protects 26 classes of products
- While it creates authority for **health warnings and for packaging and labeling** regulation and it doesn't require them
- **Recommendations:**
 - *Limit potency now, you can always increase later;*
 - *Require plain packaging (like 4 states do)*
 - *Require prominent graphic rotating warnings on products and ads*



Does Issue 2 Prohibit the Cannabis Kids Menu?

Issue 2 does not, in fact it requires allowing beverages



Prohibits pre-approval



Recommend:

No flavored inhaled products

No Cannapops

No flavored pre-rolls/wrapper

Clearly define and prohibit product attractive to kids

Allow pre-approval

Examples Legal Cannabis Products Attractive to Kids (CA)

Cannabis Product or Not?

California, along with the rest of the nation, is experiencing an explosion of children being rushed to emergency departments due to accidental ingestion/overconsumption of psychoactive cannabis products that often mimic some of their favorite brands of candy, soda, or snacks. Don't believe us?

Do you think a child could distinguish these cannabis products from the commonly sold ones or characters they are mimicking?



Legally Sold Cannabis Products



MacFlurry: Flower. Imitates popular fast food chain dessert and it's branding (logo, product colors, graphics), association with ice cream flavoring.



Cocoa Pebbles: Flower. Prominent display of kid friendly imagery, insinuates chocolate flavor, imitates popular cereal marketed to children, use of bright green/orange colors.



Bobbi Hyll: Flower. Depiction of youth friendly imagery, imitates popular animated tv show, its branding (logo, colors), and characters, use of bright colors & cannabis plant graphic.



Purple Smerf: Flower. Likeness to classic children's cartoon/movie franchise, imitates name, logo and mushroom house imagery. Name of brand, Yogi Baer, is a variant of the name of a popular cartoon character.



Chips: Description of cheese and onion flavors prominently featured, imitates Funyuns and Fritos chips, depiction of famous artist and their popular phrasing style.



Sweet Treats: Packaging and product imitates commonly sold kids rice crispy treat/cereal, features flavor description, contains multiple doses (10/package) not physically separated, use of bright colors.



Gummies: Prominent display of fruits and flavors, including tropical, marketed as having a great taste and being healthy (vegan, gluten free).



Blunts: Flavor description prominently featured, references specific type of chocolate product. **Concentrates:** High potency product, imitates Skittles (Zkittlez), features images of candy and implies 'juiciness,' use of bright colors.



Beverages: Each can, a normal drink size, has ten doses of cannabis. Arnie's depicts a cartoon character, fruits images and a rocketship, and use bright colors. "Keef Orange Kush" imitates Fanta Orange soda.

Intoxicating HEMP with THC-P, Delta-8, HHC, THC-O



"I love this stuff, but I gave a little bite to two stoner friends and they were straight up not having a good time, bro. This stuff is strong! **One of them lost her lunch and the other passed out and turned blue and had to be attended to by paramedics.** I had a great time, though!" - Magic Rainbow Reviewer

The 5000 mg package above has 50 times amount of THC in a legal cannabis edible package (100mg)

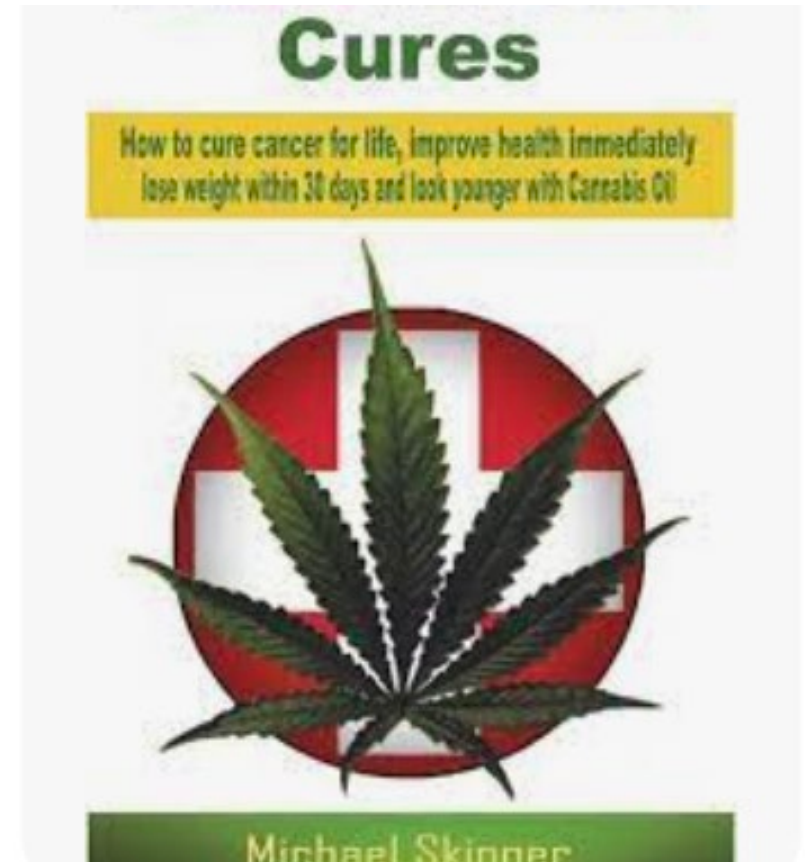
Protect Smoke-Free Air - Nope

- Issue 2 does not prohibit on-site consumption or cannabis temporary events in parks or fairs for example
- Allow any public place to accommodate use
- Will expose workers and patrons to secondhand smoke
- **Recommendation: Don't allow on-site consumption, cannabis restaurants or temporary events.**
- **Prohibit cannabis smoking wherever tobacco use is prohibited**



Restrict advertising & therapeutic and health claims

- Issue 2 is weak
- Stipulates that the Division “shall not” adopt rules that “overly burden the legitimate commercial speech of adult use cannabis operators in communicating with adult use consumers
- Prohibits misleading claims but this is hard to enforce
- **Recommendations:**
 - **Prohibit billboards**
 - **Prohibit ads where > 15% of audience is minors**
 - **Prohibit all therapeutic and health claims**
 - **Clearly define and prohibit advertising attractive to kids, branded merchandise**



Ohio –

You are entering the world of legalized cannabis



Next Steps

- The regulatory fight begins
- Has been characterized by industry dominance and regulatory capture with weak public health involvement in most states
- **Public health, substance abuse, tobacco leaders need to get engaged NOW**
- Expect a strong cannabis lobby



You can help make it better

Some Principles to Fight for

- Put regulation under health
- Create public or nonprofit monopoly model instead – take the profit out of addiction
- Limit retailers to 1:20,000 people
- Require plain packaging provision
- Fight for strong front of pack graphic health warnings on products and ads
- Prohibit the cannabis kids menu
- Limit marketing, discounting, etc.
- Limit potency
- Don't allow artificial cannabinoids
- Protect smoke-free air
- Tax enough, by THC and use for prevention & health equity

Window of Opportunity

- You will have a brief initial window of opportunity for the legislature to fix this
- Public health won't be their top concern
- The industry will inundate legislature
- **ORGANIZE! SHOW UP! SPEAK OUT! BRING YOUTH AND NURSES AND PARENTS AND EDUCATORS**



Thank you

Lynn Silver, MD

lsilver@phi.org

Thanks also to Alisa Padon,
PhD, Aurash Soroosh, RD, MHS,
Kiara Gonzalez Garcia,
Bethany Simard, Ruan
Whitacre PhD, Christine Carter,
and more

www.gettingitrightfromthestart.org

Join our ListServ

Contact us for
Technical Assistance



National Institute
on Drug Abuse



TOBACCO-RELATED DISEASE
RESEARCH PROGRAM

Support



Getting it Right
· from the Start ·

Advancing Public Health & Equity in Cannabis Policy

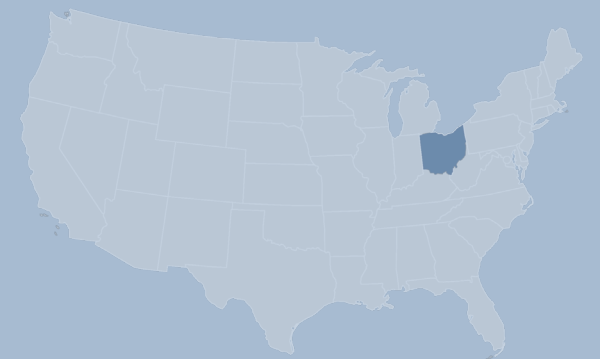
QUESTIONS

Voter participation and health

Amy Rohling McGee, MSW

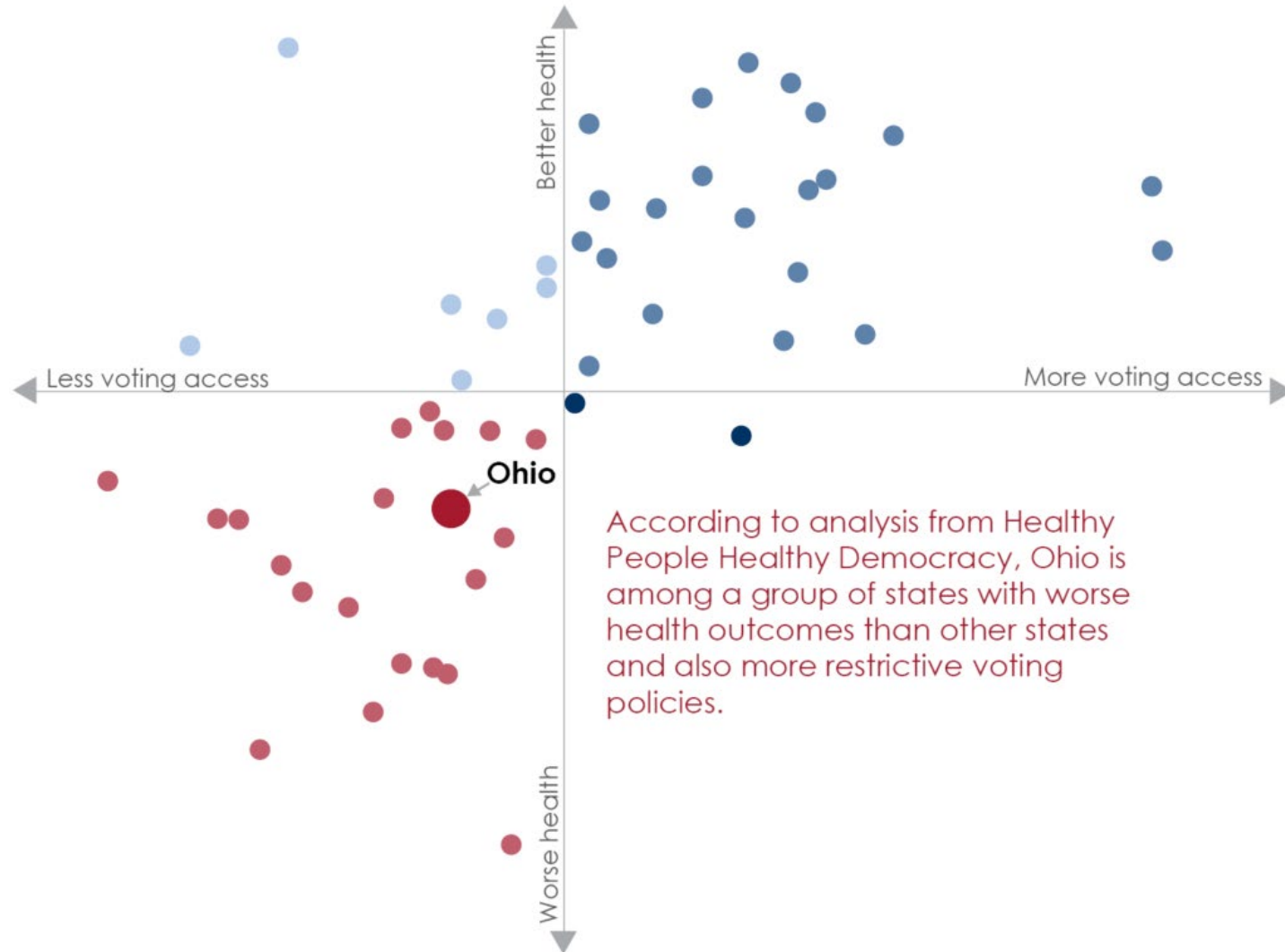
President

Health Policy Institute of Ohio



Connection between voting access and health

By state



Source: Healthy Democracy Healthy People Health and Democracy Index, 2023



Healthy People 2030

New *Dashboard* metrics

13 Civic engagement

11

Voter registration. Percent of citizens of voting age who reported being registered to vote in presidential election years (2020). Rank out of 51.

77%

Greatly improved

16

Voting rates. Percent of citizens of voting age who reported voting in presidential election years (2020). Rank out of 51.

70.1%

Greatly improved





VOTE





Voting Behavior of Physicians and Healthcare Professionals



J Gen Intern Med 2021;36(4):1169–71
 DOI: 10.1007/s11606-020-06461-2
 © Society of General Internal Medicine 2021

RESULTS

The pooled sample of US citizens age 18 and older ($N = 750,236$) included 3009 physicians, mean age 47.6 (SD, 14.9) years, 33.5% women (Table 1). Household-level response rates ranged from 84 to 92%. Physicians and other healthcare providers were significantly less likely to vote than comparison professions or the public after controlling for characteristics associated with voting (Fig 1). Compared to the public, adjusted physician voting rates were 12% lower than expected: aRR of 0.88 (95% confidence interval [CI], 0.83–0.92) whereas comparison professions all demonstrated significantly higher voting rates, with postsecondary teachers showing the highest rates, aRR 1.18 (1.14–1.21). Physicians also exhibited different voting behaviors compared to the public. Physicians were 30% more likely to vote by mail, aRR 1.32 (1.12–1.42), and 15% more likely to vote prior to election day, aRR 1.15 (1.06–1.25). Physicians who did not vote or register were 70% more likely to report this was due to being “Too busy, conflicting work or school,” compared to the public, aRR 1.7 (1.36–1.96).

INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic exemplifies the potential clash between policy, governance, and public health.¹ Physicians and other healthcare professionals have critical expertise and important experiences to help shape public policy, yet, historically, have been less likely to engage in the political process as measured by their propensity to vote.² We examine whether previous trends in low physician voter turnout persist, contrasting to similar occupational groups and the general population.

METHODS

Data were from the 2004–2018 Current Population Survey (CPS) November Voter Supplement,³ a biennial nationally representative household survey that collects self-reported or reports by proxy (household member) voting rates and behavior from congressional and presidential elections. We identified five representative healthcare professionals (physicians, dentists, pharmacists, registered nurses, physician assistants) and five other comparison professions (postsecondary teachers, chief executives, civil engineers, social workers, lawyers) selected by similarities in income or educational backgrounds. The remaining population was considered the general public. Adjusted riskratios (aRR) were estimated from multivariable logistic regressions comparing voting rates and behavior across occupations controlling for the year and sociodemographic characteristics associated with voting.⁴ To account for missing variables of income, duration of residence,

DISCUSSION

Over 2004–2018, adjusted analysis find physicians and other healthcare professionals were significantly less likely to vote, whereas comparative professions were more likely to vote than the general public. As noted in other studies,⁵ this may be for a variety of reasons: inflexibility of clinical schedules and responsibilities, transient and intense nature of medical training distances trainees from their community, ambivalence towards advocacy, intrinsic social value of medicine as a substitute to other community-engagement responsibilities. Indeed, physicians in this study were more likely to attribute not voting to work commitments and instead were more likely

Volume 31 • Number 2 • February 2016

JGIM

Journal of General Internal Medicine

EDITORIALS

- 136 • Comparative International Medical Education: A Review
- 140 • Can Postsecondary Practice Release Patients and Practitioners? The Case of Spine Imaging
- 142 • The Future of Social Network Analysis of Health Care Systems Data: Promise and Caution
- 144 • Training Future Physicians to Deliver Tobacco Cessation Treatment
- 147 • Use of Low Molecular Weight Heparins in Patients with Renal Failure: Time to Re-evaluate Our Prescriptions
- 149 • Academic-Industry Research Partnerships as Emerging Opportunity or Just Smoke and Mirrors?
- 151 • Understanding Doctors' Choices in Medicare Advantage
- 153 • The Veterans Choice Act and Dual Health System Use

ORIGINAL RESEARCH

- 156 • Variation among Primary Care Physicians in the Use of Imaging for Older Patients with Acute Low Back Pain

- 164 • Provider Patient Sharing Networks and Multisite-Provider Teaching of Geriatricians
- 172 • Teaching Medical Students to Help Patients Quit Smoking: Outcomes of a 10-Week Randomized Controlled Trial
- 182 • Treatment with Dalargin is Associated with a Lower Risk of Bleeding Compared to Treatment with Unfractionated Heparin in Patients with Renal Insufficiency
- 188 • Medication Adherence Does Not Explain Black-White Differences in Cardiovascular Risk Factor Control among Insured Patients with Diabetes
- 196 • Unintentional Continuation of Medications Initiated for Acute Illness After Hospital Discharge: A Population-Based Cohort Study
- 203 • Buried Out at the Bedside: Patient Perceptions of Physician Burnout in an Internal Medicine Resident Continuity Clinic
- 209 • Low A1C Levels Independently Associated with 20-Year All-Cause Mortality Among Coronary Heart Disease Patients
- 213 • Screening and Patient Up-Stepping for Tobacco Use in Primary Care: An Exploration of Rural-Urban Variations

PERSPECTIVE

- 228 • Industry Support of Medical Research: Impaired Objectivity of Teachers and Mentors?

HEALTH POLICY

- 234 • The Roles of Cost and Quality Information in Medicare Advantage Plan Enrollment Decisions: An Observational Study
- 242 • Health Literacy in Transitions of Care: An Innovative Objective Structured Clinical Examination for Fourth Year Medical Students Examining an Interdisciplinary Preparation Course

CLINICAL

- 247 • Managing Cognitive Load to Uncover an Unusual Cause of Symptomatic Electrolyte Abnormality
- 252 • Hyperglycemia-Induced Pancreatitis: A Case Report
- 253 • Schuster Syndrome: A Case Report
- 255 • Oral Rehydration Therapy and Feeding Bypasses Total Parenteral Nutrition: A Clinical Vigilance

Full contents inside



11696 • ISSN 0895-4734
 31(2) 159–218 (2016)



Thrive Through Civic Health: We Will Vote Organizational Commitment



<https://www.healthymocracyhealthypeople.org/wwv/>

VoteOhio.gov

<https://www.ohiosos.gov/elections/voters/>

Find unofficial election results for Ohio's March 19 primary election here.



[FIND YOUR POLLING LOCATION](#)

[LOCAL ELECTION RESULTS / COUNTY BOARDS OF ELECTIONS](#)

[TRACK YOUR ABSENTEE BALLOT](#)

[ID REQUIREMENTS](#)

[LOOK UP YOUR VOTER REGISTRATION](#)

[VIEW YOUR SAMPLE BALLOT](#)

VOTE 411

<https://www.vote411.org>

The screenshot shows the top section of the VOTE 411 website. On the left, there is a hamburger menu icon and the text "MENU". In the center, the "VOTE 411" logo is displayed, with "VOTE" in a pink speech bubble and "411" in white. On the right, there is a language dropdown menu set to "English", a pink "Register to Vote" button, and a white "Donate" button. Below the navigation, the main content area features a background image of two smiling women. On the left, the text "ELECTION INFORMATION YOU NEED" is written in large, bold letters, with "YOU NEED" in yellow. Below this, it says "Brought to you by the League of Women Voters Education Fund". To the right, there are three dark blue cards with white icons and text: "Register to Vote" (with a laptop icon), "Check Your Registration" (with a clipboard icon), and "Find What's on Your Ballot" (with a ballot icon). Each card has a white arrow icon in the bottom right corner.

 **HAVE YOUR CANDIDATES ANSWERED OUR QUESTIONS?** If not, see how you can help! [Find out](#) 

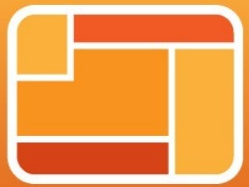
PERSONALIZED VOTING INFORMATION

Enter Your Address to Get Started:

Street Address

Upcoming webinar

3 p.m. | April 16



**County Health
Rankings & Roadmaps**
A Healthier Nation, County by County

Exploring strategies
to strengthen civic
participation for
communities' health

Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visit your organization or speak at a meeting you host

POLL QUESTIONS



Connect with us

Social



@healthpolicyohio



Email

- **HPIO mailing list**
(link on our homepage)
- **Ohio Health Policy News**
(healthpolicynews.org)

www.hprio.net

THANK YOU