

**Burden of Tobacco
Among Medicaid Clients
in Oregon**

Burden of Tobacco Among Medicaid Clients in Oregon

Tobacco use is the leading cause of preventable death and disease.

Every year tobacco use kills almost 7,000 Oregonians. Secondhand smoke causes an additional 800 deaths in Oregon annually.

- Adult Medicaid clients are nearly twice as likely to smoke as Oregon adults in general (Behavioral Risk Factor Surveillance System [BRFSS] 2007, Consumer Assessment of Healthcare Providers and Systems [CAHPS] survey 2007).
 - ◆ Studies have shown that economic status is the single greatest predictor of tobacco use.¹ Certain racial and ethnic groups, low literacy populations and those living in poverty bear a disproportionate burden of tobacco use, related illnesses and deaths.¹ In Oregon, Medicaid, also known as the Oregon Health Plan, provides health insurance for eligible low-income Oregonians. An estimated 428,000 Oregonians are clients of Medicaid, over half of whom are children.² Medicaid clients represent a large percentage of lower-income individuals and families in Oregon.
- Almost 40 percent of Medicaid clients who smoke and have children living in their homes allow smoking inside their homes every day (Health Risk Health Status Survey [HRHSS] 2004).
 - ◆ Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome, lower respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth.³ Additionally, children whose parents smoke and who grow up in homes where smoking is allowed are more likely to become smokers.

The economic burden of tobacco is devastating.

In addition to the negative health effects, the economic burden of tobacco use is also significant. Every Oregonian bears the costs of tobacco use and secondhand smoke through higher taxes.⁴ Tobacco use costs Oregonians more than \$2 billion annually in direct medical expenditures and lost productivity (Smoking-Attributable Morbidity, Mortality and Economic Costs [SAMMEC] 2004). In Oregon, direct Medicaid costs related to smoking are an estimated \$287 million per year.⁵ This is equivalent to approximately 10 percent of total annual expenditures for Medicaid in Oregon.⁶

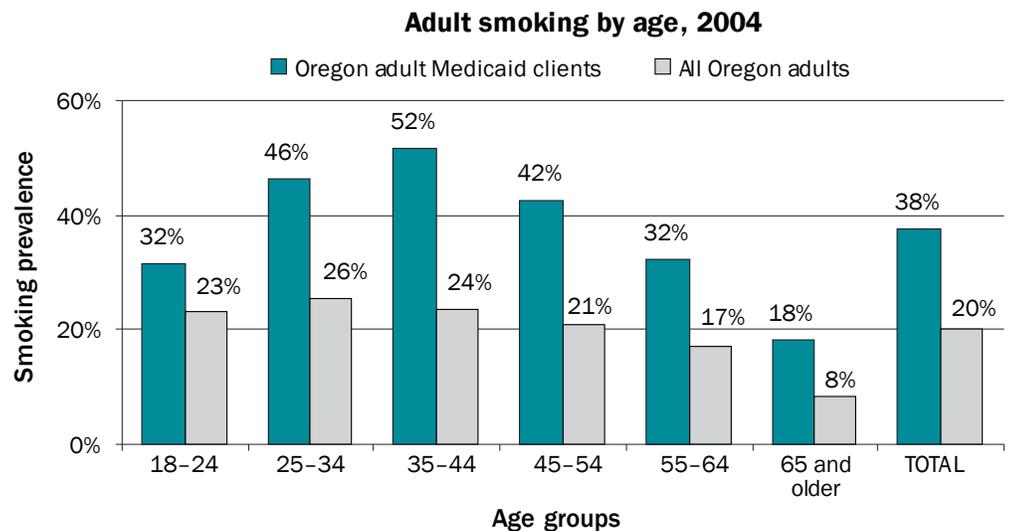
This report explores the burden of tobacco among Oregon Medicaid clients.

The facts

Oregon's adult Medicaid clients smoke more than the overall adult population. In 2007, 37 percent of adult Medicaid clients (CAHPS 2007) smoked compared with 17 percent of Oregon adults (BRFSS 2007). While smoking prevalence is higher among Medicaid clients than the general adult population, the number of cigarettes consumed per day is similar. Forty percent of Medicaid clients (HRHSS 2004) smoke a pack or more per day compared with 43 percent of Oregon adults who smoke (BRFSS 2004).

Adult smoking by age

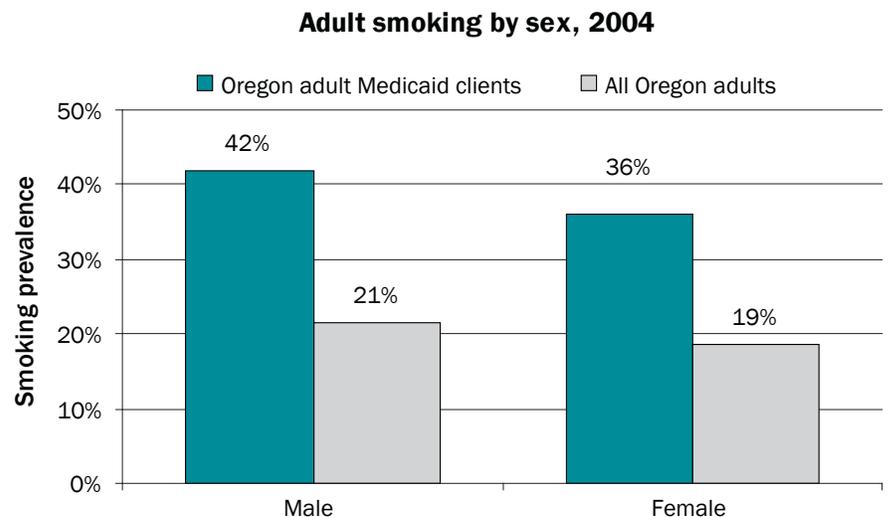
Within every age range, smoking is much higher among those on Medicaid. Even though the percentage of adults who smoke varies by age, the age group (among Medicaid clients) with the highest smoking prevalence (52 percent) is 35 to 44 years old.



Data sources: Health Risk Health Status Survey 2004 (Medicaid clients); Oregon Behavioral Risk Factor Surveillance System 2004 (all adults)

Adult smoking by sex

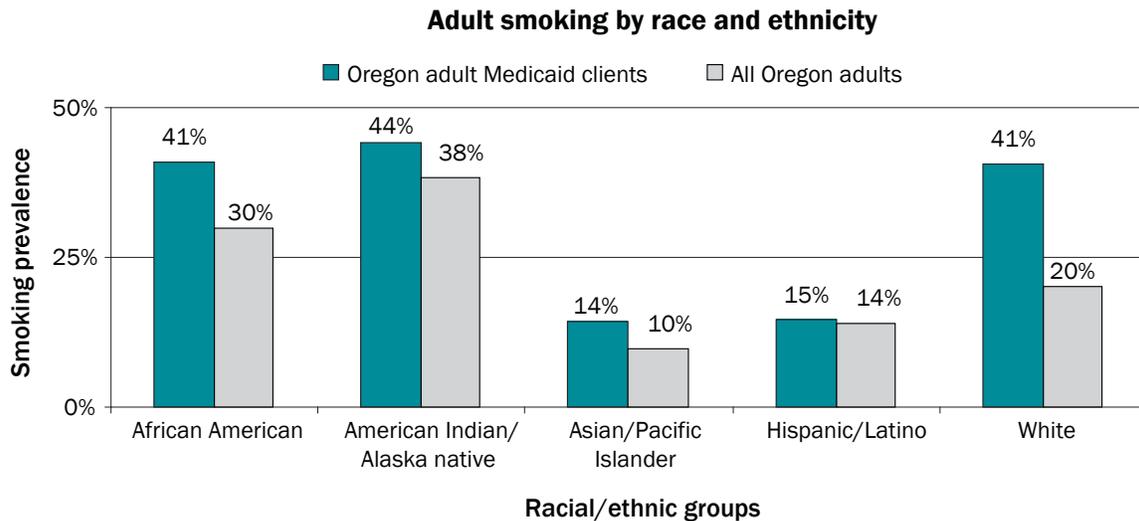
Pregnant women who meet certain income criteria are eligible for Medicaid. Therefore, a much higher percent of women are adult Medicaid clients than men. However, overall estimates of smoking among Medicaid clients do not vary significantly by sex.



Data sources: Health Risk Health Status Survey 2004 (Medicaid clients); Oregon Behavioral Risk Factor Surveillance System 2004 (all adults)

Adult smoking by race/ethnicity

Tobacco-related health disparities exist among historically marginalized groups that face inequalities in tobacco control infrastructure, access to resources and direct targeting by the tobacco industry.⁷ In Oregon, Medicaid clients who are African American, American Indian/Alaska Native or white are more likely to smoke than Medicaid clients who are Asian/Pacific Islander or Hispanic.

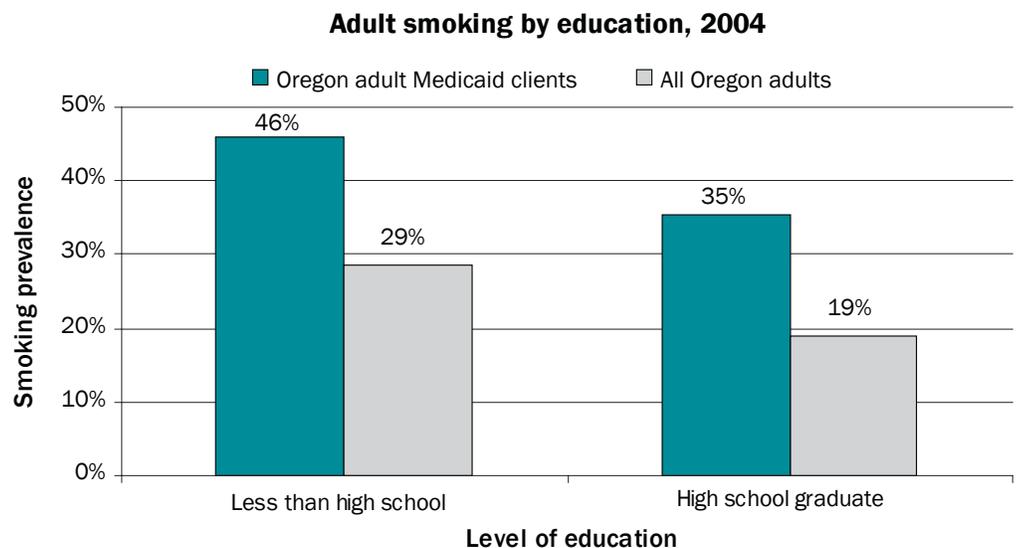


Data sources: Consumer Assessment of Healthcare Providers & Systems 2007 (Medicaid clients); Oregon Behavioral Risk Factor Surveillance System 2004-05 Race Oversample (all adults)

Note: Data may not be comparable between CAHPS and BRFSS due to inherent differences in the populations, e.g., women who are pregnant or recently gave birth are more likely to be on Medicaid than other population groups.

Adult smoking by education

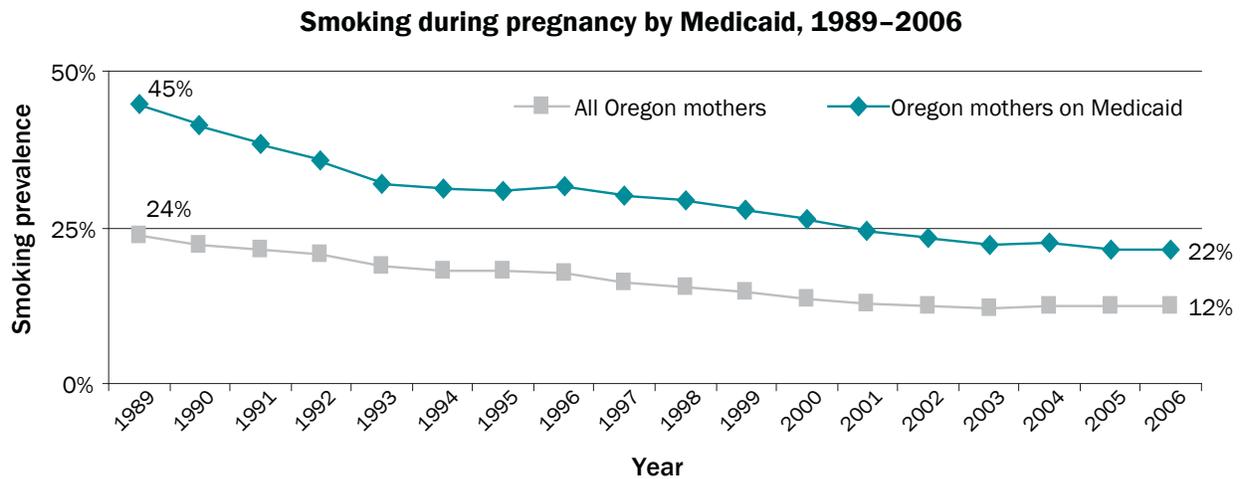
Individuals who have not completed high school are more likely to smoke than those who have graduated from high school. This is true for both the overall adult population and the Medicaid population.



Data sources: Health Risk Health Status Survey 2004 (Medicaid clients); Oregon Behavioral Risk Factor Surveillance System 2004 (all adults)

Smoking during pregnancy

Smoking during pregnancy is a major cause of spontaneous abortions, premature births, stillbirths and many other complications.⁸ The cost of delivering a baby for a woman who smokes during her pregnancy is an estimated \$350 more than a birth to a nonsmoking woman. (MCH SAMMEC 2004). Overall, smoking during pregnancy has been steadily declining since 1989 among Oregon women. However, one in five women on Medicaid continues to smoke during pregnancy.



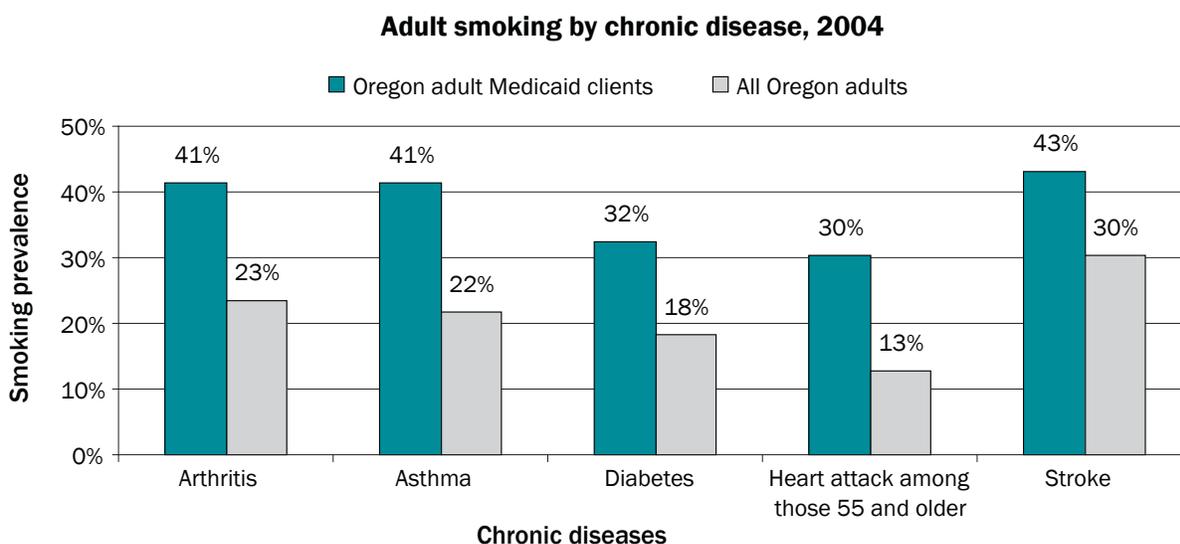
Data sources: Oregon birth certificates

Smoking and chronic disease

Chronic diseases such as asthma, diabetes and cardiovascular disease are diseases that persist for a long time. They generally cannot be cured and do not just disappear. Health-damaging behaviors, particularly tobacco use, are leading risk factors for chronic diseases.⁸

Smoking contributes to chronic diseases in two ways. First, tobacco is one of the strongest risk factors for developing chronic disease. Second, among people with chronic diseases, those who smoke are more sick on average.

Smokers with some chronic diseases can experience increased health complications and increased risk of death.⁸ Oregon Medicaid clients with chronic conditions are more likely to smoke than those in Oregon's overall adult population.



Data sources: Health Risk Health Status Survey 2004 (Medicaid clients); Oregon Behavioral Risk Factor Surveillance System 2004 (all adults)

**Tobacco Prevention and Education Program
Oregon Public Health Division
800 N.E. Oregon Street, Suite 730
Portland, OR 97232
971-673-0984
www.healthoregon.org/tobacco**

This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include (but are not limited to) large print, Braille, audio recordings, Web-based communications and other electronic formats. Call 971-673-0984 (voice) or call 971-673-0372 (TTY) to arrange for the alternative format that will work best for you, or if you would like additional copies of this report.