

2017

HEALTH CARE COSTS AND SMOKING IN MINNESOTA

The Bottom Line

THE COST: \$3.19 BILLION ANNUALLY

While the overall smoking rate in Minnesota has decreased dramatically over the last two decades, the cost of smoking remains significant. In Minnesota, smoking was responsible for \$3.19 billion in excess medical expenditures in 2014 — a per capita expense of \$593 for every person in the state.¹

A CALL TO ACTION: PREVENTION & POLICY

Many factors impact our health. One is prevention efforts, such as deterring young people from starting to smoke and helping current smokers quit, which offer significant opportunities for controlling health care costs. Another is our surroundings — where we live, work, learn and play. Tobacco-free spaces are essential to decreasing the impact of smoking — including its costs. It's also imperative to address the inequities within commercial tobacco use.

Despite years of progress, some populations continue to smoke at disproportionately high rates and are more frequently targeted by tobacco-industry marketing.

For instance, low-income individuals experience significantly higher rates of smoking and smoking-related health issues than the general population.² Additionally, people suffering from mental health issues smoke at rates almost double that of the general population.³ We also know that in Minnesota, 59 percent of American Indians smoke,⁴ along with approximately 24 percent of Somalis,⁵ compared to 14 percent of all Minnesota adults.⁶

As a result, these and other communities are at a greater risk for premature death and disease. We can't afford to ignore these inequities.

A COMPARISON: HOW COSTS STACK UP

To get a sense of the magnitude of smoking-related medical costs, it is helpful to compare \$3.19 billion in public and private health care expenditures attributed to smoking with other investments. This juxtaposition is for comparison purposes only and shows a relative view of just how much taxpayers, employers and government spend on these preventable costs.

6,380 fire trucks × \$500,000 = \$3.19 billion
200 libraries × \$16 million each = \$3.2 billion
58,000 four-year undergraduate degrees at the University of Minnesota × \$55,360 each = \$3.2 billion
79,750 jobs at \$40,000 per year each = \$3.19 billion
10 state capitol renovations × \$310 million = \$3.1 billion

\$3.19 billion COULD ALSO BUY:



6,380 FIRE TRUCKS



200 LIBRARIES



58,000 FOUR-YEAR DEGREES

AND IS EQUAL TO:



79,750 JOBS
AT **\$40,000**



10 STATE CAPITOL RENOVATIONS

A CLOSER LOOK: \$3.19 BILLION BROKEN DOWN

The \$3.19 billion Minnesotans spent on excess medical costs related to smoking includes nursing home care, ambulatory care, hospital care, prescription drugs and other personal health care for adults.¹ These total expenditures do not include the costs of lost productivity or workers' compensation that are indirectly attributable to smoking.

SMOKING-ATTRIBUTABLE HEALTH CARE COSTS: MINNESOTA, 2014

COST COMPONENT	COSTS
Nursing home (adult)	\$472,000,000
Ambulatory care (adult)	\$410,000,000
Hospital care (adult)	\$1,144,000,000
Prescription drugs (adult)	\$243,000,000
Other services (adult)	\$924,000,000
Total costs	\$3,194,000,000

This information has been developed using data provided by the state of Minnesota and calculated using methods developed by the Centers for Disease Control and Prevention to calculate these costs on a state-by-state basis.⁷

Totals may not equal sums because of rounding.

THE HUMAN COST: LIVES LOST

In 2014, smoking was responsible for the deaths of 6,306 adults in Minnesota and six infants whose mothers smoked during pregnancy.¹ These individuals suffered from one or more of 24 adult and four infant conditions that have been tied to premature death in smokers or infant mortality. The chart below demonstrates the staggering proportion of overall deaths from these conditions that can be tied directly to smoking.

ALL DEATHS AND SMOKING-ATTRIBUTABLE DEATHS: MINNESOTA, 2014

DISEASE CATEGORY	ALL DEATHS	SMOKING-ATTRIBUTABLE DEATHS
Cancer* (adult)	5,669	2,584
Respiratory diseases ⁼ (adult)	2,813	1,881
Heart and vascular diseases ^F (adult)	9,946	1,703
Other diseases [±] (adult)	1,193	138
Perinatal conditions ⁼⁼ (infant)	64	6
Total deaths	19,685	6,312

* Includes: Lip, oral cavity, pharynx; esophagus; stomach; colorectal; liver; pancreas; larynx; trachea, lung, bronchus; cervix uteri; kidney, other urinary; urinary bladder; and acute myeloid leukemia.

⁼ Includes: Tuberculosis; pneumonia, influenza; bronchitis, emphysema; and chronic airway obstruction.

^F Includes: Ischemic heart disease; other heart diseases; cerebrovascular disease; atherosclerosis; aortic aneurysm; and other arterial disease.

[±] Includes: Macular degeneration and diabetes mellitus.

⁼⁼ Includes: Short gestation/low birth weight; respiratory distress syndrome; other respiratory-newborn; and sudden infant death syndrome.

This information has been developed using data provided by the state of Minnesota and calculated using methods developed by the Centers for Disease Control and Prevention to calculate these costs on a state-by-state basis.⁷

Totals may not equal sums because of rounding.

Smoking claims the lives of more than 6,000 Minnesotans each year. Much work remains to reduce the burden that smoking and other tobacco-related health inequities put on our state.

ENDNOTES

1. Lorden, A. L. and Ohsfeldt, R. L. (2017). *Smoking-attributable mortality and economic costs-Minnesota, 2014*, Final Report.
2. Smoking in Low Socioeconomic Status Populations: Prevalence, Health Impact, Challenges and Recommendations, Break Free Alliance: http://www.michigan.gov/documents/mdch/BreakFreeAlliance-SmokingInLowSESPopulations-2012_477944_7.pdf.
3. Special Populations, Mental Illness. Maryland's Tobacco Resource Center, Linking Professionals to Best Practices. <http://mdquit.org/special-populations/mental-illness>.
4. American Indian Community Tobacco Projects. *Tribal Tobacco Use Project Survey, Statewide American Indian Community Report*, 2013.
5. *Am J Prev Med* 2012; 43(5S3): S205–S213. <http://clearwaymn.org/wp-content/uploads/2012/12/Cigarettes-and-the-Somali-Diaspora-Tobacco-Use-Among-Somali-Adults-in-Minnesota.pdf>.
6. ClearWay Minnesota, *Minnesota Adult Tobacco Survey*, Jan. 2015.
7. U.S. Department of Health and Human Services (2014). Chapter 12: Smoking-attributable morbidity, mortality, and economic costs. In *The health consequences of smoking—50 years of progress: a report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/>.

