

Prop. 56: Defeating Big Tobacco and What it Means for Oral Health



Overview

- Origins
- Long-term coalition building
- Beating Big Tobacco
- Results for Oral Health
- Key Takeaways

Why does CDA care?

CDA is committed to the success of our members in service to their patients and the public

2008 CDA House of Delegates

Directed CDA to analyze lack of access to oral health care
and consider solutions

Strategic Approach

Phased Strategies for Reducing the Barriers to Dental Care in California

California Dental Association
Access Report

access cda
Understanding the issue. Answering the need.

California Dental Association: Phased Strategies for Reducing Barriers to Dental Care in California



Phase 1 Establishing State Oral Health Leadership and Optimize Existing Resources (Years 1-3)		
Objective	Strategy	Rationale
1. State oral health infrastructure	<p>a. Assist the state to hire a state dental director and staff responsible for developing, funding, and coordinating oral health activities. The dental director and his/her staff will be responsible for achieving the following:</p> <ul style="list-style-type: none">i. Developing a comprehensive and sustainable state oral health action planii. Securing funds to support infrastructure, and statewide and local programsiii. Advancing and protecting the importance of oral health within the Administrationiv. Encouraging private and public collaborationv. Promoting evidence-based approaches to increase oral health literacyvi. Establishing a system for surveillance and oral health reporting	<p>To effectively build and execute statewide oral health activities, the state needs a dental director, preferably a dentist with public health experience, an oral health epidemiologist, an administrative assistant, an analyst, and a program coordinator. Key to the success of this effort is sufficient staff to carry out essential functions of the office, including surveillance, program coordination and fund development. Additionally crucial is the strategic placement of the dental director within the state structure, ensuring the dental director is part of the executive team, intimately involved in the decision making process, and able to work across programs to ensure oral health inclusion.</p> <p>This recommendation is made first as it provides the foundation for key Phase 2 objectives.</p>
2. Expand capacity within dental public health	<p>a. Encourage and support dental professionals to obtain advanced degrees in public health</p>	<p>Dental public health leaders are needed to plan and implement programs, and advocate for the oral health of Californians. As the infrastructure at the state is rebuilt, more dental public health leaders will be needed to fill key roles at the state and local level in addition to filling advocacy roles at the federal level.</p>
	<p>b. Support incentives for dentists to establish practice in the public health sector</p>	<p>Dental loan repayment programs have proven to be a successful incentive for dentists to locate their practice in remote locations or dental public health settings, resulting in increased dental care to underserved populations. Though the large dollars required for each loan repayment grant effectively limits the scope of this type of program, each dentist provides essential dental care to thousands of patients over the loan repayment period. As such, loan repayment incentives continue to play an important role in bringing more dental care to underserved Californians.</p>

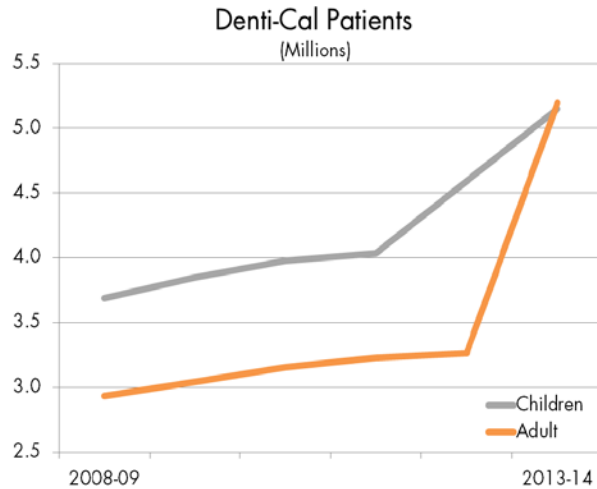
Our First Priority



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Prop. 56 Origins

Medi-Cal expansion with ACA implementation



77% ↑
Increase in adults enrolled
in Denti-Cal

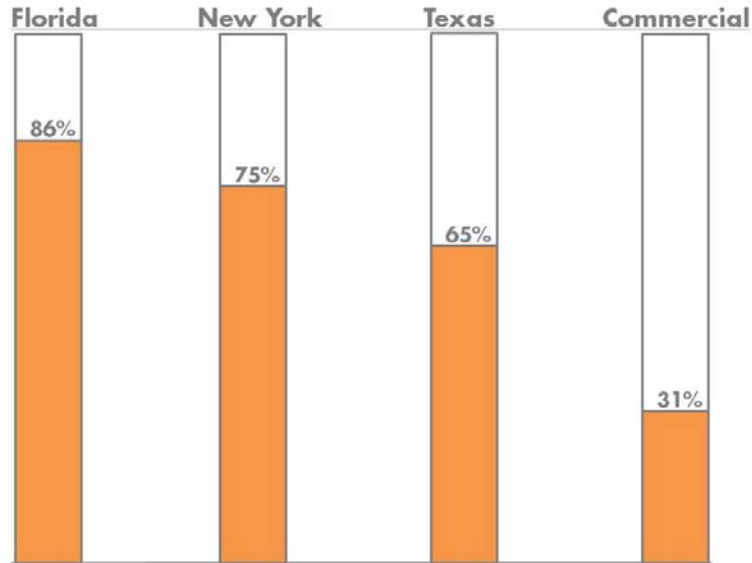
40% ↑
Increase in children enrolled
in Denti-Cal

15% ↓
Decrease in dental providers

2017: 1/3 of Californians enrolled

Lack of Medi-Cal providers

CA reimbursement rates compared to other states & commercial average



Tobacco Problem

- Tobacco use: #1 cause of preventable death
 - 40,000 Californians annually
- Significant cost driver in Medi-Cal program
- 90% of smokers start as teens
- For every 10% increase in cost, teen use drops by 7%

Tobacco Problem

- CA State Tax = 87 cents per pack (35th in nation)
 - No increases since 1998
 - Two failed ballot measures to increase tax
- Electronic Cigarettes = Untaxed/Unregulated

Proposal

Raise tobacco tax



Reduce tobacco use/address cost driver



Raise urgently needed Medi-Cal revenue

Coalition Building: Years in the Making

Save Lives California Coalition



Trying the legislative route...

- Package of legislation introduced:
 - \$2 per pack tax increase (2/3 vote)
 - Raise minimum purchase age to 21
 - Regulate/tax e-cigarettes
 - Close loopholes on smoking in workplaces
 - Expand tobacco-free school zone requirements
 - Raise licensing fees
 - Allow counties to enact local tobacco taxes
- Test tobacco industry
- Broader cause than reimbursement rates

Nov. 2016 Ballot Measure Campaign

Starting a Ballot Measure Campaign...

- Resources essential
- Seasoned political professionals
 - Campaign manager
 - Political/election lawyers
 - Signature-gathering program
 - Paid media consultants
 - Earned/online media consultants
 - Pollsters

Drafting of Proposition 56

- \$2 tax increase per cigarette pack (approx. \$1.5 billion per year)
 - Equivalent increase on all tobacco products including e-cigarettes
- 82% of funding dedicated to Medi-Cal provider payments
 - Did not specify specific breakdown
- \$30 million annually for State Oral Health Program
- Additional funding for prevention, enforcement, research

Signature Gathering



Getting Dentists Engaged

- Noble fight: Healthcare vs. Tobacco
 - Dentists on frontline of combatting tobacco-related disease
- Improving Medi-Cal/Oral Public Health = Consistent with CDA mission/Access Plan

Getting Dentists Engaged

- Campaign materials/swag
 - Posters/brochures for dental offices
- Message training to prepare dentists/students
- Social media

No on 56 Messaging



STOP the Special Interest Tax Grab

No on 56 Messaging



No on 56 Messaging



No on 56 Messaging



“MAJOR FUNDING BY
PHILIP MORRIS USA
INC. AND RJ
REYNOLDS TOBACCO
COMPANY”

Our Message to Voters

- Prevents and reduces tobacco use
- Protects youth from the tobacco/e-cig industry
- User fee: If you don't smoke, you don't pay
- No on 56 funded entirely by tobacco industry: Who do you trust?

Media: Important Ally

The Mercury News

Editorial: Tobacco tax
increase deserves a
big yes

The Sacramento Bee

Tobacco companies
mislead voters
in radio ad

San Francisco Chronicle

Chronicle recommends:
Yes on Prop. 56

POLITIFACT

Big Tobacco blowing
smoke in claim about
California's Prop 56

Online/Social Media

- **Website:** YesOn56.org
- **Twitter:** [@YesOn56](https://twitter.com/YesOn56)
- **Facebook:** facebook.com/YesOn56
- **Instagram:** [@yeson56](https://www.instagram.com/yeson56)
- **YouTube:** [Yes on 56 - Save Lives CA](https://www.youtube.com/YesOn56)



Final Results

Yes

64.4%

No

35.6%

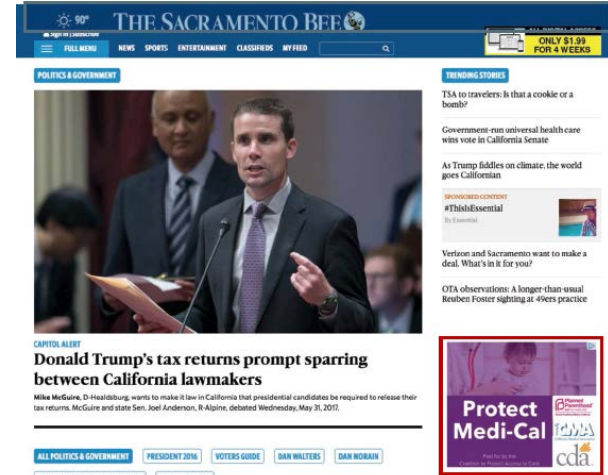
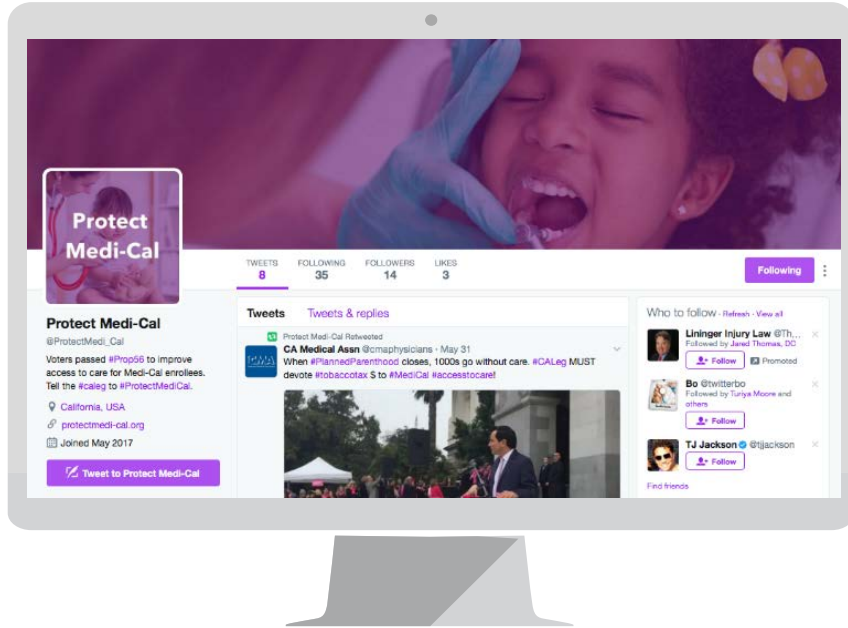
\$35 million vs. \$75 million

Budget Fight...

- Jan '17: Gov. Brown proposes using Prop. 56 money for general Medi-Cal expenses, not reimbursements
- Campaign continues...



Protect Medi-Cal Advocacy Campaign



Outcome

- 2017-18 budget: \$140 million for dental provider payments
- 40% reimbursement increases for hundreds of services (implemented early 2018)
- Full restoration of adult dental benefits
- \$30 million for Oral Health Program: Protected funding

Key Takeaways

- Importance of long-term engagement / Pro-active leadership
- Building relationships for coalitions
- Right groups/funders/personnel
- Sustained commitment

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