

F as in Fat: Obesity and a New Public Health



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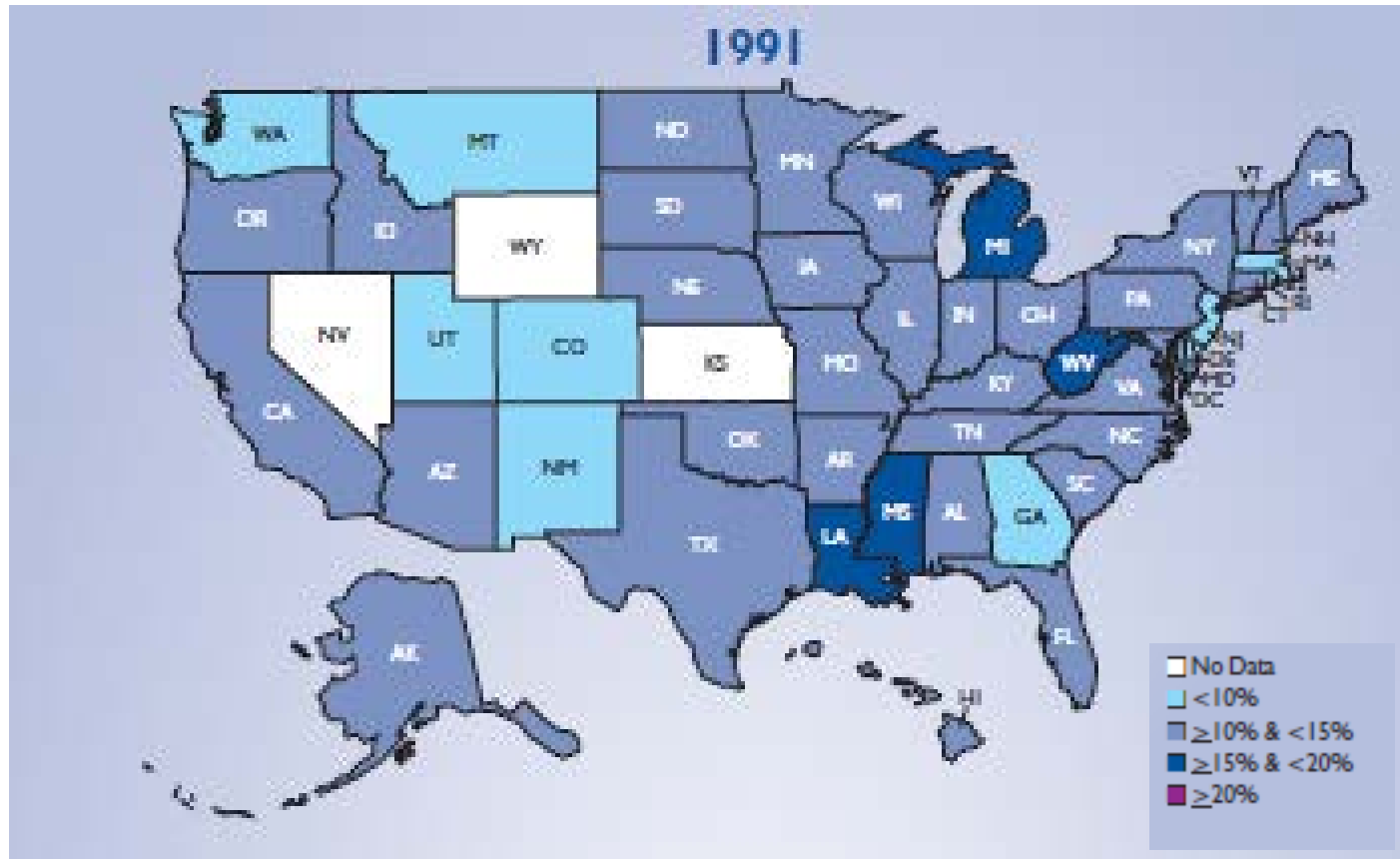
for the 7th Biennial Childhood Obesity Conference

June 18, 2013

Overview

- ❑ Obesity remains a major public health epidemic.
- ❑ What it will take to reverse the trend: small changes make big differences
- ❑ Yet, key structural elements are in place
- ❑ Multi-sector partnerships will be necessary

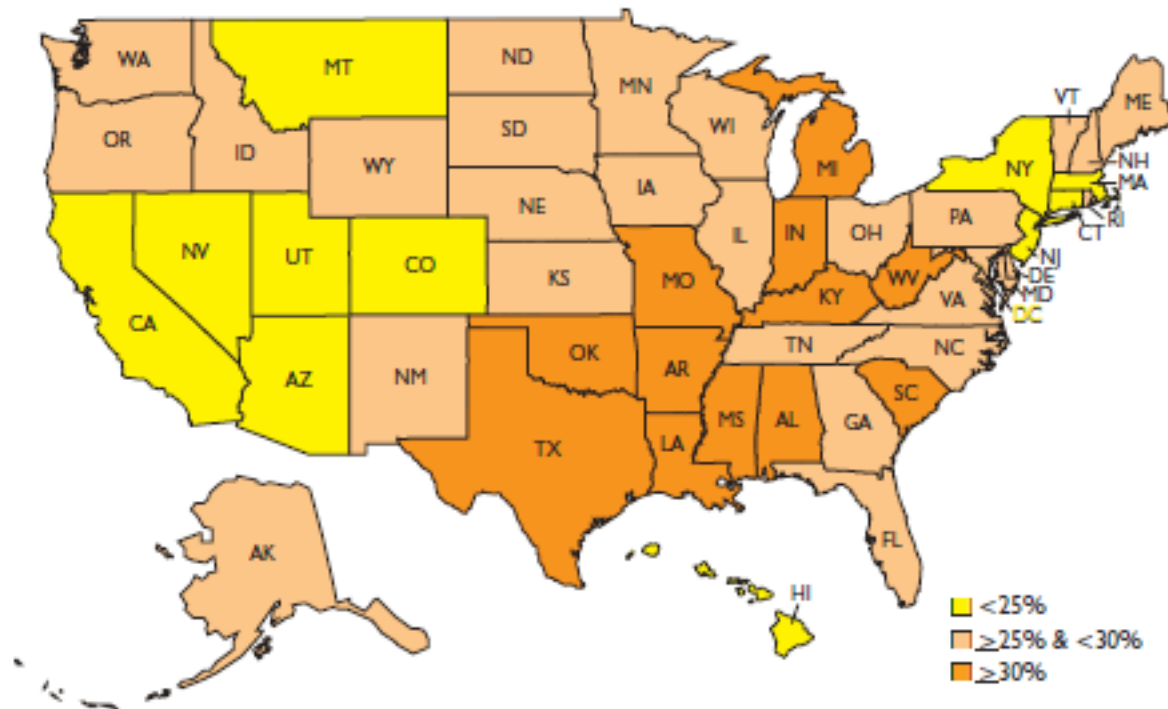
Just Twenty Years Ago



Adult Obesity Continues to Rise

- Today no state is below 20 percent adult obesity

2011 Obesity Rates



Two Futures for America's Health

- Future #1. The status quo. We permit obesity levels to continue to rise on projected trajectories.

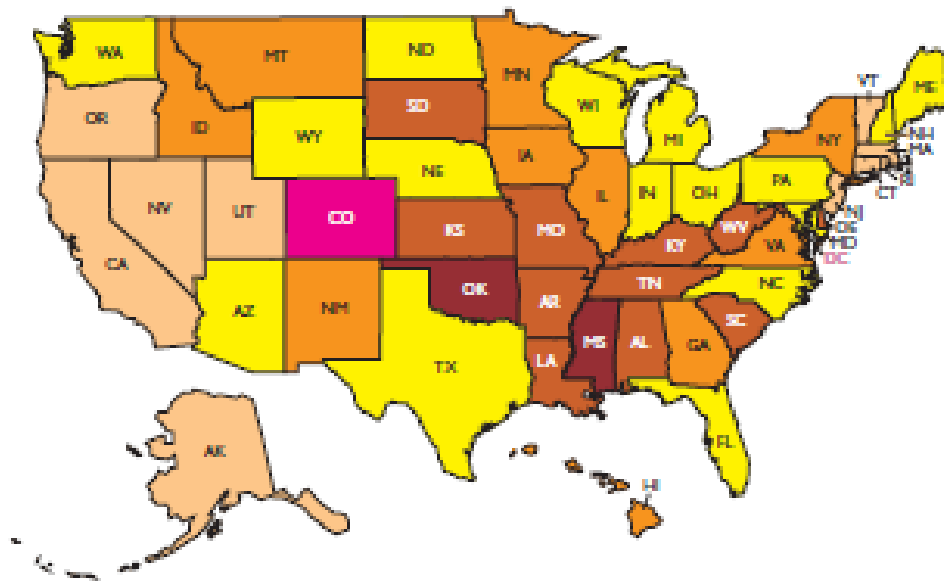
- Future #2. Decisive action. We take actionable steps to achieve modest reductions in obesity prevalence
 - Every state reduces the average body mass index (BMI) of residents by just 5 percent.

Future #1. The Status Quo.

- On current trajectories, by 2030:
 - 13 states could have adult obesity rates above 60 percent.
 - 39 states could have adult obesity rates above 50 percent.
 - **50 states could have adult obesity rates above 44 percent.**

Future #1. The Status Quo.

2030: Adult Obesity Rates if the Current Trajectory Continues



- ≤ 35%
- < 35% & < 40%
- ≥ 40% & < 45%
- ≥ 45% & < 50%
- ≥ 50% & < 55%
- ≥ 55% & < 60%
- ≥ 60% & < 65%
- ≥ 65%

Future #1. The Status Quo.

Related Disease	Projected Number of New U.S. Cases by 2030
Type 2 Diabetes	6,000,000 +
Coronary Heart Disease	5,000,000 +
Obesity-related cancers	400,000 +

Future #1. The Status Quo.

- Medical costs to treat obesity-related diseases projected to *increase* \$48-66 billion per year in 2030
- Additional annual loss in economic productivity of \$390-580 billion by 2030.

Future #2. Taking Action Today.

- If each state reduced average BMI by 5 percent by 2030
 - Millions of prevented obesity-related diseases including diabetes, CHD, hypertension, arthritis, and obesity-related cancers
 - Billions in federal, state, private, and family health care costs

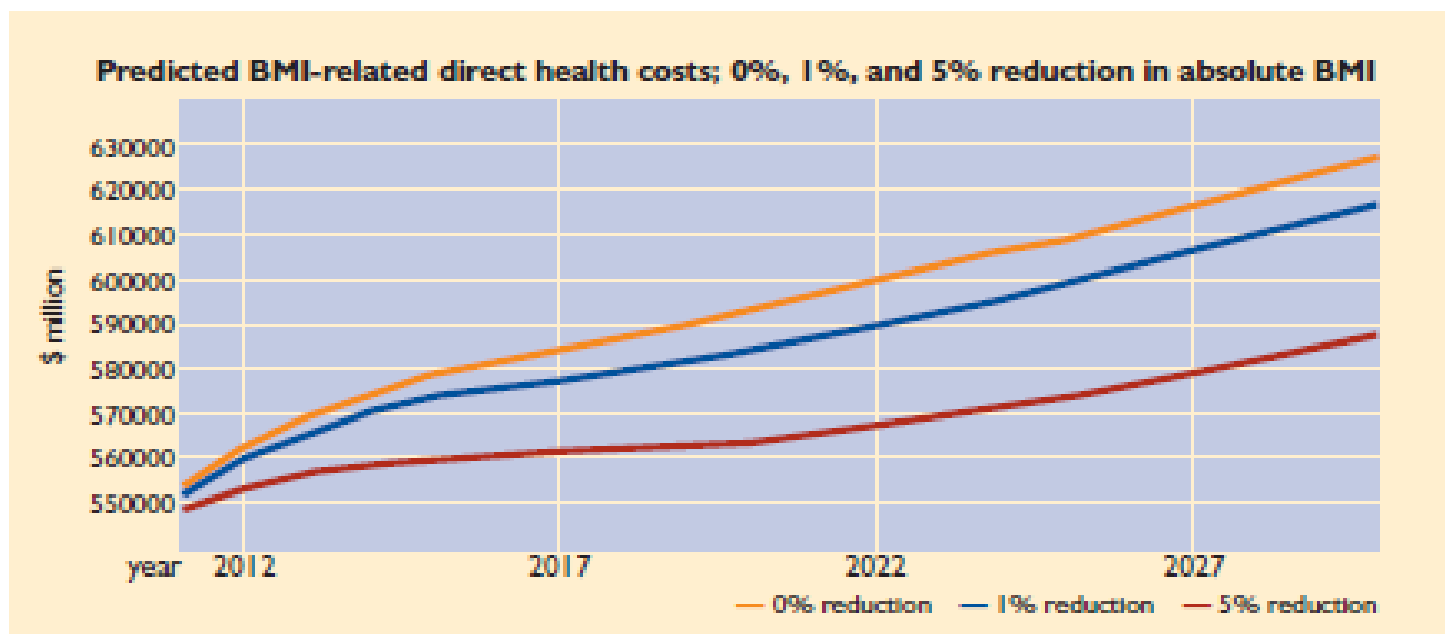
Future #2 Taking Action

Projected Obesity-Related Health Care Costs 2010 to 2030

Orange: If Obesity Continues to Rise on Its Current Trajectory

Blue: If BMI is Reduced by 1 Percent

Red: If BMI is Reduced by 5 Percent



Example: California

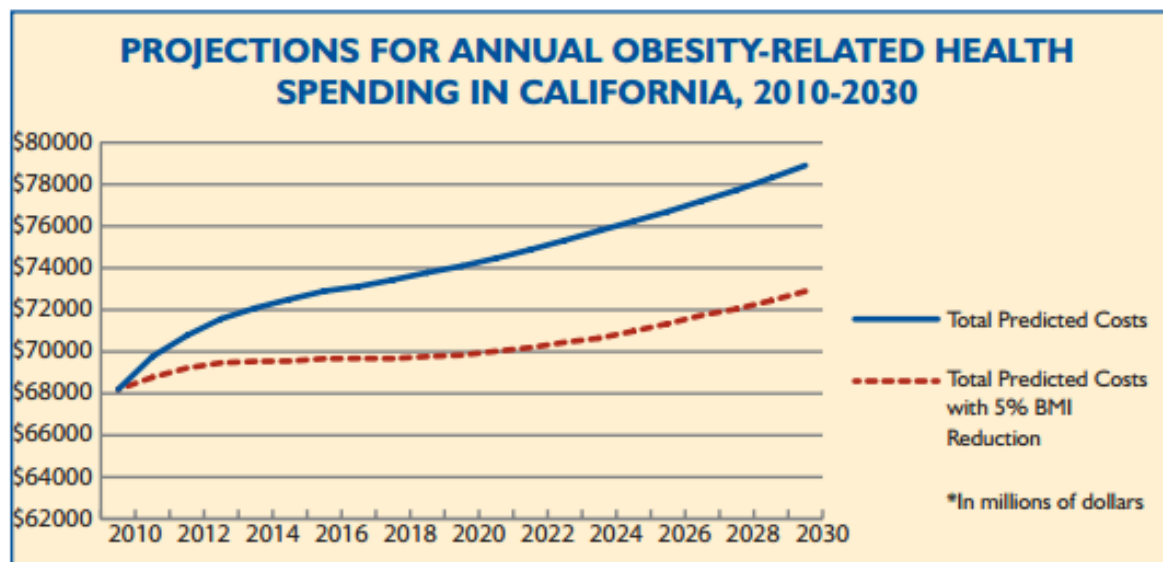
Obesity Prevalence under Two Futures

Adult Obesity Rates in California			
Obesity Rate in 1995	Obesity Rate in 2011	Projected Obesity Rate in 2030 based on current trajectory*	Projected Obesity Rate in 2030 if BMI Decreased by 5%*
13.9%	23.8%	46.6%	40.5%

*All ages, all genders, adjusted for self-reporting bias.

Example: California

Health Care Spending under Two Futures



Obesity-Related Health Care Costs in California	
Potential Savings by 2020 if BMI is Reduced by 5% (cumulative)	Potential Savings by 2030 if BMI is Reduced by 5% (cumulative)
\$28,886,000,000	\$81,702,000,000

Example: California

Obesity Health and Cost Savings

Potential Health and Cost Savings by Top Obesity-Related Health Problems					
	2010 Number of Cases	Potential Cases Avoided by 2020 if BMI is Reduced by 5% (cumulative)*	Potential Cost Savings by 2020, if BMI is Reduced by 5% (cumulative)	Potential Cases Avoided by 2030 if BMI is Reduced by 5% (cumulative)	Potential Cost Savings by 2030, if BMI is Reduced by 5% (cumulative)
Type 2 Diabetes	2,694,595	420,642	\$9,747,000,000	796,430	\$31,087,000,000
Obesity-Related Cancers*	505,825	29,023	\$689,000,000	52,769	\$1,766,000,000
Coronary Heart Disease & Stroke	1,876,680	321,512	\$13,923,000,000	656,970	\$35,571,000,000
Hypertension	6,478,109	364,104	\$1,773,000,000	698,431	\$5,422,000,000
Arthritis	6,631,138	209,567	\$2,758,000,000	387,850	\$7,865,000,000

2010 baseline for potential cases, costs and savings

* National Heart Forum provided the total cases and cases avoided per 100,000 people, and TFAH used the state's 2011 census data to translate to the full population-based estimates.

^ Top obesity-related cancers include endometrial (uterine), esophageal, kidney, colon and post-menopausal breast cancer.

Good News – We Know What Works

- Personal responsibility is key – but it takes more than information
 - Triggers, habits, norms
- No magic bullet – but a web of changes to make healthy choices easier
 - Ready access to affordable healthy food
 - Ready access to safe places to be physically active
 - Integrating physical activity into school and work settings
 - Improving food choices in schools and at work
 - Access to health services that address obesity

Good news: Support for Investing in Prevention is Broad

	Should Invest More (Strongly)	Should Invest More (Total)	Should NOT invest more
Total	44	71	22
Democrats	60	85	13
Independents	39	68	25
Republicans	32	59	32
Northeast	42	72	25
Central	45	69	25
South	45	73	21
West	45	71	21
Men	44	71	24
Women	45	72	21

Prevention for a Healthier America: Financial Return on Investment?

With a Strategic Investment in Proven Community-Based Prevention Programs to Increase Physical Activity and Good Nutrition and Prevent Smoking and Other Tobacco Use

INVESTMENT:	\$10 per person per year
HEATH CARE COST NET SAVINGS:	\$16 Billion annually within 5 years
RETURN ON INVESTMENT (ROI):	\$5.60 for every \$1

National Prevention Council=

New Partnerships

Bureau of Indian Affairs	Department of Labor
Corporation for National and Community Service	Department of Transportation
Department of Agriculture	Department of Veterans Affairs
Department of Defense	Environmental Protection Agency
Department of Education	Federal Trade Commission
Department of Health and Human Services	Office of Management and Budget
Department of Homeland Security	Office of National Drug Control Policy
Department of Housing and Urban Development	White House Domestic Policy Council
Department of Justice	

Many Activities Underway

- National Prevention and Health Promotion Council / National Prevention Strategy
- Prevention and Public Health Fund
- Community Transformation Grants
- Healthy, Hunger-Free Kids Act
- Numerous Other ACA opportunities
 - Preventive services
 - Menu labeling
 - Diabetes Prevention Program

Prevention and Public Health Fund



- **Prevention and Public Health Fund: now \$13.5 billion over next 10 years (reaching full \$2 billion level in FY2022)**
 - \$2.25 billion already allocated for FY10-12, another \$949 million in FY13, and \$1 billion annually for FY2014-2017.

Fund is Supporting a Variety of Prevention Approaches

- ❑ Diabetes Prevention Program (2012)
- ❑ Community Transformation Grants (2011 -)
- ❑ Coordinated core chronic disease funding for state health departments (2011)
- ❑ CDC state grants for Nutrition, Physical Activity, and Obesity (2012)

4 in 10 Americans are reached by Community Transformation Grants (CTGs)

Building Community Partnerships to Promote Health

- Building capacity to implement evidence- and practice-based policy, environmental, programmatic, and infrastructure changes to prevent chronic disease
- Supporting implementation of interventions across five broad areas:
 - Tobacco-Free Living
 - Active Living and Healthy Eating
 - Community-Clinical and Other Preventive Services
 - Social and Emotional Wellness
 - Healthy and Safe Physical Environment

CTGs Engage Business Community

- Businesses part of almost all coalitions
- Workplace wellness partnerships
- Business finding value in overall approach (e.g. smoke-free multi unit housing)
- Examples of partnerships
 - Oklahoma City – Chamber of Commerce
 - Iowa – Blue Zones
 - Louisiana, Massachusetts, Minnesota– Health plans
 - California – The California Endowment

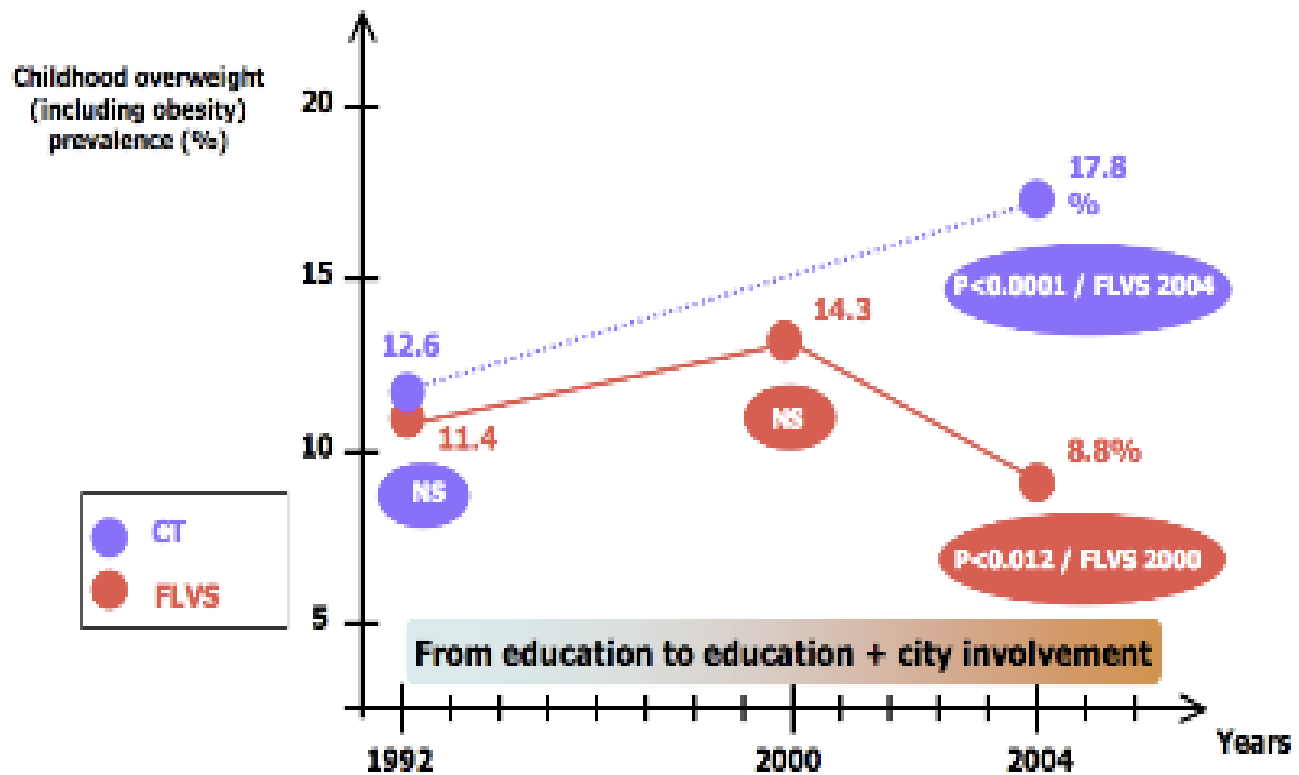
National Diabetes Prevention Program

- \$10 million in funding for 2012
 - \$0 million for 2013
- Enabling communities to offer evidence-based prevention programs for pre-diabetes population
- Based on NIH/CDC study of those enrolled in similar program
 - Reduced risk of developing type 2 diabetes by 58 percent

Healthy, Hunger-Free Kids Act

- **2010 Child Nutrition Reauthorization Act and USDA**
- New school lunch and breakfast standards
 - First update since the 1970's
- New proposed competitive food standards
- Expected Child and Adult Care Food Program meal patterns
- Access to potable water
- School district wellness policies

Can It Work? (EPODE)



How Do We Arrive at Future #2?

- ❑ Private employers – regardless of their size should provide effective, evidence-based wellness opportunities for their employees.
- ❑ Increase investments in CTG and other evidence-based obesity prevention programs.
- ❑ Fully implement National Prevention Strategy.
- ❑ Make physical education and activity a priority in schools.
- ❑ And many more found in the full report.

Summary

- It takes time...the elements are in place
- It takes sustained investments and attention
 - Bringing CTG-like partnerships to scale
 - CDC chronic disease programs losing funding
 - Coordinating multiple efforts in the public and private sectors
 - Workplace, community benefit, schools, community development (and health)
- Making the case: it's about health, quality of life *and economic productivity*

For Further Information

- The full text of *F as in Fat: How Obesity Threatens America's Future 2012* is available at:
<http://healthyamericans.org/reports/100/>
- *Healthier Americans for a Healthier Economy* and *Healthier America 2013* both also available
- Always feel free to contact:
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