

Bending the Obesity Cost Curve:

REDUCING OBESITY RATES BY FIVE PERCENT COULD LEAD TO MORE THAN \$29 BILLION IN HEALTH CARE SAVINGS IN FIVE YEARS

Keeping people healthier is one of the most common sense and effective ways to reduce health care costs.

Obesity is one of the biggest drivers of preventable chronic diseases and health care costs in the country. Two-thirds of Americans are either obese or overweight, and obesity is related to more than 30 illnesses, including type 2 diabetes, heart disease and some forms of cancer.

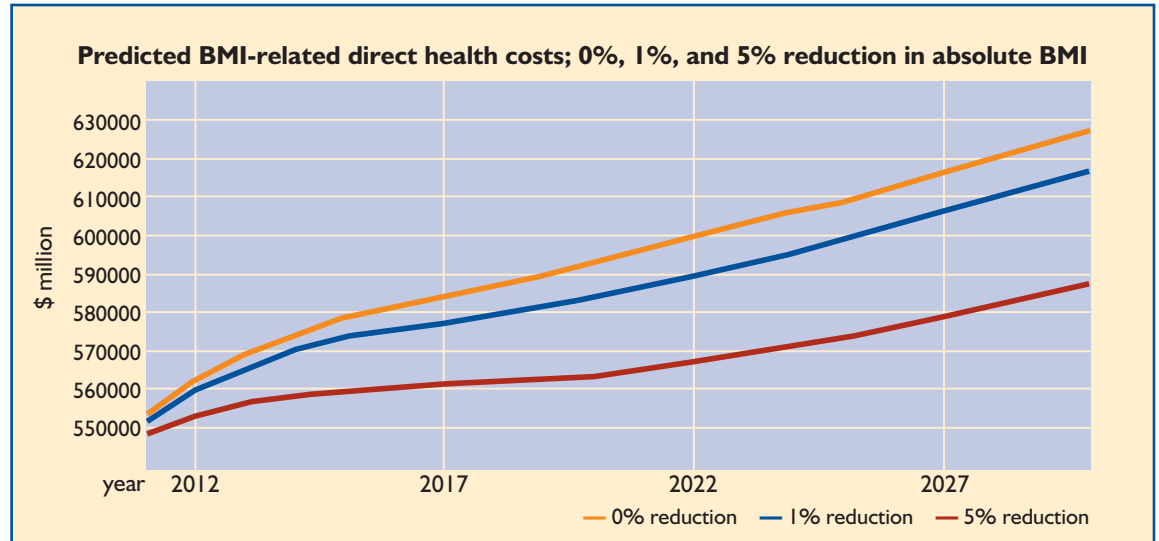
The Trust for America's Health (TFAH) and Micro Health Simulations conducted an analysis to examine how much the United States could save in health care costs if obesity rates were reduced by five percent. The analysis found that the country could save \$29.8 billion in five years, \$158.1 billion in 10 years and \$611.7 billion in 20 years.



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PREVENTING EPIDEMICS.
PROTECTING PEOPLE.

Body Mass Index-Related Health Costs Predicted from 2010 to 2030



PEER-REVIEWED MODELING

The analysis is based on a model developed by researchers at the National Heart Forum. Micro Health Simulations used the model in a peer reviewed study, “Health and Economic Burden of the Projected Obesity Trends in the [United States and the United Kingdom],” published in 2011 in *The Lancet*.¹

The study found that if current trends continue, obesity rates could be expected to grow from 32 percent to 50-51 percent for men and from 35 percent to 45-52 percent for women by 2030.

The study’s conservative estimates predict these rates of obesity could contribute to more than six million cases of type 2 diabetes, five million cases of coronary heart disease and stroke, and more than 400,000 cases of cancer in the next two decades.

The combined medical costs associated with treating preventable obesity-related diseases are estimated to increase by \$48-66 billion per year in the United States by 2030 — while experiencing a loss in economic productivity as high as \$540 billion.

According to a recent study in *Health Affairs*, current obesity-related medical costs total \$147 billion a year, or nearly 10 percent of all annual medical spending, based on 2006 data.² Obese individuals have 46 percent increased inpatient costs, 27 percent more physician visits and outpatient costs and 80 percent increased spending on prescription drugs. According to the study, of the \$147 billion in obesity-related health costs, Medicare and Medicaid are responsible for \$61.8 billion. More than half of Medicare beneficiaries are treated for five or more chronic conditions per year. The rate of obesity among Medicare patients doubled from 1987 to 2002, and spending on those individuals more than doubled.

EFFECTIVE WAYS TO REDUCE OBESITY

According to the U.S. Centers for Disease Control and Prevention (CDC), more than half of Americans live with a chronic disease, many of which are related to obesity, poor nutrition and physical inactivity — and a majority of these diseases could be prevented.³

A wide range of evidence-based studies have found that effective disease prevention programs in communities can reduce obesity rates, improve nutrition and increase physical activity.

■ CDC's Community Preventive Services Taskforce conducts a systematic review and evaluation process to determine effective programs and policies for improving health and preventing disease. The results, published in the Community Guide for Preventive Services, feature a series of evidence-based, community approaches to increasing physical activity, promoting good nutrition, lowering diabetes rates and reducing obesity, ranging from addressing the built environment, such as building sidewalks and access to parks, to workplace wellness programs to increasing physical activity in schools.⁴

■ The Compendium of Proven Community-Based Prevention Programs by The New York Academy of Medicine (NYAM) includes a summary and examples from an extensive literature review that NYAM conducted of peer

reviewed studies evaluating the effectiveness of community-based disease prevention programs.⁵ NYAM identified 84 articles, including programs that can directly reduce obesity and obesity-related diseases, including type 2 diabetes, heart disease, stroke, kidney disease and some forms of cancer.

■ In 2011, the American Heart Association (AHA) published a review of more than 200 research studies and concluded that most cardiovascular disease can be prevented or at least delayed until old age through a combination of direct medical care and community-based prevention programs and policies.⁶ Some of the key findings included:⁷

▲ Every \$1 spent on building biking trails and walking paths would save an estimated nearly \$3 in medical expenses.

▲ For every \$1 spent in wellness programs, companies would save about \$3.27 in medical costs and \$2.73 in absenteeism costs.

▲ One year interventions found that every \$1 spent targeting poor eating and poor physical activity habits resulted in \$1.17 of savings.

▲ Lifestyle changes in nutrition and activity reduced the incidence of type 2 diabetes by 58 percent compared to drug therapy, which only reduced the incidence by 31 percent.

RETURN ON INVESTMENT FOR PREVENTION

A 2008 study, *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*, by TFAH, the Urban Institute, NYAM and The Prevention Institute found that an investment of \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition and prevent smoking and other tobacco use could save the country more than \$16 billion annually within five years. This is a return of \$5.60 for every \$1.80. Out of the \$16 billion, Medicare could save more than \$5 billion, Medicaid could save more than \$1.9 billion and private payers could save more than \$9 billion.

COMMUNITY TRANSFORMATION GRANTS: Disease Prevention Programs Can Cut Costs for Communities

The Affordable Care Act (ACA) authorized a new investment in community prevention with the creation of Community Transformation Grants (CTGs).

CDC scientists have identified many of the top evidence-based approaches to preventing disease, including ways to reduce obesity rates. Communities receiving CTGs are required to base their efforts on one or more of these proven approaches and meet measurable, achievable outcomes.

One of the performance measures of the CTGs is **to reduce the rate of obesity by five percent through nutrition and physical activity programs or interventions.**

The communities receiving CTGs stand to substantially reduce health care costs — including costs covered by Medicaid — by reducing rates of obesity and other health problems. Conversely, however, states that do not receive these funds do not have the same opportunity to improve health and lower costs.

Community Transformation Grant Awardees 2011

CTGs are financed by the Prevention and Public Health Fund of the ACA.

In 2011, in the first round of CTG grants, CDC provided **\$103 million to 61 communities** around the country to concentrate on their top community prevention priorities and needs. CDC has developed a rigorous accountabil-

ity system for the grants, including defining and achieving concrete measurable outcomes and comprehensive and frequent evaluations. The requirement that grantees base efforts on evidence-based, proven programs and the accountability system will ensure a return on investment for prevention dollars.

2011 COMMUNITY TRANSFORMATION GRANT AWARDEES

State	Community Transformation Grant Program Description ⁹	Implementation Grant or Capacity Building Grant
Alaska	The Southeast Alaska Regional Health Consortium is receiving \$499,588 to serve an estimated population of 72,000 within the state of Alaska. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, and quality clinical and other preventative services.	Implementation
	The Yukon-Kushokwin Health Corporation is receiving a \$193,340 planning award to build capacity to support healthy lifestyles among an estimated tribal population of 25,000 within the state of Alaska . Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Capacity Building
California	The Los Angeles County Department of Public Health in California is receiving \$9,848,011 to serve the large county of Los Angeles, an estimated population of 10,400,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments.	Implementation
	The Public Health Institute in California is receiving \$5,926,365 to serve the state of California minus large counties, an estimated population of 5,900,000 including a rural population of over 833,000. Work will focus on expanding efforts in tobacco-free living; active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Implementation
	The County of San Diego Health and Human Services Agency in California is receiving \$3,053,793 to serve the large county of San Diego, an estimated population of over 3,095,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments.	Implementation

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California	The San Francisco Department of Public Health in California is receiving \$815,358 to serve the large county of San Francisco, an estimated population of 805,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Implementation
	The County of Kern's Public Health Services Department in California is receiving a \$416,577 planning award to build capacity to support healthy lifestyles in the large county of Kern (including the city of Bakersfield), an estimated population of over 839,000. Work will target tobacco-free living, active living and healthy eating, and healthy and safe physical environments.	Capacity Building
	The Fresno County Department of Public Health in California is receiving a \$499,695 planning award to build capacity to support healthy lifestyles in the large county of Fresno, an estimated population of over 930,000. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Capacity Building
	The Sierra Health Foundation in California is receiving a \$499,229 planning award to build capacity to support healthy lifestyles in the large county of Sacramento, an estimated population of 1,400,000. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, healthy and safe physical environments, and social and emotional wellness.	Capacity Building
	The Stanislaus County Health Services Agency in California is receiving a \$293,899 planning award to build capacity to support healthy lifestyles in the large county of Stanislaus (including the city of Modesto), an estimated population of over 500,000. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Capacity Building
	The Toiyabe Indian Health Project is receiving a \$500,000 planning award to build capacity to support healthy lifestyles among an estimated tribal population of 3,000 within the state of California . Work will target tobacco-free living, active living and healthy eating, quality clinical and preventive services, social and emotional wellness, and healthy and safe physical environments.	Capacity Building
	Ventura County Public Health in California is receiving a \$481,036 planning award to build capacity to support healthy lifestyles in the large county of Ventura (including the city of Oxnard), an estimated population of 823,000. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments.	Capacity Building
Colorado	The Denver Health & Hospital Authority in Colorado is receiving \$610,345 to serve the large county of Denver, an estimated population of over 600,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Implementation
Connecticut	The Connecticut Department of Public Health is receiving a \$493,891 planning award to build capacity to support healthy lifestyles in the state of Connecticut minus large counties, an estimated population of over 889,000 including a rural population of 306,000. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, healthy and safe physical environments, and social and emotional wellness.	Capacity Building
Florida	The Broward Regional Health Planning Council in Florida is receiving \$1,766,476 to serve the large county of Broward (including the city of Fort Lauderdale), an estimated population of 1,700,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Implementation

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Georgia	Cobb Public Health in Georgia is receiving a \$499,000 planning award to build capacity to support healthy lifestyles in the large county of Cobb (including the city of Marietta), an estimated population of over 688,000. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments.	Capacity Building
Illinois	The Illinois Department of Public Health is receiving \$4,781,121 to serve the state of Illinois minus large counties, an estimated population of 4,800,000 including a rural population of over 1,600,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments.	Implementation
Iowa	The Iowa Department of Public Health is receiving \$3,007,856 to serve the entire state of Iowa, an estimated population of over 3,000,000 including a rural population of over 1,300,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, and quality clinical and other preventive services.	Implementation
Kentucky	The Louisville Metro Department of Public Health and Wellness in Kentucky is receiving \$721,594 to serve the large county of Jefferson, an estimated population of over 740,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Implementation
	Unlawful Narcotics Investigation Treatment Education, Inc. (UNITE) in Kentucky is receiving a \$500,000 planning award to build capacity to support healthy lifestyles in the entire state of Kentucky minus large counties, an estimated population of over 3,500,000 including a rural population of 1,800,000. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments.	Capacity Building
Louisiana	The Louisiana Department of Health and Hospitals is receiving a \$500,000 planning award to build capacity to support healthy lifestyles in the entire state of Louisiana, an estimated population of 4,500,000 including a rural population of over 1,100,000. Work will target tobacco-free living, active living and healthy eating, and quality clinical and other preventive services.	Capacity Building
Maine	The Maine Department of Health and Human Services/Maine CDC is receiving \$1,318,301 to serve the entire state of Maine, an estimated population of over 1,300,000 including a rural population of over 545,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Implementation
Maryland	The Maryland Department of Health and Mental Hygiene is receiving \$1,945,289 to serve the entire state of Maryland minus large counties, an estimated population of 1,900,000 including a rural population of over 300,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, and quality clinical and other preventive services.	Implementation
Massachusetts	The Massachusetts Department of Public Health is receiving \$1,505,006 to serve the state of Massachusetts minus large counties, an estimated population of over 1,574,000 including a rural population of 27,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments.	Implementation
	The Massachusetts Department of Public Health is receiving \$1,574,982 to serve the large county of Middlesex (including the cities of Lowell and Cambridge), an estimated population of over 1,500,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments.	Implementation

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Michigan	The Sault Ste. Marie Tribe of Chippewa Indians is receiving \$500,000 to serve an estimated tribal population of over 176,000 within the state of Michigan . Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Implementation
	Spectrum Health Hospitals in Michigan is receiving a \$333,321 planning award to build capacity to support healthy lifestyles in the large county of Kent (including the city of Grand Rapids), an estimated population of over 600,000. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and social and emotional wellness.	Capacity Building
Minnesota	The Hennepin County Human Services and Public Health Department in Minnesota is receiving \$1,156,212 to serve the large county of Hennepin (including the city of Minneapolis), an estimated population of 1,150,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, and quality clinical and other preventive services.	Implementation
	The Minnesota Department of Health is receiving \$3,603,724 to serve the state of Minnesota minus large counties, an estimated population of over 3,600,000 including a rural population of over 1,300,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, and quality clinical and other preventive services.	Implementation
Mississippi	My Brother's Keeper, Inc. in Mississippi is receiving a \$500,000 planning award to build capacity to support healthy lifestyles in the entire state of Mississippi, an estimated population of over 2,950,000 including a rural population of over 1,600,000. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments.	Capacity Building
Missouri	The Mid-America Regional Council Community Services Corporation in Missouri is receiving \$705,708 to serve the large county of Jackson (including the city of Independence and portions of Kansas City), an estimated population of over 674,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Implementation
Montana	The Montana Department of Public Health and Human Services is receiving \$769,195 to serve the entire state of Montana, an estimated population of 974,000 including a rural population of 630,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, and quality clinical and other preventive services.	Implementation
Nebraska	The Douglas County Health Department in Nebraska is receiving \$510,199 to serve the large county of Douglas (including the city of Omaha), an estimated population of over 510,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments.	Implementation
New Mexico	The New Mexico Department of Health is receiving \$1,500,000 to serve the state of New Mexico minus large counties, an estimated population of 1,300,000 including a rural population of over 673,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, and quality clinical and other preventive services.	Capacity Building
	The Bernalillo County Office of Environmental Health in New Mexico is receiving a \$497,353 planning award to build capacity to support healthy lifestyles in the large county of Bernalillo (including the city of Albuquerque), an estimated population of over 662,000. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Implementation

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New Jersey	The New Jersey Prevention Network is receiving a \$500,000 planning award to build capacity to support healthy lifestyles in the state of New Jersey minus large counties, an estimated population of 3,392,095. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments.	Capacity Building
New York	The Fund for Public Health in New York is receiving \$8,391,881 to serve the large counties that comprise the City of New York, an estimated population of 8,390,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Implementation
	The University of Rochester Medical Center in New York is receiving \$733,703 to serve the large county of Monroe (including the city of Rochester), an estimated population of over 744,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Implementation
North Carolina	The North Carolina Division of Public Health is receiving \$7,466,092 to serve the entire state of North Carolina minus large counties, an estimated population of 7,500,000 including a rural population of over 2,700,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, and quality clinical and other preventive services.	Implementation
North Dakota	The North Dakota Department of Health is receiving a \$370,684 planning award to build capacity to support healthy lifestyles in the entire state of North Dakota, an estimated population of over 640,000 including a rural population of 330,000. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, healthy and safe physical environments, and social and emotional wellness.	Capacity Building
Ohio	The Austen BioInnovation Institute in Ohio is receiving a \$500,000 planning award to build capacity to support healthy lifestyles in the large county of Summit (including the city of Akron), an estimated population of over 540,000. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments.	Capacity Building
	Public Health — Dayton and Montgomery County in Ohio is receiving a \$180,246 planning award to build capacity to support healthy lifestyles in the large county of Dayton, an estimated population of over 530,000. Work will target tobacco-free living, active living and healthy eating, and quality clinical and other preventive services.	Capacity Building
Oklahoma	The Oklahoma City-County Health Department in Oklahoma is receiving \$716,704 to serve the large county of Oklahoma, an estimated population of over 718,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Implementation
Pennsylvania	The Philadelphia Department of Public Health in Pennsylvania is receiving \$1,547,297 to serve the large county of Philadelphia, an estimated population of over 1,526,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, healthy and safe physical environments.	Implementation
	Lancaster General Health in Pennsylvania is receiving a \$233,577 planning award to build capacity to support healthy lifestyles in the large county of Lancaster, an estimated population of over 519,000. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Capacity Building

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Republic of Palau	Ulkerreuil A Klengar is receiving a \$147,106 planning award to build capacity to support healthy lifestyles in the territory of the Republic of Palau , an estimated population of 22,000. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, healthy and safe physical environments, and social and emotional wellness.	Capacity Building
South Carolina	The South Carolina Department of Health and Environmental Control is receiving \$4,624,724 to serve the entire state of South Carolina, an estimated population of 4,500,000 including a rural population of over 1,050,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Implementation
South Dakota	The South Dakota Department of Health is receiving \$812,383 to serve the entire state of South Dakota, an estimated population of 812,000 including a rural population of 430,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, healthy and safe physical environments, and social and emotional wellness.	Implementation
Texas	The City of Austin Health & Human Services Department in Texas is receiving \$1,026,158 to serve the large county of Travis, an estimated population of over 1,000,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments.	Implementation
	The Texas Department of State Health Services is receiving \$10,000,000 to serve the state of Texas minus large counties, an estimated population of 10,000,000 including a rural population of over 2,900,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, and quality clinical and other preventive services.	Implementation
	The Houston Department of Health & Human Services in Texas is receiving a \$500,000 planning award to build capacity to support healthy lifestyles in the large county of Harris, an estimated population of 4,100,000. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and social and emotional wellness.	Capacity Building
Utah	The Utah Department of Health is receiving a \$499,366 planning award to build capacity to support healthy lifestyles in the entire state of Utah minus large counties, an estimated population of 1,200,000 including a rural population of over 300,000. Work will target tobacco-free living, active living and healthy eating, and quality clinical and other preventive services.	Capacity Building
Vermont	The Vermont Department of Health is receiving \$621,760 to serve the entire state of Vermont, an estimated population of 620,000 including a rural population of over 413,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Implementation
Virginia	The Fairfax County Department of Neighborhood and Community Services in Virginia is receiving a \$499,559 planning award to build capacity to support healthy lifestyles in large county of Fairfax, an estimated population of over 1,000,000. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments.	Capacity Building

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Washington	The Tacoma-Pierce County Health Department in Washington is receiving \$796,836 to serve the large county of Tacoma, an estimated population of 814,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Implementation
	The Washington State Department of Health is receiving \$3,256,347 to serve the state of Washington minus large counties, an estimated population of 3,250,000 including a rural population of over 800,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.	Implementation
	The Confederated Tribes of The Chehalis Reservation is receiving a \$498,663 planning award to build capacity to support healthy lifestyles among an estimated tribal population of 1,500 within the state of Washington . Work will target tobacco-free living, active living and healthy eating, and quality clinical and other preventive services.	Capacity Building
	The Sophie Trettevick Indian Health Center is receiving a \$218,929 planning award to build capacity to support healthy lifestyles among an estimated tribal population of 2,200 within the state of Washington . Work will target tobacco-free living, active living and healthy eating, and quality clinical and other preventive services.	Capacity Building
West Virginia	The West Virginia Bureau for Public Health is receiving \$1,883,603 to serve the entire state of West Virginia, an estimated population of 1,800,000 including a rural population of 800,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, healthy and safe physical environments, and social and emotional wellness.	Implementation
Wisconsin	The University Health Services at the University of Wisconsin-Madison is receiving \$4,695,253 to serve the entire state of Wisconsin minus large counties, an estimated population of 4,700,000 including a rural population of over 1,500,000. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, and quality clinical and other preventive services.	Implementation
	The Great Lakes Inter-Tribal Council, Inc. is receiving a \$499,982 planning award to build capacity to support healthy lifestyles among an estimated tribal population of over 8,000 within the state of Wisconsin . Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments.	Capacity Building

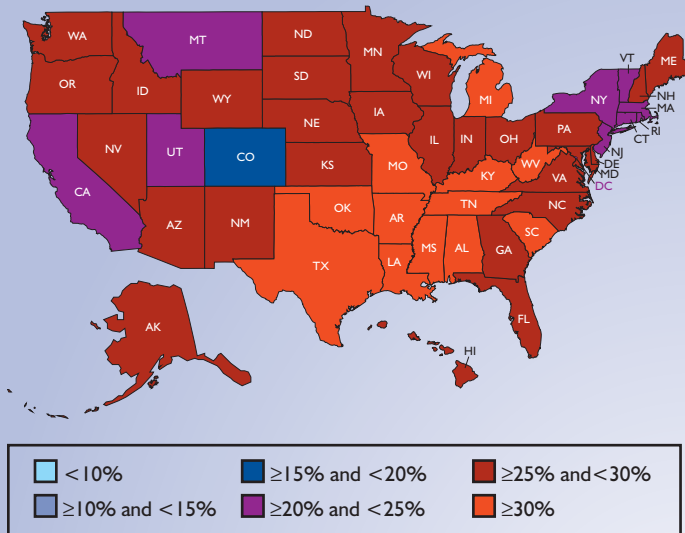
OBESITY: A MAJOR FACTOR IN U.S. HEALTH

In the past three decades the health of Americans has changed dramatically. Adult obesity rates have doubled since 1980, childhood obesity rates have tripled.¹⁰ Two-thirds of adults are either overweight or obese.¹¹ The childhood obesity epidemic is putting today's youth on course to possibly be the first generation to live shorter, less healthy lives than their parents.

- More than one quarter of America's health care costs are related to obesity.^{12, 13} Health care costs of obese workers are up to 21 percent higher than non-obese workers.¹⁴ Obese and physically inactive workers also suffer from lower worker productivity, increased absenteeism and higher workers' compensation claims.¹⁵
- Right now, more than half of Americans live with one or more chronic disease, such as heart disease, stroke, diabetes or cancer.¹⁶
- One in four Americans has heart disease, one in three has high blood pressure.¹⁷
- Almost 26 million adult Americans have type 2 diabetes, and another 79 million are pre-diabetic, at high risk for developing type 2 diabetes.¹⁸
- Obese individuals are 20 to 80 times more likely to develop type 2 diabetes, diabetic men are two to three times more likely to develop heart disease, and diabetic women are five times more likely to develop heart disease.¹⁹
- More than 75 percent of high blood pressure cases can be attributed to obesity.²⁰ Many cases of type 2 diabetes are associated with overweight or obesity.
- Over time, type 2 diabetes and high blood pressure put people at increased risk for developing compounding and even more serious conditions, including heart disease, stroke, or kidney disease (renal disease).
- An estimated 30 percent of cancer deaths in the United States are due to poor nutrition and physical inactivity, including excess weight.²¹
- For every pound of body weight loss, there is a four-pound reduction in knee joint stress among overweight and obese people with osteoarthritis of the knee.²²



State-by-State Adult Obesity Rates

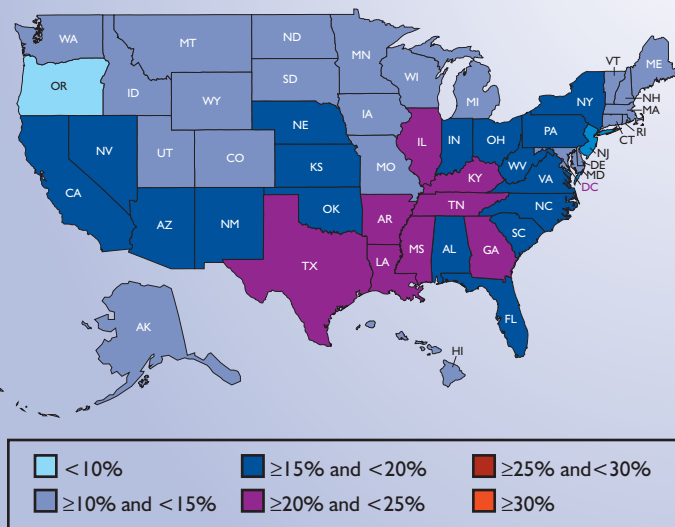


Note: 1 = Highest rate of adult obesity, 51 = lowest rate of adult obesity. Rankings are based on combining three years of data (2008-2010) from the U.S. Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System to "stabilize" data for comparison purposes. This methodology, recommended by the CDC, compensates for any potential anomalies or usual changes due to the specific sample in any given year in any given state. States with statistically significant ($p < 0.05$) increases for one year are noted with an asterisk (*), states with statistically significant increases for two years in a row are noted with two asterisks (**), states with statistically significant increases for three years in a

row are noted with three asterisks (***). Additional information about methodologies and confidence intervals is available in the report. Individuals with a body mass index (BMI) (a calculation based on weight and height ratios) of 30 or higher are considered obese.

- Mississippi (34.4%);
- Alabama (32.3%);
- West Virginia* (32.2%);
- Tennessee (31.9%);
- Louisiana (31.6%);
- Kentucky** (31.5%);
- Oklahoma** (31.4%);
- South Carolina* (30.9%);
- Arkansas (30.6%);
- Michigan* (30.5%);
- Missouri* (30.3%);
- Texas*** (30.1%);
- Ohio (29.6%);
- North Carolina (29.4%);
- Indiana* (29.1%);
- Kansas*** (29.0%);
- (tie) Georgia (28.7%); and South Dakota (28.7%);
- Pennsylvania (28.5%);
- Iowa (28.1%);
- (tie) Delaware (28.0%); and North Dakota (28.0%);
- Illinois** (27.7%);
- Nebraska (27.6%);
- Wisconsin (27.4%);
- Maryland (27.1%);
- Maine** (26.5%);
- Washington (26.4%);
- Florida** (26.1%);
- (tie) Alaska (25.9%); and Virginia (25.9%);
- Idaho (25.7%);
- (tie) New Hampshire (25.6%); and New Mexico (25.6%);
- (tie) Arizona (25.4%); Oregon (25.4%); and Wyoming (25.4%);
- Minnesota (25.3%);
- Nevada (25.0%);
- California (24.8%);
- New York (24.7%);
- Rhode Island*** (24.3%);
- New Jersey (24.1%);
- Montana (23.8%);
- Vermont** (23.5%);
- Utah (23.4%);
- Hawaii (23.1%);
- Massachusetts** (22.3%);
- Connecticut (21.8%);
- District of Columbia (21.7%);
- Colorado* (19.8%).

State-by-State Obese and Overweight Children Ages 10-17 Rates



Note: 1 = Highest rate of childhood overweight, 51 = lowest. Rankings are based on the National Survey of Children's Health, a phone survey of parents with children ages 10-17 conducted in 2007 by the U.S. Department of Health and Human Services. These are the most recent state-by-state data available. Additional information about methodologies and confidence intervals is available in the report. Children with a body mass index, a calculation based on weight and height ratios, at or above the 95th percentile for their age are considered obese and children at or above the 85th percentile are

considered overweight. States with statistically significant ($p < 0.05$) increases in combined obesity and overweight since the NSCH was last issued in 2003 are noted with an asterisk (*).

- Mississippi* (44.4%);
- Arkansas (37.5%);
- Georgia (37.3%);
- Kentucky (37.1%);
- Tennessee (36.5%);
- Alabama (36.1%);
- Louisiana (35.9%);
- West Virginia (35.5%);
- District of Columbia (35.4%);
- Illinois (34.9%);
- Nevada* (34.2%);
- Alaska (33.9%);
- South Carolina (33.7%);
- North Carolina (33.5%);
- Ohio (33.3%);
- Delaware (33.2%);
- Florida (33.1%);
- New York (32.9%);
- New Mexico (32.7%);
- Texas (32.2%);
- Nebraska (31.5%);
- Kansas (31.1%);
- (tie) Missouri (31.0%) and New Jersey (31.0%) and Virginia (31.0%);
- (tie) Arizona (30.6%) and Michigan (30.6%);
- California (30.5%);
- Rhode Island (30.1%);
- Massachusetts (30.0%);
- Indiana (29.9%);
- Pennsylvania (29.7%);
- (tie) Oklahoma (29.5%) and Washington (29.5%);
- New Hampshire (29.4%);
- Maryland (28.8%);
- Hawaii (28.5%);
- South Dakota (28.4%);
- Maine (28.2%);
- Wisconsin (27.9%);
- Idaho (27.5%);
- Colorado (27.2%);
- Vermont (26.7%);
- Iowa (26.5%);
- (tie) Connecticut (25.7%) and North Dakota (25.7%) and Wyoming (25.7%);
- Montana (25.6%);
- Oregon (24.3%);
- (tie) Minnesota (23.1%) and Utah (23.1%).

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