



Tackling the Obesity Epidemic

How Health Reform Helps Address the Childhood Obesity Epidemic

By Ellen-Marie Whelan and Sonia Sekhar | May 24, 2010

Rates of childhood obesity have tripled since 1980 and have left American children and teenagers on track to have poor health throughout their adult lives.¹ Obesity puts people at higher risk for cardiovascular disease, diabetes, bone and joint disorders, and mental health problems, just to list a few. Indeed, some researchers predict that if current trends persist, obesity could cause this generation's life expectancy to be lower than their parents'.²

Increasing rates of obesity will also increase the amount we spend on health care since obese individuals develop more health complications, have higher rates of hospitalizations, and stay in the hospital longer. This will also cost the nation in terms of lower worker productivity and absenteeism attributable to obesity. Not taking strong and immediate action is simply not an option given the far-reaching consequences of this problem.

Obesity is an energy imbalance between calories consumed and calories expended through daily activity, but such a simplistic description does not capture the effects of the many intervening factors that have been shown to have profound implications on obesity prevalence in certain populations. The availability of healthy and affordable food options, eating patterns, levels of physical activity, quality of the built environment, social and cultural attitudes around body weight, and reduced access to primary care, all play a role in affecting obesity prevalence.³ And any efforts to address obesity moving forward must account for all these factors since incremental changes will only marginally reduce rates of obesity.

The White House Task Force on Obesity recently released a report with nearly 70 recommendations on how to tackle childhood obesity that covers a wide range of areas including health care, schools meals, and physical activity.⁴ A number of

these recommendations, especially those that directly pertain to care received within the health care system, can be addressed by provisions in the new health reform law, which the Center for American Progress detailed in a recent report.⁵

Provisions that could help address childhood obesity if implemented well include enhancing prevention activities, maximizing all encounters with the health system, targeting at-risk communities, and better data collection and research. Below is a description of how specific provisions contained in the Affordable Care Act have the potential to halt the rising rates of childhood obesity in America and its resulting consequences.

Fact	Patient Protection and Affordable Care Act provisions	Results
<p>Prevention is critical to fighting obesity</p> <p>Obesity has likely accounted for up to \$147 billion annually in direct care costs in recent years.⁶</p> <p>Indirect costs of obesity include worker absenteeism, which is estimated to cost \$4.3 billion annually, and lower worker productivity, which costs \$506 per obese worker per year.⁷</p>	<p>The new law has many provisions that support and promote an emphasis on prevention in general. Each of these provisions should focus on and maximize efforts to reduce obesity:</p> <p>All health plans including Medicaid and Medicare must cover preventive services without co-pays and deductibles. (Sec. 1001)</p> <p>Two new taskforces—the Preventive Services Task Force and Community Preventive Services Task Force—will examine evidence and promote effective preventive services. (Sec 4003)</p> <p>A new Prevention and Public Health Fund will ensure funding for prevention programs. (Sec. 4002)</p> <p>The National Prevention, Health Promotion, and Public Health Council will coordinate the promotion of prevention initiatives across government departments and agencies. (Sec. 4001)</p>	<p>A recent report found that investing \$10 per person in activities that focus on improving health status and preventing the development of chronic diseases could save the country more than \$16 billion annually—mostly from reduced health care expenditures.⁸</p>
<p>Americans need to make healthier food choices</p> <p>Children eat almost twice as many calories when they eat a meal at a restaurant compared to a meal at home.⁹</p> <p>Children consume on average one-third of their calories from eating out.¹⁰</p>	<p>Chain restaurants will be required to post calorie and other nutritional information about items on their menus. (Sec. 4205)</p> <p>Vending machines must display the calories in each food item so that buyers can read the nutrition label before purchasing the product. (Sec. 4205)</p>	<p>Consumers who see the calorie content prior to ordering their food are known to choose meals with fewer calories than those who do not see calorie information.¹¹</p>
<p>Breastfeeding can prevent obesity</p> <p>Experts at the Centers for Disease Control estimate that breastfeeding could prevent 15 to 20 percent of obesity.¹²</p> <p>Counseling has consistently been shown to help women decide to start and continue to breastfeed their infants.¹³</p> <p>The World Health Organization has affirmed that the long-term benefits of breastfeeding include reduced risks of obesity and consequent type-2 diabetes, as well as lower blood pressure and total cholesterol levels in adulthood.¹⁴</p>	<p>Employers will have to provide break time and a place for breastfeeding mothers to express milk. (Sec. 4207)</p> <p>A new home visitation program will bring nurses into the homes of new moms to offer assistance, which offers an opportunity to promote breast feeding. (Sec. 2951)</p> <p>The Pregnancy Assistance Fund will provide funding to organizations who work with pregnant woman and new parents, which could emphasize breastfeeding. (Sec. 10211-10214)</p>	<p>A recent study found that if 90 percent of new mothers exclusively breastfed their infants for six months, it would prevent an estimated 911 deaths annually and save the nation at least \$13 billion each year, including \$592 million due to childhood obesity.¹⁵</p>

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<p>Obesity is a risk factor for many chronic conditions</p> <p>Approximately 70 percent of obese youth have at least one additional risk factor for cardiovascular disease—such as high cholesterol or hypertension—and about 40 percent have at least two additional risk factors.¹⁶</p> <p>The estimated costs of obesity-related hospitalizations increased from almost \$126 million in 2001 to almost \$238 million in 2005. The cost to Medicaid rose from \$53.6 million in 2001 to about \$118 million in 2005.¹⁷</p> <p>Most health spending goes toward treating chronic conditions; 75 percent of health care spending nationwide is for people with chronic illnesses, and 83 percent of Medicaid spending is for people with chronic conditions.¹⁸</p> <p>Obese children contribute to high health care costs. Studies have found that obese children stay nearly a full day (0.85 day) longer in the hospital and this has resulted in \$1,634 per patient per stay in increased hospital charges.¹⁹</p>	<p>The new Center for Medicare and Medicaid Innovation will develop new approaches to delivering and funding health care that will reward multidisciplinary and team-based approaches to health care delivery and outcome-based care. (Sec. 3021)</p> <p>Medicaid programs will be able to pay more to providers who agree to coordinate primary care, especially for patients with chronic illnesses and services under a “health home.” (Sec. 2703)</p> <p>A new provision within Medicaid will allow networks of hospitals, doctors, and other health providers to band together to provide more comprehensive services. They would receive single fixed monthly payments for all patients and divide the payment between themselves—a global capitation model. (Sec. 2705)</p> <p>New community health teams will support agencies that agree to provide community-based interdisciplinary, interprofessional care in what will be known as a “health team.” (Sec. 3502)</p> <p>New grants will be given to states to provide incentives directly to Medicaid beneficiaries who successfully participate in programs that help improve their health such as programs that help them lose weight. (Sec. 4108)</p>	<p>Decreasing obesity will likely prevent chronic diseases. And fewer chronic illnesses nationwide will prevent unnecessary hospital admissions, which will save the nation billions of dollars each year.²⁰</p>
<p>Certain populations have a higher risk of becoming obese</p> <p>Among families living below the federal poverty level, 44.8 percent of children are overweight or obese, while 22.8 percent of children living in families with incomes above 400 percent of poverty are overweight or obese.²¹</p> <p>Recent data show that Hispanic and black high school students have obesity rates of 16.6 percent and 18.3 percent, respectively, which is significantly higher than the 10.8 percent of their white counterparts who are obese.²²</p> <p>Community health centers are a good place to find these at-risk children. A 2005 study showed that children who use community health centers come from populations that are at risk of being obese and collectively served nearly 5 million children in 2001.²³</p> <p>The availability of local healthy food options and fitness amenities—or lack thereof—are significantly related to obesity.²⁴</p>	<p>Community Health Workers, drawn from the communities where they live, will promote positive health behaviors and outcomes in medically underserved areas in linguistically and culturally appropriate ways. (Sec. 5313)</p> <p>A new home visitation program will bring nurses into the homes of new moms to offer assistance on areas that could include child nutrition. (Sec. 2951)</p>	<p>Interventions targeted to those communities most at risk for obesity will help get the best services to the areas of greatest need.</p>

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<p>Care delivered in community-based settings can take broader approaches to reducing obesity</p> <p>One school-based intervention that included multiple obesity interventions had a decreased prevalence of obesity among children who participated in the study (7.5 percent) versus those who did not (14.9 percent).²⁵</p>	<p>Childhood obesity demonstration project grants will be issued to communities who are employing evidence-based interventions to reduce childhood obesity. (Section 4306)</p> <p>Community transformation grants will provide funds to state and local governmental agencies and community-based organizations to implement, evaluate, and disseminate effective community-based interventions. (Sec 4201)</p> <p>Community-based Collaborative Care Networks will support groups of health care providers to provide comprehensive coordinated and integrated care to low-income populations. (Sec. 10333)</p> <p>New school-based health centers will provide comprehensive primary health services to children. (Sec. 4101)</p> <p>Expanded use of nurse-managed health clinics will help get community-based primary care to areas of greatest need and strengthen the health care safety net. (Sec. 5208)</p> <p>The HHS secretary will convene national public-private partnership to conduct a national prevention and health promotion outreach and education campaign. (Section 4004)</p>	<p>A recent report found that investing \$10 per person on community-based activities that focus on increasing physical activity, improving nutrition, and preventing smoking and other tobacco use could save the country more than \$16 billion annually. This is a return of \$5.60 for every \$1 invested.²⁶</p> <p>School-based clinics can offer care in a trusted environment and help overcome the problems some children have accessing primary health care.</p>
<p>Better data collection and research will help us determine what works in combating obesity</p> <p>Data on body mass index, diet, physical activity, and other health behavior needs to be collected in a uniform way in a many different settings.²⁷</p> <p>Data from private health plans, school-based assessments, or assessments of key environmental factors are not commonly available to researchers and could provide useful information in tracking and learning more about the obesity epidemic.²⁸</p> <p>Collaboration between all relevant stakeholders is necessary to create and execute a research agenda because of all the different sectors of society that affect obesity.²⁹</p>	<p>Improved data collection in public programs in order to analyze health disparities. (Section 4302)</p> <p>The identification of key national indicators of health and determination of which data are the most appropriate measures of each indicator. (Section 5601)</p> <p>A requirement that all health insurance plans report their wellness and health promotion activities to the secretary of HHS. (Section 2717)</p> <p>The Centers for Disease Control and Prevention will every two years prepare a report card on health outcomes, risk factors, and how the nation cares for Americans with or at risk for diabetes. (Section 10407)</p> <p>Patient-centered outcomes research, also known as comparative effectiveness research, brings together various stakeholders to set a research agenda to determine the appropriate interventions for certain health conditions to meet specific populations' needs. (Section 6301)</p> <p>Increased funding for research that "optimizes the delivery of public health services." (Section 4301)</p> <p>A Preventive Services Task Force will issue recommendations to the health care community on the effectiveness of clinical preventive services. (Section 4003)</p>	<p>Developing relevant uniform data measures, uniform data collection methods, and timely reporting of these data are vital to developing strategies to address our nation's obesity epidemic.</p>

Endnotes

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