


**The Great Transformation:
Ensuring Prevention is at the Core of Health Care**

Childhood Obesity Conference

Eduardo Sanchez, MD, MPH, FAAFP
Vice President and Chief Medical Officer
BlueCross and BlueShield of Texas
June 11, 2009



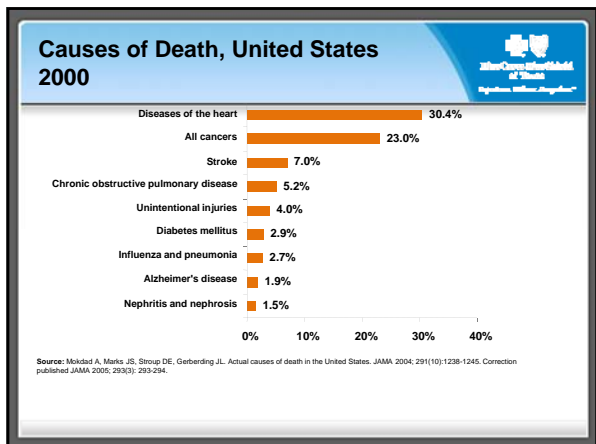
**A National Action Plan to Reverse Childhood Obesity:
Why Childhood Obesity Must Be Integrated
Into the Health Reform Debate**

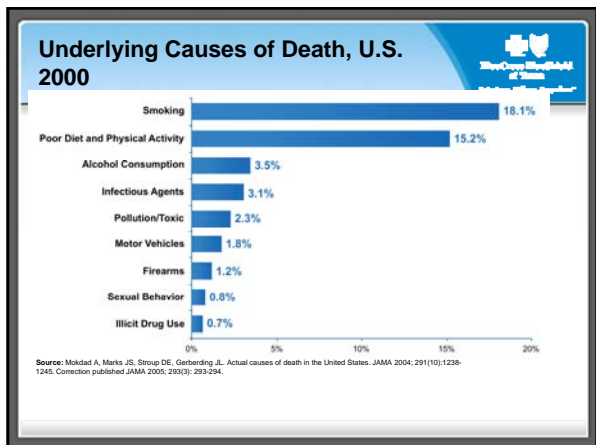
Childhood Obesity Conference

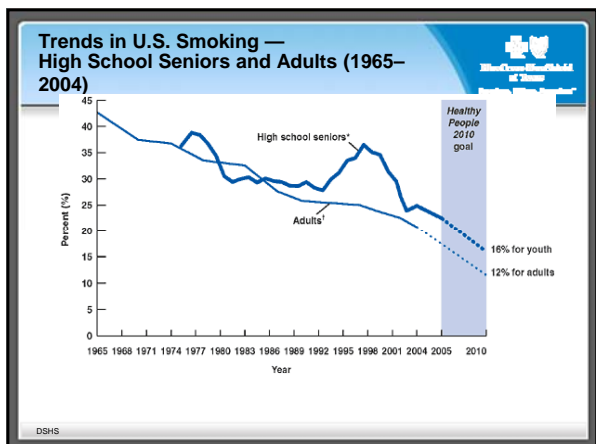
Eduardo Sanchez, MD, MPH, FAAFP
Vice President and Chief Medical Officer
BlueCross and BlueShield of Texas
June 11, 2009

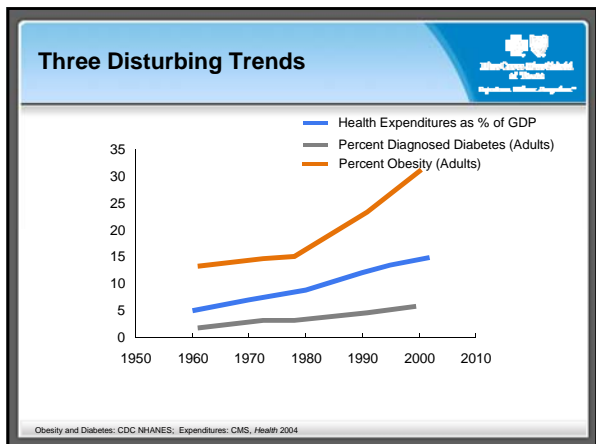
**"It is better to build a child
than to fix an adult"**

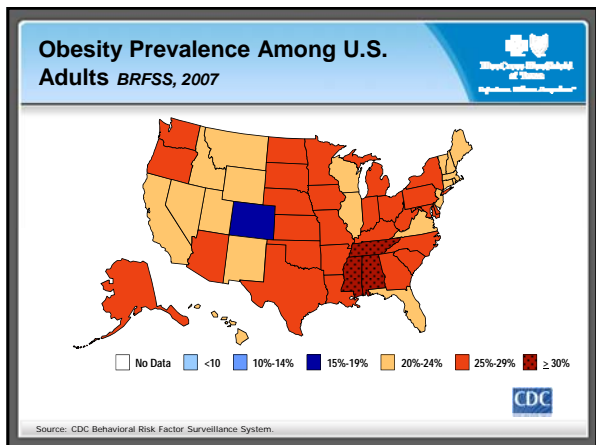


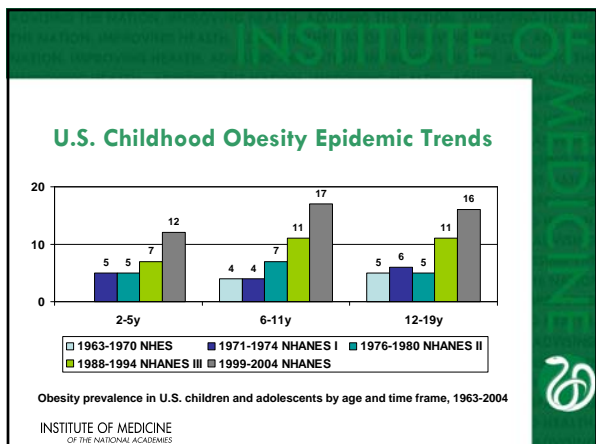












Prevalence of Childhood Obesity in the United States

• Almost 1/3 of children and adolescents are overweight or obese
 • 16.3% (one out of six) of children and adolescents are obese
 • 11.3% of children and adolescents are very obese (97th percentile)

Ogden,2008, JAMA, 299(20), 2401-2405.

Prevalence of BMI > 95% in Boys

(Ogden,2008, JAMA, 299(20), 2401-2405.)


Age Range (in years)	Whites	Blacks	Latinos
2-5	11.1	13.3	18.8
6-11	15.5	18.6	27.5
12-19	17.3	18.5	22.1

Prevalence of BMI > 95% in Girls

(Ogden,2008, JAMA, 299(20), 2401-2405.)


Age Range (in years)	Whites	Blacks	Latinas
2-5	10.2	16.6	14.5
6-11	14.4	24.0	19.7
12-19	14.5	27.7	19.9

Prevalence of BMI > 85% in Boys
(Ogden, 2008, JAMA, 299(20), 2401-2405.)

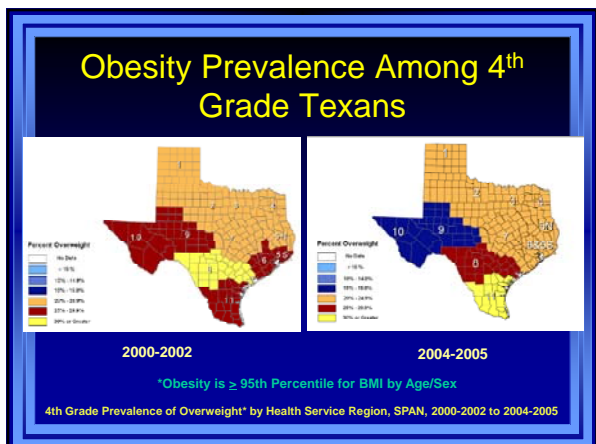


Age Range (in years)	Whites	Blacks	Latinos
2-5	25.4	23.2	32.4
6-11	31.7	33.8	47.1
12-19	34.5	32.1	40.5

Prevalence of BMI > 85% in Girls
(Ogden, 2008, JAMA, 299(20), 2401-2405.)



Age Range (in years)	Whites	Blacks	Latinas
2-5	20.9	26.4	27.3
6-11	31.5	40.1	38.1
12-19	31.7	44.5	37.1



2007 National Diabetes Facts

Division of Diabetes Control and Prevention
National Diabetes Program

- Race and ethnic differences in prevalence of diagnosed diabetes
 - 6.6% of non-Hispanic whites
 - 7.5% of Asian Americans
 - 10.4% of Hispanics
 - 8.2% for Cubans
 - 11.9% for Mexican Americans**
 - 12.6% for Puerto Ricans
 - 11.8% of non-Hispanic blacks**

CDC government

2007 National Diabetes Facts
(Type 2 diabetes in youth)

Division of Diabetes Control and Prevention
National Diabetes Program

- Incidence of diagnosed diabetes in people younger than 20 years of age, United States, 2002–2003
 - Among non-Hispanic white youth aged 10–19, the incidence of type 1 diabetes was higher than for type 2 diabetes
 - Among Asian/Pacific Islander and American Indian youth aged 10–19, the incidence of type 2 was greater than for type 1 diabetes
 - Among African American and Hispanic youth aged 10–19 years, the incidence of type 1 and type 2 diabetes is similar

CDC.gov

Latest numbers

Division of Diabetes Control and Prevention
National Diabetes Program

More than 40% of American adults aged 20 years and older have hyperglycemic conditions—prediabetes or diabetes.

Dallas Morning News

Metabolic Syndrome: A Public Health Problem

Approximately 50 million adults (25%) in the United States have Metabolic Syndrome.

Metabolic Syndrome is defined as a clustering of risk factors that increase your chances for developing heart disease, diabetes and/or stroke.

Clinical diagnosis is based on presence of three of five risk factors:

- 1) high triglyceride level,
- 2) low high-density lipoprotein (HDL) cholesterol level,
- 3) high fasting blood glucose level,
- 4) presence of central obesity (waist circumference), and
- 5) high blood pressure.

The more risk factors exhibited, the greater chance to develop heart disease, diabetes or stroke. Research shows that a person with Metabolic Syndrome is twice as likely to develop heart disease and five times as likely to develop diabetes as someone without Metabolic Syndrome.

19

What Causes Metabolic Syndrome?

Uncontrollable Factors:

- Age
- Genetics

Controllable Factors:

- Eating a diet rich in calories and saturated fats
- Physical inactivity

The factors that can be controlled are based on making healthy and better choices, such as eating healthy, becoming physically active, tobacco cessation and losing weight.

It is possible to play a role in reducing risk! Successfully controlling diet and increasing physical activity are the two single most important factors to greatly reduce their chances for developing this syndrome and to off-set heart disease, diabetes and/or stroke.

20

Headlines Across Texas – January 30, 2009


The number of obese Texans obesity will triple without prevention effort, study says

More than one-fifth of young adults ages 18 to 25 were obese in 2007 – up from 10 percent in 2000

"If people in their 20s are already overweight, as we go forward and that [age group] ages into their 30s and 40s, the future obesity problem in Texas can be staggering," said Eschbach, a demography professor at the University of Texas-San Antonio.


Dallas Morning News

Income/Poverty/Uninsurance 2007
(census.gov)




	Household income	Per capita income	% Poverty	% Uninsured
White	\$54920	\$31051	8.2	10.4
Hispanic	\$38679	\$15603	21.5	32.1
Black	\$33916	\$18428	24.5	19.5
Asian	\$66103	\$29901	10.2	16.8

Uninsurance by household income 2007
(census.gov)



Household income	% Uninsured
< \$25K	24.5
\$25K - \$49.9K	21.1
\$50K - \$74.9K	14.5
> \$75K	7.8

National High School Graduation Rates, 2003-04



- Native American 49.3%
- Black 53.4%
- Latino 57.8%
- White 76.2%
- Asian 80.2%

Cities in Crisis, EPE Research Center, 2008

Two possible futures

Scenario one –

- Overweight or obese middle and young adults competing with elderly baby boomers for limited health resources



Two possible futures

Scenario two –

- Healthy Americans eating smart, being active and reducing the demand for expensive health resources

Two possible futures

Scenario two –

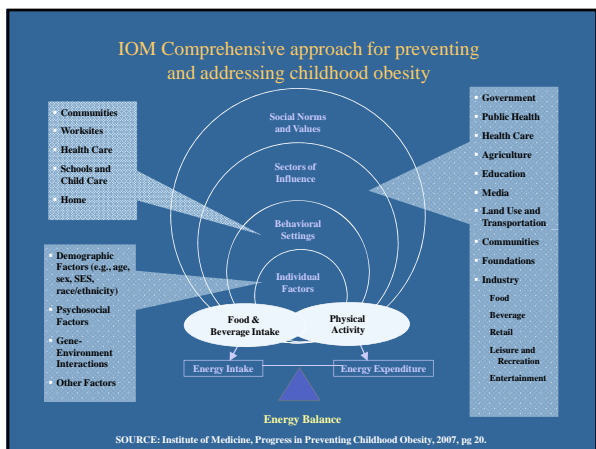
- Healthy Americans eating smart, being active and reducing the demand for expensive health resources

Realizing Scenario two will require more focus and investment in health promotion – a national action plan to reverse childhood obesity

Pre-Election Health Care Reform

DividedWeFail.Org

- Expand access to coverage
- Increase quality and efficiency
- Improve affordability, value and health outcomes
 - Encourage preventive care and wellness programs to save lives, improve productivity, safeguard health and lower costs.
 - Prevention and Wellness must begin in childhood and be promoted in
 - families,
 - schools,
 - communities, and
 - workplaces.



Post-Election Health Care Reform

- Universal access
 - A moral imperative
- Medical cost control
 - A fiscal imperative

Is that enough?

Health reform

- The ultimate objective?
 - Optimal health for each American.
 - Optimal health for all Americans.
 - Optimal health for America.

Cost control

▶ If overall cost = unit cost x use,

▶ Then we can control costs by:

- 1.Reducing unit cost of medical care –
 - System improvement
 - Decrease utilization of unproven, unnecessary tests and treatment
- 2.Reducing use – demand reduction
 - Improve health of individuals; improve population health

(<http://www.americashealthrankings.org/2008/index.html>)

Cost control goal

▶ Save \$2.1 trillion over 10 years.

Cost of obesity
(over 10 years by year and \$billions, assuming 5% increase annually)


YEAR	COST
2011	100
2012	105
2013	110.25
2014	115.7625
2015	121.5506
2016	127.6282
2017	134.0096
2018	140.71
2019	147.7455
2020	155.1328
\$1.258 trillion	

Health reform




- Universal access
- Cost control
- **Reverse overweight and obesity**

A National Action Plan to Reverse Childhood Obesity




- Is it time?
- Why focus on children?
- Who should be at the table?
- Next steps?

A National Action Plan to Reverse Childhood Obesity




- Capacity building strategies
 - Assessment capacity – monitoring and surveillance
 - Research and translation capacity – evidence of what works
 - Implementation capacity – investment in programs that work
 - Evaluation capacity

A National Action Plan to Reverse Childhood Obesity




- ▶ Prenatal/Intrauterine period
- ▶ Birth to Five years old
- ▶ K through 12
- ▶ Post high school

A National Action Plan to Reverse Childhood Obesity – things to consider



- No child left behind – education, education, education
- Science based nutrition guidelines for all foods in schools
- 30 minutes per day physical activity in schools – based on HHS guidelines
- Universal coordinated school health programs
- Universal school breakfast/lunch
- Develop and standardize health/nutrition guidelines for FNS/SNAP/WIC
- Summer food programs for eligible children
- Community access to good food – healthy, green, just, and affordable
- Water over soda
- Breast milk over formula
- No child left inside

A National Action Plan to Reverse Childhood Obesity



- ▶ We need
 - Leadership – Meta-leadership
 - Interested parties = leaders
 - Non governmental and governmental partners
- ▶ We need
 - A vision – Healthy children becoming healthy adults
 - A strategy – see the previous 3 slides
 - A NATIONAL ACTION PLAN

