

Obesity in Texas

June 5, 2018

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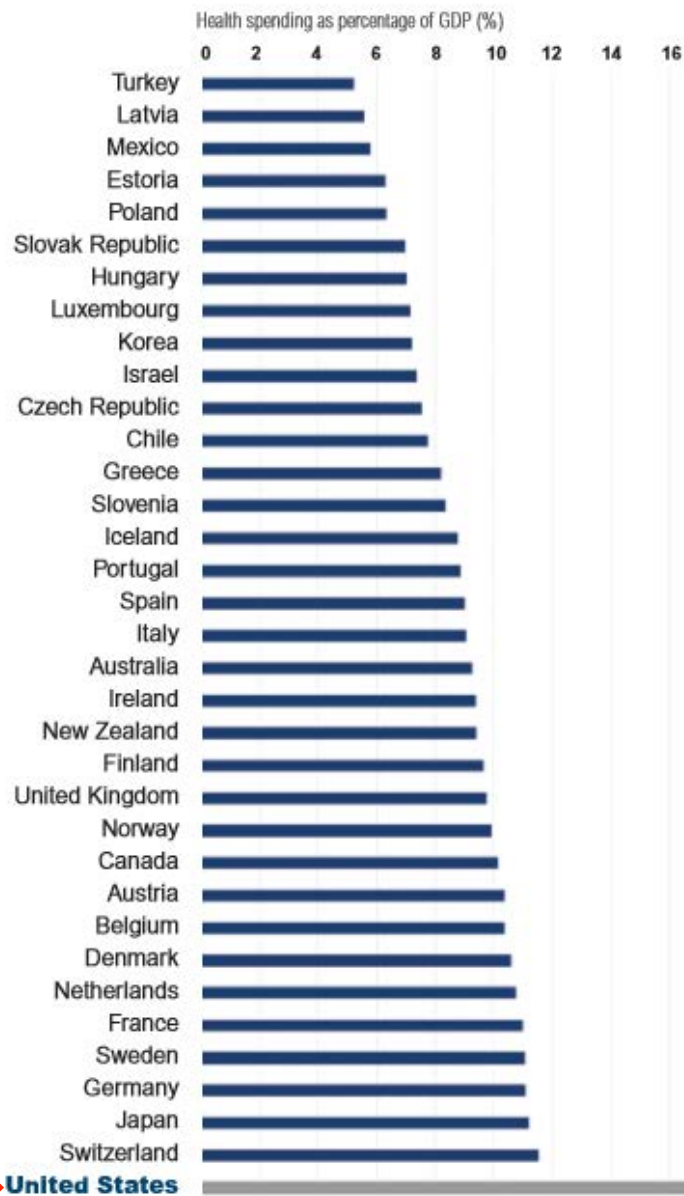


Our Challenge

- The United States Ranks #1 in Health Expenditures at 17.9% of GDP
 - Roughly \$3 Trillion aggregate annual cost
 - \$8,895 per capita in 2012
 - This crowds out other state and national priorities
- The United States has Mediocre population health outcomes
 - Ranks 34th Life Expectancy
 - Ranks 42nd Infant Mortality



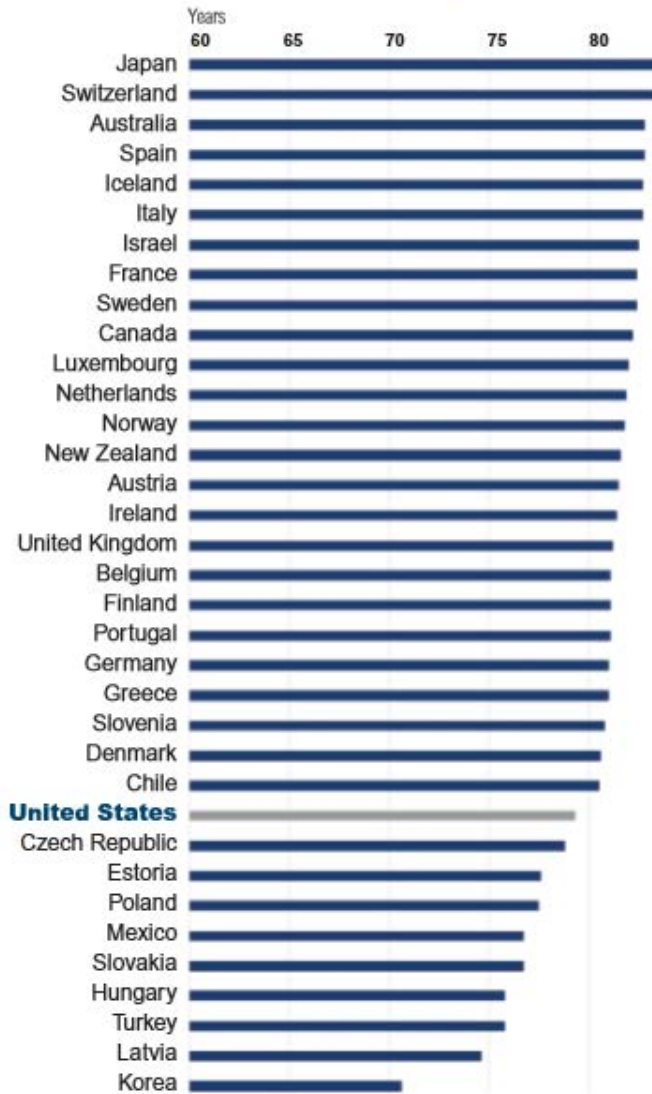
FIGURE 15
Health Expenditures Among OECD Countries, 2015



All other OECD countries with health expenditures more than 10% of GDP have a lower infant mortality rate and a higher life expectancy than the United States.

Data Source: Organisation for Economic Co-operation and Development, OECD.stat, 2015 estimates. http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT#
Accessed: November 10, 2016.

FIGURE 14
Life Expectancy at Birth (Years) Among OECD Countries, 2015



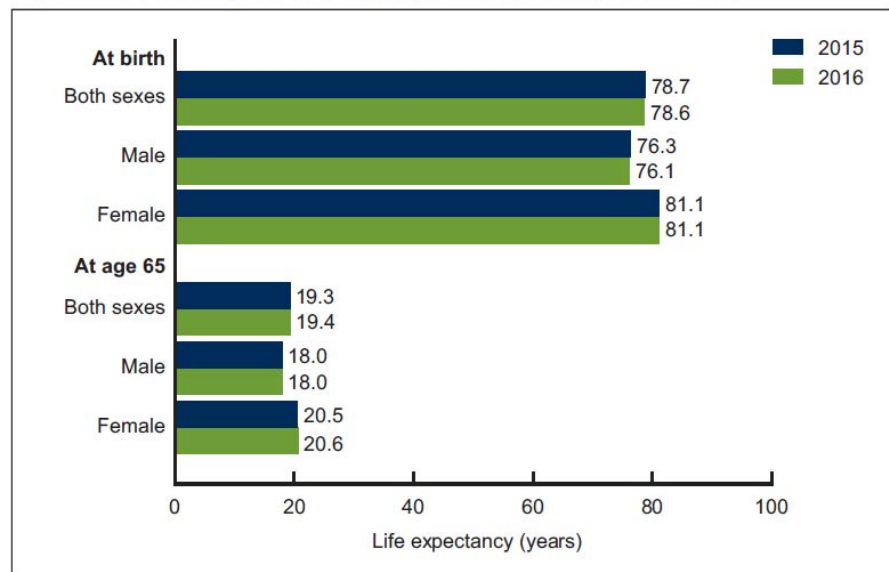
The United States ranks 26th of 35 OECD countries for life expectancy, with an average life expectancy of 79 years.

Data Source: WHO. Life expectancy at birth (years) Mortality and global health estimates, 2015. <http://apps.who.int/gho/data/node.main.688> Updated: September 11, 2015. Accessed: November 10, 2016.

Mortality in the United States, 2016

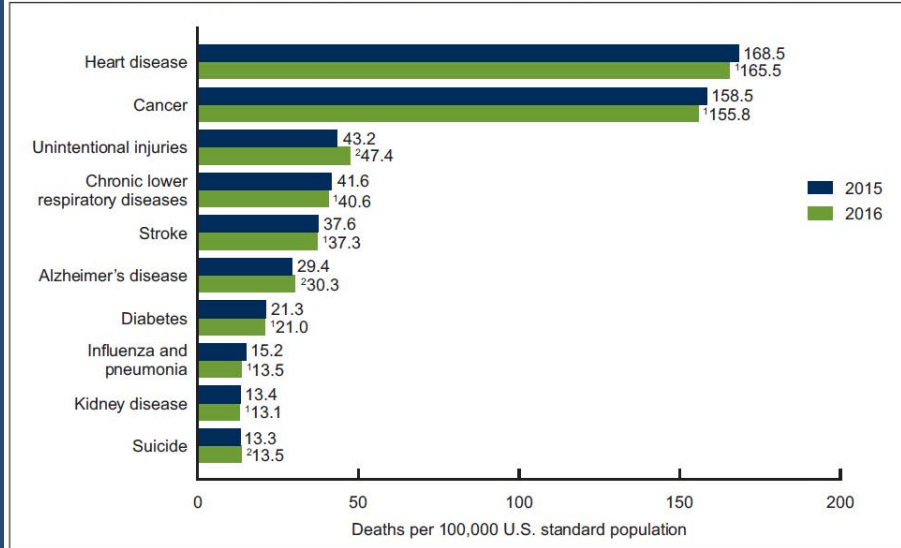
Kenneth D. Kochanek, M.A., Sherry L. Murphy, B.S., Jiaquan Xu, M.D., and Elizabeth Arias, Ph.D.

Figure 1. Life expectancy at selected ages, by sex: United States, 2015 and 2016



NOTES: Life expectancies for 2015 were revised using updated Medicare data; therefore, figures may differ from those previously published. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db293_table.pdf#1.
SOURCE: NCHS, National Vital Statistics System, Mortality.

Figure 4. Age-adjusted death rates for the 10 leading causes of death in 2016: United States, 2015 and 2016



¹Statistically significant decrease in age-adjusted death rate from 2015 to 2016 ($p < 0.05$).

²Statistically significant increase in age-adjusted death rate from 2015 to 2016 ($p < 0.05$).

NOTES: A total of 2,744,248 resident deaths were registered in the United States in 2016. The 10 leading causes accounted for 74.1% of all deaths in the United States in 2016. Rankings for 2015 data are not shown. Causes of death are ranked according to number of deaths. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db293_table.pdf#4.
SOURCE: NCHS, National Vital Statistics System, Mortality.

Vital Directions for Health and Health Care

Priorities from a National Academy of Medicine Initiative

Victor J. Dzau, National Academy of Medicine; **Mark McClellan**, Duke University; **Sheila Burke**, Harvard Kennedy School; **Molly J. Coye**, AVIA; **The Honorable Thomas A. Daschle**, The Daschle Group; **Angela Diaz**, Icahn School of Medicine at Mount Sinai; **The Honorable William H. Frist**, Vanderbilt University; **Martha E. Gaines**, University of Wisconsin Law School; **Margaret A. Hamburg**, National Academy of Medicine; **Jane E. Henney**, National Academy of Medicine; **Shiriki Kumanyika**, University of Pennsylvania Perelman School of Medicine; **The Honorable Michael O. Leavitt**, Leavitt Partners; **J. Michael McGinnis**, National Academy of Medicine; **Ruth Parker**, Emory University School of Medicine; **Lewis G. Sandy**, UnitedHealth Group; **Leonard D. Schaeffer**, University of Southern California; **Glenn D. Steele**, xG Health Solutions; **Pamela Thompson**, American Organization of Nurse Executives; **Elias Zerhouni**, Sanofi

March 21, 2017

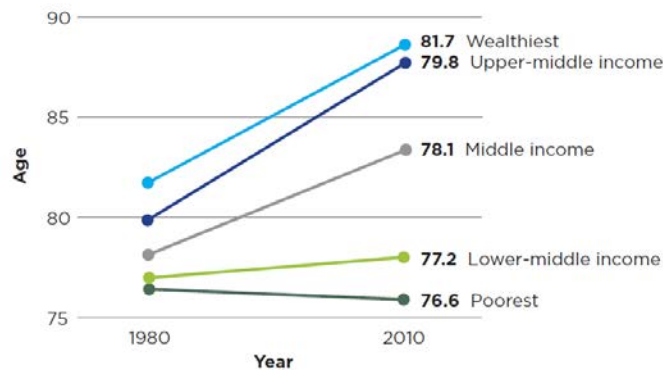


Figure 1 | Widening inequality in life expectancy for men in the United States.

SOURCE: Data from NASEM, 2015.

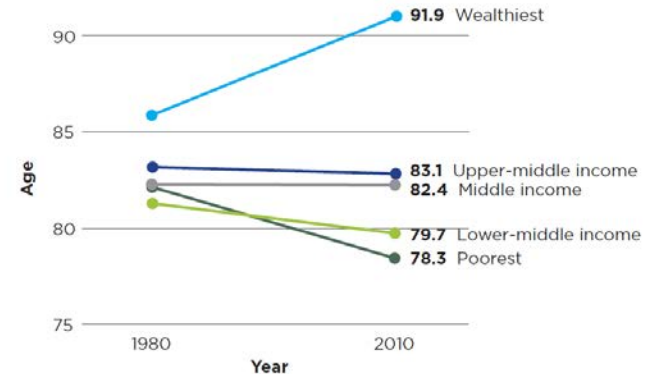


Figure 2 | Widening inequality in life expectancy for women in the United States.

SOURCE: Data from NASEM, 2015.

Vital Directions for Health and Health Care: Priorities from a National Academy of Medicine Initiative

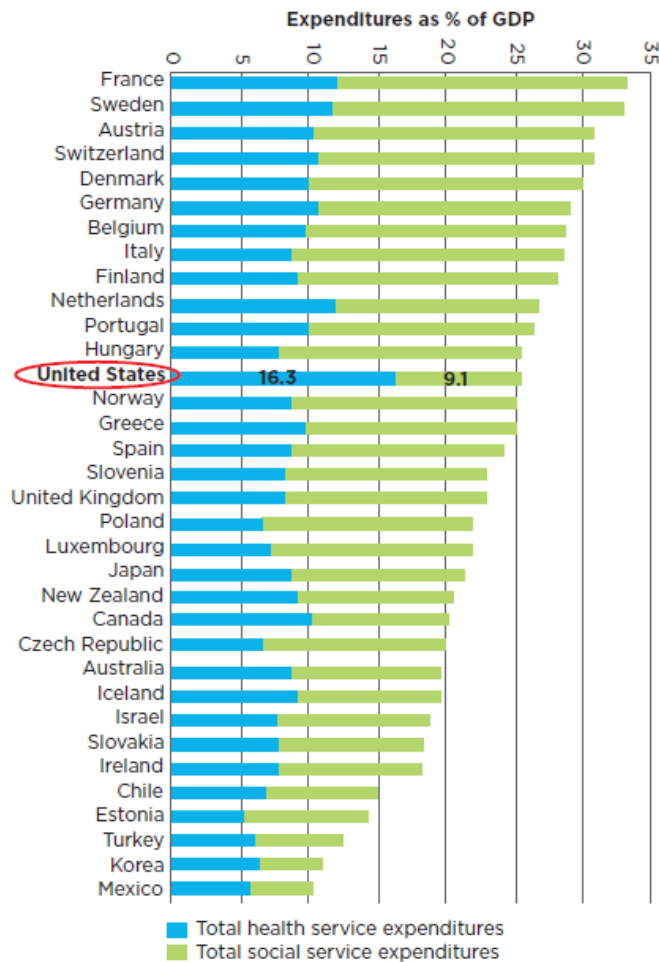


Figure 6 | Health care and social services spending (%GDP) across OECD countries.

SOURCE: Adapted from Bradley and Taylor, 2013. Used with permission.

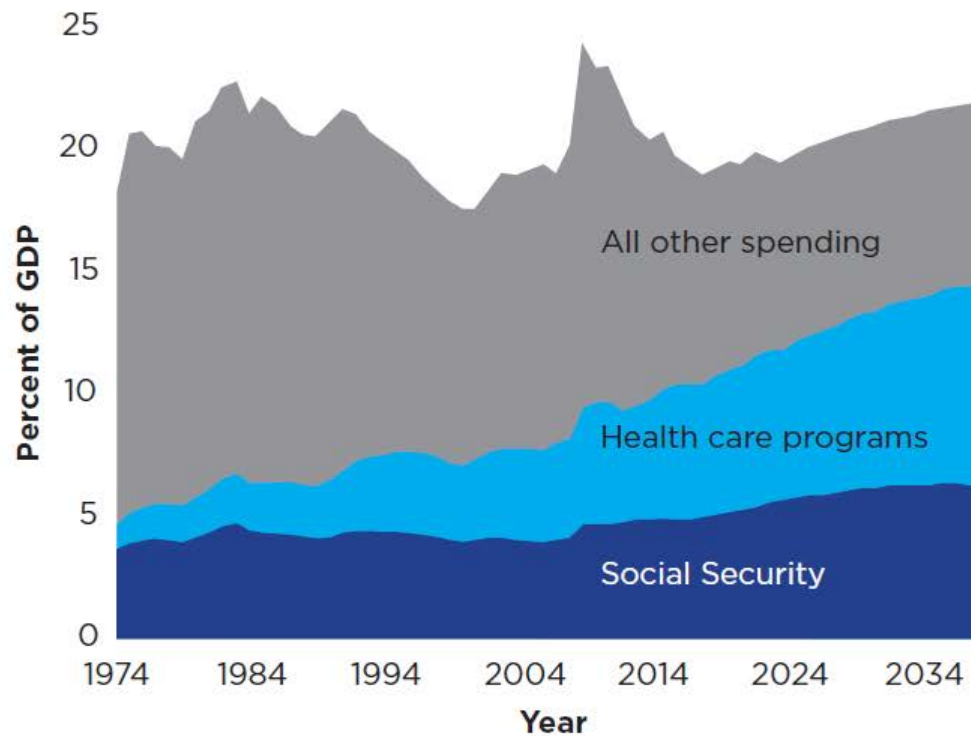


Figure 3 | Historical and projected federal spending: health care and other programs.

SOURCE: Data from Congressional Budget Office.

BOX 2

Vital Directions Issue Areas

Better health and well-being

Systems strategies for better health throughout the life course
Addressing social determinants of health and health disparities
Preparing for better health and health care for an aging population
Chronic disease prevention: tobacco, physical activity, and nutrition for a healthy start
Improving access to effective care for people who have mental health and substance use disorders
Advancing the health of communities and populations

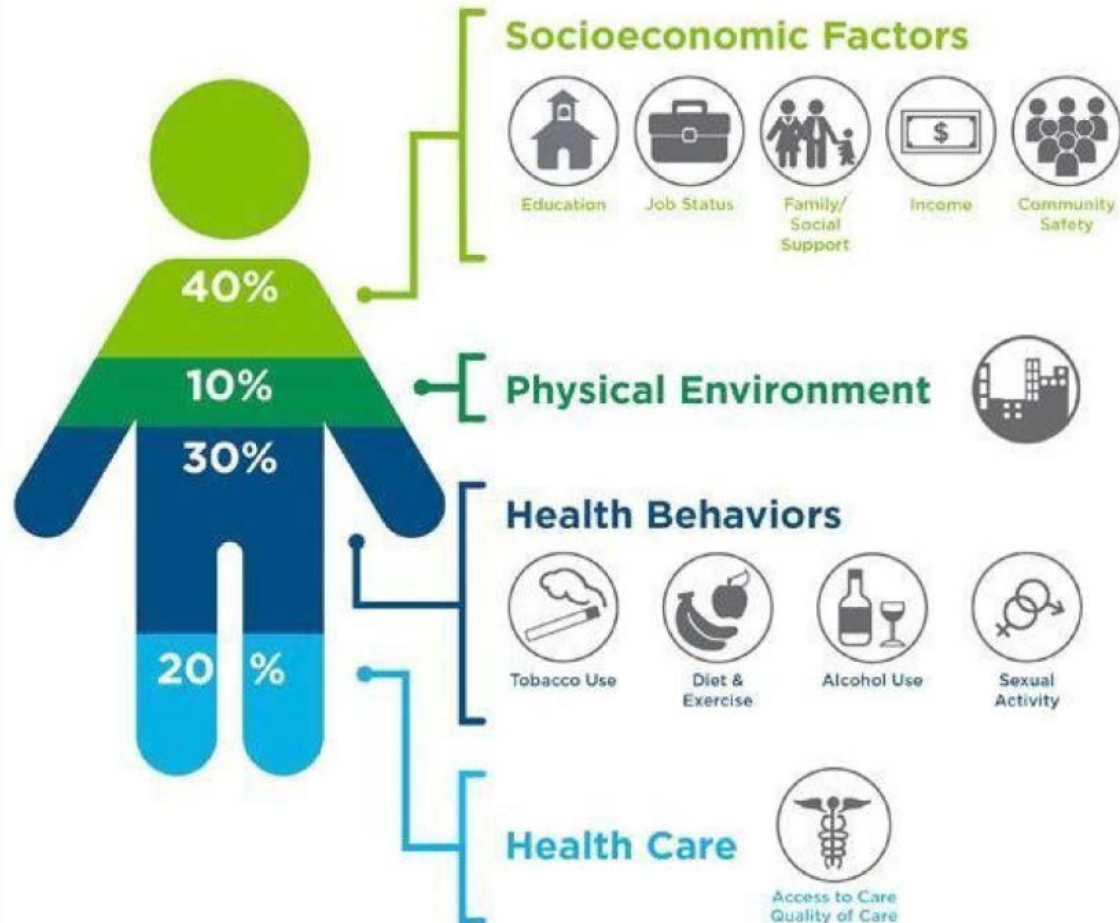
High-value health care

Benefit design to promote effective, efficient, and affordable care
Payment reform for better value and medical innovation
Competencies and tools to shift payments from volume to value
Tailoring complex care management, coordination, and integration for high-need, high-cost patients
Realizing the full potential of precision medicine in health and health care
Fostering transparency in outcomes, quality, safety, and costs
The democratization of health care
Workforce for 21st century health and health care

Strong science and technology

Information technology interoperability and use for better care and evidence
Data acquisition, curation, and use for a continuously learning health system
Innovation in development, regulatory review, and use of clinical advances
Targeted research: brain disorders as an example
Training the workforce for 21st century science

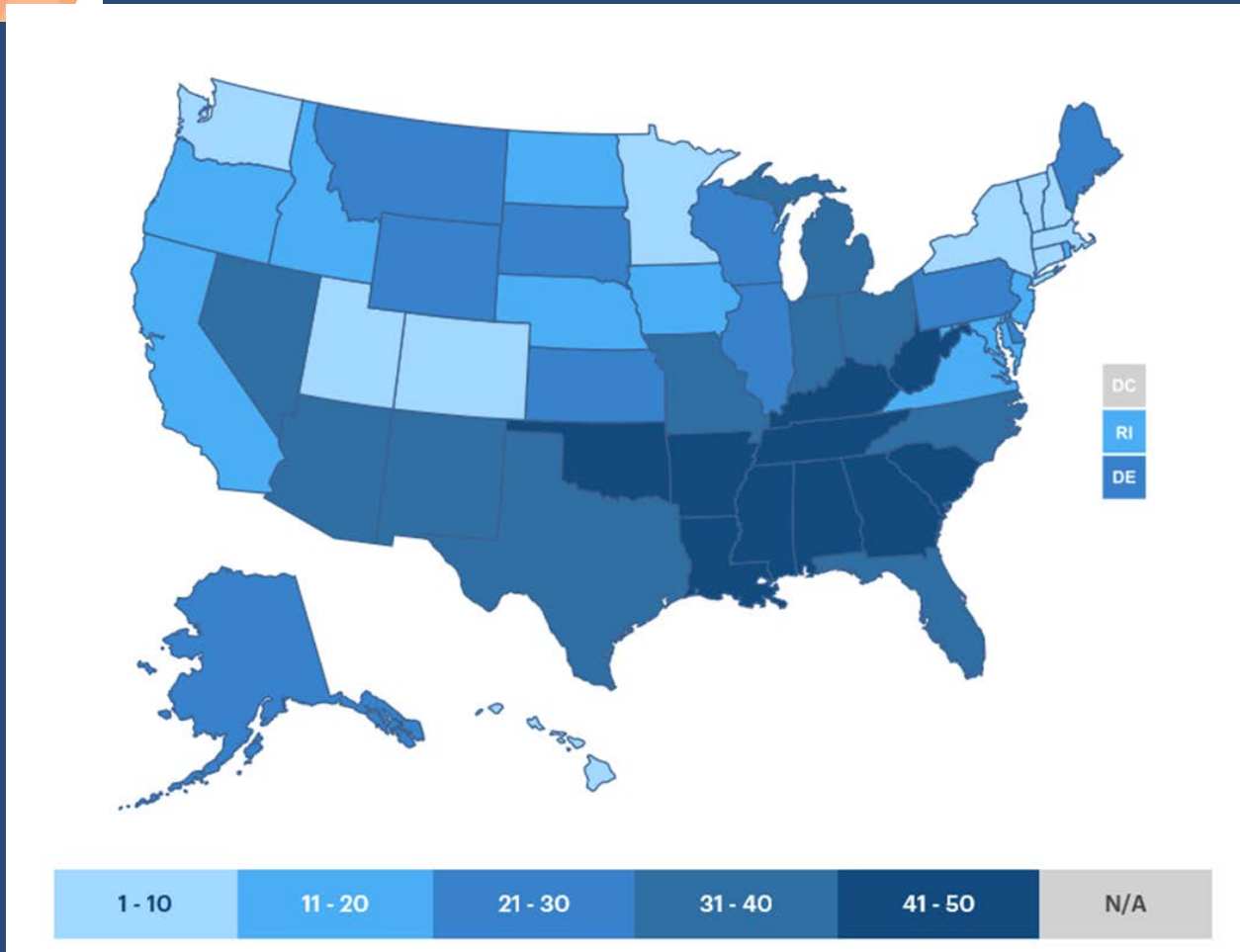
What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

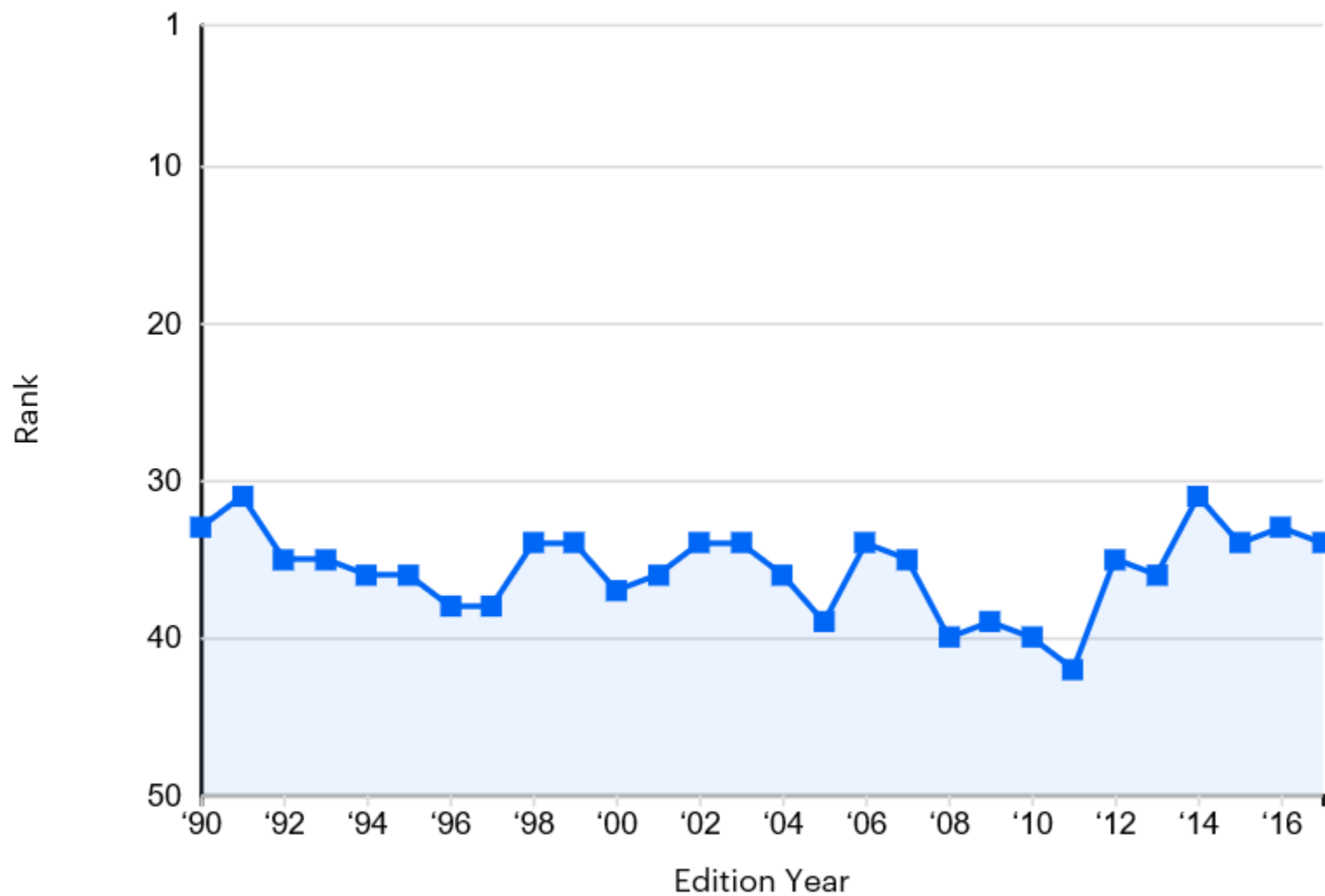
How does Texas health statistics compare to the rest of the United States?

Overall State Health Rankings

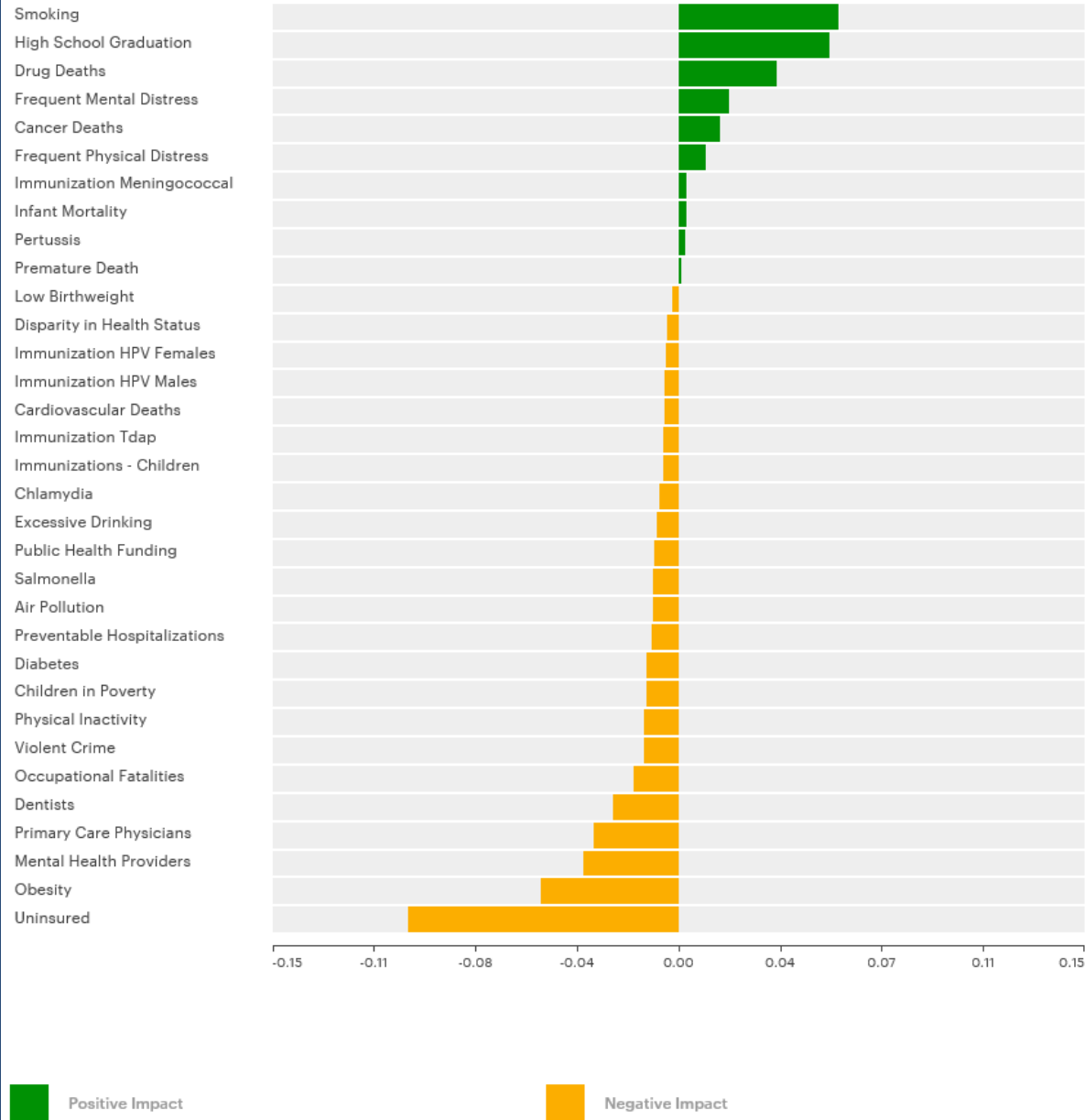


Source: America's Health Rankings,
United Health Foundation 2017 Annual Report

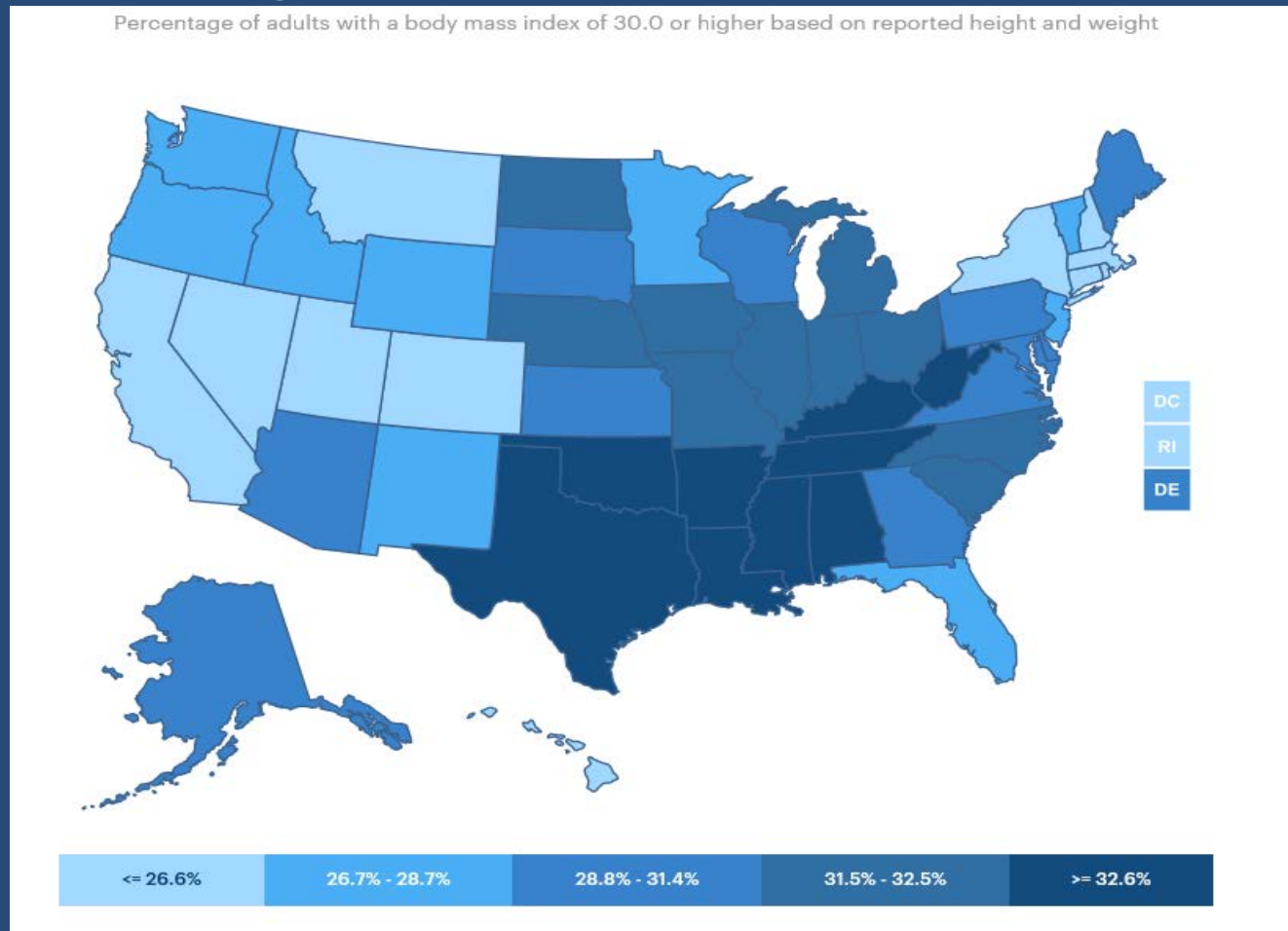
Trend: Overall, Texas



Core Measures Impact: Texas

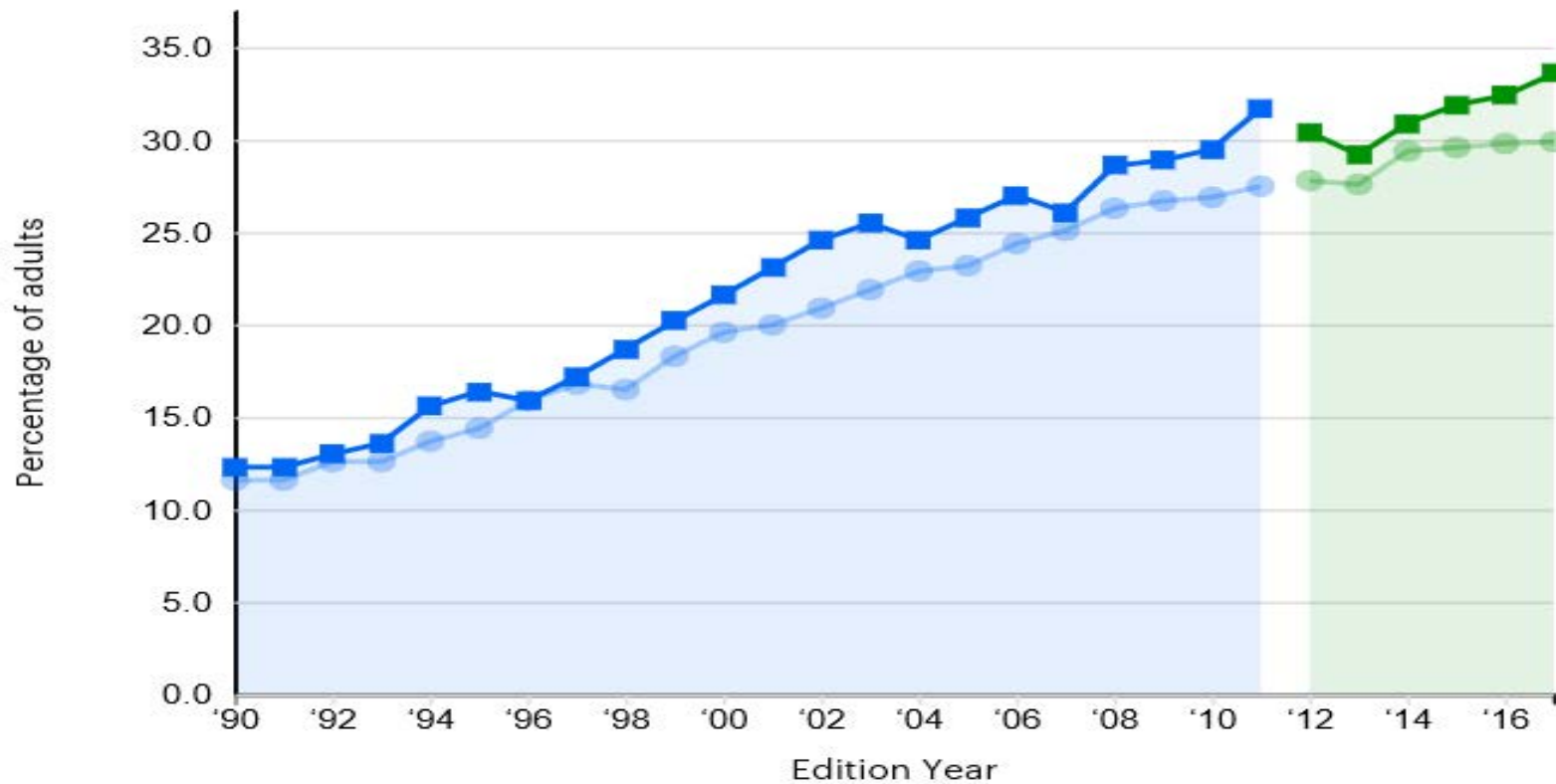


Percentage of Adults with a BMI of 30 or Higher



Texas with a rate of 33.6% ranks 43rd

Trend: Obesity, Texas, United States



Source:

- CDC, Behavioral Risk Factor Surveillance System

■ Percentage of adults with a body mass index of 30.0 or higher based on reported height and weight (pre-2011 BRFSS methodology)

■ Percentage of adults with a body mass index of 30.0 or higher based on reported height and weight

■ Texas

● United States

Subpopulations: Obesity, Texas, United States

GENDER

Obesity - Female



Obesity - Male



Percentage of adults

RACE/ETHNICITY

Obesity - American Indian/Alaskan Native



Obesity - Black



Obesity - Hispanic



Obesity - Multiracial



Obesity - White



Percentage of adults

AGE

Obesity - Aged 18-44



Obesity - Aged 45-64



Obesity - Aged 65+



Percentage of adults

URBANICITY

Obesity - Rural



Obesity - Suburban



Obesity - Urban

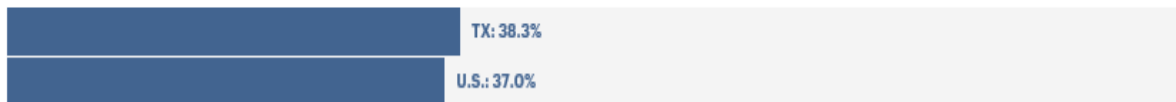


Percentage of adults

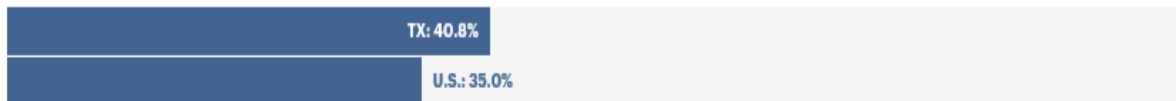


EDUCATION

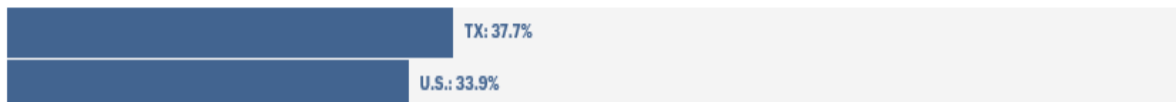
Obesity - Less than High School



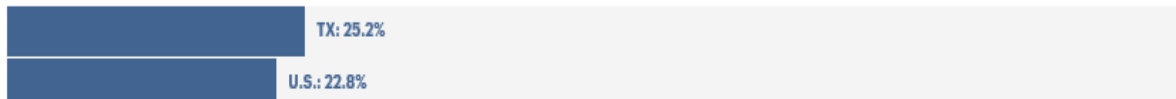
Obesity - High School Grad



Obesity - Some College



Obesity - College Grad



Percentage of adults

Data suppression rules are as defined by the original source.

Race and ethnicity populations are as defined by the original source.

Source:

• CDC, Behavioral Risk Factor Surveillance System, 2016

INCOME

Obesity - Less Than \$25,000



Obesity - \$25-\$49,999



Obesity - \$50-\$74,999



Obesity - \$75,000 or More



Percentage of adults



Rates & Trends



Policy Analysis



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Obesity Rates & Trends

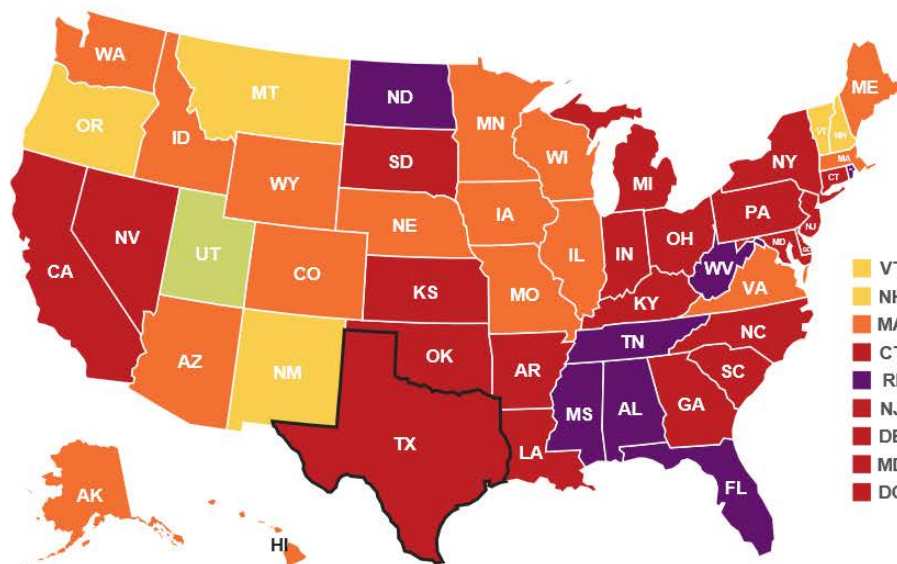
Study of Children Ages 10 to 17 (2016)

Overweight & Obese Children 10-17, 2016

Select years with the slider to see historical data. Hover over states for more information. Click a state to lock the selection. Click again to unlock.

Combined overweight and obese rates, children ages 10 to 17

0 - 9.9% 10 - 14.9% 15 - 19.9% 20 - 24.9% 25 - 29.9% 30 - 34.9% 35%+

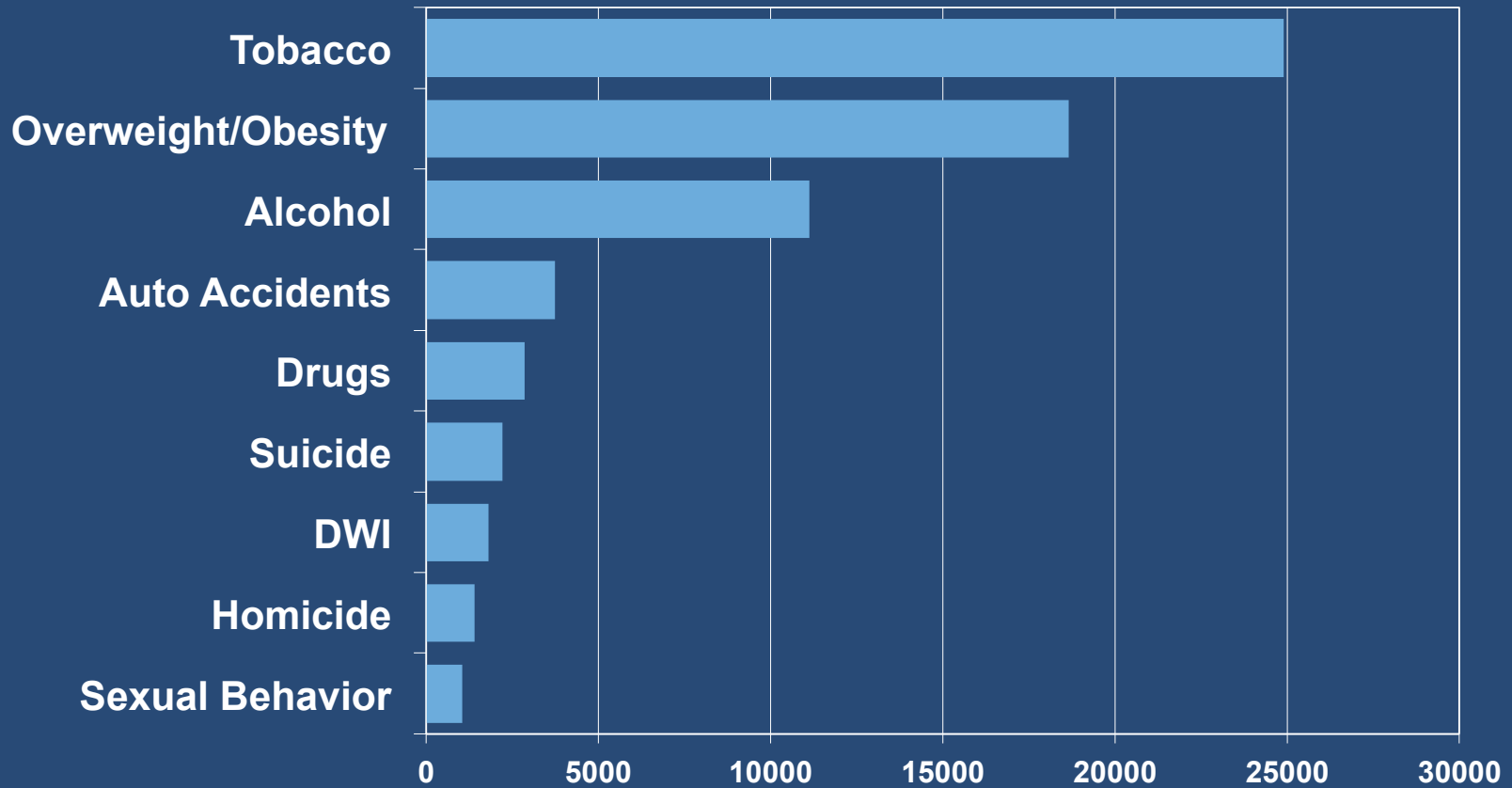


Texas, 2016

Overweight & Obese Rank
33.3% **15**
95% Confidence Interval **N/A**



Actual Causes of Death Shaped by Behavior



Source: Chronic Disease in Texas 2007, DSHS

Annual potentially preventable deaths based on average death rates for the three states with the lowest rates for each cause

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 63 / No. 17

May 2, 2014

Potentially Preventable Deaths from the Five Leading Causes of Death — United States, 2008–2010

Paula W. Yoon, ScD¹, Brigham Bastian², Robert N. Anderson, PhD², Janet L. Collins, PhD³, Harold W. Jaffe, MD⁴
(Author affiliations at end of text)

Potentially Preventable Deaths

	Observed	Expected	Potentially Preventable	Percent Preventable Texas	Percent Preventable United States
Heart Disease	19,939	12,683	7,256	36%	34%
Cancer	27,141	22,143	4,998	18%	21%
Chronic Lower Respiratory Disease	5,061	3,139	1,922	38%	39%
CVD/ Stroke	4,254	2,471	1,783	42%	33%
Unintentional Injury	7,612	4,551	3,061	40%	39%

Obesity Related Health Issues

Obesity-Related Health Issues **New Data**

Diabetes

Current adult diabetes rate (2016)

11.2%

Rank among states (2016)

17 /51

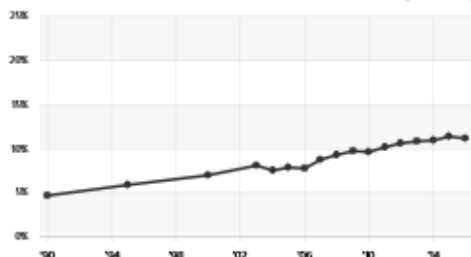
Diabetes cases in 2010

1,962,059

Projected cases of diabetes in 2030 at current pace

2,851,687

Historical adult diabetes rates (1990-2016)



Hypertension

Current adult hypertension rate (2015)

29.5%

Rank among states (2015)

40 /51

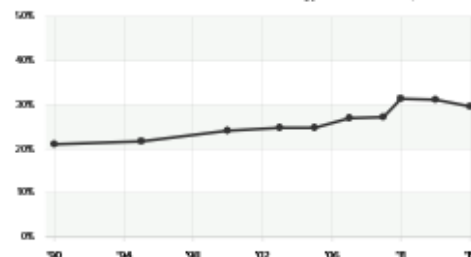
Hypertension cases in 2010

4,300,252

Projected cases of hypertension in 2030 at current pace

5,689,509

Historical adult hypertension rates (1990-2015)



Heart Disease

Heart disease cases in 2010

1,261,654

Projected cases of heart disease in 2030

5,688,482

Arthritis

Arthritis cases in 2010

4,426,828

Projected cases of arthritis in 2030

3,797,542

Obesity-Related Cancer

Obesity-related cancer cases in 2010

328,379

Projected cases of cancer in 2030

810,806

Sources: Current diabetes (2016) and hypertension (2015) rates are from *The State of Obesity 2017* [PDF]. 2010 diabetes, hypertension, heart disease, arthritis and obesity-related cancer numbers and projected cases of obesity-related health problems related are from *Facts in Fat 2012* [PDF].

GAINING
COSTS

LOSING
TIME

2011 SPECIAL REPORT:
The Obesity Crisis in Texas



Susan Combs Texas Comptroller of Public Accounts

PH

Population Health
The University of Texas System

The Cost of Obesity

According to Healthy Kinder, Inc., an organization dedicated to promoting healthy lifestyles for children, the average lifetime cost of obesity is high – over half a million dollars for an obese child who remains obese throughout adulthood:

Shorter lifespan	\$234,240
Cardiovascular disease	10,521
Cancer	1,794
Diabetes	3,482
Arthritis	1,871
Lower wages	291,214
Diet programs and gym memberships	6,603
Grand Total	\$532,057

Source: <http://www.healthykinderkids.org/Cost-of-Obesity.html>

HEALTH COSTS OF OBESITY AND COSTS TO EMPLOYERS

- U.S. health care costs due to obesity doubled in less than a decade and account for 9.1 percent of annual health costs, or \$147 billion.
- Average health care spending for obese individuals was \$1,429 or 41.5 percent higher than that of normal-weight persons in 2006.
- Obesity accounts for 12.9 percent of private insurer costs.
- Obesity is now the leading cause of premature heart attacks.
- Individuals with a BMI greater than 35 represent 37 percent of the population but account for 61 percent of the costs due to excess weight.
- **Obesity cost Texas businesses \$9.5 billion in 2009.³**

EXHIBIT 11

Texas Business Costs Attributable to Obesity, 2009

Areas of Costs	Estimated Costs	Percent
Healthcare	\$4,022,324,929	42.5%
Absenteeism	1,643,955,363	17.4
Presenteeism	3,469,229,333	36.7
Disability	321,813,719	3.4
Total Costs	\$9,457,323,345	100.0%

Source: Texas Comptroller of Public Accounts.

SUSAN COMBS • *Texas Comptroller of Public Accounts*

Obesity could cost Texas
businesses **\$32.5 billion**
annually by 2030,
if current trends in
obesity and health care
costs continue.



Gaining Costs, Losing Time Recommendations

1. Allow TEA to use student-level FitnessGram data to access the relationship between physical fitness and academic performance
2. Partner with the private sector, federal legislators, associations and other advocates to develop strategies to promote healthy eating and physical activity
3. Recognize schools for achievements and improvements in health and fitness
4. Improve nutritional and physical activity in early childhood programs, including support for the use of dietary guidelines in childcare settings
5. The Legislature should fund intervention grants for middle schools identified as “high risk” for obesity by incorporating FitnessGram data with obesity data system to be developed by the Comptroller’s office



Gaining Costs, Losing Time Recommendations

6. Urge Texas legislators to restore the high school PE graduation requirement to 1.5 credits
7. Urge Texas Legislators to expand middle-school physical education requirements
8. Encourage school districts to send parents a “fitness report card” based on FitnessGram data
9. Encourage schools to make facilities available before and after school for use by the school community and community-based organizations for intramural physical activity programs.
10. Urge Texas senators and representatives in the U.S. Congress to propose changes to the federal Supplemental Nutrition Assistance Program (SNAP), limiting or curbing the eligibility of unhealthy food items.



Gaining Costs, Losing Time Recommendations

11. Encourage farmer's markets to accept SNAP benefits (food stamps/Lone Star Cards) as payment.
12. Encourage policies in cities and counties that encourage walking and bicycling for health, transportation and recreation.
13. The Cancer Prevention and Research Institute of Texas (CPRIT) should focus research grant funding on proposals that study the link between obesity and cancer, based on feedback and findings from the RFI issued in August 2010.
14. Create a task force of health care and insurance providers to determine ways in which their industries can provide obesity prevention and intervention services to patients and policyholders.
15. The state should encourage the restaurant industry to list calories and nutrition content on menu items.

Study Finds Childhood Obesity Program Failed

by [Edgar Walters](#) | Aug. 24, 2015 | [7 Comments](#)

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A four-year, \$37 million state program to improve physical education at high-poverty middle schools failed to reduce obesity rates, according to a study by the University of Texas at Austin.

The program, Texas Fitness Now, primarily gave schools money to buy sports and gym equipment from 2007 to 2011. One-quarter of the money was originally meant for nutrition, but a much smaller ratio — about seven percent of the funds in 2009 and 2010 — went to healthy eating initiatives,

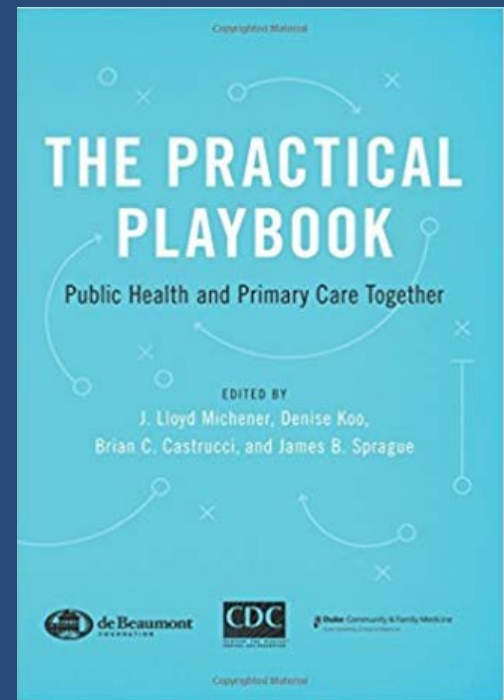
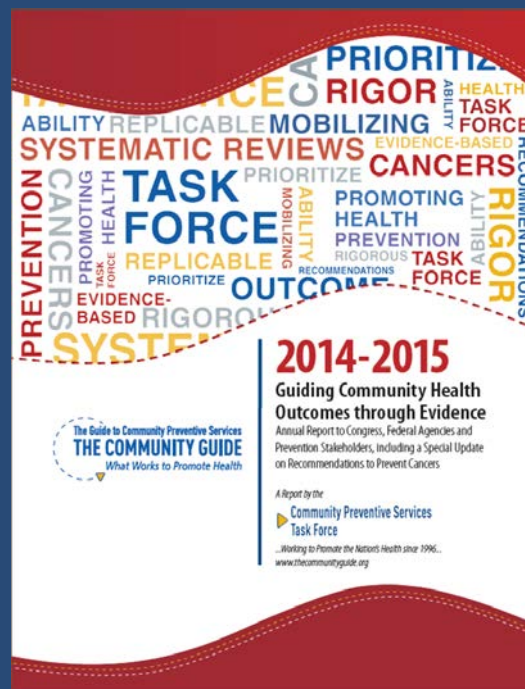
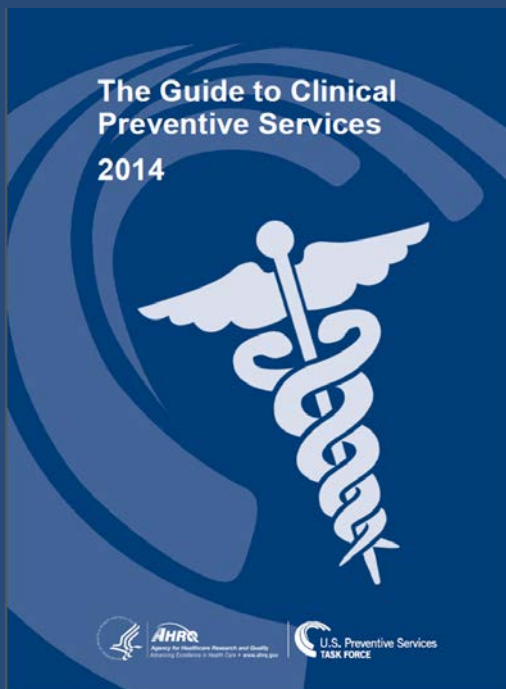
the study's lead author said.

“The problem with this program is it was too open ended what the schools did, and there wasn’t enough evaluation as things went along,” said Paul von Hippel, a researcher at the University of Texas’ Lyndon B. Johnson School of Public Affairs. “The program failed, we found, in its primary goal of reducing obesity, but it did increase fitness.”

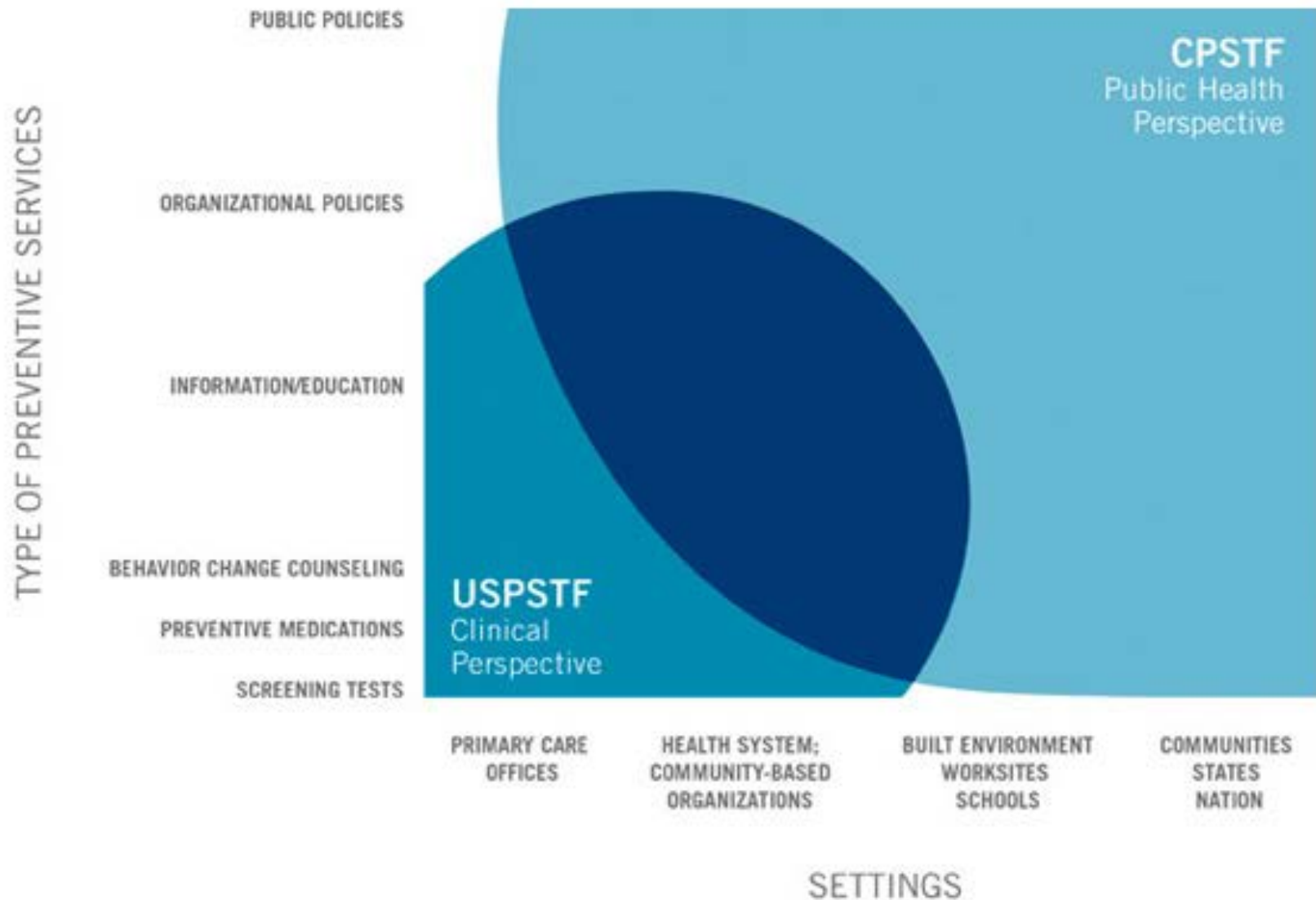
A spokeswoman for the Texas Education Agency, which administered the grants, said the program nonetheless led to some success.



Use Evidence Based Practices



Complementary Work of Community Preventive Services Task Force (CPSTF) and U.S. Preventive Services Task Force (USPSTF)



Your online guide of what works to promote healthy communities

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New! Built Environment Implementation Resources

CDC offers resources and guidelines to help implement the CPSTF recommendation for combined built environment approaches. [Materials](#) include Real World Examples, the Implementation Resource Guide, and a Visual Guide.

Gardening Programs Get Kids to Eat More Vegetables

2017 Annual Report to Congress

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Community Guide audio clips feature stories about the Community Guide in Action and shine a spotlight on public health leaders who use The Community Guide in their work.

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CPSTF Findings for Obesity

The following is an alphabetical list of intervention approaches reviewed by the Community Preventive Services Task Force with summaries of the CPSTF finding for each ([definitions of findings](#)). Click a linked review title to read a summary of the evidence and access supporting materials. This table does not include [inactive](#) or [archived](#) reviews. Findings are divided into the following categories:

- [Interventions in Community Settings](#)
- [Provider-Oriented Interventions](#)

Interventions in Community Settings

Intervention	CPSTF Finding
Behavioral Interventions that Aim to Reduce Recreational Sedentary Screen Time Among Children	Recommended August 2014
Increasing Water Access in Schools	Insufficient Evidence December 2016
Meal and Fruit and Vegetable Snack Interventions to Increase Healthier Foods and Beverages Provided by Schools	Recommended December 2016
Multicomponent Interventions to Increase Availability of Healthier Foods and Beverages in Schools	Recommended December 2016
Supporting Healthier Snack Foods and Beverages Sold or Offered as Rewards in Schools	Insufficient Evidence December 2016
Worksite Programs	Recommended February 2007
Technology-Supported Multicomponent Coaching or Counseling Interventions	
To Reduce Weight	Recommended June 2009
To Maintain Weight Loss	Recommended June 2009

Provider-Oriented Interventions

Intervention	CPSTF Finding
Provider Education	Insufficient Evidence October 2007
Provider Education with a Patient Intervention	Insufficient Evidence February 2008
Provider Feedback	Insufficient Evidence October 2007
Provider Reminders	Insufficient Evidence October 2007
Multicomponent Provider Interventions	Insufficient Evidence February 2008
Multicomponent Provider Interventions with Patient Interventions	Insufficient Evidence February 2008

CPSTF Findings for Physical Activity

The following table includes alphabetized lists of intervention approaches reviewed by the Community Preventive Services Task Force with summaries of the CPSTF finding for each ([definitions of findings](#)). Click a linked review title to read a summary of the evidence and access supporting materials, and where available, link to [Research-tested Intervention Programs \(RTIPs\)](#). This table does not include [inactive](#) or [archived](#) reviews. Findings are divided into the following categories:

- [Behavioral and Social Approaches](#)
- [Campaigns and Informational Approaches](#)
- [Environmental and Policy Approaches](#)

Intervention	CPSTF Finding
Behavioral and Social Approaches	
College-Based Physical Education and Health Education	Insufficient Evidence February 2001
Family-Based Interventions	Recommended October 2016
Enhanced School-Based Physical Education	Recommended December 2013
Individually-Adapted Health Behavior Change Programs	Recommended February 2001
Interventions Including Activity Monitors for Adults with Overweight or Obesity	Recommended August 2017
Social Support Interventions in Community Settings	Recommended February 2001
Campaigns and Informational Approaches	
Community-Wide Campaigns	Recommended February 2001
Classroom-Based Health Education Focused on Providing Information	Insufficient Evidence October 2000
Stand-Alone Mass Media Campaigns	Insufficient Evidence March 2010
Environmental and Policy Approaches	
Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design	Recommended December 2016
Creating or Improving Places for Physical Activity	Recommended May 2001
Point-of-Decision Prompts to Encourage Use of Stairs	Recommended June 2005



Rates & Trends



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About

Home State Policies to Prevent Obesity

State Policies to Prevent Obesity



Over the past 15 years, there has been significant progress to prevent obesity and stabilize obesity rates, especially among children. Strong state policies play a key role in improving access to healthy food and increasing physical activity which are essential for promoting a healthy weight. This feature tracks the status of each state's efforts on more than two dozen policies aimed at preventing obesity and supporting health.

Early Childhood

Schools

Communities



Early Childhood

It is easier and more effective to prevent overweight and obesity during early childhood than to reverse trends later in life. Early childhood education (ECE) settings can encourage a healthy diet, physical activity, limits on screen time and other best practices to help young children adopt healthy habits early in life. Learn more about each state's policies that aim to prevent obesity in child care settings.

Yes No



Breastfeeding

State has regulations requiring licensed ECE programs to allow or encourage on-site breastfeeding

[See data »](#)


Defined Physical Activity

State has set a definition for physical activity in ECE settings

[See data »](#)


Drinking Water

State has regulations requiring licensed ECE programs to make drinking water available to children

[See data »](#)


Healthy Eating

State has regulations requiring licensed ECE programs to have healthy eating policies

[See data »](#)


Link to CACFP Updates

State has licensing laws linked to the Child and Adult Care Food Program (CACFP) standards that automatically update

[See data »](#)


Nutrition Standards

State has regulations requiring licensed ECE programs to provide meals and snacks that meet dietary guidelines

[See data »](#)


Physical Activity

State has regulations requiring licensed ECE programs to have time for daily physical activity

[See data »](#)


Private Breastfeeding Space

State has regulations requiring licensed ECE programs to have a private space available for mothers to breastfeed infants

[See data »](#)


Screen Time

State sets limits for screen time in ECE settings, or has regulations requiring ECE centers to set limits.

[See data »](#)

Schools



Kids spend a significant part of their time at school and school policies and programs can help prevent and reduce obesity. Ensuring that schools provide students with healthy meals, snacks and drinks, as well as time to be active is good for kids' health and their education. States have a variety of policies aimed at creating a healthy school environment.

Yes ☒ No ☐



Elementary School Physical Education

State requires elementary school students to participate in physical education

[See data >](#)



Middle School Physical Education

State requires middle school students to participate in physical education

[See data >](#)



High School Physical Education

State requires high school students to participate in physical education

[See data >](#)



PE Time Requirement, Elementary Schools

State requires elementary school students to participate in a minimum amount of time of physical education

[See data >](#)



PE Time Requirement, Middle Schools

State requires middle school students to participate in a minimum amount of time of physical education

[See data >](#)



PE Time Requirement, High Schools

State requires high school students to participate in a minimum amount of time of physical education

[See data >](#)



Recess

State requires recess in elementary schools

[See data >](#)



Safe Routes to Schools

State has statutes or regulations on Safe Routes to School

[See data >](#)



Shared Use of Facilities

State has policy for communities to access school recreational facilities outside school hours.

[See data >](#)



Community

Our communities and neighborhoods have an enormous impact on our health. Stores that sell healthy, affordable foods, and safe parks, playgrounds, and sidewalks that facilitate physical activity, are essential to helping children and families maintain a healthy weight. States can support a range of community-based policies that help to prevent and reduce obesity.

Yes ● No ●



Complete Streets

State has adopted a complete streets policy

[See data »](#)



Healthy Food Financing Initiatives

State has healthy food financing funding

[See data »](#)



Preemption

State has laws preempting local policies related to nutrition

[See data »](#)

Related Data

0 - 9.9% 10 - 14.9% 15 - 19.9% 20 - 24.9% 25 - 29.9% 30 - 34.9% 35%



Child Food Insecurity Rate

Percentage of children in state that are food insecure

[See data »](#)



Overall Food Insecurity Rate

Percentage of the state population that is food insecure

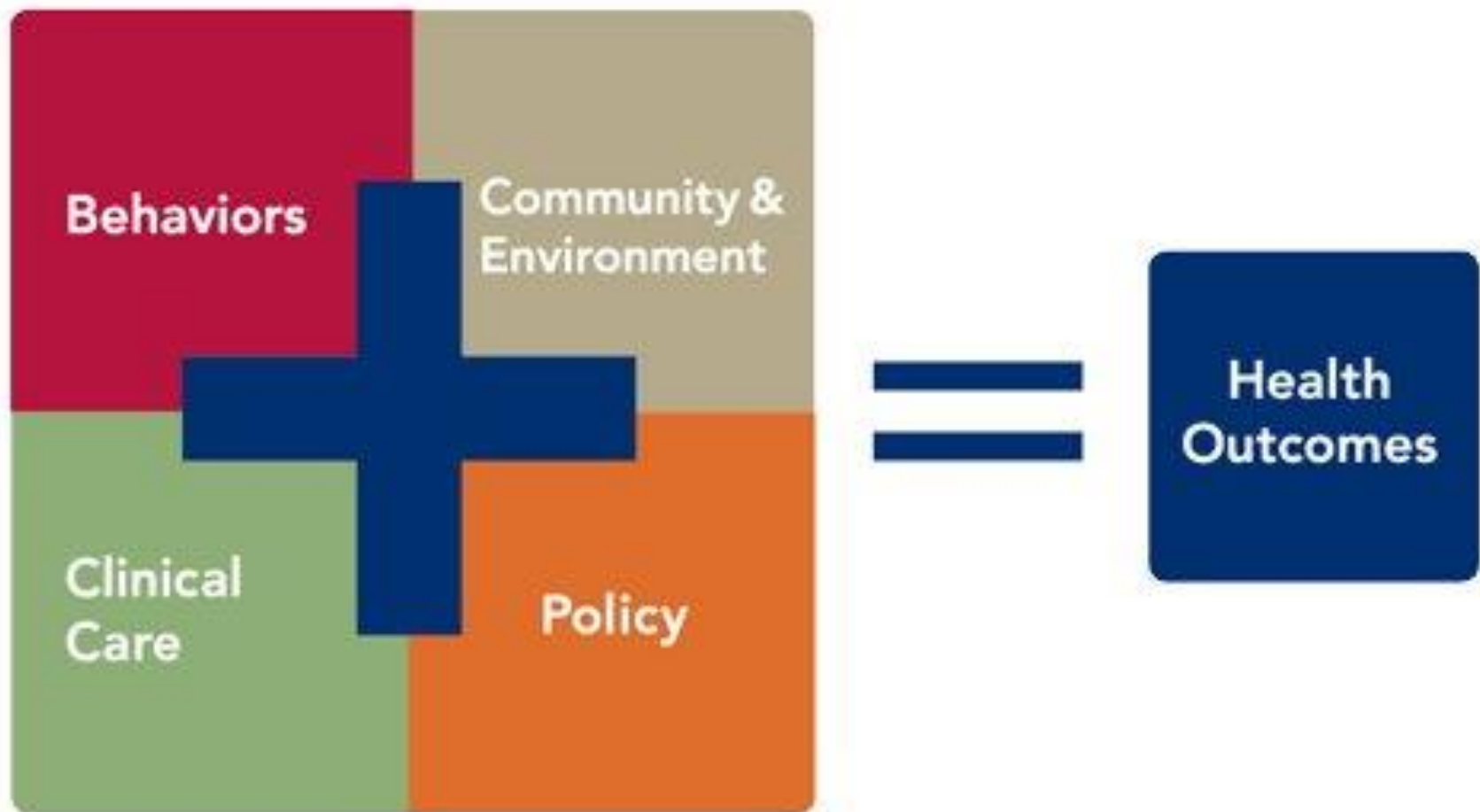
[See data »](#)



Supplemental Nutrition Assistance Program

Percentage of state residents participating in the Supplemental Nutrition Assistance Program (SNAP)

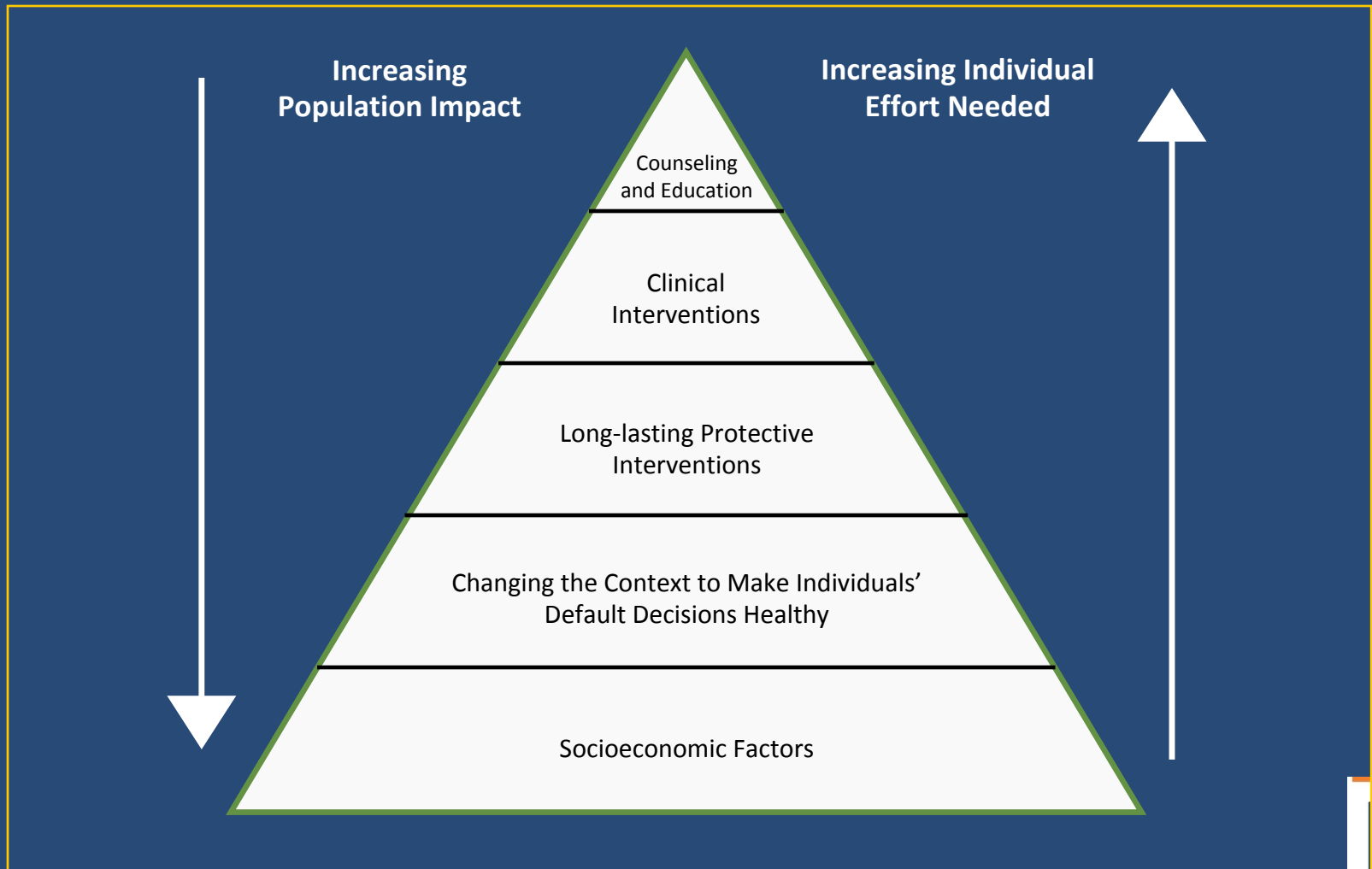
[See data »](#)



- <http://www.americashealthrankings.org/reports/annual>

The Health Impact Pyramid

A Framework for Public Health Action



Source: Thomas Frieden, MD, MPH, American Journal of Public Health, 04/2010, Vol. 100, no. 4

Partnerships to Improve Health

