

Obesity and North Carolina's Health Care System

presentation to the
***North Carolina General Assembly
Task Force on Obesity
January 26, 2009***

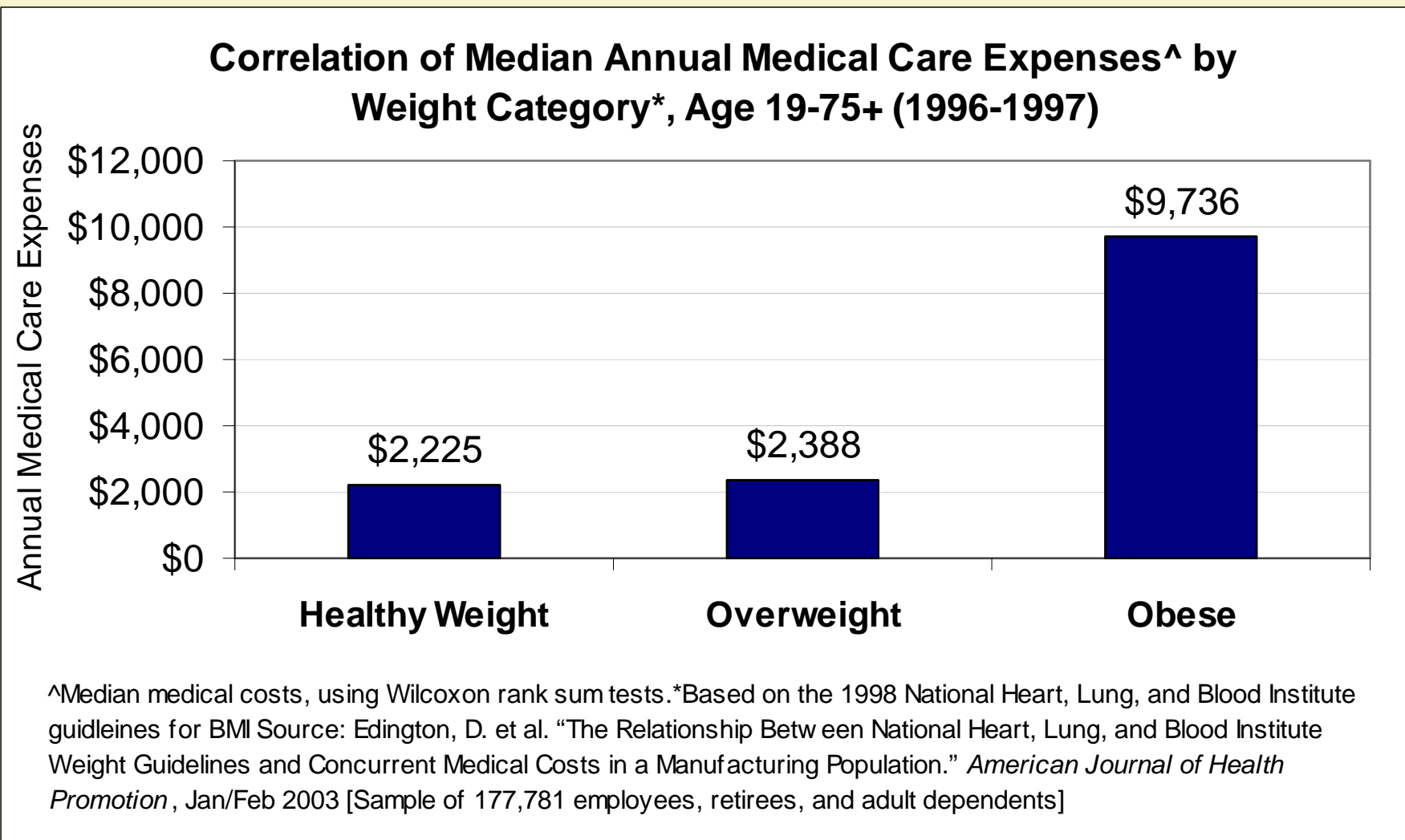
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U.S. Costs

- The direct medical costs of obesity in the U.S. have been estimated to be greater than \$92 billion a year.
- Obese people have annual medical costs that are 37% higher than their healthy weight counterparts, representing an additional \$732 per obese person per year.
- Nearly one half of overweight and obesity attributable medical spending is the responsibility of the public sector (Medicaid and Medicare).

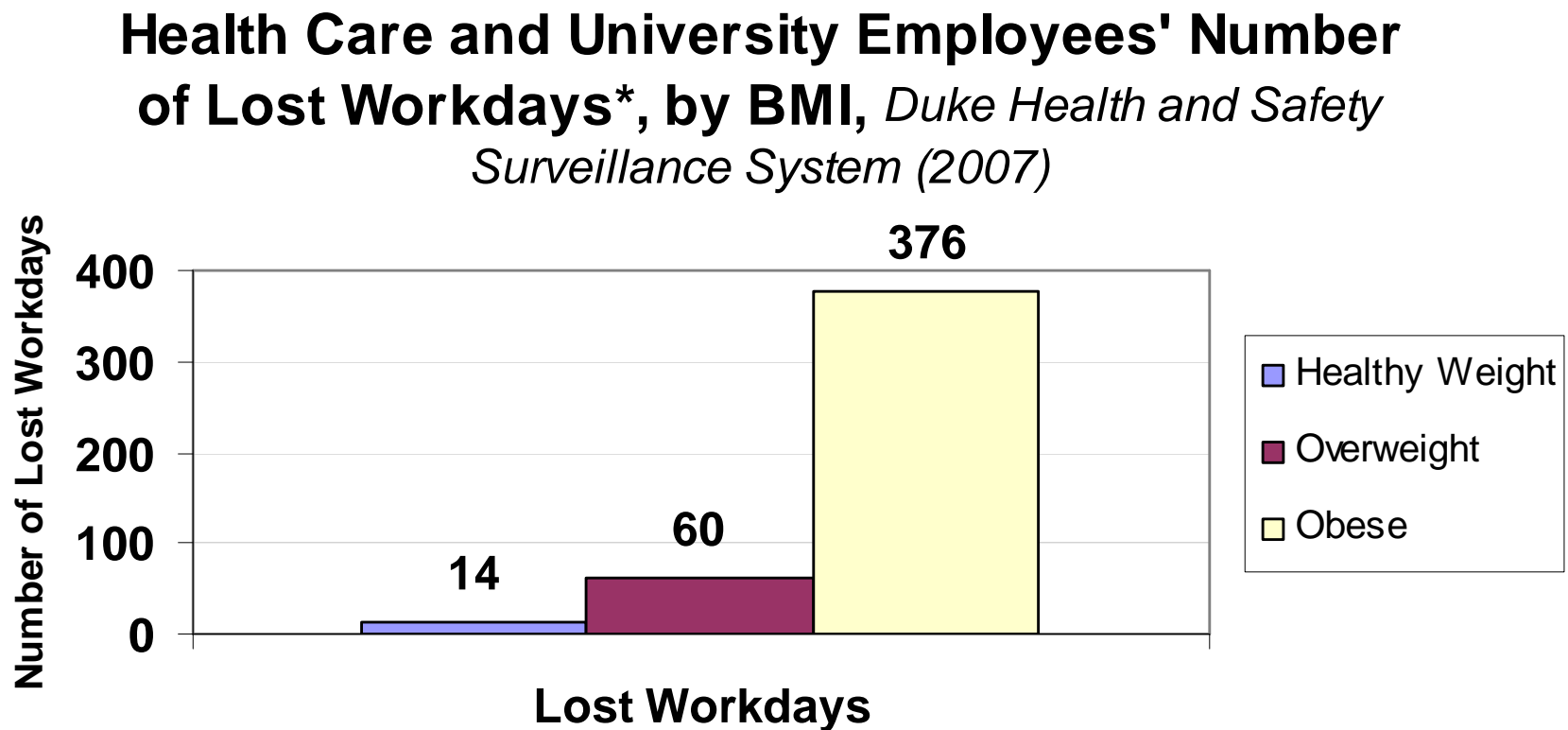
Workplaces



U.S. Costs to Employers

- **Obese workers have 21% higher health care costs compared with those of a healthy weight.**
- **In 1994, the estimated cost of obesity to U.S. businesses was \$12.7 billion, including \$7.7 billion in health care costs alone.**

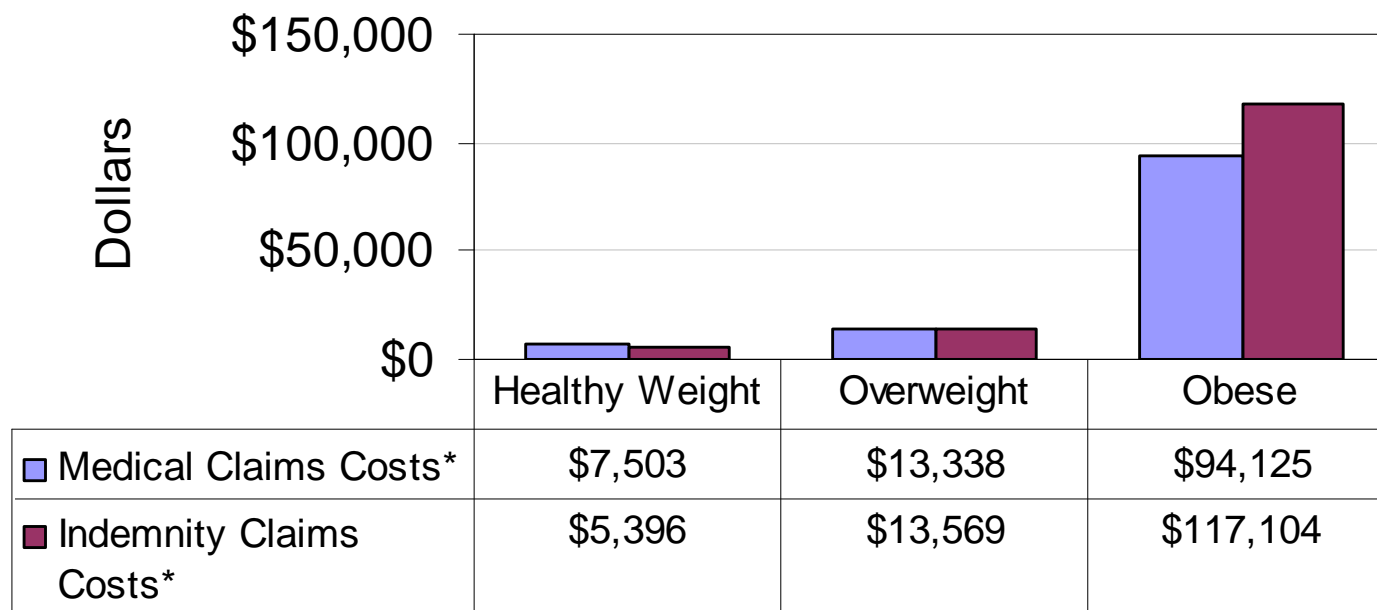
U.S. Lost Workdays



*Per 100 Full-Time Equivalents. Source: Østbye, T. et al. Obesity and Workers' Compensation: Results From the Duke Health and Safety Surveillance System, *Arch Intern Med*. 2007;167:766-773.

U.S. Medical Claims & Indemnity Costs

Health Care and University Employees' Medical Claims and Indemnity Costs, by BMI, Duke Health and Safety Surveillance System (2007)



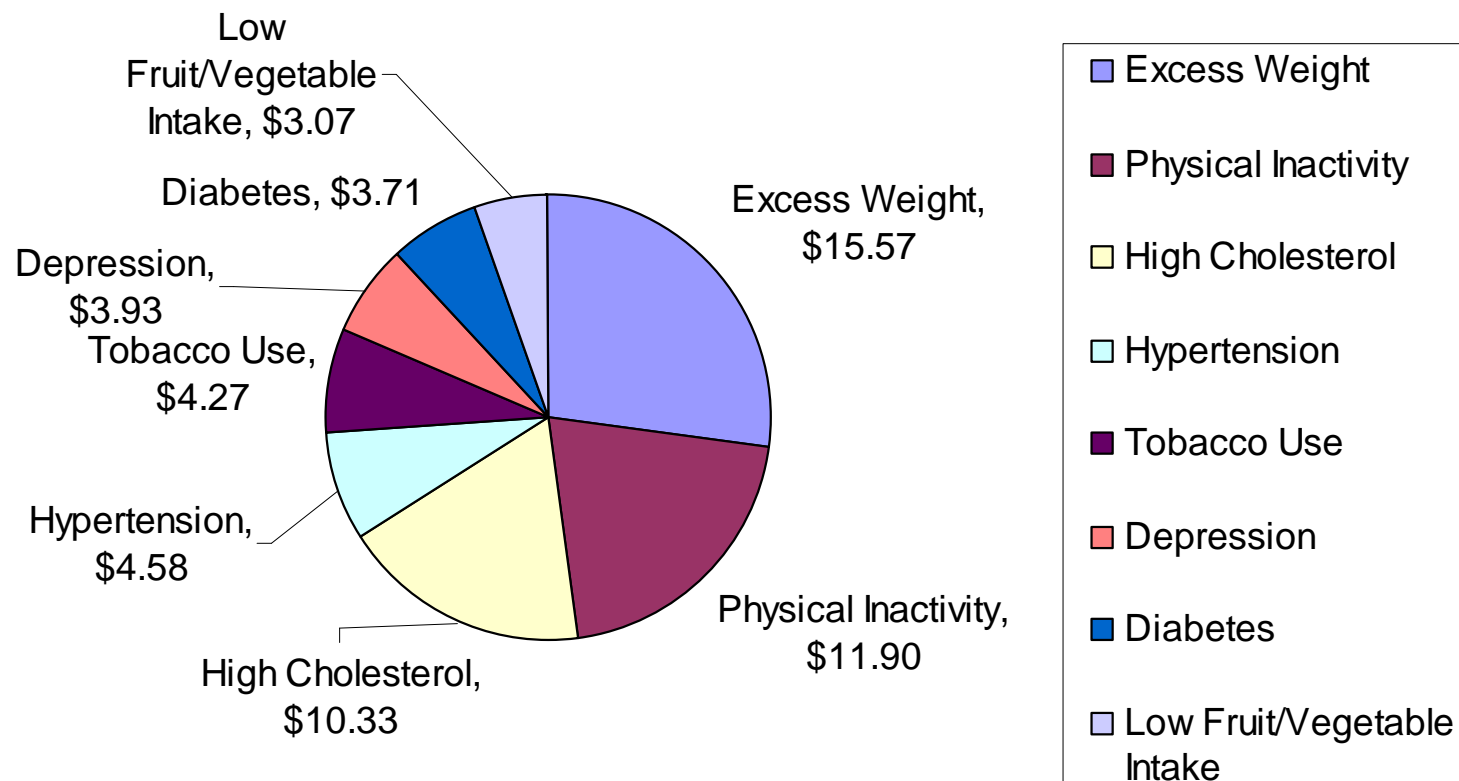
*Per 100 Full-Time Equivalents. Source: Østbye, T. etal. Obesity and Workers' Compensation: Results From the Duke Health and Safety Surveillance System, *Arch Intern Med*. 2007;167:766-773.

North Carolina Costs

- In N.C., overweight and obesity accounted for \$83 million in medical costs in 2003 for those with Blue Cross Blue Shield (BCBS) coverage.
- The N.C. BCBS customers who were obese had costs 32% higher than those with healthy weights.

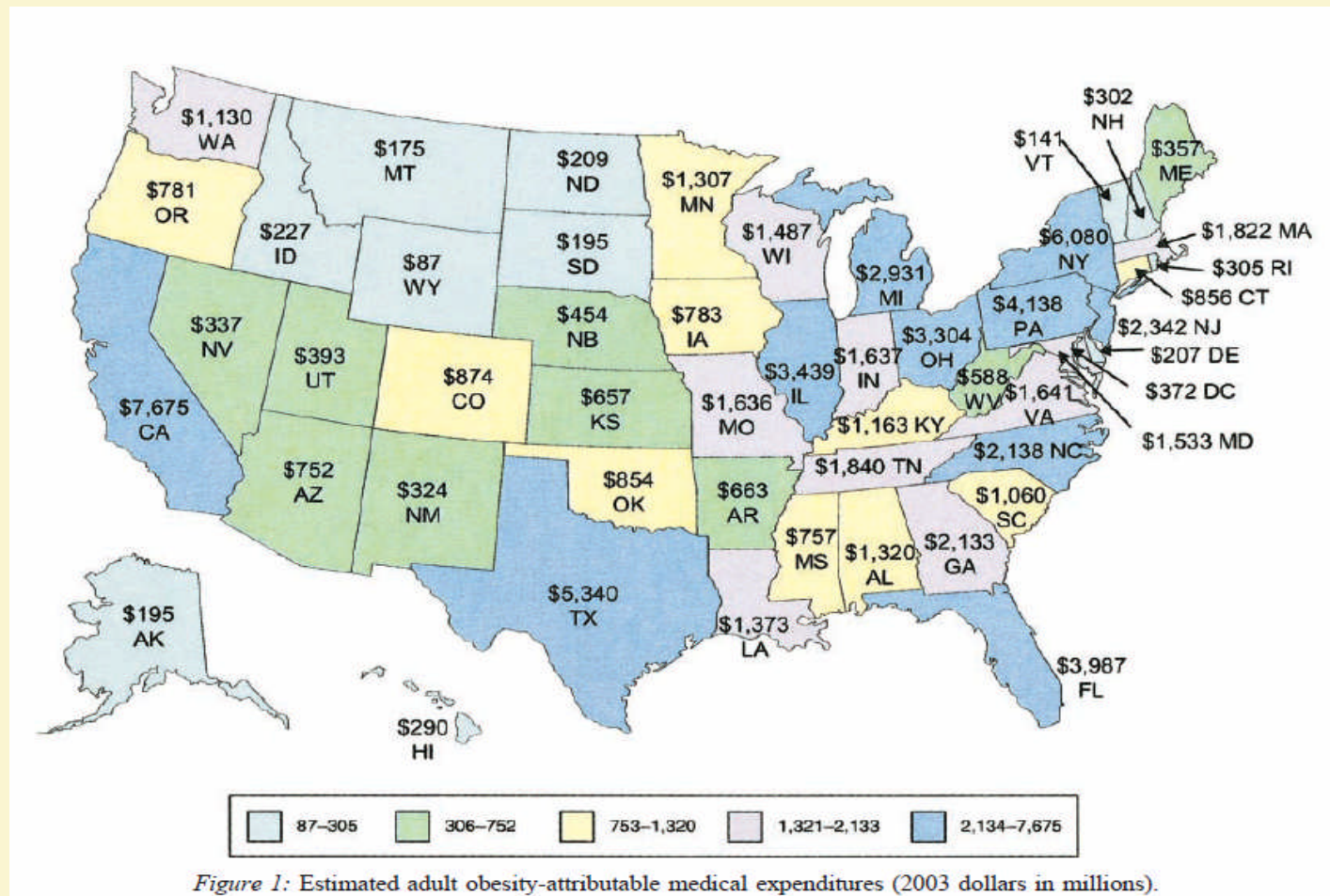
North Carolina Costs

The Cost of Unhealthy Lifestyles in North Carolina Total= \$57.36 billion



Source: Tipping the Scales: How Obesity and Unhealthy Lifestyles have become a Weighty Problem for the North Carolina Economy. Be Active North Carolina. Available at: www.beactive.org

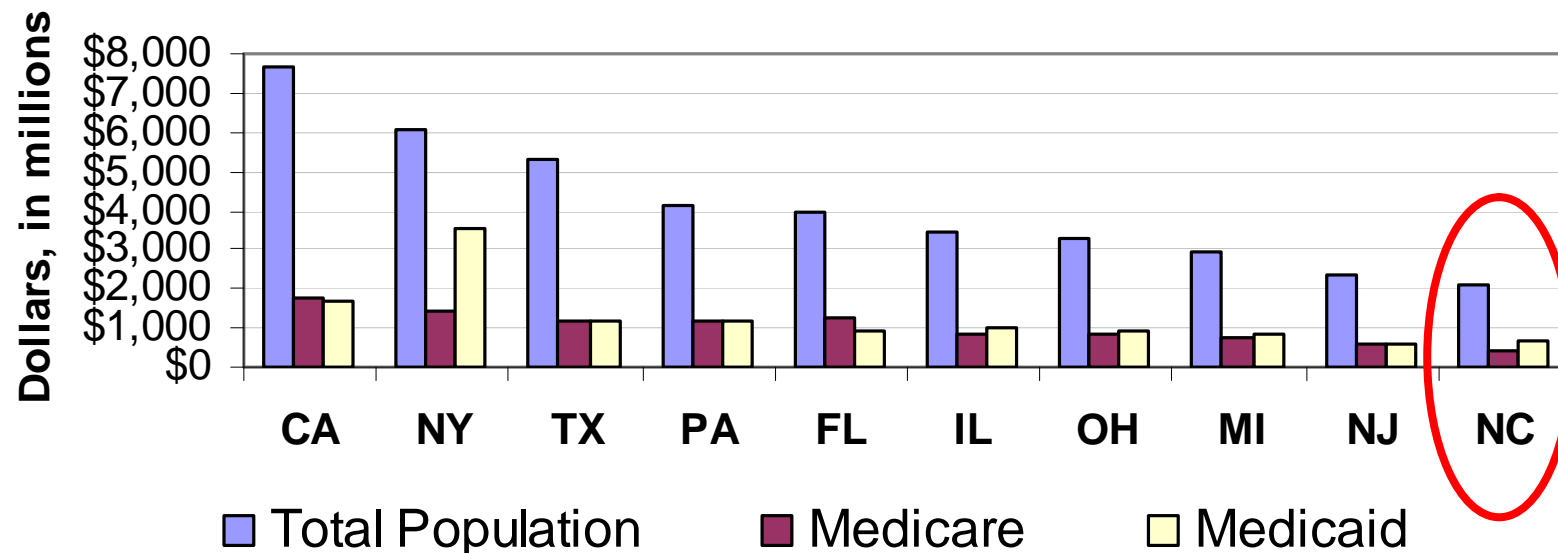
Estimated Adult Obesity-Attributable Medical Expenditures (2003 dollars in millions)



Finkelstein EA., Fiebelkorn IC, Wang G. State-level estimates of annual medical expenditures attributable to obesity. *Obes Res.* 2004; 12: 18-24.

N.C. is 10th Highest for Obesity-Attributable Costs

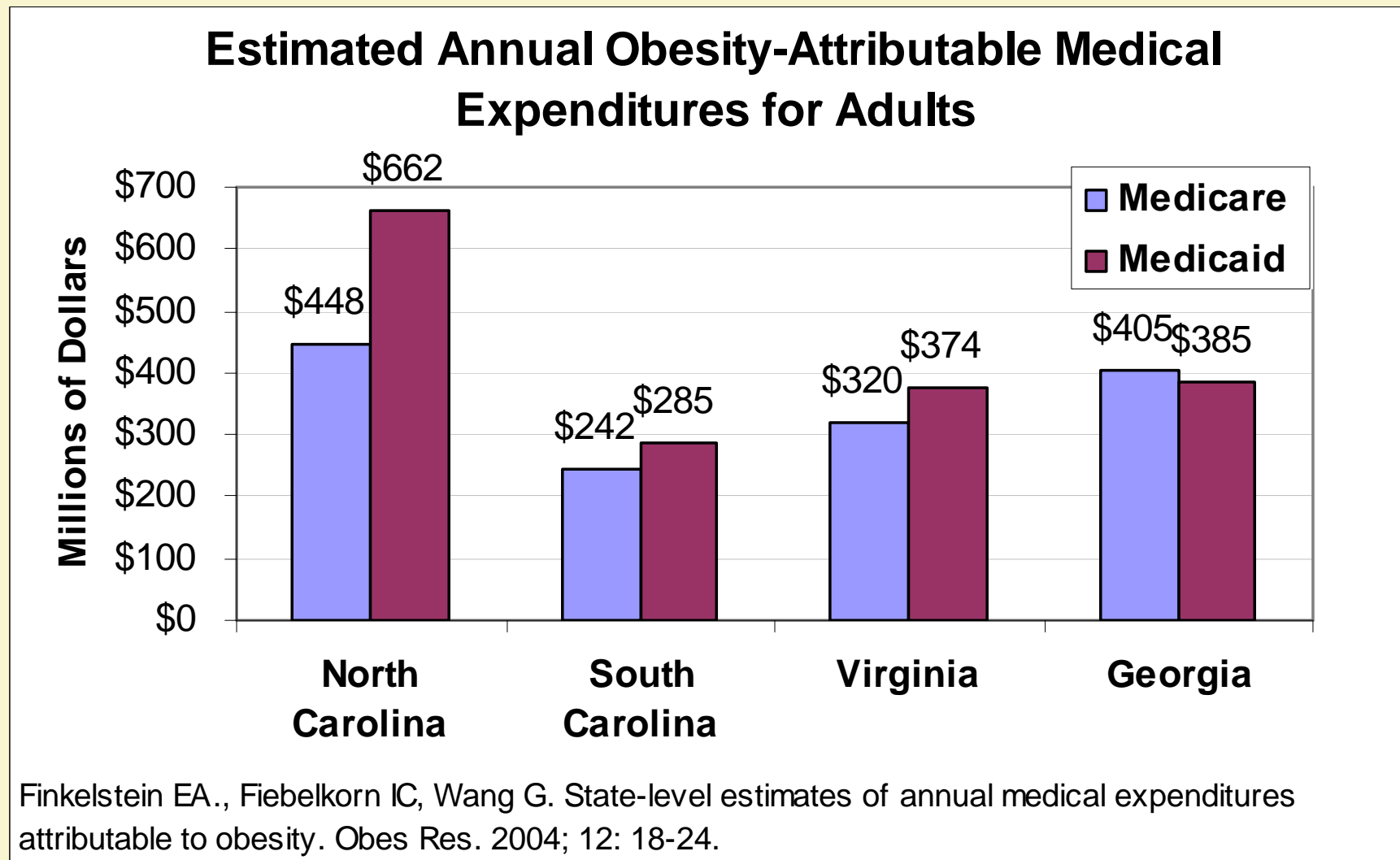
Estimated Annual Obesity-Attributable Medical Expenditures for Adults The 10 Most Expensive States



Finkelstein EA., Fiebelkorn IC, Wang G. State-level estimates of annual medical expenditures attributable to obesity. *Obes Res.* 2004; 12: 18-24.

Obesity-Attributable Medical Costs

Southeastern States



Costs: Children and Youth

Nationally

- Among children 6-17 years old, obesity-associated annual **hospital costs** increased from \$35 million during 1979-1981 to \$127 million during 1997-1999.

In North Carolina

- Direct and indirect costs of obesity in N.C. youth were nearly 16 million dollars per year.




NC DHHS Efforts to Reduce and Prevent Obesity

Selected Highlights

Medicaid Reimbursement for Obesity-Related Care

➤ Medical Nutritional Therapy (MNT) allowable since Jan 2008

- For children and qualified pregnant/post-partum women
 - Must be delivered by a dietician/nutritionist currently licensed by the NC Board of Dietetics/Nutrition or a dietician currently registered with the Commission of Dietetic Registration
 - Available through Medicaid-enrolled providers who employ or contract with licensed dietitians/ nutritionists or registered dietitians
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WIC Food Package

- Implementation began October 1, 2009
- Impacts over 270,000 WIC participants in North Carolina
- New WIC Food Package is designed to:
 - Address public health nutrition-related concerns obesity and low breastfeeding rates
 - Meet 2005 Dietary Guidelines for Americans
 - Meet the American Academy of Pediatrics recommendations on infant feeding
 - Provide breastfeeding incentives and support
 - Offer greater balance, variety and choice and cultural appropriateness

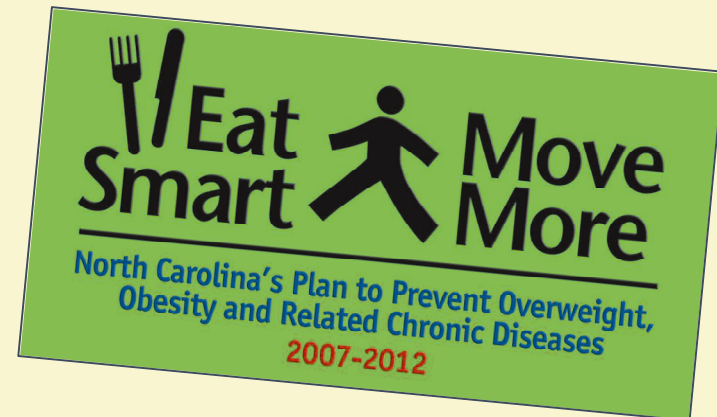
Physical Activity and Nutrition Branch

- Promotes increased opportunities for physical activity and healthy eating through policy and environmental change
- The Branch uses evidence-based strategies to create policies and physical environments conducive to physical activity and healthy eating, including in:
 - Worksites
 - Schools
 - Child Care Centers
 - Healthcare Settings
 - Faith Centers
 - Communities at large

Eat Smart, Move More NC

Partners in the Statewide Movement

- Over 60 organizations (including NC DPH)
- Developed State Plan to Address Obesity
- Created Policy Agenda aligned with State Plan, NC IOM Task Force Recommendations, and CDC guidance




Links to Local Public Health

➤ **Healthy Carolinians**

- Assists with Community Health Assessment process used to identify and address local health priorities

➤ **Statewide Health Promotion**

- Provides technical assistance for local health departments to address local health priorities including physical activity, nutrition, and tobacco
- 

Child Care Standards

Proposed changes to be considered by Child Care Commission in February:

- Include a minimum of one hour of outdoor time daily for full day programs and 30 minutes of outdoor time daily for half day programs
- Specify a daily gross motor activity in the daily schedule
- Have a full range of equipment and materials to support children's learning activities in the outdoor learning environment
- Support breastfeeding mothers by providing seating and an electrical outlet, if needed
- Limit screen time to no more than 2 ½ hours a week. No screen time for children under 2 years old

Interagency Collaboration

- **Healthy Environments Collaborative**
with NC Departments of Transportation,
Commerce, and Environment & Natural
Resources
- **Healthy Schools** – Collaboration between
DHHS and Department of Public
Instruction



Contact Information

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