Investing in Obesity Prevention Pays Off: Funding CDC's Division of Nutrition, Physical Activity, and Obesity Will Benefit Health, the Economy, and National Security

FY15 Funding: \$47.6 million

FY16 President's Budget Request: \$40.1 million

CSPI's FY16 Funding Request: \$61 million



The Problem

- Over the last 30 years, obesity rates have doubled in adults¹ and tripled in kids.^{2,3}
- Nearly 70% of Americans are overweight or obese.⁴ Half of black, four of ten Hispanic, and one-third of white adults are obese.⁵
- One in four young Americans are too overweight to join the military.⁶ Weight is the number one medical reason people are ineligible for the service.⁷
- For the first time in history, the current generation of children has a shorter life expectancy than their parents—as a result of obesity.⁸
- Physical inactivity, poor nutrition, and obesity-related diseases—heart disease, stroke, cancer, type 2 diabetes, osteoporosis, osteoarthritis, depression—contribute to one-third of the premature deaths in the U.S., and significantly to disabilities, such as blindness, kidney failure, and limb amputation, as well as to absenteeism and lost productivity. 10
- Driven in large part by obesity, rates of diabetes have increased by 176% over the last 30 years. Today, over 26 million Americans (over 8%) have diabetes. Of those adults, 95% have type 2 diabetes, and of those, 80% are overweight or obese.
- Annual health care costs from obesity are at least \$190 billion¹⁴—or 21% percent of total health care spending —and are expected to rise by \$48-66 billion a year by 2030.¹⁵
 Medicare and Medicaid, funded by tax dollars, pay for more than 40% of obesity-related health costs.¹⁶
- Healthcare costs for an obese person are almost \$1,500 more per year than for a healthy weight person; an obese Medicare beneficiary costs over \$1,700 more.¹⁷
- Average healthcare costs for a person with diabetes are over \$13,000 a year—over twice as much as for a person without diabetes.¹⁸ Direct medical costs of diabetes are \$176 billion a year, with government insurance covering over 60% of those costs¹⁹ and a third of Medicare dollars spent on people with diabetes.²⁰

Obesity costs \$270 billion a year.²³
Investing in obesity prevention makes long-term sense for America's economy, productivity, national security, and citizens' quality of life.

DNPAO Helps Address the Problem

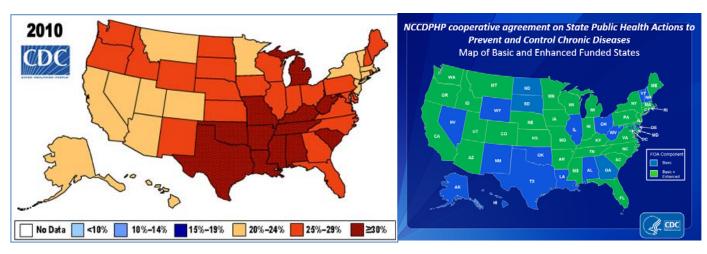
DNPAO promotes healthful eating, breastfeeding, and physical activity to reduce chronic diseases and conditions through monitoring nutritional, physical activity, and disease status, funding applied research and translating findings into practice, and supporting state and local programs.

DNPAO-supported state efforts include:

- Encouraging healthier kids' menus in Georgia
- Connecting local farmers and their produce to workplaces in Texas
- Promoting play and healthier food options in New Hampshire preschools
- Improving walkability through urban design and transportation planning in New York
- Increasing biking opportunities by developing bike trails in New Mexico
- Encouraging healthy vending options in Tennessee
- Expanding the smart meal restaurant program in Colorado
- Providing healthier food and beverages in state agencies in Massachusetts
- Distributing a nutrition curriculum to over 45,000 students and supporting breastfeeding in South Carolina
- Deploying mobile cooking schools in West Virginia

Obesity Prevention Funding Is Not Commensurate with the Scope of the Problem

- In FY15, funding for DNPAO is only 0.69% of CDC's \$6.9 billion budget and 4% of the agency's \$1.2 billion allocation for preventing chronic diseases. In contrast, NIH gets more than \$3.4 billion for research on obesity, nutrition, and diabetes.²¹
- Despite demand, 18 states and the District of Columbia do not receive enhanced funding from CDC to prevent and control chronic diseases.
- Investing \$10 per person per year in obesity and smoking prevention could save \$16 billion annually within 5 years.²²



For further information, contact the Center for Science in the Public Interest: Jessica Almy, jalmy@cspinet.org or 202.777.8358.



¹ Fryar CD, et al. "Prevalence of Overweight, Obesity and Extreme Obesity among Adults: United States, Trends 1960-1962 through 2009-2010." Accessed at

http://www.cdc.gov/nchs/data/hestat/obesity adult 09 10/obesity adult 09 10.htm> on June 10, 2013.

²Ogden CL, et al. "Prevalence of Obesity and Trends in Body Mass Index among US Children and Adolescents, 1999-2010," *Journal of the American Medical Association* 2012, vol. 307(5), pp. E1-E8.

³ National Center for Health Statistics. *Prevalence of Overweight among Children and Adolescents: United States, 1999.* Accessed at <http://www.cdc.gov/nchs/data/hestat/obesity child 09 10/obesity child 09 10.htm> on March 16, 2001. ⁴ Fryar CD, *supra*.

⁵ Centers for Disease Control and Prevention (CDC). *Obesity and Overweight for Professionals: Data and Statistics: Adult Obesity.* (Figures for 2011) Accessed at http://www.cdc.gov/obesity/data/adult.html on May 1, 2013.

⁶ Mission: Readiness. *Still Too Fat to Fight*. Washington, D.C.: Mission: Readiness, 2012.

⁷ Id.

⁸ Olshansky SJ, et al. "A Potential Decline in Life Expectancy in the United States in the 21st Century." *New England Journal of Medicine* 2005, vol. 352, pp. 1138-1145.

⁹ CDC. *National Diabetes Fact Sheet, 2011*. Accessed at <<u>http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf</u>> on May 20, 2013.

¹⁰ *Id*.

¹¹ CDC. Diabetes Program Data and Trends: Prevalence of Diabetes-Crude and Age Adjusted Percentage of Civilian, Noninstitutionalized Population with Diagnosed Diabetes, United States 1980-2011. Accessed at http://apps.nccd.cdc.gov/DDTSTRS/default.aspx on May 1, 2013.

¹² CDC, supra at endnote 9.

¹³ United States Department of Health and Human Services. *National Diabetes Information Clearinghouse*. Accessed at http://diabetes.niddk.nih.gov/dm/pubs/overview/ on May 20, 2013.

¹⁴ Cawley J, et al. "The Medical Care Costs of Obesity: An Instrumental Variables Approach." *Journal of Health Economics* 2012, vol. 31, pp. 219-230.

Wang CY, et al. "Health and Economic Burden of the Projected Obesity Trends in the USA and the UK." Lancet 2011, vol. 378, pp. 815-825.

¹⁶ Trogdon JG, Finkelstein EA, Feagan W, Cohen JW. "State- and payer-specific estimates of annual medical expenditures attributable to obesity." *Obesity* 2012, vol. 20, pp.214–220.

¹⁷ *Id*.

¹⁸ Herman W. "Economic Costs of Diabetes: Is It Time for a New Treatment Paradigm?" *Diabetes Care* 2013, vol. 36, pp. 775-776.

¹⁹ Id.

²⁰ Centers for Medicaid and Medicare Services. *Medicare Healthcare Support Overviews*. Accessed at https://www.cms.gov/Medicare/Medicare-General-Information/CCIP/index.html?redirect=/CCIP/ on May 21, 2013.

National Institutes of Health (NIH). Estimates of Funding for Various Research, Condition, and Disease Categories, NIH Categorical Spending-NIH Research Portfolio Online Reporting Tools. Table published March 7, 2014. Accessed at http://report.nih.gov/categorical spending.aspx> on May 13, 2014.

²² Trust for America's Health. *Blueprint for a Healthier America: Modernizing the Federal Public Health System to Focus on Prevention and Preparedness.* Washington, D.C.: TFAH, October 2008.

²³ Behan D, et al. *Obesity and Its Relation to Mortality and Morbidity Costs*. Shaumburg, Illinois: Society of Actuaries, December 2010.