Preventing and Reducing Obesity in a Modernized Public Health System

The role of public health

The Centers for Disease Control and Prevention (CDC) provides evidence-based guidance for what prevents and reduces obesity. These guidelines primarily address poor nutrition and physical inactivity as direct causes of obesity. The state and local public health system plays a critical role in implementing these CDC-recommended actions. Public health can make a difference in obesity through a comprehensive approach, similar to tobacco control, that includes:

- **Interventions** to make unhealthy options rare, and healthy foods and beverages and physical activity available, affordable and promoted
- **Mass media health communications**
- **Self-management interventions**, such as the Diabetes Prevention Program
- **Data and evaluation** to track progress
- **Coordination** with school districts, transportation planning departments, employers and others to ensure cross-sector engagement and statewide reach

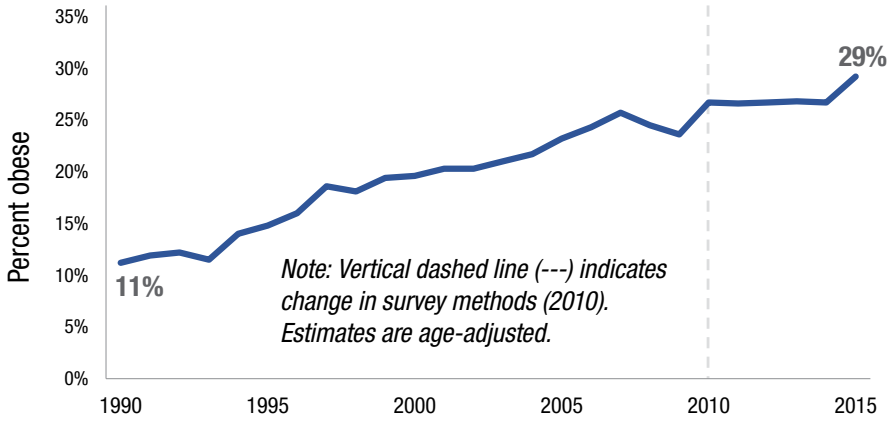
Gaps in prevention

Oregon does not have any dedicated resources for a comprehensive obesity prevention program. Trends in obesity are worsening or flat. Today:

- **13 percent** of Oregon adults have sugary drinks daily, about the same as in 2010.(1)
- **16 percent** of Oregon adults are physically inactive, about the same as in 1996.(2)
- From 1990 to 2015, adult obesity in Oregon **increased nearly 160 percent**.(2) The obesity rate for adults is **currently 29 percent**.(1) For 11th-graders, it is 13 percent.(3)
- There are **significant disparities**. Members of the Oregon Health Plan (OHP) are more likely to live with obesity: **36.2% of adult OHP members** are obese, compared to 26.9% of the general adult population in Oregon.(4)
- This lack of progress on obesity contibutes to cancer, heart disease, lung disease, stroke and diabetes remaining among the **leading causes of death** in Oregon.(5)
- The **most recent health care cost data** for Oregon show that obesity-related chronic diseases cost Oregonians approximately $1.6 billion in medical expenses in 2006; Medicare paid $339 million and Medicaid paid $333 million of that cost. Estimated annual medical costs for people with obesity are $1,429 higher per capita than for non-obese persons.(6)

Oregon **leverages and integrates** federal funds for arthritis, cancer, diabetes, heart disease and stroke in order to address obesity. Public health does this by focusing on the risk factors that these diseases have in common with obesity – poor nutrition and physical inactivity. Public health is maximizing efforts by engaging a wide array of private and public sector partners, including coordinated care organizations (CCOs). For example, public health is working with CCOs and community-based organizations to ensure that chronic disease self-management programs such as the Diabetes Prevention Program are covered health benefits that are widely available statewide. Public health is working with these partners to improve the referral and reimbursement systems for self-management programs.

Obesity among Oregon adults, 1990–2015



Source: Oregon Behavioral Risk Factor Surveillance System

Public health is also engaging local decision-makers, employers, schools and other sectors to create more environments around the state where people can eat better, move more and lose weight. Oregon Health Authority's **Healthy Communities Program** works through local public health partners to foster health system and environmental changes that improve health. This program has helped develop 800 community partnerships; created 120 policy and system changes; and leveraged $5 million in additional funds. **Healthy Communities is a model that demonstrates what an effective obesity prevention program could look like in a modern public health system.**

Endnotes

1. Oregon Health Authority Public Health Division, Health Promotion and Chronic Disease Prevention Section (OHA-PHD-HPCDP). Health risk and protective factors among adults, Oregon 2010–2015. Available from: http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/AdultData.aspx. Accessed Feb. 8, 2017.
2. OHA-PHD-HPCDP. Oregon Behavioral Risk Factor Surveillance System. 1996–2015. Available from: https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/YouthData.aspx. Accessed Feb. 8, 2017.
3. OHA-PHD-HPCDP. Physical activity, nutrition, and weight status among 8th and 11th graders, Oregon 2015. Available from: https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/YouthData.aspx. Accessed March 6, 2017.
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5. Oregon Health Authority Center for Health Statistics. Oregon vital statistics annual report, 2014. Available from http://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/Volume2/Documents/2014/2014%20VITAL%20STATS%20VOL%202.pdf. Accessed Feb. 8, 2017.
6. Trogdon E, Finkelstein E, Feagan C, Cohen J. State- and payer-specific estimates of annual medical expenditures attributable to obesity. Obesity. 2012;20:214-220.

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healthoregon.org/modernization

https://public.health.oregon.gov/PreventionWellness/Nutrition

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