

Senate Committee on HHS  
Hearing on Interim Charge 7 on Obesity

The Chronic Disease Epidemic:  
Disparities and Strategies

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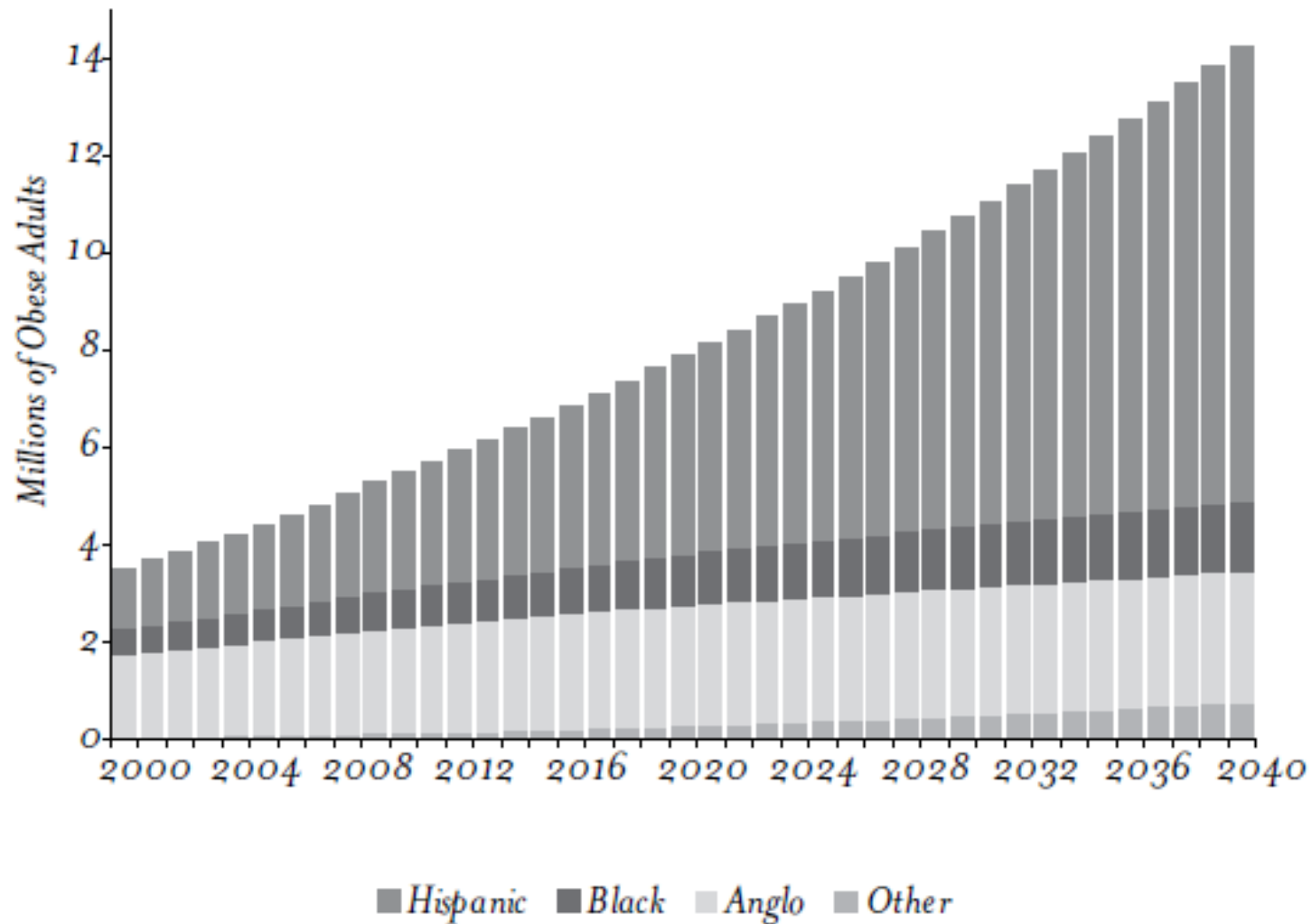
# Key points

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Chronic disease has become an epidemic in Texas, and we must address it as such.

- Disparities exist, but rates are climbing fast for the entire population
- Costs and impact on productivity will devastate the state budget and damage the economy in a few short years
- Only by improving opportunities for health in the places where we live, work and play, will we make needed progress in prevention and reduction of disease

# Texas Obese adults, by race/ethnicity, 2000-2040



## Cost of Chronic Disease Disparities in US, 2009-18 (in \$millions)

	2009	2009 – 2013	2009 – 2018
<b>African Americans</b>			
Medicare	10,047	58,032	141,964
Medicaid	2,283	16,615	42,488
Private Insurance	4,895	27,143	62,755
Out of Pocket	2,106	12,918	29,774
<b>Total</b>	<b>19,331</b>	<b>114,707</b>	<b>276,981</b>
<b>Hispanics</b>			
Medicare	5,520	31,885	78,000
Medicaid	-810	-5,895	-15,075
Private Insurance	233	1,292	2,987
Out of Pocket	-389	-2,388	-5,504
<b>Total</b>	<b>4,554</b>	<b>24,894</b>	<b>60,408</b>
<b>Both Groups Combined</b>			
Medicare	15,567	89,916	219,965
Medicaid	1,473	10,720	27,413
Private Insurance	5,128	28,435	65,742
Out of Pocket	1,717	10,530	24,270
<b>Total</b>	<b>23,884</b>	<b>139,601</b>	<b>337,389</b>

## Cost of Specific Chronic Disease Disparities in US, 2009 (in \$ millions)

	African Americans	Hispanics	Both Groups Combined
<b>Medicare</b>			
Diabetes	1,917	1,246	3,162
Hypertension	505	145	650
Stroke or Renal Disease	2,538	902	3,440
Poor General Health	5,087	3,228	8,315
<b>Total</b>	<b>10,047</b>	<b>5,520</b>	<b>15,567</b>
<b>Medicaid</b>			
Diabetes	766	25	791
Hypertension	-130	-76	-206
Stroke or Renal Disease	1,604	63	1,667
Poor General Health	43	-823	-779
<b>Total</b>	<b>2,283</b>	<b>-810</b>	<b>1,473</b>
<b>Private Insurers</b>			
<b>Total</b>	<b>4,895</b>	<b>233</b>	<b>5,128</b>
<b>Out of Pocket</b>			
<b>Total</b>	<b>2,106</b>	<b>-389</b>	<b>1,717</b>
<b>Overall Total</b>	<b>19,331</b>	<b>4,554</b>	<b>23,884</b>

# Other Disparity Stratifiers

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- Urban/rural
- Geographic area
- Neighborhood income and wealth
- Education level

Measures of disparities can give us a sense of who is being affected, hotspots, progress, and sometimes interventions...

...but in order to address such a broad population problem, we need to combine targeted and population based approaches.

# Texas Obese and Overweight Adults, 2000-2040

<i>Year</i>	<i>Normal</i>		<i>Overweight</i>		<i>Obese</i>	
	<i>#</i>	<i>%</i>	<i>#</i>	<i>%</i>	<i>#</i>	<i>%</i>
2000	5.9	39.6	5.5	36.9	3.5	23.5
2010	6.4	33.2	7.3	38.0	5.5	28.8
2020	7.1	29.0	9.5	38.7	7.9	32.3
2030	8.3	26.5	12.2	39.1	10.8	34.4
2040	9.9	24.8	15.7	39.4	14.3	35.8

# The places we live, work and play:

## Features that contribute to chronic disease



**Schools**: food offerings; decreased opportunities for physical education; little health literacy education

**Neighborhoods**: too much “fast food”; food deserts; unsafe neighborhoods; neighborhood designs that undermine health

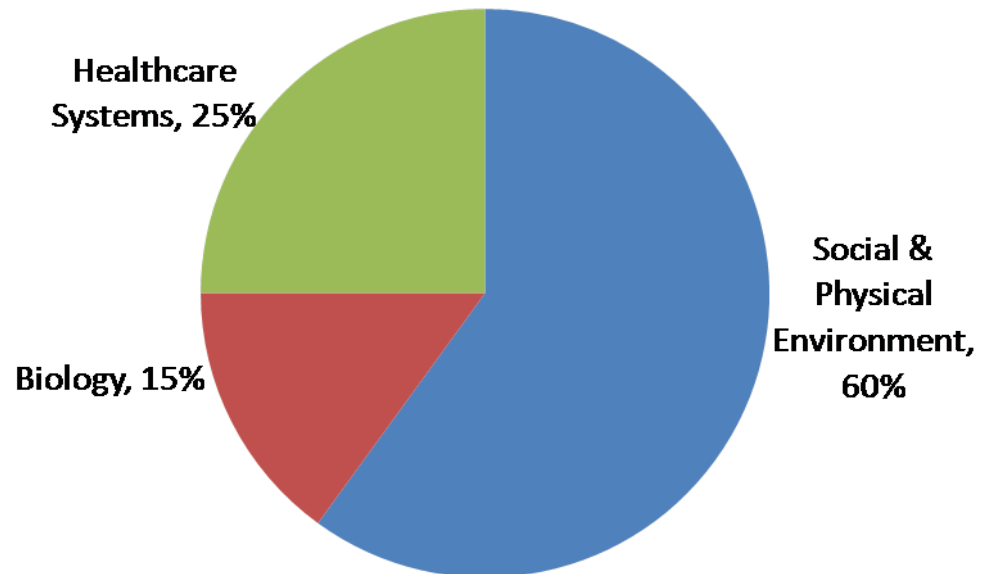
**Workplaces**: limited opportunities to choose healthy food; sedentary working environments; stress

**Personal responsibility** undermined by: low health literacy (e.g. distorted understanding of portions, lack of nutritional information at restaurants); expense of healthy food; incentives that undermine healthy food choices



# Principles for action

- **Know the facts.** Assess the value of the various obesity and chronic disease prevention and self-management programs; know the likely health impact of various policy proposals.
- **Be strategic.** Have a focused strategy. Align research and intervention priorities with needs. Do what you can, as soon as you can.
- **Use broad array of approaches.** Population and community based. Child and adult education. Policy and planning.
- **Look beyond DSHS and the health care system for solutions.**



# Recommendations

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## **Budget Neutral and Low Cost**

- Orient state-sponsored grants and coordinate with regional philanthropic foundations to improve opportunities for healthy eating and physical activity for Texans
- Request that academic partners assess the likely health impact of state policy proposals, and that they identify evidence based, successful actions taken by other states
- Ensure state tracking systems are capturing the information we need to measure progress and guide future planning
- Guide state programs to encourage healthy choices, such as through food stamp policy; identify potential regulatory interventions
- Support a public education campaign on healthy eating and exercise

## **High Priority**

- Invest in developing a full strategy, in cooperation with foundations, academic partners, and community groups
- Strengthen school based health literacy education, physical education, and reinforcement of healthy choices at mealtimes
- Identify and scale up successful and efficient community based prevention programs
- Support cities and counties to reduce food deserts, improve neighborhood safety, and use healthy urban design strategies

**Promote chronic disease prevention as a State-wide effort  
for all people, in all places**

# Contact Information

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