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# **Why Childhood Obesity Must Be Integrated Into All Discussions About Border Health**

US-Mexico Border Child and Adolescent Health Forum

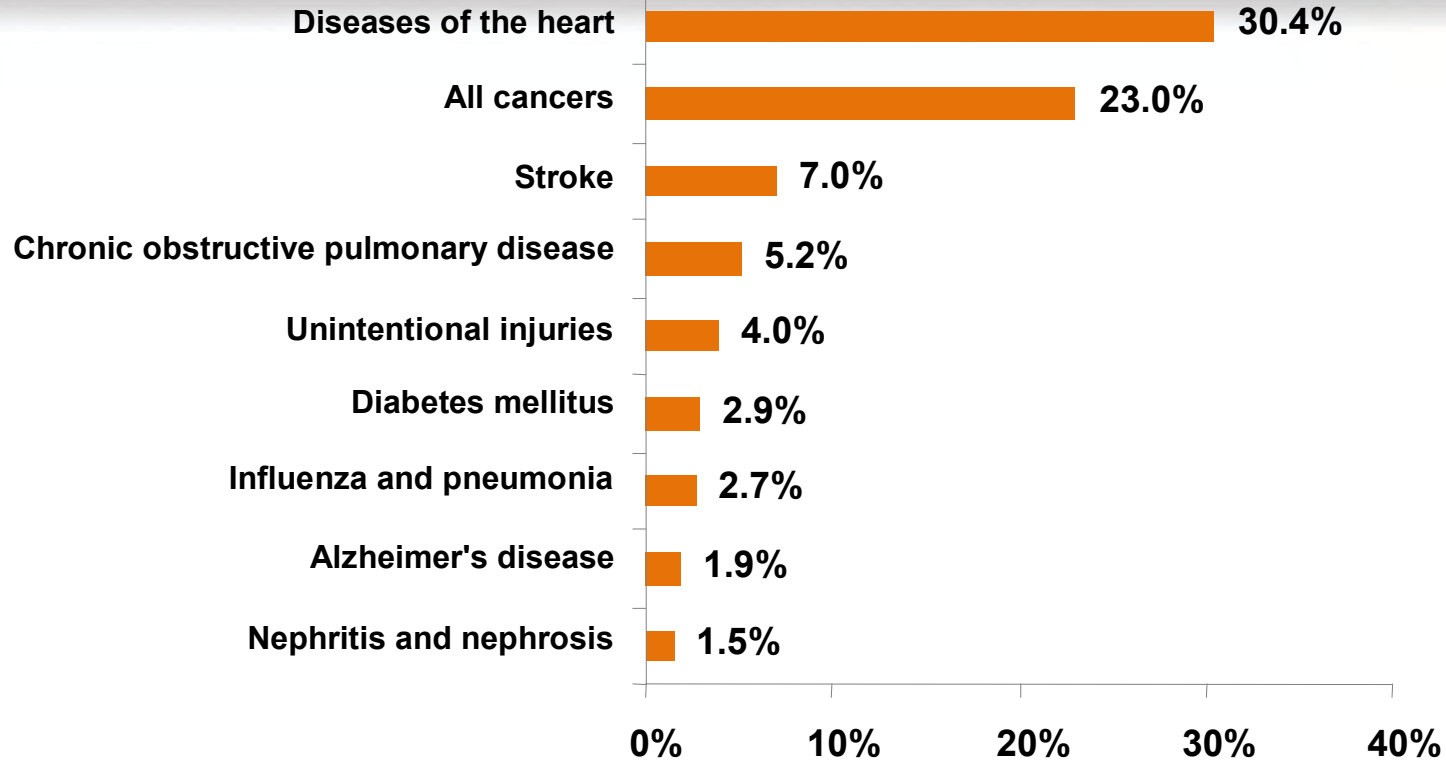
Eduardo Sanchez, MD, MPH, FAAFP  
Vice President and Chief Medical Officer  
BlueCross and BlueShield of Texas  
June 3, 2009

# Causes of Death, United States 2000



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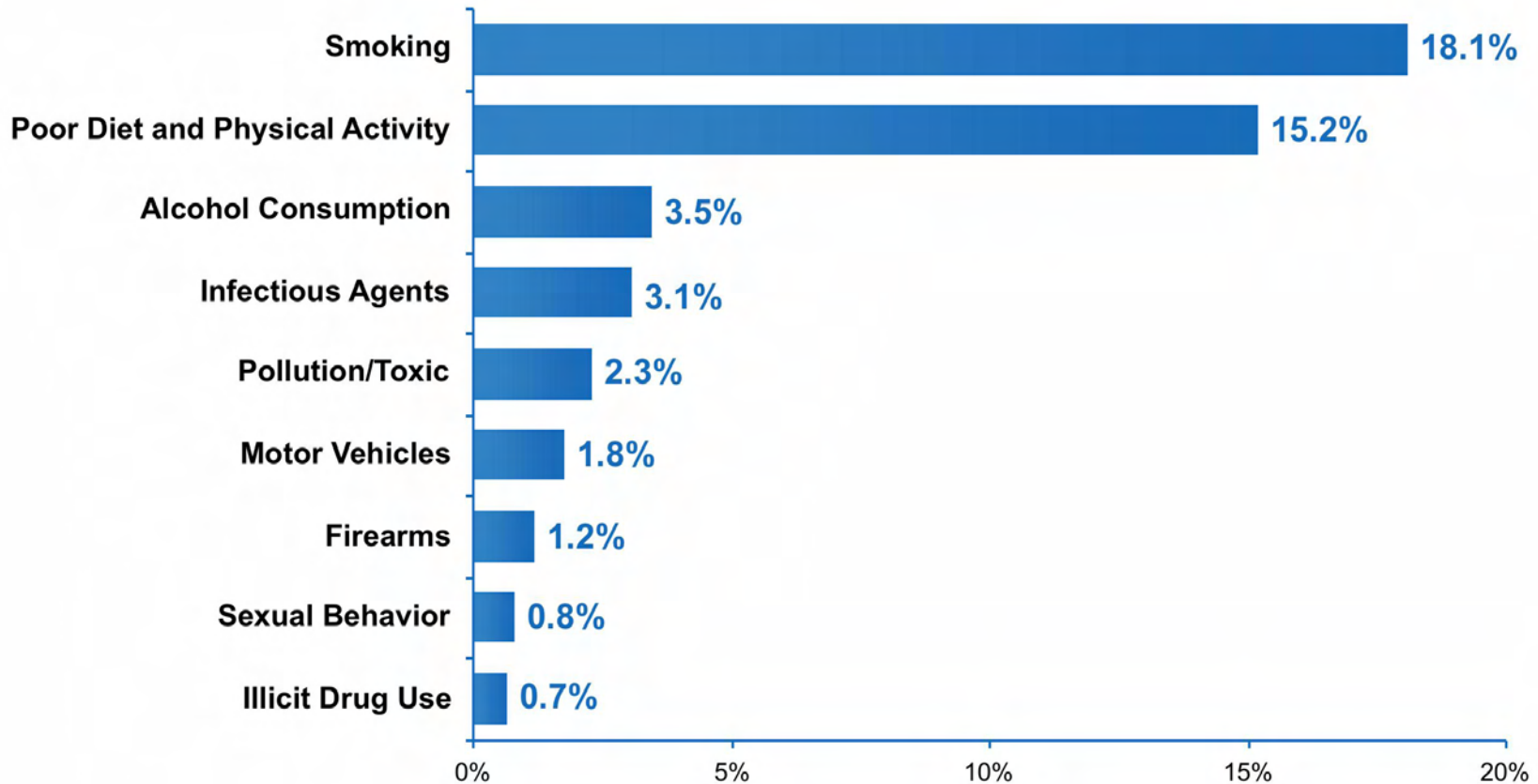
**Source:** Mokdad A, Marks JS, Stroup DE, Gerberding JL. Actual causes of death in the United States. JAMA 2004; 291(10):1238-1245. Correction published JAMA 2005; 293(3): 293-294.

# Underlying Causes of Death, U.S. 2000



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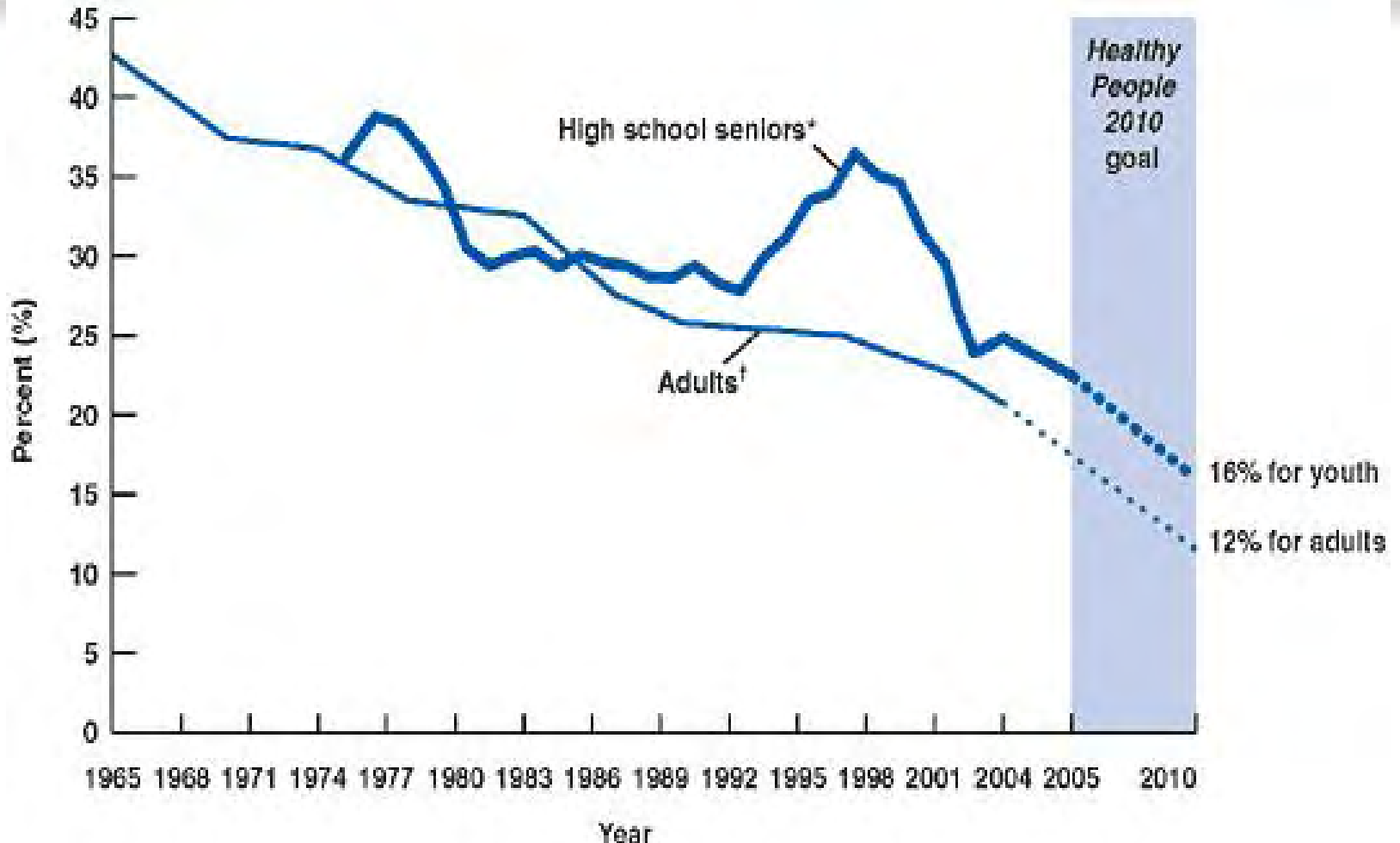
**Source:** Mokdad A, Marks JS, Stroup DE, Gerberding JL. Actual causes of death in the United States. JAMA 2004; 291(10):1238-1245. Correction published JAMA 2005; 293(3): 293-294.

# Trends in U.S. Smoking — High School Seniors and Adults (1965– 2004)



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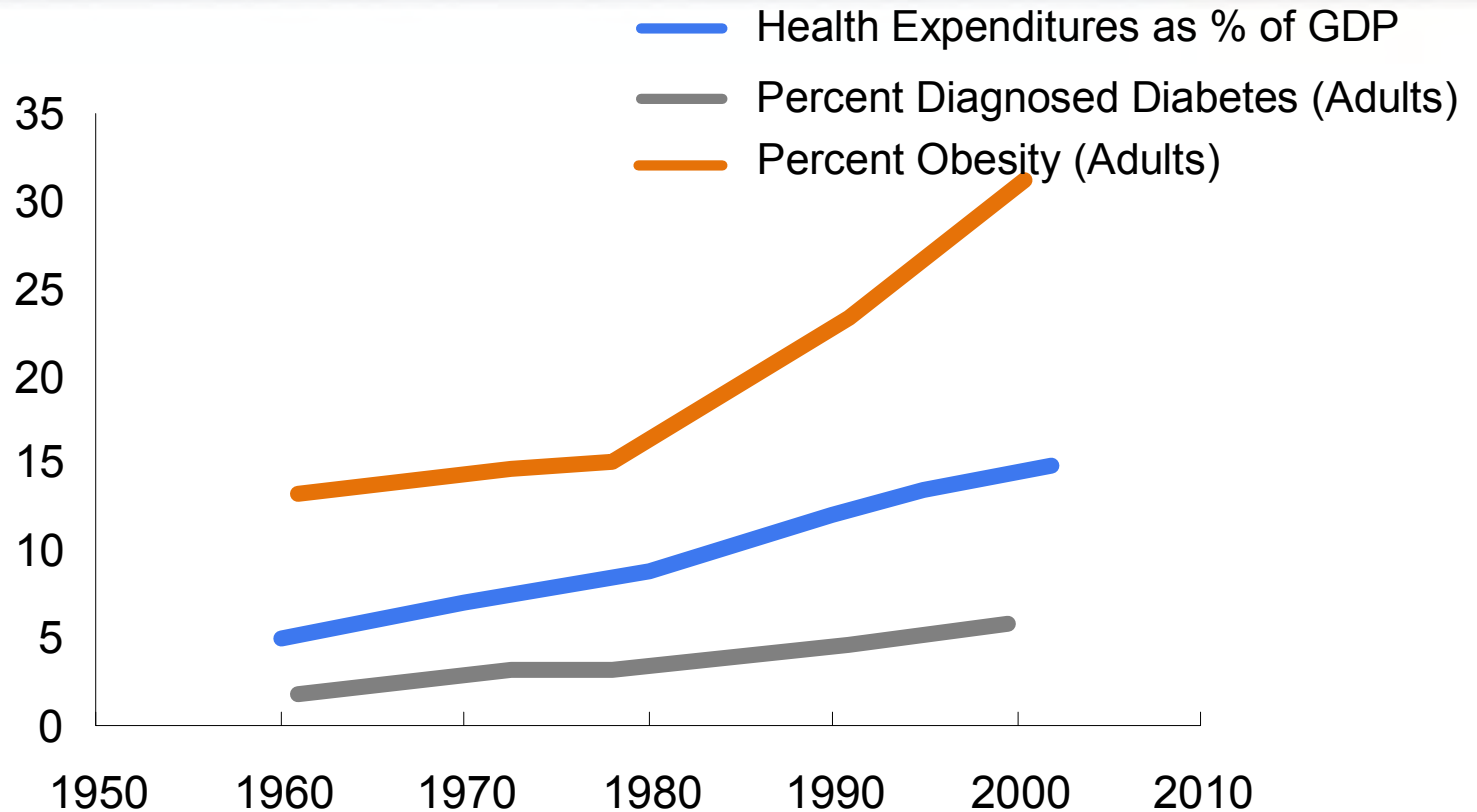


# Three Disturbing Trends



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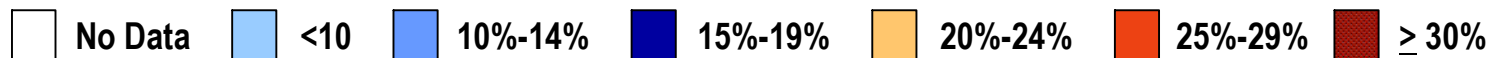
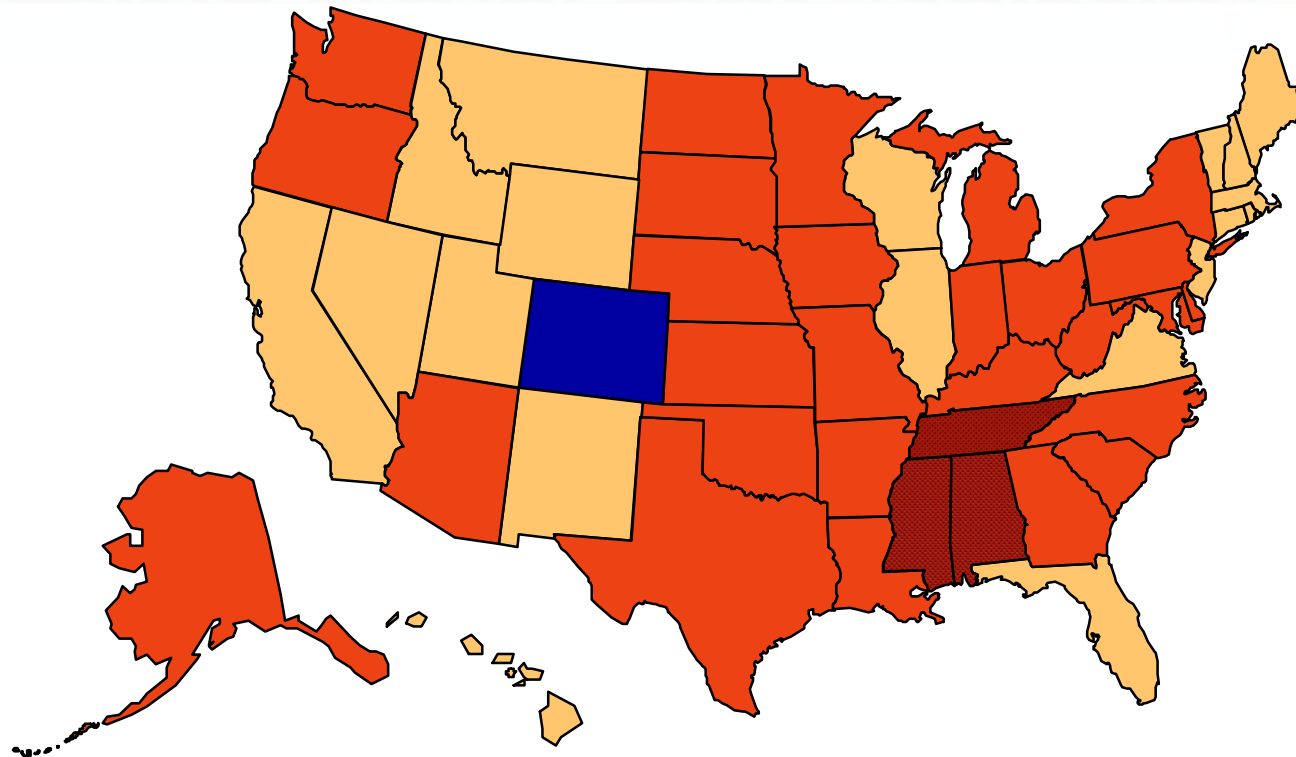


# Obesity Prevalence Among U.S. Adults *BRFSS, 2007*



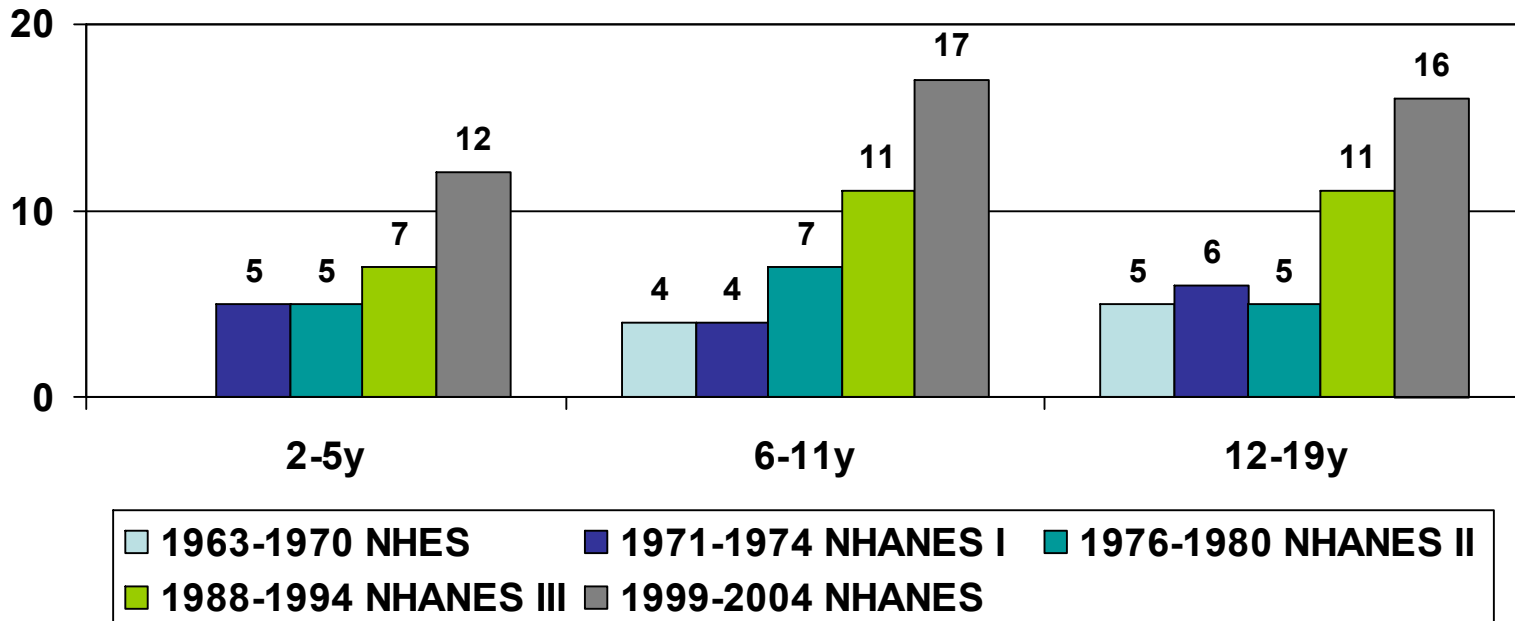
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Source: CDC Behavioral Risk Factor Surveillance System.

## U.S. Childhood Obesity Epidemic Trends



Obesity prevalence in U.S. children and adolescents by age and time frame, 1963-2004



# Prevalence of Childhood Obesity in the United States



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- Almost 1/3 of children and adolescents are overweight or obese
- 16.3% (one out of six) of children and adolescents are obese
- 11.3% of children and adolescents are very obese (97<sup>th</sup> percentile)



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# Prevalence of BMI > 95% in Boys

(Ogden,2008, JAMA, 299(20), 2401-2405.)

Age Range (in years)	Whites	Blacks	Latinos
2-5	11.1	13.3	18.8
6-11	15.5	18.6	27.5
12-19	17.3	18.5	22.1



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# Prevalence of BMI > 95% in Girls

(Ogden, 2008, JAMA, 299(20), 2401-2405.)

Age Range (in years)	Whites	Blacks	Latinas
2-5	10.2	16.6	14.5
6-11	14.4	24.0	19.7
12-19	14.5	27.7	19.9



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# Prevalence of BMI > 85% in Boys

(Ogden, 2008, JAMA, 299(20), 2401-2405.)

Age Range (in years)	Whites	Blacks	Latinos
2-5	25.4	23.2	32.4
6-11	31.7	33.8	47.1
12-19	34.5	32.1	40.5



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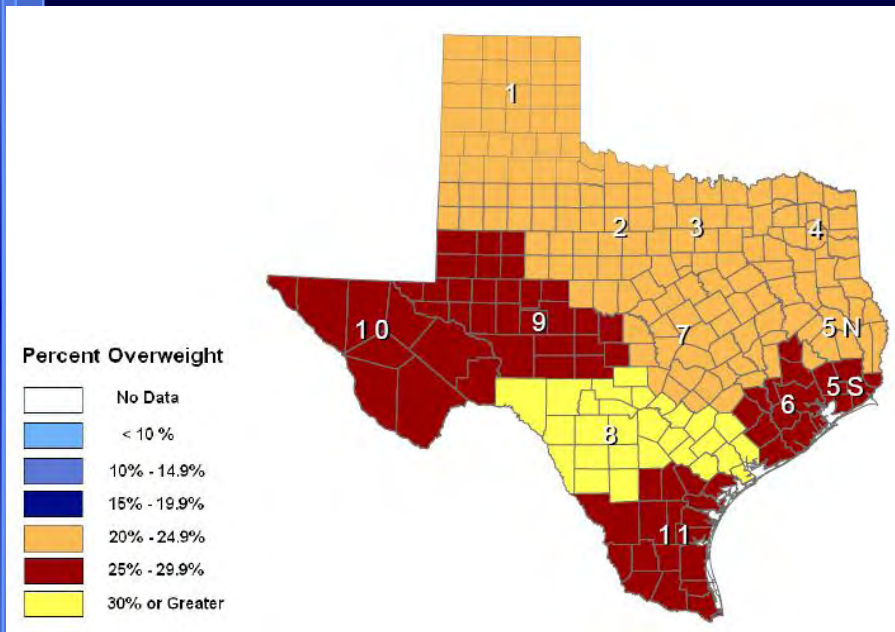
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# Prevalence of BMI > 85% in Girls

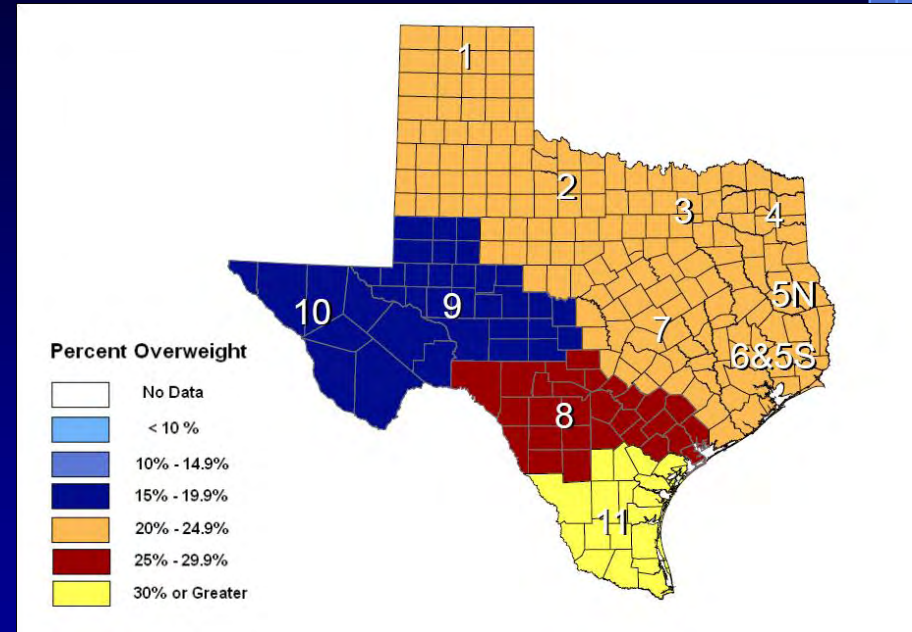
(Ogden, 2008, JAMA, 299(20), 2401-2405.)

Age Range (in years)	Whites	Blacks	Latinas
2-5	20.9	26.4	27.3
6-11	31.5	40.1	38.1
12-19	31.7	44.5	37.1

# Obesity Prevalence Among 4<sup>th</sup> Grade Texans



**2000-2002**



**2004-2005**

**\*Obesity is  $\geq$  95th Percentile for BMI by Age/Sex**

**4th Grade Prevalence of Overweight\* by Health Service Region, SPAN, 2000-2002 to 2004-2005**

# 2007 National Diabetes Facts



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- Race and ethnic differences in prevalence of diagnosed diabetes
  - 6.6% of non-Hispanic whites
  - 7.5% of Asian Americans
  - 10.4% of Hispanics
    - 8.2% for Cubans
    - **11.9% for Mexican Americans**
    - 12.6% for Puerto Ricans
  - **11.8% of non-Hispanic blacks**

## Other Health Trends

- Doubling of type 2 diabetes among children and youth over past decade
- SEARCH for Diabetes in YOUTH Study (2006) provides population-based sample for type 1 and type 2 diabetes
  - Prevalence lower for children ages 0-9 years (.79 cases/1,000)
  - 10-19 year olds (2.8 cases/1,000)
  - Type 2 diabetes found in all racial/ethnic groups but less common than type 1 except for American Indian youth
- One million 12- to 19-year-olds have the metabolic syndrome (3 of 5 metabolic abnormalities)



# 2007 National Diabetes Facts (Type 2 diabetes in youth)



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- Incidence of diagnosed diabetes in people younger than 20 years of age, United States, 2002–2003
  - Among non-Hispanic white youth aged 10–19, the incidence of type 1 diabetes was higher than for type 2 diabetes
  - Among Asian/Pacific Islander and American Indian youth aged 10–19, the incidence of type 2 was greater than for type 1 diabetes
  - **Among African American and Hispanic youth aged 10–19 years, the incidence of type 1 and type 2 diabetes is similar**

# Headlines Across Texas – January 30, 2009



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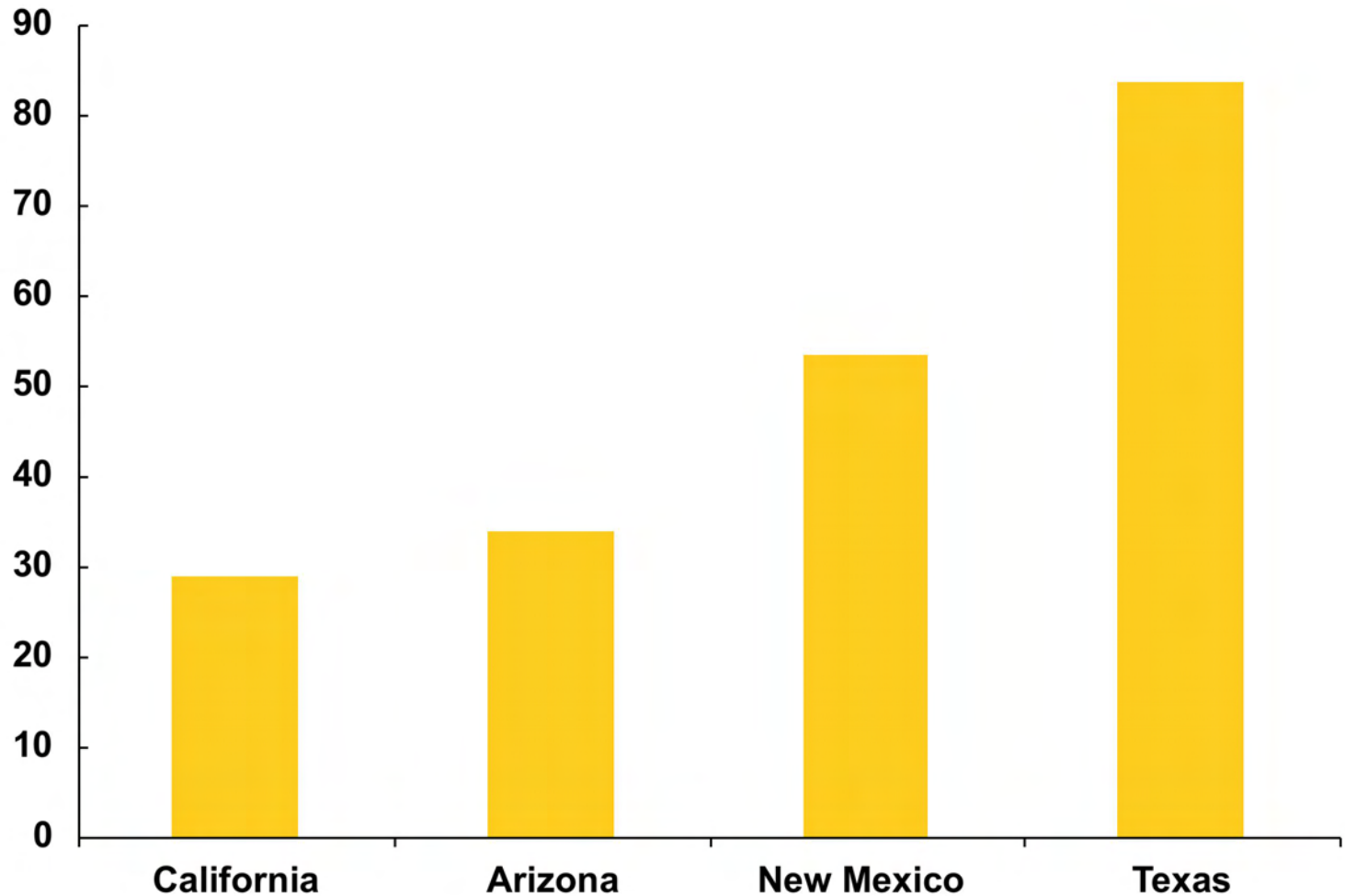
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**>The number of obese Texans obesity will triple without prevention effort, study says**

>More than one-fifth of young adults ages 18 to 25 were obese in 2007 – up from 10 percent in 2000

>“If people in their 20s are already overweight, as we go forward and that [age group] ages into their 30s and 40s, the future obesity problem in Texas can be staggering,” said Eschbach, a demography professor at the University of Texas-San Antonio.

# Percent Hispanic, Border Counties, 2000



# Income/Poverty/Uninsurance 2007

(census.gov)

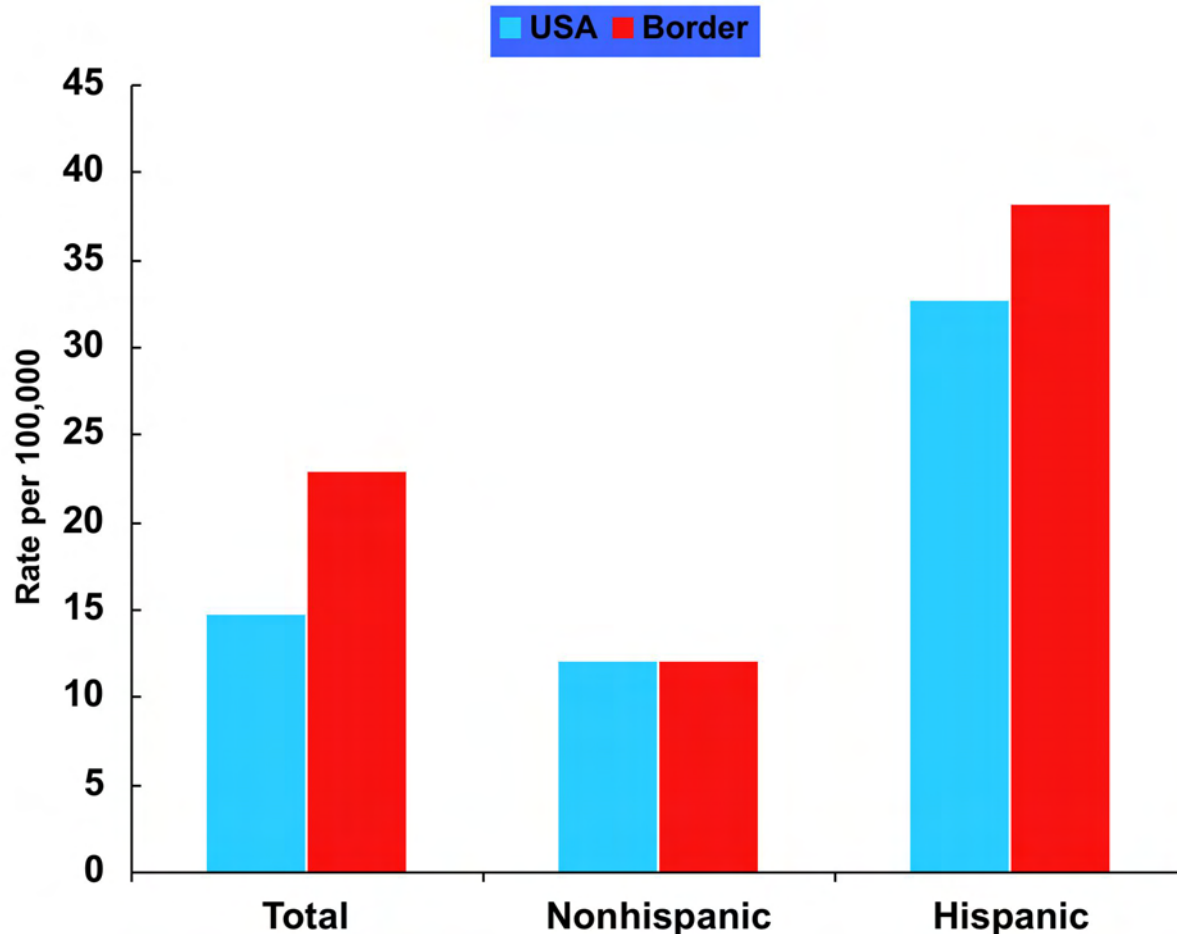


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	<b>Household income</b>	<b>Per capita income</b>	<b>% Poverty</b>	<b>% Uninsured</b>
White	\$54920	\$31051	8.2	10.4
Hispanic	\$38679	\$15603	21.5	32.1
Black	\$33916	\$18428	24.5	19.5
Asian	\$66103	\$29901	10.2	16.8

# Percent without health insurance coverage, USA and border, 2000-03

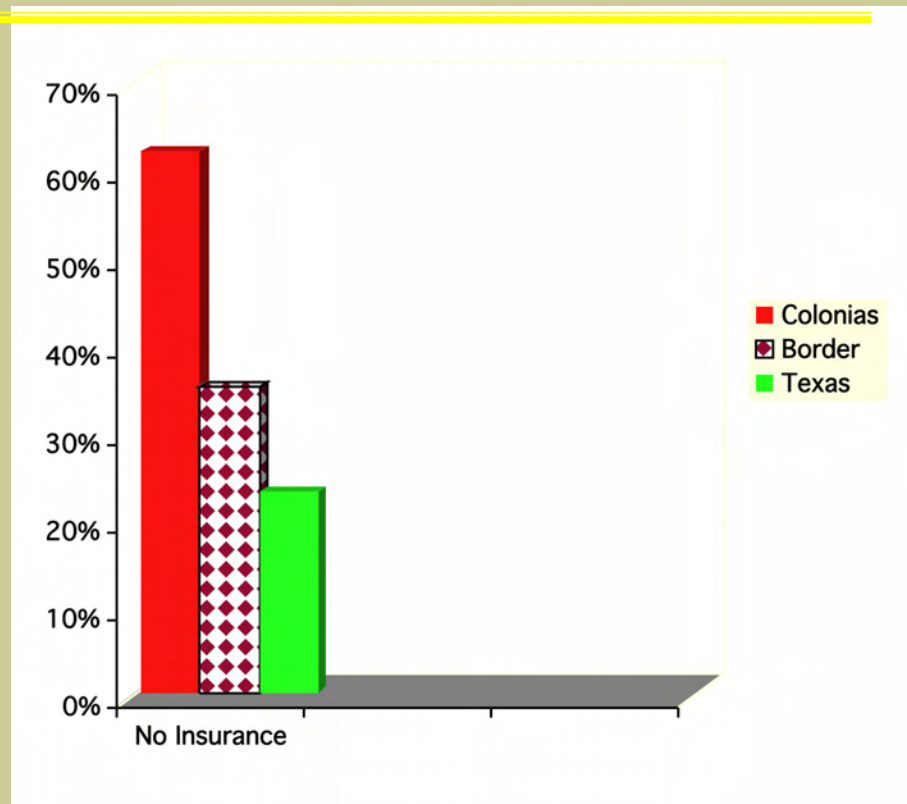


Note: Rates are age-adjusted to the US 2000 standard population.

Source: NCHS/CDC.

# Percentage without health insurance: Texas-Mexico Border

## Percent of Uninsured Residents



**Data Sources: BRFSS & TDH Office of Border Health Border Survey– 2000**

# Uninsurance by household income 2007

(census.gov)



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Household income	% Uninsured
< \$25K	24.5
\$25K – \$49.9K	21.1
\$50K - \$74.9K	14.5
> \$75K	7.8

# National High School Graduation Rates, 2003-04

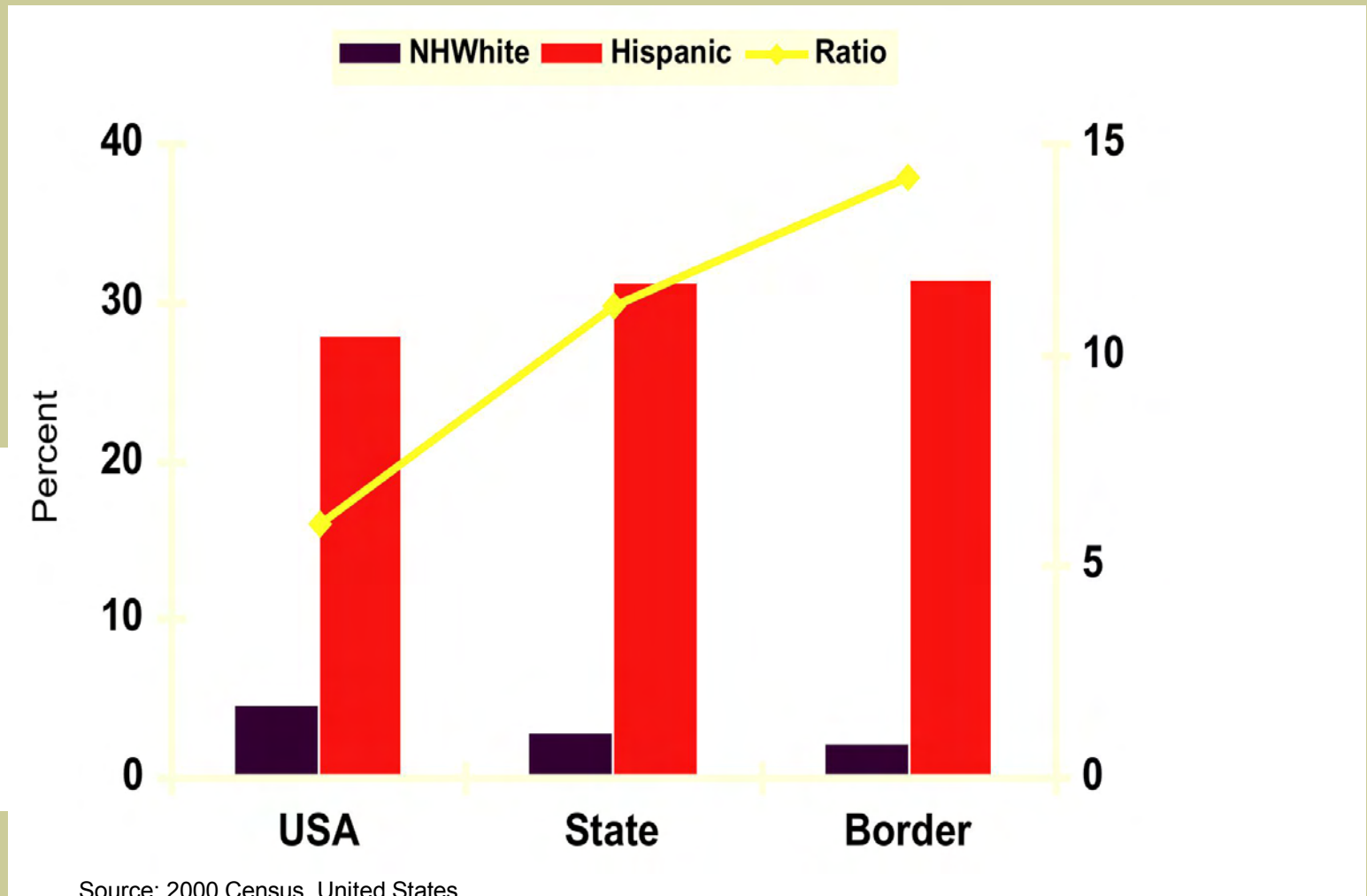


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>	Native American	49.3%
>	Black	53.4%
>	Latino	57.8%
>	White	76.2%
>	Asian	80.2%

# Percent with education < 9 years, USA and US border counties, 2000



# Education: A Predictor of Health and Longevity



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- Lower education = unhealthy behaviors
- Lower education = higher death rate
  - < 12 years of education: 615.6 deaths per 100,000 for adults 18-65
  - >13 years of education: 207.9 deaths per 100,000 for adults 18-65

# Two possible futures



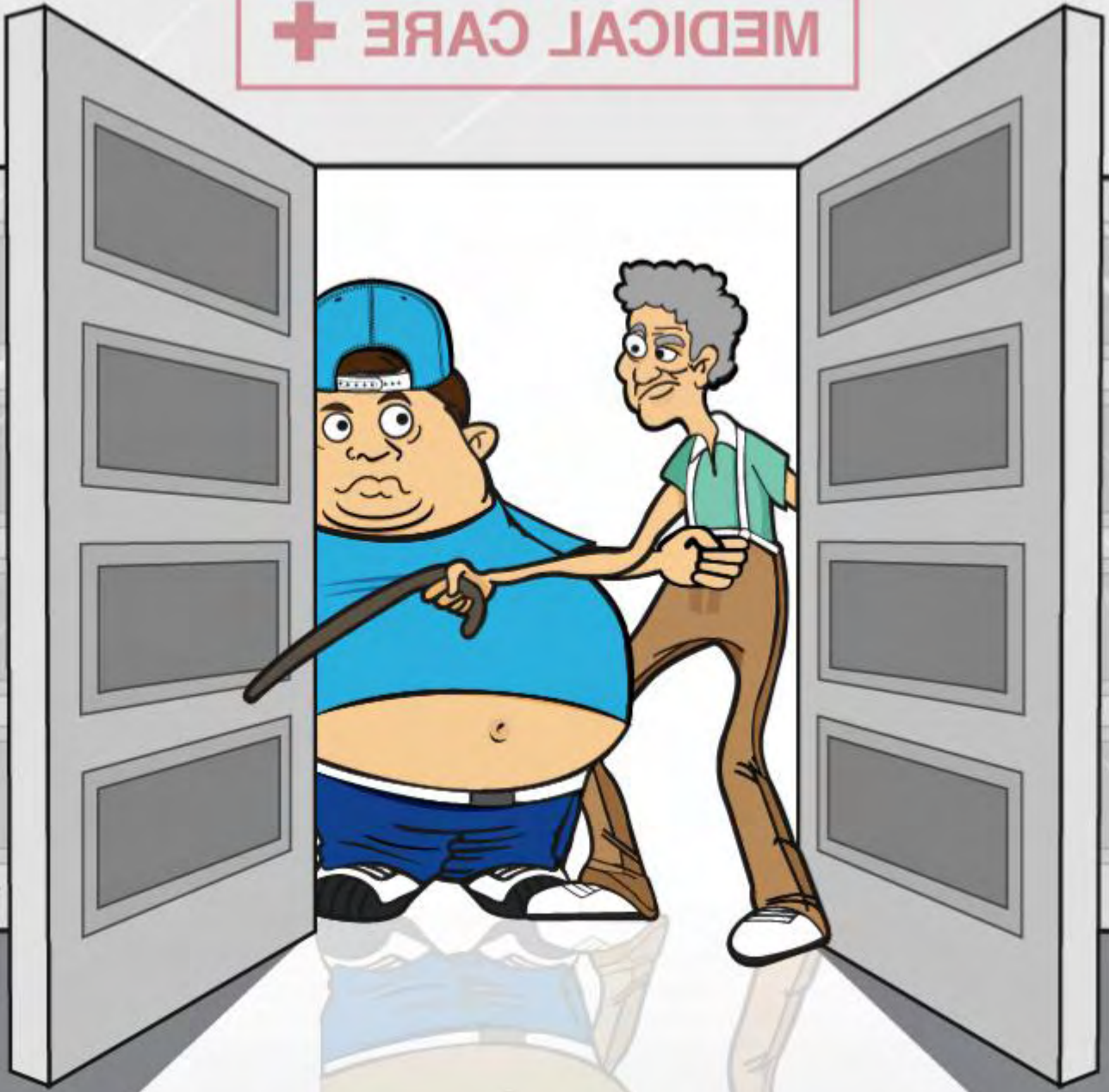
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## ➤ Scenario one –

- Overweight or obese middle and young adults competing with elderly baby boomers for limited health resources

MEDICAL CARE +



# Two possible futures



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## ➤ Scenario two –

- A Healthy Border whose people are eating smart, being active and reducing the demand for expensive health resources

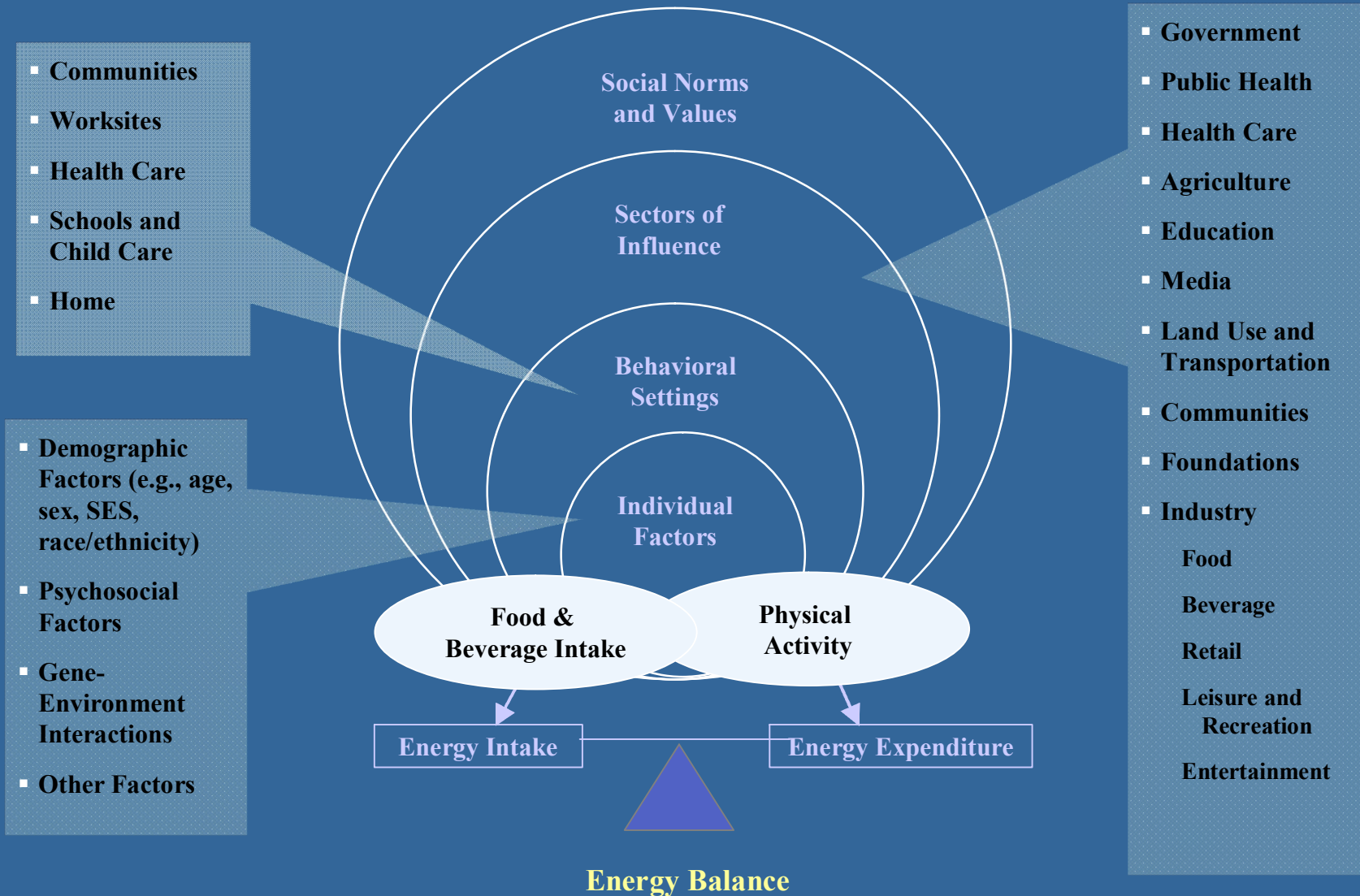
**“It is better to build a child  
than to fix an adult”**



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# IOM Comprehensive approach for preventing and addressing childhood obesity



SOURCE: Institute of Medicine, Progress in Preventing Childhood Obesity, 2007, pg 20.

# Health reform objectives



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- > Universal access
- > Cost control

# Health reform objectives



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- > Universal access
- > Cost control
- > **Reverse overweight and obesity**

# Cost of obesity

(over 10 years by year and \$billions, assuming 5% increase annually)



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YEAR	COST
2011	100
2012	105
2013	110.25
2014	115.7625
2015	121.5506
2016	127.6282
2017	134.0096
2018	140.71
2019	147.7455
2020	<u>155.1328</u>

**\$1.258 trillion**



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# Cost control

> **If overall cost = unit cost X use,**

> Then we can control costs by:

1. System improvements

1. Reduce unit cost

2. Decrease utilization of unproven, unnecessary tests and treatment

2. Demand reduction

- Reducing use by improving population and the health of individuals

# A National Action Plan to Reverse Childhood Obesity



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- > Is it time?
- > Why focus on children?
- > Who should be at the table?
- > Next steps?

# A National Action Plan to Reverse Childhood Obesity



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## ➤ Capacity building strategies

- Assessment capacity – monitoring and surveillance
- Research and translation capacity – evidence of what works
- Implementation capacity – investment in programs that work
- Evaluation capacity

# Joint U.S.-Mexico Workshop on Preventing Obesity in Children and Youth of Mexican Origin (2007)

- Create a U.S. – Mexico Joint Obesity Prevention Task Force
  - Advocacy
  - Funding
  - Training of the labor force
  - Scientific evidence
  - Program evaluation
  - Consistency in programs and messages



# Reducing childhood obesity on the US-Mexico border



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- No child left behind – education, education, education
- Science based nutrition guidelines for all foods in schools
- 30 minutes per day physical activity in schools – based on HHS guidelines
- Universal coordinated school health programs
- Universal school breakfast/lunch
- Develop and standardize health/nutrition guidelines for FNS/SNAP/WIC
- Summer food programs for eligible children
- Community access to good food – healthy, green, just, and affordable
- Water over soda
- No child left inside

**You are never strong enough that you don't need help.**

**— Cesar Chavez**



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# Gracias!



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