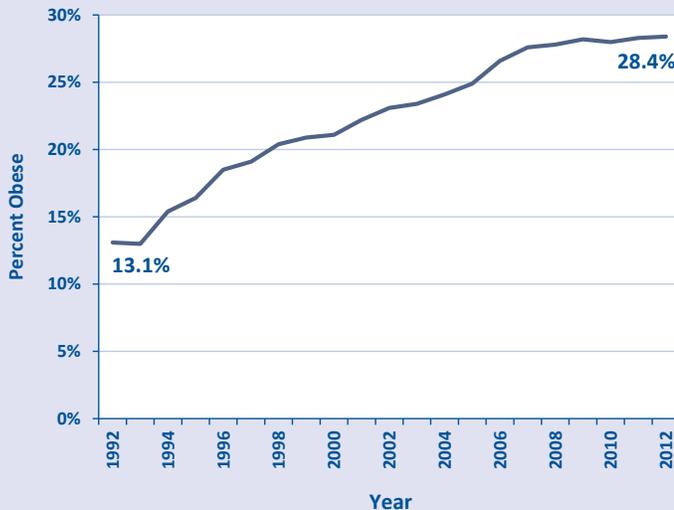


Alaska Obesity Facts: The Cost of Obesity in Alaska

OBESITY ON THE RISE

- In Alaska, more than 28% of adults¹ and 17% of youth are currently obese.²
- Adult obesity rates in Alaska have more than doubled in the past 20 years and continue to rise.¹

ADULT OBESITY CONTINUES TO RISE IN ALASKA



SOURCE: AK BRFSS, 3-YEAR ROLLING AVERAGES

- Obesity increases the risk of heart disease, stroke, diabetes, some cancers, and premature death.³
- Obese children are more likely than children at healthy weights to experience many of these serious health conditions before they reach adulthood.³

“There are many potential channels of curbing the obesity trend, all of which can result in substantial savings [in Alaska], even when the obesity reductions are modest.”⁴

— DR. MOUHCINE GUETABI, ISER

OBESITY IS EXPENSIVE

- Medical care related to obesity costs Alaskans \$459 million annually. State and federal governments pay for more than 25% of these costs in the form of Medicare and Medicaid.⁵
- \$13.3 million is spent annually on direct medical costs (such as those for doctor visits and prescription drugs) for overweight and obese State of Alaska employees.¹
- In 2006, the annual medical costs for obese individuals nationwide were \$1,429 higher than those of healthy weight individuals.⁶
- Indirect costs (such as those due to lost productivity or missing work) add to the economic burden of obesity.⁷
- Medical care costs are expected to increase. Estimates predict that the direct medical care costs related to treating the consequences of obesity will represent 20% of all health-care expenditures by 2020.⁸

The good news is that there are public health approaches that can reduce the obesity rate and associated costs.

REDUCING MEDICAL CARE COSTS

- A reduction in obesity rates occurs when fewer individuals become obese and/or obese individuals lose weight.
- Alaska's Institute for Social and Economic Research (ISER) estimated that even a 1 percentage point reduction from 16% to 15% of childhood obesity in Alaska would reduce obesity-related health care costs.⁴

PREVENTION IS KEY

- The causes of obesity are multiple and complex, but physical inactivity and poor diet are major contributors.³
- There are proven strategies for increasing physical activity and improving healthy eating in both children and adults.^{9,10}
- Obesity is a sticky health problem; obese children are likely to remain obese in adulthood.¹¹ Since resources are limited, it makes sense to focus on preventing childhood obesity so fewer of today's children become obese adults.

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While there has been success in decreasing the prevalence of childhood obesity in the Anchorage and Mat-Su regions¹², progress has stalled. The rate of childhood obesity in these regions has stabilized and remains high; 17% of students are obese.² The Alaska Obesity Prevention & Control Program (OPCP) is building a comprehensive program that enlists partners to implement proven public health strategies. There is no single strategy that works by itself. Therefore, the program supports complementary strategies that work together to prevent and reduce childhood obesity and reduce medical care costs now and in the future.

CURRENT STRATEGIES TO PREVENT AND REDUCE CHILDHOOD OBESITY

Play Every Day

Play Every Day increases public awareness about the health risks of childhood obesity, promotes and supports physically active families and children, focuses on the health benefits of physical activity, and promotes reduction in the consumption of sugary drinks.

Play Every Day provides financial and communication support for Healthy Futures, Alaska's free physical activity challenge for thousands of elementary students statewide.

Early Childhood Education

Efforts are under way to provide training and resources to early childhood educators to improve nutrition and increase physical activity among young children.

Evaluation and Monitoring

To ensure that the program is being fiscally responsible with public dollars and effective in reaching the population it intends, the OPCP continuously evaluates its efforts and monitors obesity trends to determine what is working.

School District Grants

Eight Alaska school districts receive grants to improve their school nutrition and physical activity environments. These districts work to increase before-, during- and after-school physical activity and improve the nutritional content of foods available at schools. Progress is evaluated by monitoring district-wide student weight status.

Community Nutrition

Community Nutrition improves access to, and availability of, affordable healthy foods for all Alaskans by initiating and supporting the Farmers' Market-Quest Card Program; providing training and resources to promote salad bars in schools, Farm-to-School and Fish-to-School; and providing leadership and financial support to the Alaska Food Policy Council.

School Health

Using the *Whole School, Whole Community, Whole Child*¹³ model, School Health provides school staff with resources, professional development, and technical assistance to improve the health of their students.

REFERENCES

1. Alaska Department of Health and Social Services. *Alaska Obesity Facts—2014*. <http://dhss.alaska.gov/dph/Chronic/Documents/Obesity/pubs/2014AlaskaObesityFacts.pdf>. Accessed 11-24-2014.
2. Alaska Department of Health and Social Services. *Student Weight Status Report for the Anchorage Metropolitan Area 2013-2014 School Year; 2014* http://dhss.alaska.gov/dph/Chronic/Documents/Obesity/pubs/2013-14WeightStatus_ASDandMSBSD.pdf. Accessed 11-26-2014.
3. U.S. DHHS. *The Surgeon General's Vision for a Healthy and Fit Nation*, U.S. DHHS: Rockville, MD; 2010.
4. Guettabi M. *Current and Future Medical Costs of Childhood Obesity in Alaska*. Anchorage, AK: University of Alaska Anchorage, Institute of Social and Economic Research; 2014. http://iser.uaa.alaska.edu/Publications/2014_04-MedicalCostsOfObesity.pdf. Accessed 11-26-2014.
5. Trogdon JG, Finkelstein EA, Feagan CW, Cohen JW. State- and payer-specific estimates of annual medical expenditures attributable to obesity. *Obesity*. 2012;20(1):214-220.
6. Finkelstein EA, Trogdon JG, Cohen JW, Dietz W. Annual medical spending attributable to obesity: Payer- and service-specific estimates. *Health Affairs*. 2009;28(5):w822-w831.
7. Hammond RA, Levine R. The economic impact of obesity in the United States. *Diabetes Metab Syndr Obes*. 2010;3(28):5-295.
8. RAND Corporation. *Obesity and Disability: The Shape of Things to Come*. Rand Corporation: Santa Monica, CA; 2007. http://www.rand.org/content/dam/rand/pubs/research_briefs/2007/RAND_RB9043-1.pdf. Accessed 11-24-2014.
9. Institute of Medicine. *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*. Washington, DC: The National Academies Press; 2012.
10. Khan LK et al. Recommended community strategies and measurements to prevent obesity in the United States. *MMWR*. 2009;58(RR-7):1-26.
11. Freedman DS, Khan LK, Serdula MK, Dietz WH, Srinivasan SR, Berenson GS. The Relationship of Childhood BMI to Adult Adiposity. *Pediatrics*. 2005; 115(1):22-27.
12. Centers for Disease Control and Prevention. Obesity in K-7 Students—Anchorage, Alaska 2003-04 to 2010-11 School Years. *MMWR*. 2013;62(21):426-430.
13. Centers for Disease Control and Prevention. *Whole School, Whole Community, Whole Child*. <http://www.cdc.gov/healthyouth/wsccl/>. Accessed 11-24-14.



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