Dear State Leader,

Welcome to the third and final installment for the year of the Strategies to Overcome and Prevent (STOP) Obesity Alliance's "Obesity and the States" bulletin. In this edition, we have highlighted some of the recent trends in obesity activity at the state level, with a focus on 2011.

In the past 30 years, obesity rates have doubled in adults and tripled in children, prompting the U.S. Surgeon General in 2001 to call the prevalence of obesity an epidemic. Obesity is a risk factor for many chronic diseases, such as type 2 diabetes, heart disease and certain cancers. The increased costs associated with obesity and its related chronic diseases have led to huge increases in medical spending and are challenging already cash-strapped state budgets.[1] On average, non-elderly obese individuals have annual health care expenditures that are more than one-third greater than normal weight individuals. In fact, research estimates the direct medical costs of obesity nationally at $168.4 billion annually.[2]

The 2012 trends won't surprise you:

- States are struggling financially, making new and innovative programs difficult to finance.
- Cuts are happening across the board.
- While coverage for preventive services is expanding slowly with help from the implementation of ACA, there is little room for expanded treatment options for individuals with obesity.

We would be pleased to hear from you on these issues. You can reach us via our website at www.stopobesityalliance.org or by email at obesity@gwu.edu.

Sincerely,

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Review of State Activities on Obesity Prevention and Treatment Finds Preventive Services Growing, New Treatment Options Limited

Introduction

We reviewed obesity prevention, treatment and other initiatives in states using legislative databases and news sources.

We found limited initiatives around treatment but more numerous examples of preventive and public health initiatives. State leaders seem to be working hard to balance public health needs with significantly constrained budgets. In some cases, this has meant limiting treatment programs.

Among the many programs and initiatives reviewed by the STOP Obesity Alliance research team at George Washington University, the team has selected five as "ones to watch" in the year ahead.

The "Ones to Watch" List – *Obesity and Weight-related Chronic Disease Initiatives at the State Level*

We have identified five trends when it comes to state legislative proposals and other initiatives in the states focused on obesity and addressing weight-related chronic disease. They are:

- Obesity Surveillance and Tracking
- State Employee and Medicaid Wellness Program Incentives/Penalties
- State-Proposed Modifications of Supplemental Nutrition Assistance Program
- Food and Beverage Taxes
- State Employee Benefit Plan Coverage Uncertainties

Obesity Surveillance and Tracking

In September 2011, Michigan's Governor Rick Snyder (R-MI) announced plans to establish an obesity registry that would track BMI for children under the age of 18. In his plan, physicians are asked to report BMI measurements to the Michigan Care Improvement Registry, the state's immunization tracking database.[3]

This data may provide a wealth of information on obesity trends over time, including patterns in various populations, and could aid researchers and officials in setting goals and evaluating the success of interventions. Similar registries already exist for chronic diseases such as cancer and diabetes.

State Employee and Medicaid Wellness Program Taxes

In April 2011, Arizona's Governor Jan Brewer, proposed legislation that would impose a $50 annual fee on Medicaid beneficiaries who are obese, diabetic and/or smoke and are not taking action to improve

their health status. The Governor called for Medicaid beneficiaries "to take responsibility for their own health care."

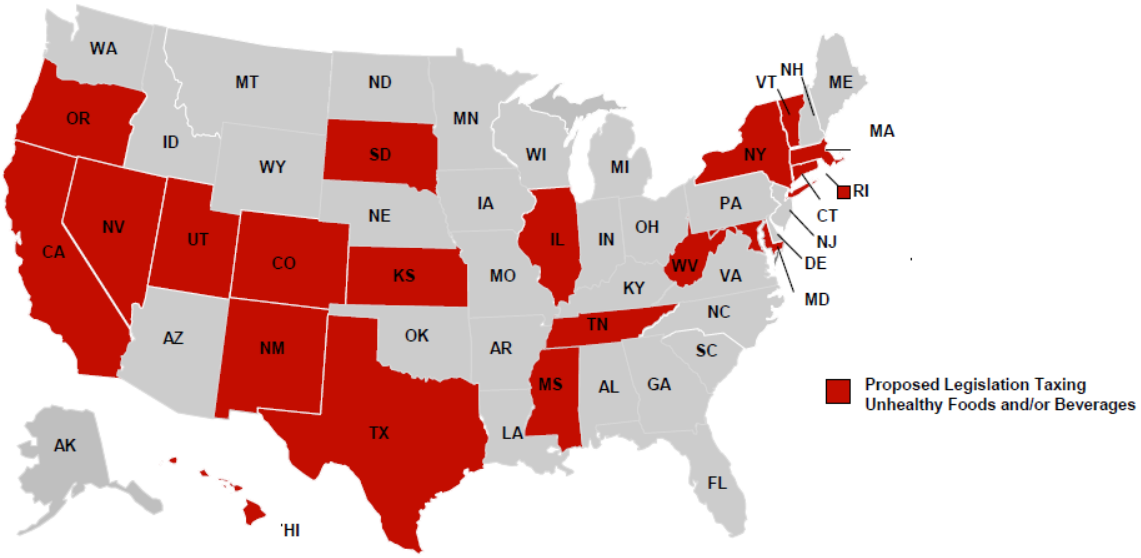
Arizona is not the first state to consider such an approach. In 2008, the Alabama legislature passed a law imposing a $25 surcharge on state employees who were obese and failed to lose weight. Additionally, in 2009, North Carolina passed a state employee charge. Employees with a BMI of 35 or over are charged $25 extra per month. However, if state employees participate in screenings, they are allowed to have a BMI of 40 before penalties are imposed.

Food and Beverage Taxes

As demonstrated by Map 1, a number of states have proposed or instituted a tax on unhealthful foods and/or beverages to serve the dual purpose of increasing revenue and improving health status. In the 2011 legislative session:

- A total of 20 bills regarding food and or beverage taxation were proposed across twelve states. Of these bills, seven failed, and thirteen are still pending; and
- Twenty-six bills regarding taxing sugar-sweetened beverages were proposed across thirteen states. Of these bills, nineteen failed, and seven are still pending.

Map 1: States that Proposed Legislation of Food and/or Beverages



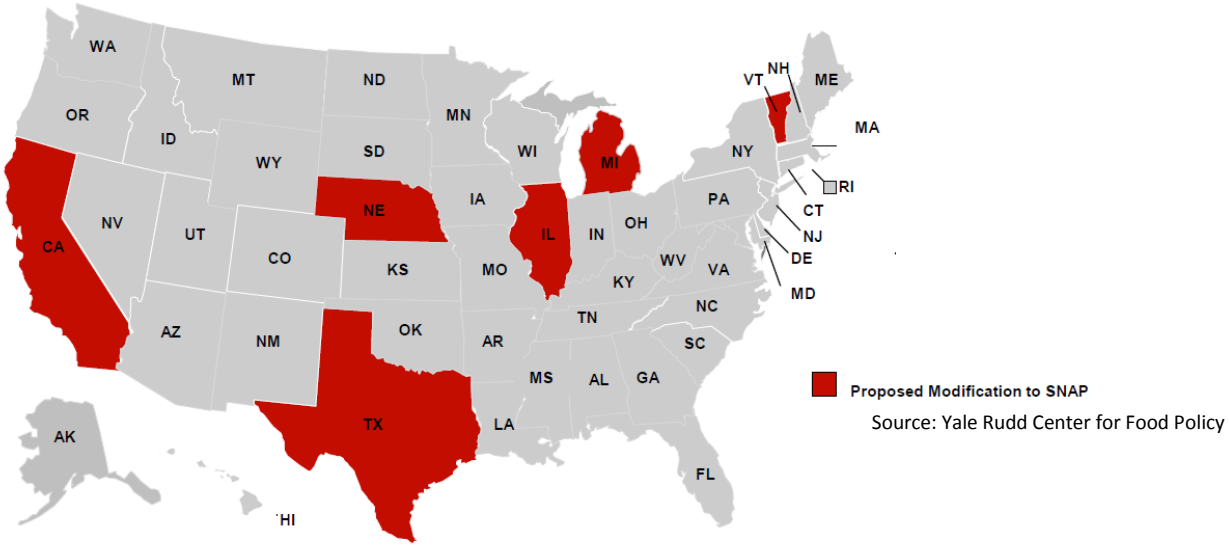
Note: Bills are double counted if, what is essentially, the same legislation was introduced in both the state House and Senate.
Source: Yale Rudd Center for Food Policy

State Proposed Modifications of Supplemental Nutrition Assistance Program (SNAP)[4]

A number of states, seeking to improve public health and reign in expanding costs associated with obesity and its comorbidities, have requested modifications to the Supplemental Nutrition Assistance Program (SNAP). SNAP began in the 1960s with the *Food Stamp Act*, and has since been governed by the United States Department of Agriculture (USDA). During the 2011 legislative session, six states and New York City requested tighter control of what can be purchased with SNAP benefits.

Often these requests focused on excluding foods and beverages with high sugar or fat content. The USDA and Congress have rejected all requests, citing the need for data from smaller pilot programs first.

Map 2: States that Have Proposed Modification of SNAP



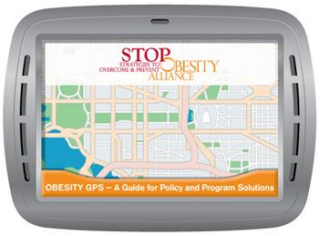
Source: Yale Rudd Center for Food Policy

State Employee Benefit Plan Coverage Uncertainties

There is mixed thinking in the way states are looking at obesity-related services in State Employee Benefits plans to address state budget issues. Georgia, for example, plans to cut bariatric surgery from the list of covered services as of January 1, 2012.[5]

However, Missouri recently reinstated coverage of bariatric surgery for their state employees after suspending coverage in 2011 for budgetary concerns, and then recognizing that the costs of treating co-morbidities such as diabetes outweighed the costs associated with providing bariatric surgery.[6]

A Pathway for Moving Forward: The Obesity GPS – *A Helpful Guidance Tool from the STOP Obesity Alliance*



Not long ago, the STOP Obesity Alliance created the Obesity GPS—the very first navigation tool developed to guide public and private sector decision makers as they determine the most successful routes towards reducing the overweight and obesity epidemic.

The Obesity GPS is a set of questions that decision makers can apply in developing or evaluating legislative proposals or other initiatives aimed at obesity and weight-related chronic disease prevention and intervention. The questions provide a research-based rationale to determine whether a proposed policy or program will make a meaningful difference in fighting the obesity epidemic.

The Obesity GPS is divided into four categories, each of which includes questions to consider when examining a policy or program. The question matrix can be applied to changes being considered for a variety of settings, including homes, businesses, communities and states. State leaders can match a proposed initiative with the guide, whether the focus is a specific health intervention, a policy aimed at health providers, or research initiatives.

The four Obesity GPS categories are:

- Defining success
- Encouraging innovation and multifactorial interventions
- Creating positive attitudes and approaches
- Focusing and coordinating research efforts

Leaders can learn more, and even follow an animated version of the tool, on the Alliance's web site at: http://www.stopobesityalliance.org/obesity-gps/intro.htm.

Sources

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[5] Cooper A. Weight loss surgery funding cut. *CNN.com*. 2011. Available from: http://www.cnn.com/2011/11/02/health/obesity-surgery-cuts/index.html.

[6] Ibid.