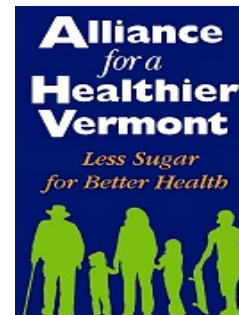


Alliance for a Healthier Vermont  
2 Spring St., Montpelier, VT 05602  
[www.healthiervt.org](http://www.healthiervt.org)



**To:** Senate Appropriations Committee

**From:** Alliance for a Healthier Vermont (coalition including the American Cancer Society Cancer Action Network, the American Heart Association, the University of Vermont Health Network, the Vermont Association of Hospitals and Health Systems and the Vermont Medical Society, additional members listed at [www.healthiervt.org/alliance](http://www.healthiervt.org/alliance) )

The 60 members of our coalition respectfully request that you adopt the Senate Health & Welfare Budget memo recommendation to amend, via H.490, the statutory authority of the Health Reform Oversight Committee as follows:

**(c) When the General Assembly is adjourned during the fiscal year 2016, the Committee shall review existing expenditures on the treatment of preventable illnesses related to obesity, including costs borne by the private sector, and shall survey existing and proposed policy measures to reduce the incidence of obesity in Vermont.**

This statutory change is necessary and important. Last year, the Vermont Department of Health wrote to the U.S. Center for Disease Control and Prevention, stating as follows:

In January 2013, Vermont's Governor Peter Shumlin made headlines across the country and the world by dedicating his entire State of the State address to the impact of opiates on our state. This spotlight on a critical health issue galvanized our state to address the opiate issue in a comprehensive way across all sectors of our state and communities. Obesity, and the resulting health issues of coronary heart disease, diabetes and stroke, needs a similar approach.

We wholeheartedly endorse the Health Department's call to greater action because:

- Vermont spends an average of at least \$202 million per year on obesity-related medical costs for adults alone.
- 1 in 4 Vermont adults is obese.
- Nearly 30% of Vermont kids are overweight or obese.

Serious legislative focus on the obesity epidemic and its impact on health care spending and outcomes is urgently needed. Future projections for obesity-related disease spikes under a no-action scenario (see attached) have enormous cost implications as measured in both state dollars and human suffering. A failure to find solutions to this problem and sustainable funding sources to implement them threatens to cancel out benefits from other proposed reforms to the system. Charging your Health Reform Oversight Committee to focus on this issue, per the statutory change suggested above, would be a small, long-overdue, but meaningful step in the right direction.

## Why is obesity a problem for Vermont?

Because it increases the risks of costly, and sometimes life-threatening diseases such as Type 2 diabetes, heart disease, stroke, and many forms of cancer. Currently, 1 in 4 Vermont adults is obese and nearly 30% of Vermont kids are overweight or obese. Since obesity and the diseases it can cause are affecting more and more Americans, public health researchers predict this will be the first generation of American children to live shorter lives than their parents. It is a problem that affects us all.

### Significant Financial Burden to the State and Employers

According to one conservative estimate from the Rudd Center for Public Policy, Vermont spends an average of \$202 million per year on obesity-related medical costs for adults alone. Roughly \$57 million of that spending is in the Medicaid program. Some estimates, such as those from the Jeffords Center at UVM, have placed the figure closer to \$600 million when you fold in costs related to childhood obesity. Moreover, businesses are estimated to suffer approximately \$14.5 million per year in lost productivity from obese employees who are frequently absent or less able to work because of related health problems.

### Heavy Toll in Human Suffering

Based on predictions from the Robert Wood Johnson Foundation State of Obesity report, unless Vermont takes meaningful action, a continuation of current health trends will increase incidence of preventable obesity-related diseases in Vermont from :

50,000 diabetes cases to 77,000 in 2030

38,000 heart diseases to 190,000 in 2030

10,000 cancer cases to 27,700 in 2030

According to the Vermont Department of Health:

#### *Vermonters with low incomes:*

- Have two times the rate of **obesity**
- Are four times more likely to have a **heart attack**
- Are two and a half times more likely to have a **stroke**
- Are three times more likely to have **diabetes**
- Have the third highest rate of **diabetes** (14%)

#### *Of the pregnant women in Vermont:*

- 43% are **overweight** or **obese** when they find out they are pregnant
- 7% are diagnosed with **gestational diabetes**

#### *Elderly Vermonters:*

- Have the highest rates of **diabetes** (18%)

*Vermonters with disabilities:*

- Are twice as likely to be **obese**
- Are three times more likely to have **coronary heart disease**
- Are five times more likely to have had a **myocardial infarction**
- Are three times more likely to have had a **stroke**
- Are three times more likely to report having **diabetes**
- Have the second highest rate of **diabetes** (16%)
- Are twice as likely to have **pre-diabetes**

Unfortunately, the meager state support for existing obesity prevention efforts is falling victim to the difficult fiscal situation you are facing. In fact, the state is moving backwards by cutting the \$300,000 that supports the Coordinated Healthy Activity Motivation and Prevention Program. These grants go to communities throughout Vermont to build and implement comprehensive health and wellness projects to promote healthy behavior - including better nutrition, increased physical activity, and disease prevention.