

Testimony to the North Dakota Legislative Assembly's  
Health Care Reform Review Interim Committee

***What are the links between health care reform and prevention?***

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Representative Keiser and Members of the Committee,  
Thank you for your kind and thoughtful consideration of the matters of health and quality of life that face our citizens of North Dakota. I appreciate the opportunity to provide information on the value of prevention of disease and prevention's connections to health care reform. I am Karen Ehrens, a Licensed, Registered Dietitian, nutrition and health consultant of more than 15 years with previous experience in state-level administration of school meals programs in North Dakota, and the practice of dietetics in the hospital and long-term care settings. I appear as a citizen on my individual time.

Chronic illnesses impact all our lives. Nearly half of us in the room has a chronic illness<sup>i</sup>. Others of us have a parent, a friend or other relative living with, or dying from, heart disease, cancer, diabetes. We are just two weeks into this new health care paradigm, but I think all of us can agree that preventing these chronic diseases can do a lot to improve our quality of life, help us be more productive and save us money at the personal, business, and governmental levels.

The most serious chronic diseases share the same risk factors: poor diet, not enough physical activity, tobacco use and consuming too much alcohol. Obesity and overweight (defined by Body Mass Index [BMI] calculations) impact more adults in North Dakota than do binge drinking and smoking combined. In our high school students, obesity and overweight now impact more students than does tobacco use.

When we speak about poor diets and chronic disease, we most often think of too much food. But there is another cause of chronic disease, and that is not enough healthy food. A recently published study highlights connections between lack of access to enough healthy food and diabetes<sup>ii</sup>. Adults with diabetes who ran short on food at some points of the month had more low blood sugar incidents and visits to the hospital than those patients who did have adequate access to food. The 11-12 percent of our North Dakota population who live with poverty and/or food insecurity could be some of the same people who may be newly eligible for Medicaid; addressing enough healthy food for all North Dakota residents could make a difference in the rate of physician, health facility utilization and Medicaid claims in our state.

I do refer to obesity quite a bit today. Obesity is easy to see and easy to measure, much more so than a pancreas that isn't working right. Obesity is a disease in itself but is also a signal that things are out of balance, and that the stage is being set for diseases like diabetes and heart disease. Obesity is much more than a cosmetic issue or a sign of laziness. The causes of obesity and other chronic diseases are complex. A person could be set up for obesity and other diseases like cancer or heart disease by conditions in the environment of his or her mother or grandmother, father or grandfather.

Our environment also plays a role. How easy or hard it is for each of us to exert our personal responsibility to make healthy decisions? I would bet you know where the nearest vending machine is here or at your workplace, but do you know the closest place to find an apple or carrot? How easy or hard is it to make physical activity part of your day? Is it easier to find the elevators or the stairs at work or in public buildings? How we plan our communities or set up the places where we work can support health, or hinder it.

One thing we do know about healthy weights is that achieving healthy weight while still young seems to increase the likelihood that the person will have a normal body weight as an adult. Working to maintain healthy body weights in our kids or reduce body weight with interventions during the time a child is still growing has shown some success, as children can 'grow into' a healthier body weight. Once we have "grown up", reducing weight and keeping it down is much more difficult, as some of you might know. I know this personally as a dietitian who has tried to help people lose weight, and I know this as one who has lost and maintained weight loss for twenty-five years.

As a mother, one of the reasons that I get up every day and work on these issues is for my daughter, who was born just prior to the new millennium. It is predicted that one in three children born in the year 2000 will go on to develop diabetes at some point in their lives. I am here to encourage us all to work together to beat those odds for all of our children, grandchildren, nieces and nephews.

In the U.S., 75 percent of our health care dollars goes to treatment of chronic diseases such as diabetes, heart disease, cancer and arthritis<sup>iii</sup>. U.S. health care spending due to obesity is estimated to be as much as \$210 billion annually, or 21 percent of total national health care spending. When also accounting for nonmedical costs of obesity, the overall annual cost is estimated to be \$450 billion<sup>iv</sup>.

Some analysts suggest that by 2040 roughly half the adult population may be obese<sup>v</sup>. Residents of North Dakota, on average, have been following right down this path. In 1990, the obesity rate of our residents was at less than 15 percent, but in the past 20 years has increased to just under 30 percent. Two-thirds of us are now at unhealthy weight levels.

Over the next 20 years, obesity could contribute to 79,617 new cases of type 2 diabetes; 190,379 new cases of coronary heart disease and stroke; 170,470 new cases of hypertension; 110,099 new cases of arthritis; and 26,762 new cases of obesity-related cancer in North Dakota alone.<sup>vi</sup> But if we could lower body mass indexes (BMIs) by 5 percent, North Dakota could save 7.2 percent in healthcare costs, which would equate to savings of over one billion dollars (\$1,177,000,000) by 2030<sup>vii</sup>.

What do chronic diseases cost us as a state?

- North Dakota Medicare (ages 65 and older) charges in 2008 were \$167 million for heart disease and stroke hospital discharges, equaling more than \$22,000 per hospitalization.
- Cancer is the leading cause of death for people ages 20 to 65, and treatment cost state residents \$274 million in 2012.

- Diabetes cost North Dakotans \$400 million in direct and indirect costs in 2007. (Direct costs include the cost of physicians and other professionals, hospital and nursing home services, the cost of medications, home health care, and other medical durables. Indirect costs include the lost productivity that results from illness and death.)<sup>viii</sup>
- Recent reports note that binge drinking cost our state cost more than \$419 million in 2006, with a nearly \$170 million estimated cost to the state and federal government.<sup>ix</sup>

#### What works?

We have some good efforts in some parts of North Dakota. The National Diabetes Prevention Program helps those at high risk for diabetes to adopt and maintain healthy lifestyles and reduce their chances of developing type 2 diabetes. By eating healthier, increasing physical activity and losing a small amount of weight, a person with pre-diabetes can prevent or delay the onset of type 2 diabetes by 58 percent and by more than 70 percent in older adults. Trainers are being educated here the North Dakota Diabetes Prevention and Control Program in the North Dakota Department of Health to carry out the Diabetes Prevention Program here in our communities.

Four communities in our state received grants from a national competitive field to move forward with their healthy community initiatives. Right here in Bismarck and Mandan there is active community coalition with over 30 active member organizations including universities, cycling groups, farmers markets and even the local cable access network to help get community health messages and education to the public.

Grand Forks incorporates a unique partner, the USDA Human Nutrition Research Center, into its healthy community initiative. The partnership benefits both the community in receiving the most current nutrition research-based information, and the research center brings benefits to all of us by finding out causes and treatments for obesity not just in a laboratory setting, but right in the community.

Fargo, with its Cass-Clay Healthy People Initiative, is working in schools, childcare facilities and the community at large to reduce the rate of childhood obesity by a measurable amount. The financial support of the Dakota Medical Foundation and a full-time coordinator is bringing together people and groups from all areas including local governments, public health, transportation planners, fitness facilities, schools, universities, healthcare facilities, the business community, Extension offices and faith-based organizations to make change happen.

Valley City/Barnes County is "On the Move" in encouraging physical activity throughout the community and healthy eating in schools, including healthier offerings in their concession stands and in planting fruit trees on school grounds. Their healthy community coalition works with business to incorporate worksite wellness programs including breastfeeding promotion. Their public health unit is also working to help keep people with chronic diseases such as diabetes healthier at home in the community and out of the hospital. They are working with people to manage their chronic diseases and live more healthfully by

educating, making sure the right medication is being taken, and referral and coordination of care with medical providers.

Community-wide efforts in other parts of our state are sometimes not comprehensive enough; funding and personnel time is hard to come by. In some cases, community coalitions end up spending more time on chasing and managing funding than actually doing the work.

Childhood obesity prevention efforts are starting to make a measurable difference; those rates have started to level off in some parts of our country, but unfortunately North Dakota is not one of those places. Our childhood obesity rates continue to increase. Where the rates are decreasing, in places like Philadelphia, New York, Nebraska and even Mississippi, there are partnerships of diverse groups working to take comprehensive action.<sup>x</sup> Partnerships work to improve many areas of daily life including in schools, child care, worksites and the community at large.

It's up to people in each state and community to select the items that are acceptable and doable in each area. And we know we in North Dakota, the quality, commitment and connectedness of the communities and health care providers in North Dakota will come up with solutions to the of childhood obesity so that we can shatter the prediction that this generation of children will be the first ever to live shorter and less healthy lives than those of their parents.

There is not one prescription to make measurable differences in changing behaviors and environments to reduce obesity and chronic disease, but there is a full menu of research-based strategies from which to choose.

Strategies to prevent overweight, obesity and other chronic diseases include<sup>xi</sup>:

- Breastfeeding promotion practices and policies
- Early childcare nutrition and movement education and policies
- Nutrition and physical education in faith communities
- Incentives for getting more fruits and vegetables in shopping carts
- School food and nutrition education s
- Worksite wellness changes in foods and physical activity
- Using community-wide campaigns for healthier living

Obesity and other chronic diseases are multi-faceted problems with many causes. In the US, we are fond of cures that just require us to pop a pill, or a "silver bullet" to fix a problem. For these complex issues, there *is* one solution proven to work, and that's the involvement of many people and organizations taking on issues wherever we live, learn, work or play. Partnerships, in other words. Where we have active collaborations, we have some movement forward. In my experience working to decrease the incidence of chronic diseases, where there is a person whose primary job it is to work on prevention, success happens. To my knowledge there is only one person in North Dakota whose full-time job it is to address preventing obesity and chronic disease – that person is funded by the Dakota Medical Foundation in Fargo. For most other cases, chronic disease and obesity prevention

is just a segment of job responsibilities. Efforts are started, but not sustained due to a lack of sustained funding at the state and community level.

Chronic diseases like diabetes are an individual's responsibility to manage, but they impact all of us in the long run. If we don't start taking steps in the right direction, if we as individuals don't start making the smarter decisions, if communities don't start helping each other to take the right steps to develop healthier lifestyles, if we as a society don't address the fact that diabetes and other chronic diseases are growing at alarming rates, then people are going to suffer. We're not talking just about saving money, we're talking saving lives. We're talking about our children, we're talking about the next generation, we're talking about our parents and grandparents who are suffering.

We can continue what we are doing now - to do the very minimal in using some federal funds in a limited way to try to address this large issue, but we will not, in my opinion, change our trajectory. We can decide to invest in healthier people now, or we can pay the higher costs, literally millions of dollars, to treat diseases in the future. I encourage you to further consider that we, together as a state, do more, and invest time and resources into tackling these issues to leave a legacy of a healthier North Dakota for our children and grandchildren.

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<sup>i</sup> US Centers for Disease Control and Prevention, accessed 1/8/14 at <http://www.cdc.gov/chronicdisease/overview/index.htm>

<sup>ii</sup> "Exhaustion Of Food Budgets At Month's End And Hospital Admissions For Hypoglycemia" <http://content.healthaffairs.org/content/33/1/116.abstract>

<sup>iii</sup> US Centers for Disease Control and Prevention, accessed 1/8/14 at <http://www.cdc.gov/chronicdisease/overview/index.htm>

<sup>iv</sup> *The Long-Term Returns of Obesity Prevention Policies*, the Robert Wood Johnson Foundation, accessed 1/8/14 at <http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf405694>

<sup>v</sup> *The Long-Term Returns of Obesity Prevention Policies*, the Robert Wood Johnson Foundation, accessed 1/8/14 at <http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf405694>

<sup>vi</sup> [http://www.ndhealth.gov/chronicdisease/Publications/2012\\_CD\\_Status%20Report.pdf](http://www.ndhealth.gov/chronicdisease/Publications/2012_CD_Status%20Report.pdf)

<sup>vii</sup> [http://www.ndhealth.gov/chronicdisease/Publications/2012\\_CD\\_Status%20Report.pdf](http://www.ndhealth.gov/chronicdisease/Publications/2012_CD_Status%20Report.pdf)

<sup>viii</sup> [http://www.ndhealth.gov/chronicdisease/Publications/2012\\_CD\\_Status%20Report.pdf](http://www.ndhealth.gov/chronicdisease/Publications/2012_CD_Status%20Report.pdf)

<sup>ix</sup> <http://www.inforum.com/event/article/id/423567/>

<sup>x</sup> Robert Wood Johnson Foundation issue brief, *Declining childhood obesity rates—where are we seeing the most progress?* accessed 1/8/14 at [http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2012/rwjf401163](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2012/rwjf401163)

<sup>xi</sup> The Center for Training and Research Translation <http://centertrt.org/>