June 25, 2012

Senate President Therese Murray  
Speaker of the House Robert DeLeo  
Chairman Richard Moore  
Chairman Steven Walsh  
Chairman Anthony Petruccelli  
Leader Ronald Mariano  
Leader Brue Tarr  
Representative Jay Barrows

Dear Madame President, Mr. Speaker, Chairman Moore, Chairman Walsh, Chairman Petruccelli, Leader Mariano, Leader Tarr, and Representative Barrows:

On behalf of the Trust for America’s Health (TFAH), we want to thank you for your groundbreaking legislative action aimed at controlling health care costs and investing in proven disease prevention strategies. It is no surprise to us that Massachusetts is once again taking a national leadership role in devising solutions to pressing health care and public health challenges. In particular, we applaud you for your proposal to create a new Prevention and Wellness Trust Fund. This would be the first such fund created in the country, and we believe it would be a national model for other states looking to bend the cost curve and promote a healthier population.

The scientific literature supports the efficacy of numerous community-based prevention strategies to improve healthy behaviors and health outcomes and reduce health care costs. Research and experience both show that effective programs require adequate and sustained funding to leverage the most effective results.

As you continue to consider and debate the final details of the proposed Massachusetts Prevention and Wellness Trust Fund, TFAH is pleased to provide you with our new analysis from our recent report titled Bending the Obesity Cost Curve. The analysis is based on a model developed by researchers at the National Heart Forum.

As obesity rates continue to rise dramatically in Massachusetts, TFAH’s issue brief on Bending the Obesity Cost Curve in Massachusetts found that if we reduce the collective Body Mass Index (BMI) rate in the state by only five percent, we could spare thousands of people in Massachusetts from chronic disease and conditions such as heart disease, stroke and cancer while saving billions of dollars each year. Our report estimates health care savings of more than $5 billion in ten years and $14 billion within twenty years.

We hope these findings are helpful. An online version of the complete report is available on TFAH’s website at http://healthyamericans.org/report/93/, and the MA Issue Brief is available here.

If you have any questions, or would like to receive a detailed briefing on the report, please contact Maddie Ribble at the Massachusetts Public Health Association at mribble@mphaweb.org.

Thank you.

Sincerely,

Jeffrey Levi, PhD  
Executive Director  
Trust for America’s Health
Bending the Obesity Cost Curve in Massachusetts:

REDUCING BODY MASS INDEX RATES BY FIVE PERCENT COULD LEAD TO HEALTH CARE SAVINGS OF MORE THAN $5 BILLION IN 10 YEARS AND $14 BILLION IN 20 YEARS

Obesity rates have grown dramatically in Massachusetts over the past 15 years, and are on track to grow significantly more in the next 20 years.

However, if we take action, using evidence-based strategies in our schools, neighborhoods and workplaces to improve nutrition and increase physical activity by making healthy choices easier for people in Massachusetts, we could significantly reduce rates of obesity-related diseases and reduce health spending.

A new analysis by the Trust for America’s Health (TFAH) and the National Heart Forum (NHF) found that if we reduce the collective body mass index (BMI) rate in the state by only five percent, we could spare thousands of people in Massachusetts from type 2 diabetes, coronary heart disease and stroke, hypertension, cancer and arthritis, while saving billions of dollars each year. Individuals are considered obese if their BMI of 30 or higher; for an adult reducing BMI by one percent is equivalent to a weight loss of around 2.2 lbs for an adult of average weight.1
### Potential Health and Cost Savings by Top Obesity-Related Health Problems

<table>
<thead>
<tr>
<th></th>
<th>2010 Number of Cases*</th>
<th>Potential Cases Avoided by 2020 if Reduce BMI Rates by 5% (cumulative)*</th>
<th>Potential Cost Savings by 2020, if Reduce BMI Rates by 5% (cumulative)</th>
<th>Potential Cases Avoided by 2030 if Reduce BMI Rates by 5% (cumulative)*</th>
<th>Potential Cost Savings by 2030, if Reduce BMI Rates by 5% (cumulative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 2 Diabetes</td>
<td>483,815</td>
<td>77,200</td>
<td>$1,656,000,000</td>
<td>155,519</td>
<td>$5,436,000,000</td>
</tr>
<tr>
<td>Obesity-Related Cancers^</td>
<td>102,428</td>
<td>6,851</td>
<td>$250,000,000</td>
<td>13,108</td>
<td>$489,000,000</td>
</tr>
<tr>
<td>Coronary Heart Disease &amp; Stroke</td>
<td>374,998</td>
<td>65,080</td>
<td>$2,358,000,000</td>
<td>138,064</td>
<td>$5,918,000,000</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1,258,446</td>
<td>75,882</td>
<td>$340,000,000</td>
<td>135,297</td>
<td>$952,000,000</td>
</tr>
<tr>
<td>Arthritis</td>
<td>1,270,369</td>
<td>40,774</td>
<td>$439,000,000</td>
<td>76,080</td>
<td>$1,257,000,000</td>
</tr>
</tbody>
</table>

2010 baseline for potential cases, costs and savings
*Total cases and cases avoided calculated by TFAH using per 100,000 rates and 2011 census population data
^Top obesity-related cancers include endometrial (uterine), esophageal, kidney, colon and post-menopausal breast cancer.

### Obesity Trends in Massachusetts

<table>
<thead>
<tr>
<th>Obesity 1995</th>
<th>Obesity 2010</th>
<th>Obesity 2030 if continue on current track*</th>
<th>Obesity 2030, if lower BMI rates by 5%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.6%</td>
<td>22.3%</td>
<td>48.7%</td>
<td>42.4%</td>
</tr>
</tbody>
</table>

*All ages, all genders, adjusted for self-reporting bias.

### PEER-REVIEWED MODELING

The analysis is based on a model developed by researchers at the National Heart Forum. Micro Health Simulations used the model in a peer reviewed study, “Health and Economic Burden of the Projected Obesity Trends in the [United States and the United Kingdom],” published in 2011 in *The Lancet.*

![Image of a scale with a person on it]
EFFECTIVE WAYS TO REDUCE OBESITY

According to the U.S. Centers for Disease Control and Prevention (CDC), more than half of Americans live with a chronic disease, many of which are related to obesity, poor nutrition and physical inactivity — and a majority of these diseases could be prevented.3

A wide range of evidence-based studies have found that effective disease prevention programs in communities can reduce obesity rates, improve nutrition and increase physical activity.

CDC’s Community Preventive Services Taskforce conducts a systematic review and evaluation process to determine effective programs and policies for improving health and preventing disease. The results, published in the Community Guide for Preventive Services, feature a series of evidence-based, community approaches to increasing physical activity, promoting good nutrition, lowering diabetes rates and reducing obesity, ranging from addressing the built environment, such as building sidewalks and access to parks, to workplace wellness programs to increasing physical activity in schools.4

The Compendium of Proven Community-Based Prevention Programs by The New York Academy of Medicine (NYAM) includes a summary and examples from an extensive literature review that NYAM conducted of peer reviewed studies evaluating the effectiveness of community-based disease prevention programs.5 NYAM identified 84 articles, including programs that can directly reduce obesity and obesity-related diseases, including type 2 diabetes, heart disease, stroke, kidney disease and some forms of cancer.

In 2011, the American Heart Association (AHA) published a review of more than 200 research studies and concluded that most cardiovascular disease can be prevented or at least delayed until old age through a combination of direct medical care and community-based prevention programs and policies.6 Some of the key findings included:7

▲ Every $1 spent on building biking trails and walking paths would save an estimated nearly $3 in medical expenses.

▲ For every $1 spent in wellness programs, companies would save about $3.27 in medical costs and $2.73 in absenteeism costs.

▲ One year interventions found that every $1 spent targeting poor eating and poor physical activity habits resulted in $1.17 of savings.

▲ Lifestyle changes in nutrition and activity reduced the incidence of type 2 diabetes by 58 percent compared to drug therapy, which only reduced the incidence by 31 percent.

ENDNOTES


