

# Health Improvement Brief for Elected Officials in Sibley County

**Now is the time for good health. It is an investment in our future.**

December 2010

“Without proper prevention and treatment of childhood obesity, our current generation could become the first in American history to live shorter lives than their parents.”

-Ginny Ehrlich, Executive Director, Alliance for a Healthier Generation

## Chronic Diseases are on the Rise

Next to tobacco use, obesity is the leading cause of chronic disease and premature death. Over the past twenty years, obesity has doubled.<sup>1</sup> This means increased suffering and premature death for many people. In Minnesota, 63% of adults are overweight or obese.<sup>2</sup> This puts the majority of adults in our state, about 2.2 million people, with significantly higher risks of developing several diseases including diabetes, heart disease, hypertension, high blood pressure and high cholesterol.<sup>3</sup>

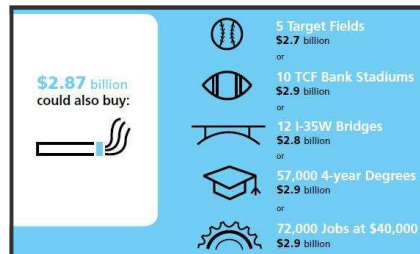


Our children are in real, physical danger. The childhood obesity rate is staggering—one in three American children and teens is overweight or obese.<sup>4</sup> Children born in the year 2000 have a 33% chance of becoming diabetic if they're boys and 39% if they're girls.<sup>5</sup> Our children are now having health problems that were previously only typical for adults. Too many of our children are on track to a premature death.

Smoking harms nearly every organ in the body and causes many diseases including cancer, heart disease, stroke and lung diseases (including emphysema, bronchitis and chronic airway obstruction).<sup>6</sup> In the United States, tobacco use is responsible for 1 out of 5 deaths annually.<sup>6</sup> For every person who dies from a smoking-related disease, 20 more people suffer with at least one serious illness from smoking.<sup>7</sup> Not only does smoking harm the health of those who smoke, but exposure to secondhand smoke also causes approximately 46,000 heart disease deaths and 3,000 lung cancer deaths every year in non-smokers.<sup>8</sup>

## The Cost of Chronic Disease

The increase in people who are overweight and obese, as well as people who use tobacco, translates into higher healthcare costs for everyone. In Minnesota, recent data from the Minnesota Department of Health shows that nearly \$33 billion is spent annually providing healthcare to our citizens.<sup>9</sup> These costs are out of control and will continue to increase. This issue needs to be addressed now. We simply cannot afford to neglect the health of our citizens.



In Minnesota, smoking was responsible for \$2.87 billion in excess medical expenditures in 2007. Compare those expenditures with costs of other important efforts in

the state.<sup>9</sup>

Today's total annual obesity-related health care costs in Minnesota are estimated at more than \$1.3 billion.<sup>3</sup> This cost has doubled within the past decade. Blue Cross Blue Shield found this amount could increase to more than \$5 billion annually by 2020 if left unchecked.<sup>3</sup>

Smoking claims the lives of 5,135 Minnesotans each year and is the number one preventable cause of death in the U.S.<sup>9</sup> Many deaths related to chronic disease are premature and preventable.

Physical fitness is associated with improved academic performance and mental development in children and adolescents.



Minnesota workplaces can help employees move more and eat better.



Headlines on the obesity issue are often limited to diet tips, and exercise and weight-loss plans. There's much more to the story.

## Statewide Health Improvement Program

In 2008, the Minnesota State Legislature passed the state's Health Reform initiative. As an integral party of Minnesota's Vision for a Better State of Health, the Statewide Health Improvement Program (SHIP) aims to help Minnesotans live longer, healthier lives by preventing risk factors that lead to chronic disease.

SHIP makes a marked departure from traditional individual-based public health prevention programs, because behavior changes that result from programmatic efforts can be difficult to sustain beyond the life of the program. Instead, SHIP focuses on broad, sustainable, evidence-based changes to the policies, systems and environments that exist in schools, communities, worksites and health care systems that will make it easier for people to incorporate healthy behaviors into their daily lives.

With sustained funding, a reduction in risk factors could result in significant cost savings; the estimated potential savings by 2015 could be as much as \$1.9 billion, or 3.8 percent of projected health care spending without reform.<sup>10</sup>

## What Does Good Health Look Like in Our Communities?

- Both the Gibbon-Fairfax-Winthrop and Sibley-East School Districts have made improvements to the food they serve in their school cafeterias. This includes serving locally grown foods through the Farm-to-School initiative.
- In the summer of 2010, the Sibley East FFA program planted and harvested a one-acre vegetable garden in which the produce was served in the school cafeteria. Plans are already underway to expand this to four acres in the summer of 2011.
- The Sibley County Prairie Line Trail Organization continues to partner with the local cities in Sibley County to secure grant funding to begin constructing a county-wide trail system to connect all of the cities in the county by trail.
- The cities of Arlington and Gaylord continue to actively work on plans and improvements to make it easier for residents to safely walk and bike within the city.
- On National Walk to School Day on October 6, 2010, over 900 students from five schools participated in walking events that were coordinated by the local Safe Routes to School Coalition.
- Six in-home daycares and seven preschools have made a combined 53 policy, systems or environmental (PSE) changes within their setting to create additional opportunities and encourage the children in their care to be physically active.
- Several worksites in Sibley County are actively working on creating a healthier environment for their employees through PSE changes such as tobacco free campus policies, healthy vending and meetings, and the opportunity to participate in on-site health screenings.

1. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, GA; U.S. Department of Health and Human Services; 1990, 2006.

2. Minnesota Department of Health, Fact Sheet. *Overweight and Obesity*. June 2009.

3. Report: *Majority of Minnesotans overweight or obese. Face Barriers to Eating Better, Moving More*. Blue Cross and Blue Shield of Minnesota. May 6, 2010.

4. American Lung Association. *Overweight in Children*. June 10, 2010.

5. Venkat Narayan et al, 2004.

6. Centers for Disease Control and Prevention. *Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses*. United States, 2000–2004.

7. World Health Organization. *WHO Report on the Global Tobacco Epidemic, 2009*.

8. National Cancer Institute. *Secondhand Smoke and Cancer Fact Sheet*. Reviewed October 29, 2010.

9. Blue Cross and Blue Shield in Minnesota. *Healthcare Costs and Smoking in Minnesota*. November 2010.

10. Minnesota Department of Health. *Creating a Better State of Health*. January 2010.

“We can stop this epidemic and help Minnesotans manage their current weight and prevent future weight gain by approaching it from all angles—working with individuals, businesses, and communities—to encourage moving more and eating better. It's clear the healthy choice must be the easy choice in our state.”

- Dr. Marc Manley, Chief Prevention Officer at Blue Cross Blue Shield