



Policy efforts to address poor nutrition and lack of physical activity are needed now or chronic diseases and their costs will continue to sky-rocket

Unfortunately, Vermont is not immune from the health crisis of chronic diseases caused by poor nutrition and a lack of physical activity that has plagued the nation in recent years. The rates of Vermonters at an unhealthy weight is taking a toll on our health care system. Prevention is critical and science shows that education alone is not enough. State leaders must address the crisis through policy efforts that impact all generations of Vermonters.

Adults:

- Obesity affects a quarter of Vermont adults¹ and over 60% are overweight or obese.²
- According to the State of Obesity Report, the obesity rate of adults in Vermont has been steadily climbing from 10% in 1990 to 25.1% currently.³

Kids:

- 29% of Vermont youth⁴ are overweight or obese.
- A new body mass index study of 1st, 3rd and 5th graders in Franklin and Grand Isle counties by RiseVT found 41% of youth were overweight or obese.⁵
- An alarming 14.1% of 2- to 4-year-olds in the WIC program and 12.4% of high school students in Vermont are obese.⁶
- There are more than three times as many overweight children and adolescents in the U.S. than there were in 1980.⁷
- Health care costs will only escalate if nothing is done as obese children are at least twice as likely as non-obese children to become obese adults.⁸
- A 2018 study in the New England Journal of Medicine notes the majority of today's toddlers will be obese by the age of 25.

Severity of the problem:

- The Vermont Department of Health's number one goal under its State Health Improvement Plan (SHIP) is reducing the prevalence of obesity and tobacco use.⁹

¹ Vermont Department of Health, Obesity Surveillance in Vermont, <http://healthvermont.gov/health-statistics-vital-records/surveillance-reporting-topic/obesity>

² Vermont 2013 BRFSS Adult Behavioral Risk Factor Survey; Vermont Department of Health

³ State of Obesity Report, Trust for America's Health/Robert Wood Johnson Foundation

⁴ Vermont 2013 YRBS Youth Risk Behavior Survey; Vermont Department of Health

⁵ <https://vtdigger.org/2018/07/12/elisabeth-fontaine-jennifer-laurent-making-healthy-choice-easy-choice/>

⁶ State of Obesity Report, Trust for America's Health/Robert Wood Johnson Foundation

⁷ Ogden, C.L., Carroll, M.D. Prevalence of obesity among children and adolescents: United States, trends 1963-1965 through 2007-2008. National Center for Health Statistics Health E-Stats, June 2010.

⁸ Serdula MK, Ivery D, Coates RJ, et al. "Do Obese Children Become Obese Adults? A Review of the Literature." *Preventive Medicine*, 22(2): 167-177, 1993. Available at: www.ncbi.nlm.nih.gov/pubmed/8483856.

⁹ A Roadmap to Better Health, Commissioner Harry Chen, House Human Services, February 3, 2017

- Poor diet and lack of physical activity are two of the three unhealthy behaviors identified by VDH in its 3-4-50 campaign to reduce chronic diseases and health care costs in Vermont. These, along with tobacco use, lead to cancer, heart disease and stroke, Type 2 diabetes and lung disease, and result in more than 50% of deaths in Vermont.

Costs:

- These are costly, preventable diseases. Chronic diseases affect the quality of life for Vermonters and the state's economic future. Medical costs related to asthma, cancer, diabetes and cardiovascular disease have **continually increased from \$1.52 billion in 2010 to \$2,042,000,000 in 2015.**¹⁰
- Costs related to chronic diseases are expected to continue on this path, **increasing by 75 percent** from 2010 to 2020.¹¹
- Vermont's current 38,031 cases of heart disease are expected to grow to 190,617 and its current 10,273 cases of obesity-related cancer are expected to grow to 27,751 by 2030 if Vermont continues on its current path.¹²

The problem is starting early:

- The 2017 Youth Risk Behavior Survey (YRBS) notes that nutritious eating and physical activity are two cornerstones of healthy adolescent development yet, YRBS Behavior Survey data also shows cause for concern in Vermont kids.
- Only a quarter of Vermont students meet the U.S. Department of Health and Human Services guidelines for physical activity of 60 minutes of physical activity every day. And 13% of Vermont students did not participate in at least 60 minutes of physical activity on any day.¹³
- On the average school day more than half of Vermont students (53%) spend three or more hours in front of screens for something not related to school. This includes 19% who spent more than five hours a day!¹⁴
- Only a third of students ate fruit or drank 100% fruit juice at least two times per day. And only 18% of Vermont students ate three or more vegetables a day.¹⁵ The U.S. Department of Health and Human Services Guidelines recommend five servings of fruit and vegetables a day.
- 12% of students drank at least one can, bottle or glass of sugary beverages a day including sports drinks, energy drinks, lemonade, or sweetened tea or coffee drinks.¹⁶
- Only 40% of kids had breakfast every day and one in ten said they never had breakfast in the past week. Many kids still aren't getting the nutrition they need. A quarter of students reported that they went hungry because there wasn't enough food at home.¹⁷

Sugary beverages are one of the leading contributors to the crisis:

- Sugary drinks provide the largest source of daily calories in the diets of American children ages two to 18. In fact, each extra serving of a sugar-sweetened beverage consumed a day increases a child's chance of becoming obese by 60 percent.
- Sugary drinks, unlike junk foods which may contribute some nutrition to the diet, are just "empty" calories. Consumption is directly linked to expensive, chronic illnesses such as type 2 diabetes and cardiovascular disease. People who drink sugary drinks regularly, one to two cans a day or

¹⁰ Vermont Department of Health 3-4-50 Statewide Data Brief, Centers for Disease Control Chronic Disease Cost Calculator

¹¹ Vermont Department of Health 3-4-50 Statewide Data Brief, Centers for Disease Control Chronic Disease Cost Calculator

¹² State of Obesity Report, Trust for America's Health/Robert Wood Johnson Foundation

¹³ Vermont Youth Risk Behavior Survey, 2017

¹⁴ Vermont Youth Risk Behavior Survey, 2017

¹⁵ Vermont Youth Risk Behavior Survey, 2017

¹⁶ Vermont Youth Risk Behavior Survey, 2017

¹⁷ Vermont Youth Risk Behavior Survey, 2017

more, have a 26% greater risk of developing type 2 diabetes than those who rarely have such drinks.¹⁸

- Drinking just one sugary drink a day increases a man's risk of having a heart attack or dying from a heart attack by 20%.¹⁹
- Despite the health risks associated with soda and other sugary drink consumption, the majority (74%) of the top restaurant chains' default beverage with a kids' meal is a sugary drink,²⁰ which influences the eating patterns and establish norms for the 2-5 year-olds who eat kids' meals.

Scope of the solution must be equivalent to the scope of the problem:

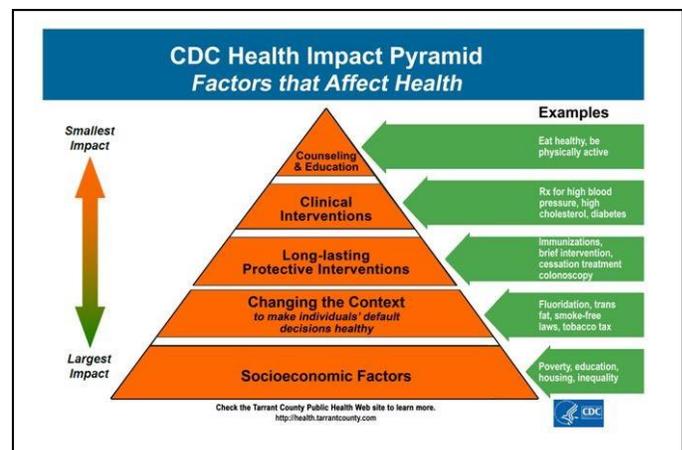
The problem of chronic diseases caused by poor nutrition and lack of physical activity were caused by many factors, and, like Vermont's effective Tobacco Control Program, it will take a comprehensive approach to address the problem and change norms.

That program, which addresses a public health threat in communities, schools, and media, and focuses on both prevention and cessation, saved Vermont \$1.43 billion in what it would have otherwise spent treating tobacco-caused diseases. Vermont should take the same approach to preventing chronic diseases caused by poor nutrition and lack of physical activity.

Education alone is not the answer:

The Centers for Disease Control's Health Impact Pyramid shows education is one of the least effective ways to solve a public health problem. Changing the context by making the healthy choice the easy choice is one of the most impactful.

This means passing policy efforts that help make individuals' default choice the healthy one.



What can be done:

The following are among the public health policies that Vermont must address to reduce diet-related diseases.

- **Restaurant Kids Meals** -- Ensuring all restaurant meals sold to children meet nutrition standards and removing sugary drinks from all restaurant children's meals.
 - Americans now spend more of their food budget on foods prepared away from home than on foods at home. Children consume roughly 25% of their calories from eating out, and about 42% of children aged two to nine eat fast food on a given day.
- **Junk food marketing in schools** - Eliminating marketing of unhealthy foods and beverages in schools including incentives and advertising.
 - Although parents play a major role in shaping the eating habits and diets of their children, parents know that food marketing also influences their children's food

¹⁸ <https://www.ncbi.nlm.nih.gov/pubmed/20693348>

¹⁹ de Koning L, Malik VS, Kellogg MD, Rimm EB, Willett WC, Hu FB. Sweetened beverage consumption, incident coronary heart disease, and biomarkers of risk in men. *Circulation*. 2012;125:1735-41, S1.

²⁰ Ribakove S, Almy J, Wootan MG. *Soda on the Menu: Improvements Seen but More Change Needed for Beverages on Restaurant Children's Menus*. Washington, D.C.: Center for Science in the Public Interest, July 2017.

preferences. This in turn affects children's purchase requests, diets, and overall health.

- The majority of foods marketed to children, even in our schools, are of poor nutritional quality. Common in-school food marketing approaches include: posters and signs, vending machine exteriors, advertisements on buses, sponsorships, incentive programs, label redemption programs, and branded fundraisers, including school benefit nights at restaurants.
- **Implementing an excise tax on sugary beverages** -- public health experts predict these taxes have the potential to be one of the most effective policy strategies to achieve health equity.
 - Taxes in Berkeley and Mexico have lowered consumption of sugary drinks while increasing the volume of healthy drinks purchased.
 - Revenue estimates for a 2 cent/oz tax in Vermont are around \$30 million conservatively which could be used for programs to increase access to nutritious foods and opportunities for exercise.
- **Funding for Obesity Prevention** – for comprehensive efforts similar to Vermont's Tobacco Control Program that would address obesity and diet-related diseases in schools, communities and media to promote healthy eating and active living and enable Vermonter to more easily make the healthy choice the easy choice.
 - There is a great return on investment concerning prevention spending.
 - Independent evaluation of Vermont's Tobacco Control Program found that with the \$72 million the state invested in tobacco control between 2001-2014, it resulted in an estimated \$1.43 billion savings in overall smoking-related health care costs (including \$586 million in Medicaid costs)