Government Regulation in Public Health: Vaccination & Obesity Case Studies

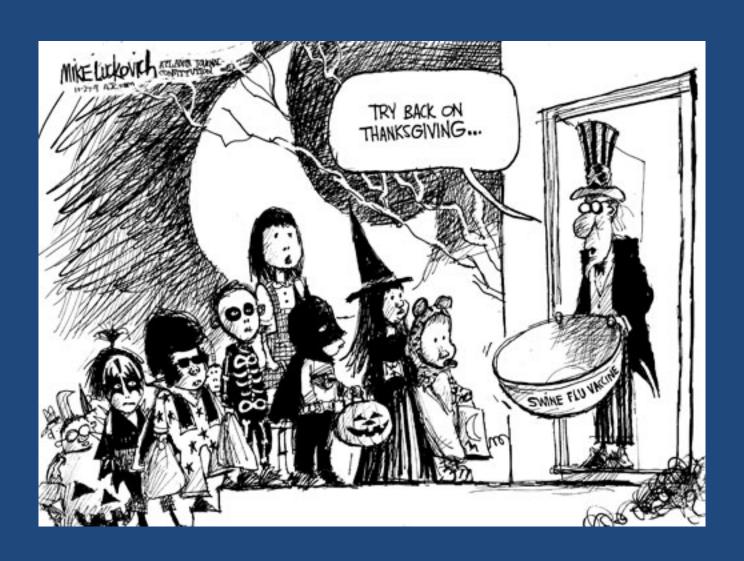
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Today's Objectives

- A classic case revisited: NYS Vaccine Mandate
- Brief review of data @ obesity
- Positioning of obesity as an individual health issue to a public health concern (and then to a cost concern?)
- Obesity regulation Al, NC, NYC Case Studies

NYS Vaccine Mandate

The Vaccine



NYS Vaccine – News Spin



Obesity Regulation / "Fat Tax"

Obesity: Prevalence #s



Risk of Associated Disease According to BMI and Waist Size			
ВМІ		Waist less than or equal to 40 in. (men) or 35 in. (women)	Waist greater than 40 in. (men) or 35 in. (women)
18.5 or less	Underweight		N/A
18.5 - 24.9	Normal		N/A
25.0 - 29.9	Overweight	Increased	High
30.0 - 34.9	Obese	High	Very High
35.0 - 39.9	Obese	Very High	Very High
40 or greater	Extremely Obese	Extremely High	Extremely High

Cost Data

- 2006: An obese person cost 41.5% more in med expenditures than "normal weight" peer
- 2008: 9.1% of US health care expenditures related to obesity
- CDC estimates obesity related conditions cost US employers \$117 billion/year

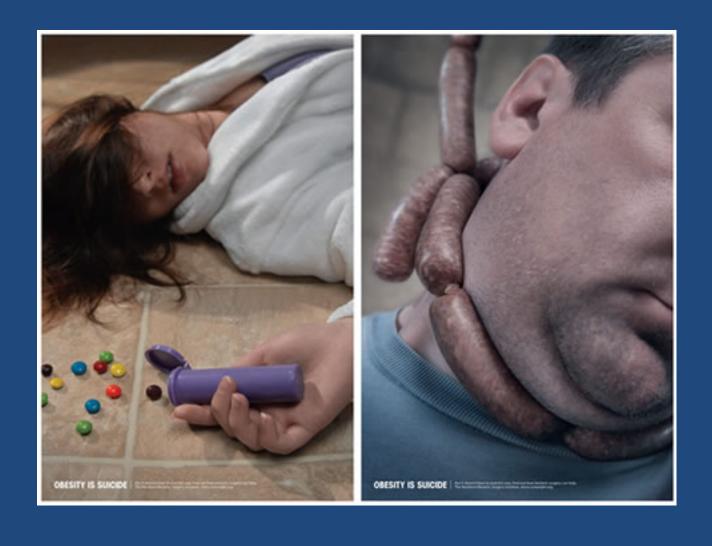
Finkelstein et al 2009; Hellmich 2009; Pomeranz & Gostin 2009 (respectively)

How We Show Obesity



A Weight-loss Surgery Website!

How We "Confront" Obesity



"Stick" Approach

State Insurance Plan Approach:

- Alabama: \$25/month surcharge
- North Carolina: 80/20 v. 70/30 plan

Restricting Public Benefits:

New York City: No sugary drinks with food stamps

Summary: PH & Policy

We think there's a problem, so let's do something ("we're mad as hell...")

- Data to support PH-like policy efforts
- On-going evaluation of policy interventions
- Consider unintended consequences & tradeoffs, including ethical (not just economic)

Thank You!

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^{*}Full references in PPT available from AT Campbell; please contact.