

## A HEALTHIER AMERICA: 10 TOP PRIORITIES FOR PREVENTION

# Combating the Obesity Epidemic

### WHY IS THE OBESITY EPIDEMIC A THREAT TO OUR NATION'S HEALTH?

#### A Growing Problem:

- Two-thirds of Americans are obese or overweight.<sup>2</sup>
- Rates of adult obesity now exceed 20 percent in 47 states and D.C and 25 percent in 19 states. In 1991, rates did not exceed 20 percent in a single state.<sup>3</sup>
- Approximately 25 million U.S. children are obese or overweight. Rates of childhood obesity have more than tripled since 1980.<sup>4</sup>

#### Health Consequences:

- Obesity and physical inactivity are risk factors in more than 20 chronic diseases, including type 2 diabetes, heart disease, and some forms of cancer.<sup>5</sup>
  - ▲ More than 20 million American adults have type 2 diabetes, and 54 million more are pre-diabetic.<sup>6</sup> Two million adolescents have pre-diabetes.<sup>7</sup>
  - ▲ More than 75 percent of hypertension cases can be attributed to obesity.<sup>8</sup>
  - ▲ Approximately 20 percent of cancer in women and 15 percent of cancer in men can be attributed to obesity.<sup>9</sup>
  - ▲ Obesity increases a child's risk for a range of health problems and negatively impacts mental health and school performance.<sup>10,11</sup>

#### High Costs:

- Obesity-related health care costs approximately \$117 billion annually.<sup>12</sup>

#### Alarming Trends:

- Twenty-two percent of American adults report that they do not engage in any physical activity.<sup>13</sup>
  - ▲ Only 54 percent of high school students had a physical education class at least once a week, and only 33 percent of high school students had daily physical education.<sup>14</sup>
  - ▲ More than 35 percent of high school students watch 3 or more hours of TV and more than 20 percent of high school students played video or computer games or used a computer for non-school activities for 3 or more hours on an average school day.<sup>15</sup>
- Consumption of added sugar in the average diet has increased 22 percent since the 1980s.<sup>16</sup>
- Spending in fast food restaurants has grown more than 18 times (from \$6 billion to \$110 billion) in the past 30 years.<sup>17</sup>

“DESPITE STEADY PROGRESS OVER MOST OF THE PAST CENTURY TOWARD ENSURING THE HEALTH OF OUR COUNTRY’S CHILDREN, WE BEGIN THE 21ST CENTURY WITH A STARTLING SETBACK -- AN EPIDEMIC OF CHILDHOOD OBESITY. THIS EPIDEMIC IS OCCURRING IN BOYS AND GIRLS IN ALL 50 STATES, IN YOUNGER CHILDREN AS WELL AS ADOLESCENTS, ACROSS ALL SOCIOECONOMIC STRATA, AND AMONG ALL ETHNIC GROUPS...”<sup>1</sup>

-- INSTITUTE OF MEDICINE’S  
*PREVENTING CHILDHOOD  
OBESITY: HEALTH IN THE  
BALANCE*



**MARCH 2008**

**PREVENTING EPIDEMICS.  
PROTECTING PEOPLE.**

## WHAT CAN BE DONE TO COMBAT THE EPIDEMIC?

- **Implement a National Strategy to Combat Obesity.** The federal government should develop and implement a national strategy that is a shared responsibility, involving every federal government agency, define clear roles and responsibilities for states and localities, and engage private industry and community groups.
- **Improve Nutrition and Promote Physical Activity in Schools.** School meal programs should concentrate on setting high nutritional standards for foods served in schools, instead of focusing on minimum nutrition standards. The USDA should immediately require schools to meet or exceed the 2005 Dietary Guidelines for Americans, and implement the Institute of Medicine's nutrition standards for foods sold à la carte in schools by vending machines or other competitive marketers. Since physical activity has been shown to improve health as well as academic performance, schools must also increase the amount of time kids spend in physical education classes and work to ensure that students spend time engaging in moderate-to-vigorous physical activity before school, between classes and after the school day school ends.
- **Encourage Every Employer to Offer a Workplace Wellness Program.** Federal, state, and local governments must work

with private employers and insurers to make certain that every working American has access to a workplace wellness program and preventive care benefits.

- **Make Healthy Choices Easy Choices: Creating Opportunities for Exercise and Healthy Eating.** Americans must be given the tools they need to engage in more physical activity, since even small amounts of activity can lead to major health improvements. Children should be given the opportunity to be more physically active throughout the day, both in and out of school. The communities we live in should allow greater opportunities for activity, including places for safe and affordable public recreation and increased availability of sidewalks. Americans must also be given the tools to take responsibility for their eating habits, including nutritional recommendations and information and access to supermarkets and affordable healthy foods.
- **Invest in Research.** What are the most effective school-based, community-based and family-based prevention strategies? What are the factors that put children most at-risk of obesity? What is the real cost of childhood obesity to the economy? We need to invest in research to answer these and other questions to find real, science-based solutions that will work in the long-term.

## ENDNOTES

- 1 Institute of Medicine. *Preventing Childhood Obesity: Health in the Balance*. Washington, D.C.: National Academies Press, 2005.
- 2 National Center on Vital Statistics. *Health, United States*. Atlanta, GA: U.S. Centers for Disease Control and Prevention, 2003.
- 3 Trust for America's Health. *F as in Fat: How Obesity Policies Are Failing in America*. Washington, D.C.: Trust for America's Health, 2007.
- 4 National Center for Health Statistics. Press Release: *Obesity Still a Major Problem*. Atlanta, GA: U.S. Centers for Disease Control and Prevention, April 14, 2006. <[http://www.cdc.gov/nchs/pressroom/06facts/obesity03\\_04.htm](http://www.cdc.gov/nchs/pressroom/06facts/obesity03_04.htm)>.
- 5 Office of the Surgeon General. *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2001.
- 6 C.C. Cowie, et al. "Prevalence of Diabetes and Impaired Fasting Glucose in Adults in the U.S. Population: NHANES 1999-2002." *Diabetes Care* 29 (2006): 1263-8.
- 7 American Diabetes Association. "Total Prevalence of Diabetes & Pre-diabetes." American Diabetes Association. <http://diabetes.org/diabetes-statistics/prevalence.jsp> (accessed July 10 2007).
- 8 American Obesity Association. "Health Affects of Obesity." American Obesity Association. [http://www.obesity.org/subs/fastfacts/Health\\_Effects.shtml](http://www.obesity.org/subs/fastfacts/Health_Effects.shtml) (accessed June 6, 2005).
- 9 U.S. Centers for Disease Control and Prevention. "Obesity in the News: Helping Clear the Confusion." Power Point Presentation, May 25, 2005.
- 10 W.H. Dietz. "Health Consequences of Obesity in Youth: Childhood Predictors of Adult Disease." *Pediatrics* 101, no. 3 (1998): 518-525.
- 11 A. Datar and R. Strum. "Childhood Overweight and Elementary School Outcomes." *International Journal of Obesity* 30, (2006): 1449-1460.
- 12 U.S. Department of Health and Human Services. *Prevention Makes Common "Cents"*. Washington, D.C.: U.S. Department of Health and Human Services, 2003.
- 13 U.S. Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2006.
- 14 U.S. Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance – United States 2005," *MMWR Surveillance Summaries* 55, no. SS05 (2006):1-108.
- 15 Ibid.
- 16 Ibid.
- 17 E. Schlosser. *Fast Food Nation: The Dark Side of the All-American Meal*. New York, NY: Houghton Mifflin Books, 2001.

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OR CONTACT  
RICHARD HAMBURG,  
TFAH DIRECTOR OF  
GOVERNMENT RELATIONS,  
[RHAMBURG@TFAH.ORG](mailto:RHAMBURG@TFAH.ORG),  
202-223-9870 x18.



1730 M Street NW • Suite 900  
Washington, DC 20036  
(t) 202-223-9870  
(f) 202-223-9871  
[www.healthyamericans.org](http://www.healthyamericans.org)