



## **AMERICA'S OBESITY EPIDEMIC GETTING WORSE; NEW REPORT FINDS ADULT OBESITY RATES UP IN 31 STATES; THE SOUTH IS THE "BIGGEST BELT"**

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**Washington, D. C., Aug. 29, 2006** – According to a new report from Trust for America's Health (TFAH), adult obesity rates continued to rise in 31 states over the past year while government policy efforts have consistently failed to provide viable solutions to the growing obesity crisis.

In nationwide rankings, Mississippi was the heaviest state, with an adult obesity rate of 29.5 percent, followed by Alabama and West Virginia. Colorado was the least heavy state, with an adult obesity rate of 16.9 percent. Obesity rates remained the same in 18 states and Washington, D.C. (*See full list of state rankings below.*) All states fail to meet the national goal of reducing adult obesity levels to 15 percent or less by the year 2010.

Regionally, the South was found to be the "Biggest Belt" and is home to nine out of the 10 states with the highest obesity rates. The southern region is also home to nine of the 10 states with the highest rates of diabetes and hypertension, two major health problems often associated with obesity.

"The bad news is that not enough progress has been made in the past year, and America's obesity epidemic continues to get worse," said Jeff Levi, PhD, executive director of TFAH. "Quick fixes and limited government programs have failed to stem the tide. The 'fad diet' approach does not work for individuals, and it's not going to work for our nation's obesity crisis either. Government must step up and provide sustainable funding for sound, long-term policies that produce significant results."

### *Obesity and overweight rates continue to rise*

The report, *F as in Fat: How Obesity Policies are Failing America, 2006*, is the third in a series of annual reports produced by TFAH that examine state obesity rates and government policies. According to the Centers for Disease Control and Prevention, nearly two-thirds of adult Americans are either overweight or obese. Childhood overweight rates have more than tripled from 1980 to 2004, from 5 to 17 percent.

### *TFAH's recommendations for change*

*F as in Fat, 2006* offers recommendations to curb the obesity crisis, including a 20-step action plan for stakeholders to address the obesity epidemic's health burden and financial costs. This plan highlights a comprehensive approach through which individual efforts to lead healthier lives are supported by families, communities, schools, employers, the food industry, health professionals, and state and federal governments. While personal responsibility is critical to adopting and sustaining healthy behaviors, the report notes that "individual behavior change will not work in isolation."

Some key recommendations include:

- Fast-track research to identify evidence-based interventions and best practices.
- Break the cycle of short-term government action by developing and implementing a series of viable, long-term, fully funded solutions. Current estimates place federal spending levels for chronic disease prevention at roughly \$3 per person per year -- less than most fast-food meals.
- Develop an appropriate set of indicators to measure progress in the fight against obesity. Instead of focusing solely on weight loss, measure improved nutrition and increased physical activity.
- Community-driven efforts that increase access to healthy foods for low-income areas and improve the "built environment" (i.e. sidewalks, parks, bike paths) so that the community setting is more conducive to physical activity.
- School-based efforts to strengthen physical fitness curricula and improve the nutritional content of all foods and beverages served and sold on school campuses. The report notes that physical education requirements are often not enforced or not funded in schools, and that nutrition in school lunches is often substandard.
- Employer-sponsored programs that offer employees more places and time to work out, subsidize health club memberships, and provide better insurance coverage for preventive for preventive services.
- Food, beverage, and marketing industry initiatives that improve nutritional labeling practices, such as nutritional labels based on product size instead of serving size.

*Chronic disease directors identify barriers to addressing obesity*

According to a new survey of 26 state-level chronic disease directors, who are government experts on disease prevention, the three biggest barriers to effectively addressing obesity are:

- Inadequate funding of health initiatives;
- The political view that obesity is more of a personal responsibility issue than a public policy issue; and
- Lack of political will to solve the obesity problem.

*Other key findings in the report include:*

- West Virginia has the highest rate of type 2 diabetes among adults at 10.4 percent; Alaska has the lowest rate at 4.5 percent.
- Mississippi has the highest rate of hypertension among adults at 23.7 percent; Utah has the lowest rate at 19.8 percent.
- Eleven states require their school lunches to meet higher nutritional standards than U.S. Department of Agriculture requirements.
- Sixteen states and Washington, D.C., have passed taxes on junk food or sodas.
- Twenty-four states have passed laws limiting obesity-related law suits.

The full report with complete state rankings in all categories is available on TFAH's Web site at [www.healthymamericans.org](http://www.healthymamericans.org). The report was supported by a grant from the Robert Wood Johnson Foundation.

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## STATE-BY-STATE ADULT OBESITY RANKINGS

*Note: 1 = Highest rate of adult obesity, 51 = lowest. Rankings are based on combining three years of data (2003-2005) from the U.S. Centers for Disease Control and Prevention's Behavioral Risk Surveillance System to "stabilize" data for comparison purposes. States with statistically significant increases are noted with an asterisk (\*). Additional information about methodologies and confidence intervals are available in the report.*

1: Mississippi\*; 2: Alabama; 3: West Virginia; 4: Louisiana\*; 5: Kentucky\*; 6: Tennessee; 7: Arkansas\*; 8 (tie): Indiana\*, South Carolina\*; 10: Texas; 11: Michigan; 12: Georgia\*; 13: Oklahoma\*; 14: Missouri\*; 15 (tie): Ohio\*, Alaska; 17: North Carolina\*; 18: North Dakota; 19: Pennsylvania\*; 20: Nebraska\*; 21: Iowa; 22: South Dakota\*; 23: Illinois\*; 24: Maryland\*; 25: Virginia; 26: Kansas; 27: Minnesota; 28: Wisconsin\*; 29: Delaware\*; 30: California\*; 31 (tie): Idaho\*, Washington\*; 33: Oregon\*; 34: Maine; 35: Florida\*; 36 (tie): Wyoming\*, New Hampshire\*, New York; 39: D.C.; 40 (tie): New Jersey\*, New Mexico\*; 42: Nevada; 43 (tie): Arizona, Utah\*; 45: Montana; 46: Connecticut\*; 47 (tie): Rhode Island\*, Vermont; 49: Massachusetts\*; 50: Hawaii; 51: Colorado.

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*Trust for America's Health is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.*  
[www.healthyamericans.org](http://www.healthyamericans.org)

*The Robert Wood Johnson Foundation, which supported this report, focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 30 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. Helping Americans lead healthier lives and get the care they need—the Foundation expects to make a difference in our lifetime. For more information, visit [www.rwjf.org](http://www.rwjf.org).*

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