

District of Columbia Adults 40th Most Obese in Country; Youth Most Overweight

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Washington, D.C. August 28, 2007 – District of Columbia has the 40th highest rate of adult obesity at 22.2 percent and the highest rate of overweight youths (ages 10-17) at 22.8 percent in the nation, according to a new report by Trust for America's Health (TFAH).

The fourth annual *F as in Fat: How Obesity Policies Are Failing in America, 2007* report found that adult obesity rates rose in 31 states in the U.S. over the past year, and adult obesity rates now exceed 25 percent in 19 states. The rate of adult obesity remained consistent in District of Columbia since last year. No state experienced a decrease. Eight-five percent of Americans believe obesity is an epidemic, according to a public opinion survey also featured in the report.

Mississippi topped the list with the highest rate of adult obesity in the country for the third year in a row, and is the first state to reach a rate of over 30 percent (at 30.6 percent). Ten of the 15 states with the highest rates of adult obesity are located in the South. Colorado was the leanest state again this year, however, its adult obesity rate increased over the past year (from 16.9 to 17.6 percent).

The report also finds that rates of overweight children (ages 10 to 17) ranged from a high of 22.8 percent in Washington, D.C. to a low of 8.5 percent in Utah. Eight of the ten states with the highest rates of overweight children were in the South.

“There has been a breakthrough in terms of drawing attention to the obesity epidemic. Now, we need a breakthrough in terms of policies and results,” said Jeff Levi, PhD, Executive Director of TFAH. “Poor nutrition and physical inactivity are robbing America of our health and productivity.”

The *F as in Fat* report contains rankings of state obesity rates and a review of federal and state government policies aimed at reducing or preventing obesity.

Other Key Findings from F as in Fat 2007

- 22.3 percent of adults in District of Columbia report that they do not engage in any physical activity. The national average is 22 percent.
- District of Columbia is not one of 17 states that require their school lunches, breakfasts, and snacks to meet higher nutritional standards than the U.S. Department of Agriculture (USDA) requires.
- District of Columbia is not one of 22 states that have set nutritional standards for foods sold in vending machines, a la carte, in school stores, or in bake sales in schools, and the state is not one of 26 states that limit when and where these foods may be sold on school property beyond federal requirements.
- District of Columbia is not one of 16 states that screen students' body mass index (BMI) or fitness status and confidentially provide information to parents or guardians.

Public Opinion Survey on Obesity

The report also contains a national opinion survey conducted for TFAH by Greenberg Quinlan Rosner Research, Inc. from July 12-16, 2007 (with a +/-3.1 percent margin of error). Key

findings about government's role, school lunches, physical education and body measurement include:

- Eighty-one percent of Americans believe that the government should have a role in addressing the obesity crisis. Majorities strongly support government working on proposals to expand education programs about healthy living, provide low-cost access to exercise programs, and reduce the marketing of unhealthy foods.
- Fifty-five percent of parents with children under 18 believe lunches provided in schools are not nutritious enough. Sixty-six percent of Americans rated proposals to establish higher nutrition in school lunches as very useful.
- More than two-thirds of Americans believe children do not participate in adequate amounts of physical activity during the school day or engage in enough physical activity outside of school. More than 70 percent of Americans rated proposals to increase physical education in schools as very useful.
- Sixty percent of Americans favor a proposal to measure students' BMI annually and confidentially provide this information to parents or guardians.

Recommendations for Combating Obesity

TFAH recommends a comprehensive approach for helping individuals make healthy choices including support from families, communities, schools, employers, the food and beverage industries, health professionals, and government at all levels. Some key recommendations include:

- **Think big.** The federal government should develop and implement a National Strategy to Combat Obesity. This plan should involve every federal government agency, define clear roles and responsibilities for states and localities, and engage private industry and community groups.
- **Make healthy choices easy choices.** Federal, state, and local governments should develop and implement policies that give Americans the tools they need to make it easier to engage in the recommended levels of physical activity and choose healthy foods, ranging from improving food served and increasing opportunities for physical activity in schools to requiring restaurants and food companies to provide better and more readily accessible information about the nutritional content of their products to securing more safe, affordable recreation places for all Americans.
- **Improve your bottom line.** Federal, state, and local governments should work with private employers and insurers to ensure that every working American has access to a workplace wellness program.
- **Escalate research on how to promote healthy choices.** Public health officials have identified a number of strategies to help encourage people to make healthier decisions about nutrition and activity, however, much more research needs to be done about how to effectively promote healthier habits.

The full report with complete state rankings in all categories is available on TFAH's Web site at www.healthyamericans.org. The report was supported by a grant from the Robert Wood Johnson Foundation.

STATE-BY-STATE ADULT OBESITY RANKINGS

Note: 1 = Highest rate of adult obesity, 51 = lowest. Rankings are based on combining three years of data (2004-2006) 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 ($p < 0.05$) increases for one year are noted with an asterisk (), states with statistically significant increases for two years in a row are noted with two asterisks (**). Additional information about methodologies and confidence intervals are available in the report. Individuals with a body mass index (BMI) (a calculation based on weight and height ratios) of 30 or higher are considered obese.*

1: Mississippi**; 2: West Virginia*; 3: Alabama; 4: Louisiana; 5 (tie): South Carolina**, Tennessee*; 7: Kentucky**; 8: Arkansas; 9 (tie): Indiana, Michigan*, Oklahoma**; 12 (tie): Missouri**, Texas; 14: Georgia; 15: Ohio**; 16: Alaska; 17: North Carolina**; 18: Nebraska**; 19: North Dakota; 20 (tie): Iowa, South Dakota**; 22: Wisconsin**; 23 (tie): Pennsylvania, Virginia*; 25 (tie): Illinois, Maryland**; 27: Kansas*; 28: Minnesota; 29: Delaware**; 30: Oregon**; 31 (tie): Idaho, Washington**; 33: Maine*; 34: Florida**; 35: Wyoming**; 36: California; 37: Nevada*; 38 (tie): New Hampshire**, New York; 40 (tie): D.C., New Jersey**; 42: New Mexico**; 43: Arizona; 44: Utah; 45: Montana; 46: Rhode Island**; 47 (tie): Connecticut**, Hawaii*; 49: Vermont; 50: Massachusetts**; 51: Colorado*.

STATE-BY-STATE OVERWEIGHT YOUTHS AGES 10-17 RANKINGS

Note: 1 = Highest rate of overweight youth, 51 = lowest. Rankings are based on the National Survey of Children's Health, a phone survey of parents with children ages 10-17 conducted in 2003-04 by the U.S. Department of Health and Human Services. Additional information about methodologies and confidence intervals are available in the report. Children with a body mass index (BMI) (a calculation based on weight and height ratios) at or above the 95th percentile for their age are considered overweight.

1: D.C.; 2: West Virginia; 3: Kentucky; 4: Tennessee; 5: North Carolina; 6: Texas; 7: South Carolina; 8: Mississippi; 9: Louisiana; 10: New Mexico; 11: Alabama; 12 (tie): Arkansas, Georgia; 14: Illinois; 15 (tie) Indiana, Missouri; 17: Oklahoma; 18: New York; 19: Delaware; 20: Michigan; 21: Florida; 22: Ohio; 23: Oregon; 24: Kansas; 25: Virginia; 26: New Jersey; 27: Massachusetts; 28: Wisconsin; 29 (tie) Hawaii, Maryland, Pennsylvania; 32: California; 33: New Hampshire; 34: Maine; 35: Iowa; 36: Nevada; 37: Connecticut; 38: Arizona; 39 (tie): North Dakota, South Dakota; 41 (tie): Nebraska, Rhode Island; 43: Vermont; 44 (tie) Alaska, Montana; 46: Washington; 47 (tie): Idaho, Minnesota; 49: Colorado; 50: Wyoming; 51: Utah.

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.
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