



FOR IMMEDIATE RELEASE
Thursday, Dec. 13, 2001

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OVERWEIGHT AND OBESITY THREATEN U.S. HEALTH GAINS *Communities Can Help Address the Problem, Surgeon General Says*

Health problems resulting from overweight and obesity could reverse many of the health gains achieved in the U.S. in recent decades, according to a Surgeon General's "call to action" issued today.

The report, entitled "The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity," outlined strategies that communities can use in helping to address the problems. Those options included requiring physical education at all school grades, providing more healthy food options on school campuses, and providing safe and accessible recreational facilities for residents of all ages.

"Overweight and obesity are among the most pressing new health challenges we face today," HHS Secretary Tommy G. Thompson said. "Our modern environment has allowed these conditions to increase at alarming rates and become a growing health problem for our nation. By confronting these conditions, we have tremendous opportunities to prevent the unnecessary disease and disability they portend for our future."

"Overweight and obesity may soon cause as much preventable disease and death as cigarette smoking," Surgeon General David Satcher said. "People tend to think of overweight and obesity as strictly a personal matter, but there is much that communities can and should do to address these problems."

Approximately 300,000 U.S. deaths a year currently are associated with obesity and overweight (compared to more than 400,000 deaths a year associated with cigarette smoking). The total direct and indirect costs attributed to overweight and obesity amounted to \$117 billion in the year 2000.

In 1999, an estimated 61 percent of U.S. adults were overweight, along with 13 percent of children and adolescents. Obesity among adults has doubled since 1980, while overweight among adolescents has tripled. Only 3 percent of all Americans meet at least four of the five federal Food Guide Pyramid recommendations for the intake of grains, fruits, vegetables, dairy products, and meats. And less than one-third of Americans meet the federal recommendations to engage in at least 30 minutes of moderate physical activity at least five days a week, while 40 percent of adults engage in no leisure-time physical activity at all.

While the prevalence of overweight and obesity has increased for both genders and across all races, ethnic and age groups, disparities exist. In women, overweight and obesity are higher among members of racial and ethnic minority populations than in non-Hispanic white women. In men, Mexican-Americans have a higher prevalence of overweight and obesity than non-Hispanic men, while non-Hispanic white men have a greater prevalence than non-Hispanic black men.

Members of lower-income families generally experience a greater prevalence than those from higher-income families.

Already, these trends are associated with dramatic increases in conditions such as asthma, and in Type 2 diabetes among children. Satcher said failure to address overweight and obesity “could wipe out some of the gains we’ve made in areas such as heart disease, several forms of cancer, and other chronic health problems.”

In preparation of the report, Satcher convened a listening session in December 2000 and held a public comment period to gather ideas from clinicians, researchers, consumers and advocates. These sessions generated a number of community-based strategies that were subsequently reviewed for their proven scientific effectiveness. The strategies were organized under the categories of communication, action, research and evaluation (CARE).

Those strategies include:

- Ensure daily, quality physical education for all school grades. Currently, only one state in the country -- Illinois -- requires physical education for grades K-12, while only about one in four teenagers nationwide take part in some form of physical education.
- Ensure that more food options that are low in fat and calories, as well as fruits, vegetables, whole grains, and low-fat or non-fat dairy products, are available on school campuses and at school events. A modest step toward achieving this would be to enforce existing U.S. Department of Agriculture regulations that prohibit serving foods of minimal nutritional value during mealtimes in school food service areas, including in vending machines.
- Make community facilities available for physical activity for all people, including on the weekends.
- Create more opportunities for physical activity at work sites.
- Reduce time spent watching television and in other sedentary behaviors. In 1999, 43 percent of high-school students reported watching two hours of TV or more a day.
- Educate all expectant parents about the benefits of breast-feeding. Studies indicate breast-fed infants may be less likely to become overweight as they grow older.
- Change the perception of obesity so that health becomes the chief concern, not personal appearance.
- Increase research on the behavioral and biological causes of overweight and obesity. Direct research toward prevention and treatment, and toward ethnic/racial health disparities.
- Educate health care providers and health profession students on the prevention and treatment of overweight and obesity across the lifespan.

“Communities can help when it comes to health promotion and disease prevention,” Satcher said. “When there are no safe places for children to play, or for adults to walk, jog, or ride a bike, that’s a community responsibility. When school lunchrooms or workplace cafeterias don’t offer healthy and appealing food choices, that is a community responsibility. When new or expectant parents are not educated about the benefits of breast-feeding, that’s a community responsibility. And when we don’t require daily physical education in our schools, that is also a community responsibility.”

The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity is available at <http://www.surgeongeneral.gov/topics/obesity>.

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NOTE: The National Institutes of Health define obesity and overweight using a Body Mass Index (BMI), which is a calculation of a person’s weight in kilograms divided by the square of their height in meters. An overweight adult is defined as one with a BMI between 25 and 29.9, while an obese adult has a BMI of 30 or higher. In children and adolescents, overweight is defined as a sex-and-age specific BMI at or above the 95th percentile, based on revised growth charts by the Centers for Disease Control and Prevention. There is no generally accepted definition for obesity for children and adolescents.

The risk of death, although modest until a BMI of 30 is reached, increases with an increasing BMI. Obese adults have a 50 to 100 percent increased risk of premature death compared to adults with a BMI of 20 to 25. But even moderate weight excess (10 to 20 pounds for a person of average height) increases the risk of death, particularly among adults aged 30 to 64 years.

Note: All HHS press releases, fact sheets and other press materials are available at www.hhs.gov/news.