

The Surgeon General's
Call To Action
To Prevent and Decrease
Overweight and Obesity
2001



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In Memory of

PAUL AMBROSE, M.D., M.P.H.

(December 26, 1968–September 11, 2001)

Office of Disease Prevention and Health Promotion,
U.S. Department of Health and Human Services

As senior editor of this *Call To Action*, Dr. Ambrose's
commitment to promoting public health and preventing
disease was a critical force in the development of
this document.

A Call To Action To Prevent and Decrease Overweight and Obesity

PRINCIPLES:

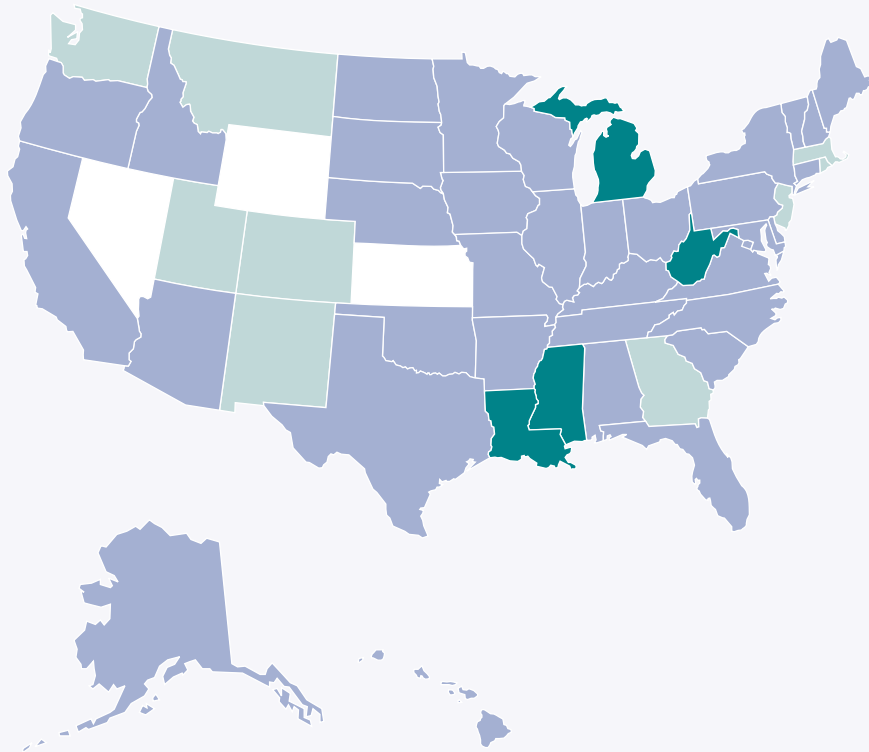
Overweight and obesity have reached nationwide epidemic proportions. Both the prevention and treatment of overweight and obesity and their associated health problems are important public health goals. To achieve these goals, *The Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity* is committed to five overarching principles:

- Promote the recognition of overweight and obesity as major public health problems.
- Assist Americans in balancing healthful eating with regular physical activity to achieve and maintain a healthy or healthier body weight.
- Identify effective and culturally appropriate interventions to prevent and treat overweight and obesity.
- Encourage environmental changes that help prevent overweight and obesity.
- Develop and enhance public-private partnerships to help implement this vision.

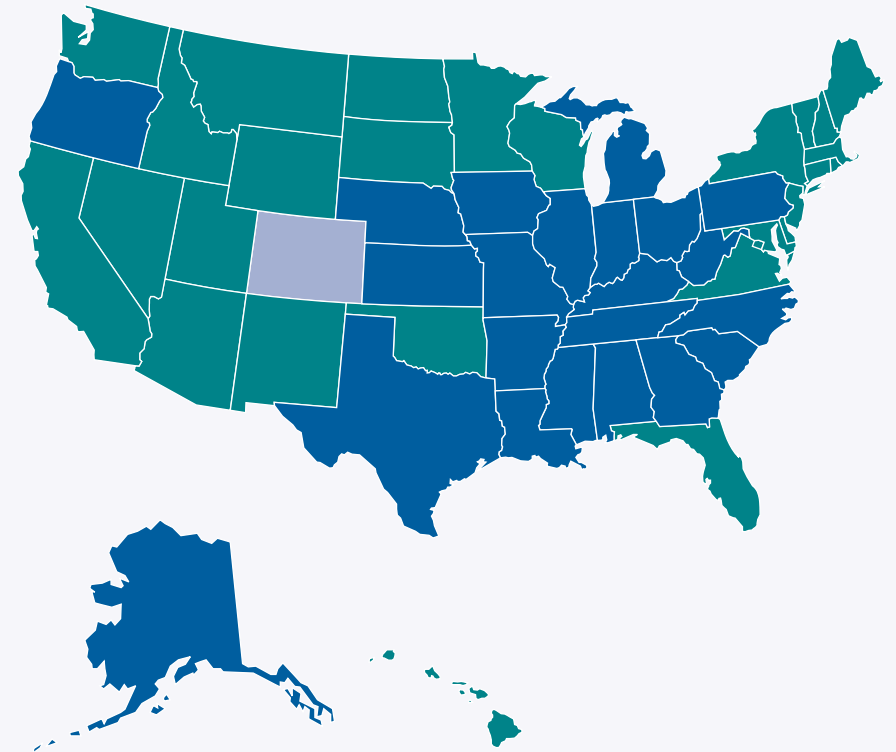
THE SURFACING OF AN EPIDEMIC:

PREVALENCE OF OBESITY* AMONG U.S. ADULTS

1991



2000



No Data <10% 10%-14% 15%-19% ≥20%

No Data <10% 10%-14% 15%-19% ≥20%

These two figures demonstrate the increasing prevalence of obesity among U.S. adults*

**Approximately 30 pounds overweight*

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Note: BFRSS uses self-reported height and weight to calculate obesity; self-reported data may underestimate obesity prevalence.

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Message From the Secretary

U.S. Department of Health and Human Services

The 20th century saw remarkable and unprecedented improvements in the lives of the people of our country. We saw the infant mortality rate plummet and life expectancy increase by 30 years. Deaths from infectious diseases dropped tremendously, and improvements in medical care allowed many individuals with chronic disease to lead longer, fuller lives. Yet despite these and other successes, complex new health challenges continue to confront us.

Overweight and obesity are among the most important of these new health challenges. Our modern environment has allowed these conditions to increase at alarming rates and become highly pressing health problems for our Nation. At the same time, by confronting these conditions, we have tremendous opportunities to prevent the unnecessary disease and disability that they portend for our future.

As we move to acknowledge and understand these conditions, it is important to remember that they are as sensitive for each of us as they are challenging and important for our country's health. This is truly the time for a *Call To Action*, because each one of us as an individual must understand that we are called upon to act, just as our institutions are called upon to consider how they can help confront this new epidemic.

This Surgeon General's *Call To Action* represents an opportunity for individuals to make healthy lifestyle choices for themselves and their families. It encourages health care providers to help individuals prevent and treat these conditions. At a broader level, it prompts all communities to make changes that promote healthful eating and adequate physical activity. It calls for scientists to pursue new research. Above all, it calls upon individuals, families, communities, schools, worksites, organizations, and the media to work together to build solutions that will bring better health to everyone in this country.

I wholeheartedly support *The Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity*, and I urge all of us to work together to achieve its ambitious and essential vision.

Like many across the Nation, the Department of Health and Human Services was reminded how small the world is when, on September 11, we lost one of our own, Paul Ambrose, M.D., M.P.H. He had just finished the final edits on the *Call To Action* and was on his way to a conference in California on childhood obesity when tragedy struck. Paul was a man of great compassion and heart, committed to helping people in rural America obtain better health care and improving prevention measures for all Americans. He cared deeply for the issues he worked on but even more for the people affected. While we will miss Paul's energy and dedication, we will miss his humanity even more.



Tommy G. Thompson

Foreword From the Surgeon General U.S. Department of Health and Human Services

Overweight and obesity may not be infectious diseases, but they have reached epidemic proportions in the United States. Overweight and obesity are increasing in both genders and among all population groups. In 1999, an estimated 61 percent of U.S. adults were overweight or obese, and 13 percent of children and adolescents were overweight. Today there are nearly twice as many overweight children and almost three times as many overweight adolescents as there were in 1980. We already are seeing tragic results from these trends. Approximately 300,000 deaths a year in this country are currently associated with overweight and obesity. Left unabated, overweight and obesity may soon cause as much preventable disease and death as cigarette smoking.

Overweight and obesity have been grouped as one of the Leading Health Indicators in *Healthy People 2010*, the Nation's health objectives for the first decade of the 21st century. The Leading Health Indicators reflect the major public health concerns and opportunities in the United States. While we have made dramatic progress over the last few decades in achieving so many of our health goals, the statistics on overweight and obesity have steadily headed in the wrong direction. If this situation is not reversed, it could wipe out the gains we have made in areas such as heart disease, diabetes, several forms of cancer, and other chronic health problems. Unfortunately, excessive weight for height is a risk factor for all of these conditions.

Many people believe that dealing with overweight and obesity is a personal responsibility. To some degree they are right, but it is also a community responsibility. When there are no safe, accessible places for children to play or adults to walk, jog, or ride a bike, that is a community responsibility. When school lunchrooms or office cafeterias do not provide healthy and appealing food choices, that is a community responsibility. When new or expectant mothers are not educated

about the benefits of breastfeeding, that is a community responsibility. When we do not require daily physical education in our schools, that is also a community responsibility. There is much that we can and should do together.

Taking action to address overweight and obesity will have profound effects on increasing the quality and years of healthy life and on eliminating health disparities in the United States. With this outcome in mind, I asked the Office of Disease Prevention and Health Promotion, along with other agencies in the Department of Health and Human Services, to assist me in developing this *Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity*. Our ultimate goal is to set priorities and establish strategies and actions to reduce overweight and obesity. This process begins with our attitudes about overweight and obesity. Recognition of the epidemic of overweight and obesity is relatively recent, and there remain enormous challenges and opportunities in finding solutions to this public health crisis. Overweight and obesity must be approached as preventable and treatable problems with realistic and exciting opportunities to improve health and save lives. The challenge is to create a multifaceted public health approach capable of delivering long-term reductions in the prevalence of overweight and obesity. This approach should focus on health rather than appearance and empower both individuals and communities to address barriers, reduce stigmatization, and move forward in addressing overweight and obesity in a positive and proactive fashion.

Several events have drawn attention to overweight and obesity as public health problems. In 1998, the National Heart, Lung, and Blood Institute in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health released the *Clinical Guidelines on the Identification, Evaluation, and Treatment of Obesity in Adults: Evidence Report*. This report was the result of a thorough scientific review of the evidence related to the risks and treatment of overweight and obesity, and it provided evidence-based treatment guidelines for health care providers. In early 2000, the release of *Healthy People 2010* identified overweight and obesity as major public health problems and set national objectives for reduction in their prevalence. The National Nutrition Summit in May 2000 illuminated the impact of dietary and physical activity habits on

achieving a healthy body weight and began a national dialogue on strategies for the prevention of overweight and obesity. Finally, a Surgeon General's Listening Session, held in late 2000, and a related public comment period, generated many useful ideas for prevention and treatment strategies and helped forge and reinforce an important coalition of stakeholders. Participants in these events considered many prevention and treatment strategies, including such national priorities as ensuring daily physical education in schools, increasing research on the behavioral and environmental causes of obesity, and promoting breastfeeding.

These activities are just a beginning, however. Effective action requires the close cooperation and collaboration of a variety of organizations and individuals. This *Call To Action* serves to recruit your talent and inspiration in developing national actions to promote healthy eating habits and adequate physical activity, beginning in childhood and continuing across the lifespan. I applaud your interest in this important public health challenge.



David Satcher, M.D., Ph.D.

SECTION 1:

Overweight and Obesity as Public Health Problems in America

This *Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity* seeks to engage leaders from diverse groups in addressing a public health issue that is among the most burdensome faced by the Nation: the health consequences of overweight and obesity. This burden manifests itself in premature death and disability, in health care costs, in lost productivity, and in social stigmatization. The burden is not trivial. Studies show that the risk of death rises with increasing weight. 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.¹

Overweight and obesity are caused by many factors. For each individual, body weight is determined by a combination of genetic, metabolic, behavioral, environmental, cultural, and socioeconomic influences. Behavioral and environmental factors are large contributors to overweight and obesity and provide the greatest opportunity for actions and interventions designed for prevention and treatment.

For the vast majority of individuals, overweight and obesity result from excess calorie consumption and/or inadequate physical activity. Unhealthy dietary habits and sedentary behavior together account for approximately 300,000 deaths every year.^{2,3} Thus, a healthy diet and regular physical activity, consistent with the *Dietary Guidelines for Americans*, should be promoted as the cornerstone of any prevention or treatment effort.^{4,5} According to the U.S. Department of Agriculture's 1994–1996 Continuing Survey of Food Intakes by Individuals, very few Americans meet the majority of the Food Guide Pyramid recommendations. Only 3 percent of all individuals meet four of the five recommendations for the intake of grains, fruits, vegetables, dairy products, and meats.⁶ Much work needs to be done to ensure the nutrient adequacy of our diets while at the same time avoiding excess calories. Dietary adequacy and moderation in energy consumption are both important for maintaining or achieving a healthy weight and for overall health.

Many adult Americans have not been meeting Federal physical activity recommendations to accumulate at least 30 minutes of moderate physical activity most days of the week.^{4,7} In 1997, less than one-third of adults engaged in the recommended amount of physical activity, and 40 percent of adults engaged in no leisure-time physical activity.⁷ Although nearly 65 percent of adolescents reported participating in vigorous activity for 20 minutes or more on 3 or more out of 7 days, national data are not available to assess whether children and adolescents meet the Federal recommendations to accumulate at least 60 minutes of moderate physical activity most days of the week.^{4,8} Many experts also believe that physical *inactivity* is an important part of the energy imbalance responsible for the increasing prevalence of overweight and obesity. Our society has become very sedentary; for example, in 1999, 43 percent of students in grades 9 through 12 viewed television more than 2 hours per day.⁸

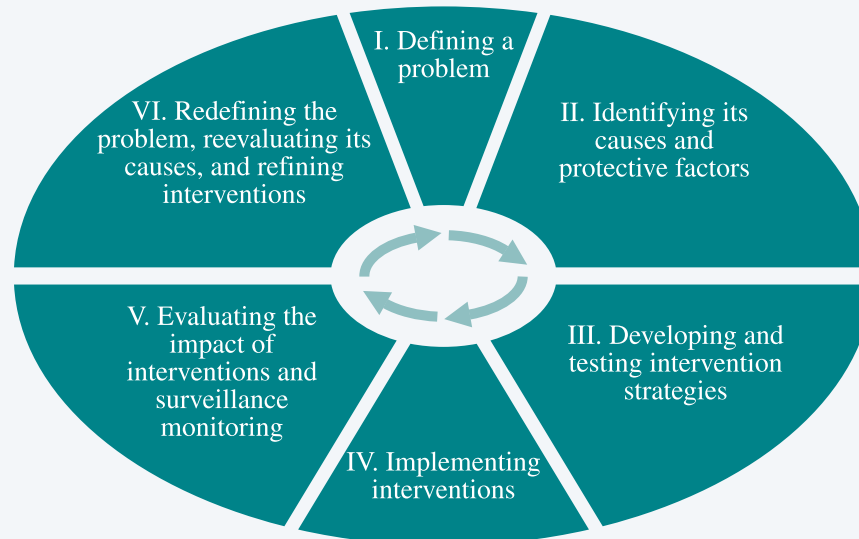
Both dietary intake and physical activity are difficult to measure on either an individual or a population level. More research is clearly necessary to fully understand the specific etiology of this crisis. However, these statistics and the increasing prevalence of overweight and obesity highlight the need to engage all Americans as we move forward to ensure the quality and accessibility of prevention and treatment programs.

PUBLIC HEALTH AND THE SURGEON GENERAL

Through cooperative action, public health programs have successfully prevented the spread of infectious disease, protected against environmental hazards, reduced accidents and injuries, responded to disasters, worked toward ensuring the quality and accessibility of health services, and promoted healthy behaviors.⁹ Over the past 100 years, thanks largely to public health efforts, the life expectancy of Americans has increased by approximately 50 percent.¹⁰

Public health success has traditionally come from the reduction in the incidence of infectious diseases through improved sanitation and nutrition, cleaner air and water, and national vaccination programs. As the threats to America's health have shifted, so too have public health efforts. In recent years, public health efforts have successfully navigated new frontiers such as violence prevention, tobacco cessation, and mental health. Public health officials remain poised to address new health challenges through the collaborative processes of scientific research, policy development, and community mobilization.

The public health approach involves a circle of activities:



MEASURING OVERWEIGHT AND OBESITY

The first challenge in addressing overweight and obesity lies in adopting a common public health measure of these conditions. An expert panel, convened by the National Institutes of Health (NIH) in 1998, has utilized Body Mass Index (BMI) for defining overweight and obesity.¹¹ BMI is a practical measure that requires only two things: accurate measures of an individual's weight and height (figure 1). BMI is a measure of weight in relation to height. BMI is calculated as weight in pounds divided by the square of the height in inches, multiplied by 703. Alternatively, BMI can be calculated as weight in kilograms divided by the square of the height in meters.

Studies have shown that BMI is significantly correlated with total body fat content for the majority of individuals.¹¹ BMI has some limitations, in that it can overestimate body fat in persons who are very muscular, and it can underestimate body fat in persons who have lost muscle mass, such as many elderly. Many organizations, including over 50 scientific and medical organizations that have endorsed the NIH *Clinical Guidelines*, support the use of a BMI of 30 kg/m² or greater to identify obesity in adults and a BMI between 25 kg/m² and 29.9 kg/m² to identify overweight in adults.^{12,13} These definitions are based on evidence that suggests health risks are greater at or above a BMI of 25 kg/m² compared to those at a BMI below that level.¹² The risk of death, although modest until a BMI of 30 kg/m² is reached, increases with an increasing Body Mass Index.¹

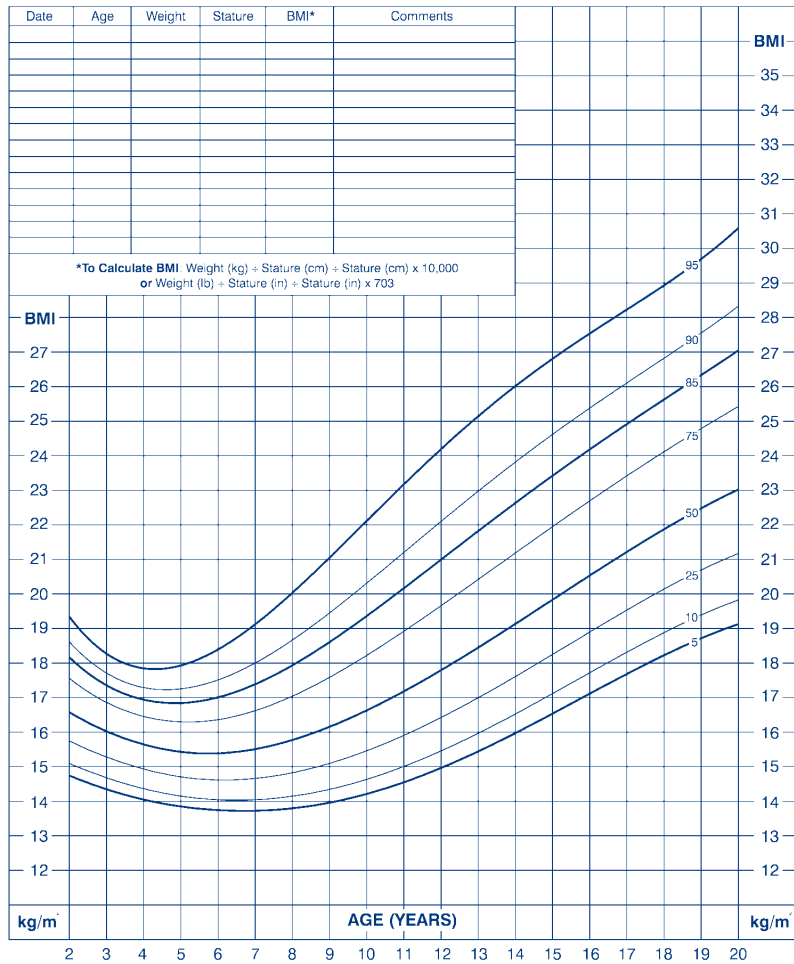
FIGURE 1: ADULT BODY MASS INDEX

$$BMI = \left\{ \frac{\text{WEIGHT (pounds)}}{\text{HEIGHT (inches)}^2} \right\} \times 703$$



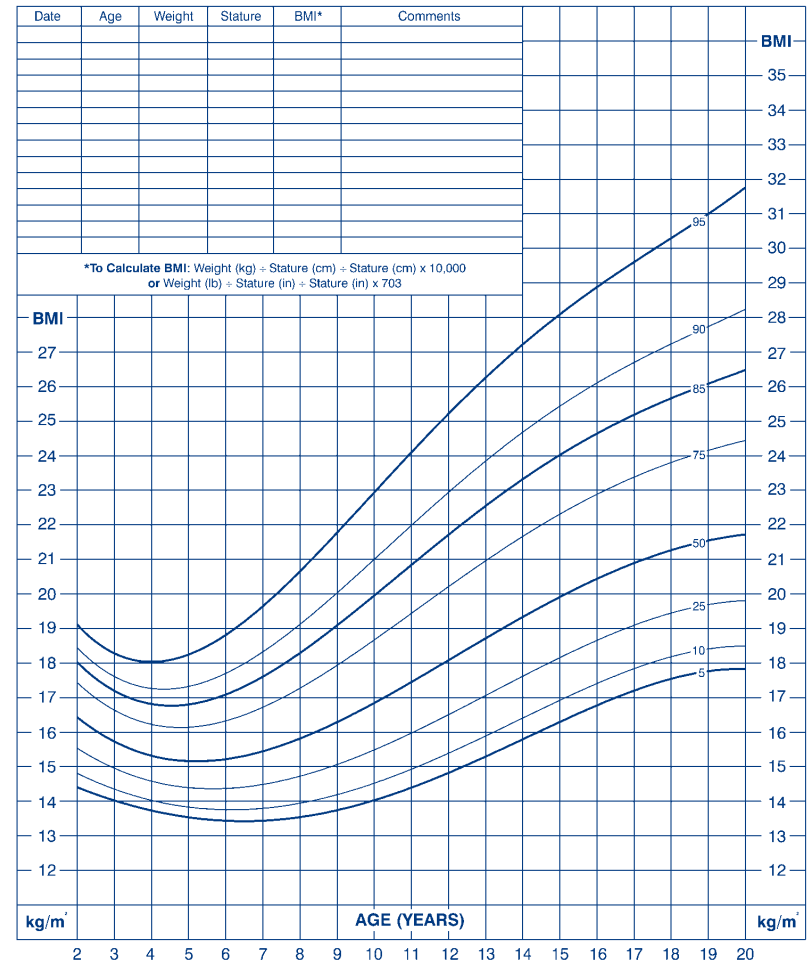
In children and adolescents, overweight has been defined as a sex- and age-specific BMI at or above the 95th percentile, based on revised Centers for Disease Control and Prevention (CDC) growth charts (figures 2 and 3).¹⁴ Neither a separate definition for obesity nor a definition for overweight based on health outcomes or risk factors is defined for children and adolescents.¹⁵

FIGURE 2: BODY MASS INDEX-FOR-AGE PERCENTILES: BOYS AGED 2 TO 20 YEARS



Source: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000)

FIGURE 3: BODY MASS INDEX-FOR-AGE PERCENTILES: GIRLS AGED 2 TO 20 YEARS



Source: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000)

HEALTH RISKS

Epidemiological studies show an increase in mortality associated with overweight and obesity. Individuals who are obese (BMI \geq 30) have a 50 to 100 percent increased risk of premature death from all causes compared to individuals with a BMI in the range of 20 to 25.¹⁶ An estimated 300,000 deaths a year may be attributable to obesity.³

Morbidity from obesity may be as great as from poverty, smoking, or problem drinking.¹⁷ Overweight and obesity are associated with an increased risk for coronary heart disease; type 2 diabetes; endometrial, colon, postmenopausal breast, and other cancers; and certain musculoskeletal disorders, such as knee osteoarthritis (table 1).¹⁸ Both modest and large weight gains are associated with significantly increased risk of disease. For example, a weight gain of 11 to 18 pounds increases a person's risk of developing type 2 diabetes to twice that of individuals who have not gained weight, while those who gain 44 pounds or more have four times the risk of type 2 diabetes.¹⁹

A gain of approximately 10 to 20 pounds results in an increased risk of coronary heart disease (nonfatal myocardial infarction and death) of 1.25 times in women²⁰ and 1.6 times in men.²¹ Higher levels of body weight gain of 22 pounds in men and 44 pounds in women result in an increased coronary heart disease risk of 1.75 and 2.65, respectively.^{20,21} In women with a BMI of 34 or greater, the risk of developing endometrial cancer is increased by more than six times.²² Overweight and obesity are also known to exacerbate many chronic conditions such as hypertension and elevated cholesterol.²³ Overweight and obese individuals also may suffer from social stigmatization, discrimination, and poor body image.²⁴

Although obesity-associated morbidities occur most frequently in adults, important consequences of excess weight as well as antecedents of adult disease occur in overweight children and adolescents. Overweight children and adolescents are more likely to become overweight or obese adults; this concern is greatest among adolescents. Type 2 diabetes, high blood lipids, and hypertension as well as early maturation and orthopedic problems also occur with increased frequency in overweight youth. A common consequence of childhood overweight is psychosocial—specifically discrimination.²⁵

These data on the morbidity and mortality associated with overweight and obesity demonstrate the importance of the prevention of weight gain, as well as the role of obesity treatment, in maintaining and improving health and quality of life.

TABLE 1: HEALTH RISKS ASSOCIATED WITH OBESITY

Obesity is Associated with an Increased Risk of:	
<ul style="list-style-type: none"> • premature death • type 2 diabetes • heart disease • stroke • hypertension • gallbladder disease • osteoarthritis (degeneration of cartilage and bone in joints) • sleep apnea • asthma • breathing problems • cancer (endometrial, colon, kidney, gallbladder, and postmenopausal breast cancer) 	<ul style="list-style-type: none"> • high blood cholesterol • complications of pregnancy • menstrual irregularities • hirsutism (presence of excess body and facial hair) • stress incontinence (urine leakage caused by weak pelvic-floor muscles) • increased surgical risk • psychological disorders such as depression • psychological difficulties due to social stigmatization

Adapted from www.niddk.nih.gov/health/nutrit/pubs/statobes.htm²⁶

ECONOMIC CONSEQUENCES

Overweight and obesity and their associated health problems have substantial economic consequences for the U.S. health care system. The increasing prevalence of overweight and obesity is associated with both direct and indirect costs. Direct health care costs refer to preventive, diagnostic, and treatment services related to overweight and obesity (for example, physician visits and hospital and nursing home care). Indirect costs refer to the value of wages lost by people unable to work because of illness or disability, as well as the value of future earnings lost by premature death.²⁷

In 1995, the total (direct and indirect) costs attributable to obesity amounted to an estimated \$99 billion.²⁷ In 2000, the total cost of obesity was estimated to be \$117 billion (\$61 billion direct and \$56 billion indirect).²⁸ Most of the cost associated with obesity is due to type 2 diabetes, coronary heart disease, and hypertension.²⁹

EPIDEMIOLOGY

The United States is experiencing substantial increases in overweight and obesity (as defined by a BMI ≥ 25 for adults) that cut across all ages, racial and ethnic groups, and both genders.³⁰ According to self-reported measures of height and weight, obesity (BMI ≥ 30) has been increasing in every State in the Nation.³¹ Based on clinical height and weight measurements in the 1999 National Health and Nutrition Examination Survey (NHANES), 34 percent of U.S. adults aged 20 to 74 years are overweight (BMI 25 to 29.9), and an additional 27 percent are obese (BMI ≥ 30).³² This contrasts with the late 1970s, when an estimated 32 percent of adults aged 20 to 74 years were overweight, and 15 percent were obese (figure 4).³⁰

The most recent data (1999) estimate that 13 percent of children aged 6 to 11 years and 14 percent of adolescents aged 12 to 19 years are overweight.³³ During the past two decades, the percentage of children who are overweight has nearly doubled (from 7 to 13 percent), and the percentage of adolescents who are overweight has almost tripled (from 5 to 14 percent) (figure 5).³³

FIGURE 5: PREVALENCE OF OVERWEIGHT* AMONG U.S. CHILDREN AND ADOLESCENTS

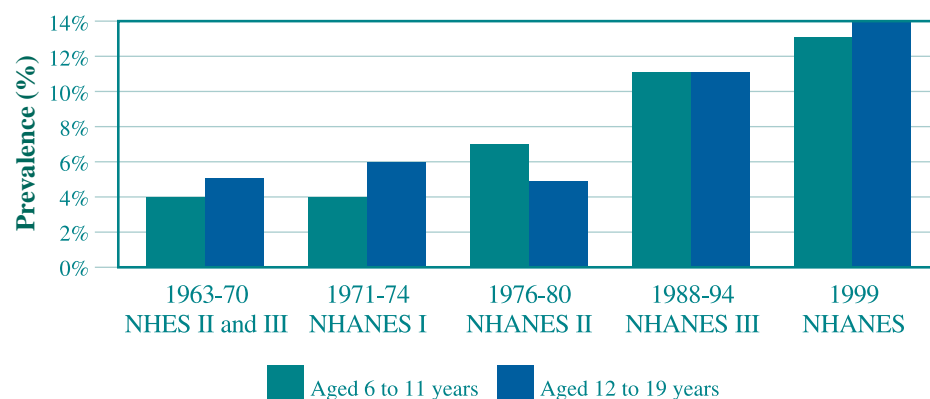
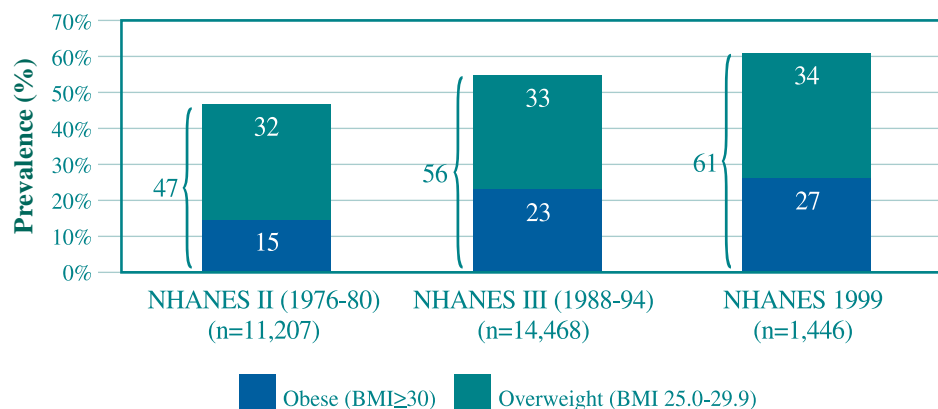


FIGURE 4: AGE-ADJUSTED PREVALENCE OF OVERWEIGHT AND OBESITY AMONG U.S. ADULTS AGED 20 TO 74 YEARS



*Gender- and age-specific BMI \geq the 95th percentile

Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) National Health Examination Survey (NHES), National Health and Nutrition Examination Survey (NHANES)

DISPARITIES IN PREVALENCE

Between the second and third National Health and Nutrition Examination Surveys (NHANES II and III), the prevalence of overweight and obesity (BMI ≥ 25 for adults and ≥ 95 th percentile for age and gender in children) increased in both genders, across all races and ethnicities, and across all age groups.^{15,30} Disparities in overweight and obesity prevalence exist in many segments of the population based on race and ethnicity, gender, age, and socioeconomic status. For example, overweight and obesity are particularly common among minority groups and those with a lower family income.

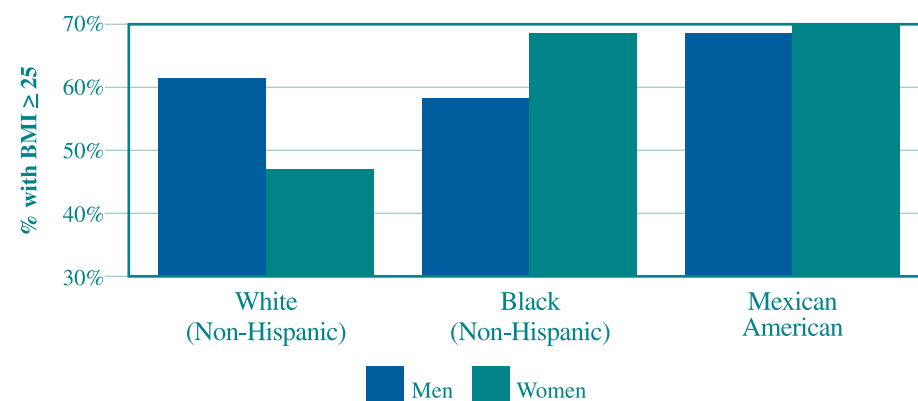
Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

RACE AND ETHNICITY, GENDER, AND AGE

In general, the prevalence of overweight and obesity is higher in women who are members of racial and ethnic minority populations than in non-Hispanic white women. Among men, Mexican Americans have a higher prevalence of overweight and obesity than non-Hispanic whites or non-Hispanic blacks. For non-Hispanic men, the prevalence of overweight and obesity among whites is slightly greater than among blacks.³⁰

Within racial groups, gender disparities exist, although not always in the same direction. Based on NHANES III (1988–1994),³⁰ the proportion of non-Hispanic black women who were overweight or obese (BMI \geq 25; 69 percent) was higher than the proportion of non-Hispanic black men (58 percent) (figure 6). For non-Hispanic whites, on the other hand, the proportion of men who were overweight or obese (BMI \geq 25; 62 percent) exceeded the proportion of women (47 percent). However, when looking at obesity alone (BMI \geq 30), the prevalence was slightly higher in non-Hispanic white women compared to non-Hispanic white men (23 percent and 21 percent, respectively).³⁰ The prevalence of overweight or obesity (BMI \geq 25) was about the same in Mexican American men and women (69 percent and 70 percent, respectively).³⁰ Although smaller surveys indicate a higher prevalence of overweight and obesity in American Indians, Alaska Natives, and Pacific Islander Americans and a lower prevalence in Asian Americans compared to the general population, the number surveyed in NHANES III was too small to reliably report prevalence comparisons of overweight and obesity for these populations.³⁴

FIGURE 6: AGE-ADJUSTED PREVALENCE OF OVERWEIGHT OR OBESITY IN SELECTED GROUPS (NHANES III, 1988–1994)



Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

Racial and ethnic disparities in overweight may also occur in children and adolescents. Data for youth from NHANES III showed a similar pattern to that seen among adults. Mexican American boys tended to have a higher prevalence of overweight than non-Hispanic black and non-Hispanic white boys. Non-Hispanic black girls tended to have a higher prevalence of overweight compared to non-Hispanic white and Mexican American girls.¹⁵ The National Heart, Lung, and Blood Institute Growth and Health Study on overweight in children found a higher mean BMI for black girls aged 9 and 10 years, compared to white girls of the same ages.³⁵ This racial difference in BMI widened and was even greater at age 19.³⁶

In addition to racial and ethnic and gender disparities, the prevalence of overweight and obesity also varies by age. Among both men and women, the prevalence of overweight and obesity increases with advancing age until the sixth decade, after which it starts to decline.³⁰

SOCIOECONOMIC STATUS

Disparities in the prevalence of overweight and obesity also exist based on socioeconomic status. For all racial and ethnic groups combined, women of lower socioeconomic status (income \leq 130 percent of poverty threshold) are approxi-

mately 50 percent more likely to be obese than those with higher socioeconomic status (income > 130 percent of poverty threshold). Men are about equally likely to be obese whether they are in a low or high socioeconomic group.³⁷

Among children, the relationship between socioeconomic status and overweight in girls is weaker than it is in women; that is, girls from lower income families have not consistently been found to be overweight compared to girls from higher income families. Among Mexican American and non-Hispanic black children and adolescents, family income does not reliably predict overweight prevalence. However, non-Hispanic white adolescents from lower income families experience a greater prevalence of overweight than those from higher income families.¹⁵

HEALTH BENEFITS OF WEIGHT LOSS

The recommendations to treat overweight and obesity are based on two rationales. First, overweight and obesity are associated with an increased risk of disease and death, as previously discussed.^{3,16,18} Second, randomized controlled trials have shown that weight loss (as modest as 5 to 15 percent of excess total body weight) reduces the risk factors for at least some diseases, particularly cardiovascular disease, in the short term. Weight loss results in lower blood pressure, lower blood sugar, and improved lipid levels.³⁸ While few published studies have examined the link between weight loss and reduced disease or death in the long-term,³⁹ current data as well as scientific plausibility suggest this link.

Studies have shown that reducing risk factors for heart disease, such as blood pressure and blood cholesterol levels, lowers death rates from heart disease and stroke. Therefore, it is highly probable that weight loss that reduces these risk factors will reduce the number of deaths from heart disease and stroke. Trials examining the direct effects of weight loss on disease and death are currently under way.^{40,41} For example, one trial⁴⁰ shows that weight loss, a healthful diet, and exercise prevent the development of type 2 diabetes among persons who are overweight or obese.⁴² The recently completed Diabetes Prevention Program from NIH also confirmed significant reductions in the risk for developing type 2 diabetes among obese subjects with impaired glucose tolerance through similar lifestyle interventions.⁴³

SECTION 2: Posing Questions and Developing Strategies

Current knowledge is clear on many issues: the prevalence of overweight and obesity is high, and that of obesity is increasing rapidly; adolescents who are overweight are at high risk of becoming overweight or obese adults; overweight and obesity increase the risk for serious diseases such as type 2 diabetes, hypertension, and high blood cholesterol; and overweight and obesity are associated with premature death and disability. It is also known that a healthy diet and adequate physical activity aid in maintaining a healthy weight and, among overweight or obese persons, can promote weight loss.

Knowledge is less clear, however, on some very important questions. How can overweight and obesity be prevented? What are the most effective prevention and treatment strategies? How can the environment be modified to promote healthier eating and increased physical activity? Determining the answers to these questions demands a national public health response. Assembling the components of this response has begun.

DEVELOPING A PUBLIC HEALTH RESPONSE

In December 2000, the Surgeon General hosted a public Listening Session on overweight and obesity. The meeting—*Toward a National Action Plan on Overweight and Obesity: The Surgeon General's Initiative*—began a developmental process that led to this *Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity*. A menu of important activities has been assembled from comments received during the Surgeon General's Listening Session, a public comment period, and the National Nutrition Summit. The menu, which is presented in the following section, highlights areas that received significant attention during one or more of these events. Although not meant to be prescriptive, the menu should establish useful starting points as individuals and groups focus their own skills, creativity, and inspiration on the national epidemic of overweight and obesity.

The discussions at the Surgeon General's Listening Session centered on activities and interventions in five key settings: families and communities, schools, health care, media and communications, and worksites. The key actions discussed are presented for each of these settings. Many of these actions overlap the different settings and can be applied in several or all environments.

CARE TO ADDRESS OVERWEIGHT AND OBESITY

The key actions are organized by setting in a framework called CARE: Communication, Action, and Research and Evaluation.

Communication: Provision of information and tools to motivate and empower decision makers at the governmental, organizational, community, family, and individual levels who will create change toward the prevention and decrease of overweight and obesity.

Action: Interventions and activities that assist decision makers in preventing and decreasing overweight and obesity, individually or collectively.

Research and Evaluation: Investigations to better understand the causes of overweight and obesity, to assess the effectiveness of interventions, and to develop new communication and action strategies.

Within the CARE framework, effective actions must occur at multiple levels. Obviously, individual behavioral change lies at the core of all strategies to reduce overweight and obesity. Successful efforts, however, must focus not only on individual behavioral change, but also on group influences, institutional and community influences, and public policy. Actions to reduce overweight and obesity will fail without this multidimensional approach. Individual behavioral change can occur only in a supportive environment with accessible and affordable healthy food choices and opportunities for regular physical activity. Furthermore, actions aimed exclusively at individual behavioral change, while not considering social, cultural, economic, and environmental influences, are likely to reinforce attitudes of stigmatization against the overweight and obese.

SETTING 1: FAMILIES AND COMMUNITIES

Families and communities lie at the foundation of the solution to the problems of overweight and obesity. Family members can share their own knowledge and

habits regarding a healthy diet and physical activity with their children, friends, and other community members. Emphasis should be placed on family and community opportunities for communication, education, and peer support surrounding the maintenance of healthy dietary choices and physical activity patterns.

COMMUNICATION

- Raise consumer awareness about the effect of being overweight on overall health.
- Inform community leaders about the importance of developing healthy communities.
- Highlight programs that support healthful food and physical activity choices to community decision makers.
- Raise policy makers' awareness of the need to develop social and environmental policy that would help communities and families be more physically active and consume a healthier diet.
- Educate individuals, families, and communities about healthy dietary patterns and regular physical activity, based on the *Dietary Guidelines for Americans*.
- Educate parents about the need to serve as good role models by practicing healthy eating habits and engaging in regular physical activity in order to instill lifelong healthy habits in their children.
- Raise consumer awareness about reasonable food and beverage portion sizes.
- Educate expectant parents and other community members about the potentially protective effect of breastfeeding against the development of obesity.

ACTION

- Form community coalitions to support the development of increased opportunities to engage in leisure time physical activity and to encourage food outlets to increase availability of low-calorie, nutritious food items.
- Encourage the food industry to provide reasonable food and beverage portion sizes.
- Increase availability of nutrition information for foods eaten and prepared away from home.

- Create more community-based obesity prevention and treatment programs for children and adults.
- Empower families to manage weight and health through skill building in parenting, meal planning, and behavioral management.
- Expand efforts to encourage healthy eating patterns, consistent with the *Dietary Guidelines for Americans*, by nutrition assistance recipients.
- Provide demonstration grants to address the lack of access to and availability of healthy affordable foods in inner cities.
- Promote healthful dietary patterns, including consumption of at least five servings of fruits and vegetables a day.
- Create community environments that promote and support breastfeeding.
- Decrease time spent watching television and in similar sedentary behaviors by children and their families.
- Provide demonstration grants to address the lack of public access to safe and supervised physical activity.
- Create and implement public policy related to the provision of safe and accessible sidewalks, walking and bicycle paths, and stairs.

RESEARCH AND EVALUATION

- Conduct research on obesity prevention and reduction to confirm their effects on improving health outcomes.
- Determine the root causes, behaviors, and social and ecological factors leading to obesity and how such forces vary by race and ethnicity, gender, and socioeconomic status.
- Assess the factors contributing to the disproportionate burden of overweight and obesity in low-income and minority racial and ethnic populations.
- Develop and evaluate preventive interventions that target infants and children, especially those who are at high risk of becoming obese.
- Coordinate research activities to refine risk assessment, to enhance obesity prevention, and to support appropriate consumer messages and education.
- Study the cost-effectiveness of community-directed strategies designed to prevent the onset of overweight and obesity.

- Conduct behavioral research to identify how to motivate people to increase and maintain physical activity and make healthier food choices.
- Evaluate the feasibility of incentives that support healthful dietary and physical activity patterns.
- Identify techniques that can foster community motivation to reduce overweight and obesity.
- Examine the marketing practices of the fast food industry and the factors determining construction of new food outlets.

SETTING 2: SCHOOLS

Schools are identified as a key setting for public health strategies to prevent and decrease the prevalence of overweight and obesity. Most children spend a large portion of time in school. Schools provide many opportunities to engage children in healthy eating and physical activity and to reinforce healthy diet and physical activity messages. Public health approaches in schools should extend beyond health and physical education to include school policy, the school physical and social environment, and links between schools and families and communities. Schools and communities that are interested in reducing overweight among the young people they serve can consider options listed below. Decisions about which options to select should be made at the local level.

COMMUNICATION

- Build awareness among teachers, food service staff, coaches, nurses, and other school staff about the contribution of proper nutrition and physical activity to the maintenance of lifelong healthy weight.
- Educate teachers, staff, and parents about the importance of school physical activity and nutrition programs and policies.
- Educate parents, teachers, coaches, staff, and other adults in the community about the importance they hold as role models for children, and teach them how to be models for healthy eating and regular physical activity.
- Educate students, teachers, staff, and parents about the importance of body size acceptance and the dangers of unhealthy weight control practices.

- Develop sensitivity of staff to the problems encountered by the overweight child.

ACTION

- Provide age-appropriate and culturally sensitive instruction in health education that helps students develop the knowledge, attitudes, skills, and behaviors to adopt, maintain, and enjoy healthy eating habits and a physically active lifestyle.
- Ensure that meals offered through the school breakfast and lunch programs meet nutrition standards.
- Adopt policies ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the *Dietary Guidelines for Americans*.
- Provide food options that are low in fat, calories, and added sugars, such as fruits, vegetables, whole grains, and low-fat or nonfat dairy foods.
- Ensure that healthy snacks and foods are provided in vending machines, school stores, and other venues within the school's control.
- Prohibit student access to vending machines, school stores, and other venues that compete with healthy school meals in elementary schools and restrict access in middle, junior, and high schools.
- Provide an adequate amount of time for students to eat school meals, and schedule lunch periods at reasonable hours around midday.
- Provide all children, from prekindergarten through grade 12, with quality daily physical education that helps develop the knowledge, attitudes, skills, behaviors, and confidence needed to be physically active for life.
- Provide daily recess periods for elementary school students, featuring time for unstructured but supervised play.
- Provide extracurricular physical activity programs, especially inclusive intramural programs and physical activity clubs.
- Encourage the use of school facilities for physical activity programs offered by the school and/or community-based organizations outside of school hours.

RESEARCH AND EVALUATION

- Conduct research on the relationship of healthy eating and physical activity to student health, learning, attendance, classroom behavior, violence, and other social outcomes.
- Evaluate school-based behavioral health interventions for the prevention of overweight in children.
- Develop an ongoing, systematic process to assess the school physical activity and nutrition environment, and plan, implement, and monitor improvements.
- Conduct research to study the effect of school policies such as food services and physical activity curricula on overweight in children and adolescents.
- Evaluate the financial and health impact of school contracts with vendors of high-calorie foods and beverages with minimal nutritional value.

SETTING 3: HEALTH CARE

The health care system provides a powerful setting for interventions aimed at reducing the prevalence of overweight and obesity and their consequences. A majority of Americans interact with the health care system at least once during any given year. Recommendations by pediatric and adult health care providers can be influential in patient dietary choices and physical activity patterns. In collaboration with schools and worksites, health care providers and institutions can reinforce the adoption and maintenance of healthy lifestyle behaviors. Health care providers also can serve as effective public policy advocates and further catalyze intervention efforts in the family and community and in the media and communications settings.

COMMUNICATION

- Inform health care providers and administrators of the tremendous burden of overweight and obesity on the health care system in terms of mortality, morbidity, and cost.

- Inform and educate the health care community about the importance of healthy eating, consistent with the *Dietary Guidelines for Americans*, and physical activity and fitness for the promotion of health.
- Educate health care providers and administrators to identify and reduce the barriers involving patients' lack of access to effective nutrition and physical activity interventions.
- Inform and educate the health care community about assessment of weight status and the risk of inappropriate weight change.
- Educate health care providers on effective ways to promote and support breastfeeding.

ACTION

- Train health care providers and health profession students in effective prevention and treatment techniques for overweight and obesity.
- Encourage partnerships between health care providers, schools, faith-based groups, and other community organizations in prevention efforts targeted at social and environmental causes of overweight and obesity.
- Establish a dialogue to consider classifying obesity as a disease category for reimbursement coding.
- Explore mechanisms that will partially or fully cover reimbursement or include as a member benefit health care services associated with weight management, including nutrition education and physical activity programs.

RESEARCH AND EVALUATION

- Develop effective preventive and therapeutic programs for obesity.
- Study the effect of weight reduction programs on health outcomes.
- Analyze the cost-effectiveness data on clinical obesity prevention and treatment efforts and conduct further research where the data are inconclusive.
- Promote research on the maintenance of weight loss.
- Promote research on breastfeeding and the prevention of obesity.
- Review and evaluate the reimbursement policies of public and private health insurance providers regarding overweight and obesity prevention and treatment efforts.

SETTING 4: MEDIA AND COMMUNICATIONS

The media can provide essential functions in overweight and obesity prevention efforts. From a public education and social marketing standpoint, the media can disseminate health messages and display healthy behaviors aimed at changing dietary habits and exercise patterns. In addition, the media can provide a powerful forum for community members who are addressing the social and environmental influences on dietary and physical activity patterns.

COMMUNICATION

- Emphasize to media professionals that the primary concern of overweight and obesity is one of health rather than appearance.
- Emphasize to media professionals the disproportionate burden of overweight and obesity in low-income and racial and ethnic minority populations and the need for culturally sensitive health messages.
- Communicate the importance of prevention of overweight through balancing food intake with physical activity at all ages.
- Promote the recognition of inappropriate weight change.
- Build awareness of the importance of social and environmental influences on making appropriate diet and physical activity choices.
- Provide professional education for media professionals on policy areas related to diet and physical activity.
- Emphasize to media professionals the need to develop uniform health messages about physical activity and nutrition that are consistent with the *Dietary Guidelines for Americans*.

ACTION

- Conduct a national campaign to foster public awareness of the health benefits of regular physical activity, healthful dietary choices, and maintaining a healthy weight, based on the *Dietary Guidelines for Americans*.
- Encourage truthful and reasonable consumer goals for weight loss programs and weight management products.

- Incorporate messages about proper nutrition, including eating at least five servings of fruits and vegetables a day, and regular physical activity in youth-oriented TV programming.
- Train nutrition and exercise scientists and specialists in media advocacy skills that will empower them to disseminate their knowledge to a broad audience.
- Encourage community-based advertising campaigns to balance messages that may encourage consumption of excess calories and inactivity generated by fast food industries and by industries that promote sedentary behaviors.
- Encourage media professionals to utilize actors' influences as role models to demonstrate eating and physical activity lifestyles for health rather than for appearance.
- Encourage media professionals to employ actors of diverse sizes.

RESEARCH AND EVALUATION

- Evaluate the impact of community media advocacy campaigns designed to achieve public policy and health-related goals.
- Conduct consumer research to ensure that media messages are positive, realistic, relevant, consistent, and achievable.
- Increase research on the effects of popular media images of ideal body types and their potential health impact, particularly on young women.

SETTING 5: WORKSITES

More than 100 million Americans spend the majority of their day at a worksite. While at work, employees are often aggregated within systems for communication, education, and peer support. Thus, worksites provide many opportunities to reinforce the adoption and maintenance of healthy lifestyle behaviors. Public health approaches in worksites should extend beyond health education and awareness to include worksite policies, the physical and social environments of worksites, and their links with the family and community setting.

COMMUNICATION

- Inform employers of the direct and indirect costs of obesity.
- Communicate to employers the return-on-investment (ROI) data for worksite obesity prevention and treatment strategies.

ACTION

- Change workflow patterns, including flexible work hours, to create opportunities for regular physical activity during the workday.
- Provide protected time for lunch, and ensure that healthy food options are available.
- Establish worksite exercise facilities or create incentives for employees to join local fitness centers.
- Create incentives for workers to achieve and maintain a healthy body weight.
- Encourage employers to require weight management and physical activity counseling as a member benefit in health insurance contracts.
- Create work environments that promote and support breastfeeding.
- Explore ways to create Federal worksite programs promoting healthy eating and physical activity that will set an example to the private sector.

RESEARCH AND EVALUATION

- Evaluate best practices in worksite overweight and obesity prevention and treatment efforts, and disseminate results of studies widely.
- Evaluate economic data examining worksite obesity prevention and treatment efforts.
- Conduct controlled worksite studies of the impact of overweight and obesity management programs on worker productivity and absenteeism.

SECTION 3: The Power of People and Ideas

Public health efforts are carried by the force of ideas and by the power of commitment. *Healthy People 2010* identifies goals to improve the country's health status, including reducing the prevalence of overweight and obesity. This *Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity* addresses the *Healthy People 2010* objectives to reduce the prevalence of overweight and obesity and presents many ideas by which this can be done. Translating these ideas into meaningful action will require a great commitment. We must collectively build on existing successful programs in both the public and private sectors, identify current gaps in action, and develop and initiate actions to fill those gaps. Public-private working groups should be formed around key themes or around the major settings in which obesity prevention and treatment efforts need to take place. While the magnitude of the problem is great, the range of potential solutions is even greater. The design of successful interventions and actions for prevention and management of overweight and obesity will require the careful attention of many individuals and organizations working together through multiple spheres of influence.

INDIVIDUALS

Individuals lie at the foundation of the solution to the problems of overweight and obesity. Individuals can share their own knowledge and habits regarding a healthy diet and physical activity with their children, other family members, friends, and co-workers. Through frank dialogue regarding the methods, challenges, and benefits of adopting a healthy lifestyle, individuals can make the effort to combat the obesity epidemic both personal and relevant.

ORGANIZATIONS

Organizations represent individuals who have common goals and purposes. Organizations can initiate discussions on obesity and overweight within their membership and can establish weight and lifestyle goals. Organizations can develop programs that educate members on food choices and appropriate levels of physical

activity and engage members in these healthy habits. Using their links to and influence within the broader community, organizations can share their experiences in weight management and thus serve as an important public resource.

INDUSTRY

Industry has a vital role in the prevention of overweight and obesity. Through the production and distribution of food and other consumer products, industry exerts a tremendous impact on the nutritional quality of the food we eat and the extent of physical activity in which we engage. Industry can use that leverage to create and sustain an environment that encourages individuals to achieve and maintain a healthy or healthier body weight.

COMMUNITIES

Communities consist of multiple components, including individuals, faith-based and other community organizations, worksites, and governments. A forum should be provided in which all community members can discuss the scope of the problem of overweight and obesity within the community. Also, the nature and adequacy of available resources for public education and treatment, as well as current and future policies and programs to reduce the burden of overweight and obesity within the community, must be addressed. Clearly, the discussions and the strategies adopted will vary depending on the prevalence of obesity and overweight within each community.

GOVERNMENT

Local governments can work together with organizations and communities to facilitate goals for reducing overweight and obesity. Local governments can assist with providing services to increase physical activity and improve nutritional intake. State, Tribal, and local governments can collaborate more with Federal nutrition assistance programs that provide services promoting healthy eating and physical activity. States can form task forces, steering committees, or advisory committees and can also develop State strategic plans. State and national governments can provide funding for research on the effects of interventions on overweight and obesity prevalence, prevention, and treatment, and on trends in diet and exercise

among at-risk populations. Governments can also provide support for public education, public awareness campaigns, and treatment services. Finally, governments can create and promote policies that promote an environment in which healthy dietary and physical activity options are readily accessible.

CREATING NATIONAL ACTION

Interventions and actions in the fundamental areas of the CARE approach should catalyze a process of national, State, and local action to address overweight and obesity. While strategies and action steps will vary, all who take action should acknowledge and embrace the following principles:

- Actions by diversified and cooperative groups are desirable. Working groups may form around settings or around crosscutting themes, as appropriate, to best leverage their talents and resources against overweight and obesity. Partnerships among all levels of government; public and private national, State, Tribal, and local organizations; and faith-based and other community groups will increase the likelihood that true gaps in action will be addressed. Partnerships also may foster learning, sharing of resources, division of labor, and consistency in the message to the public. Additionally, they may enhance media prominence and the social credibility of actions to address overweight and obesity.
- Actions require vigorous, dedicated commitment. The social, environmental, and behavioral factors responsible for the epidemic of overweight and obesity are firmly entrenched in our society. Identifying and dislodging these factors will require deliberate, persistent action and a degree of patience.
- Actions should strive to help all Americans maintain a healthy or healthier weight through balancing caloric intake and energy expenditure. Actions should focus at multiple levels, targeting the environment, behavior change, and policy.
- Actions should be carefully planned. The choice of actions should be based on the relative feasibility, effectiveness, and suitability of all potential actions, and all partners should have a clearly defined role in the action.

- Actions should be sensitive to the needs of minority populations and to the social stigmatization that can surround overweight and obesity.
- Actions and their outcomes should be evaluated. While implementing a system to monitor outcomes should not stand as a barrier to action, groups that are able should monitor and document the short-term and long-term effects of the actions they take. This type of tracking provides important information for the next round of actions and increases the likelihood of success. Developing a concrete evaluation plan early may help focus the goals for action.

SUSTAINING NATIONAL ACTION

Effectiveness of the public health response to overweight and obesity requires strong leadership, regular monitoring, and committed support of all—government; industry; public, private, and professional organizations; communities; schools; families; and individuals. These features will ensure sustained action, productive collaboration, and ongoing progress toward the vision of this *Call To Action*.

LEADERSHIP

A network of leadership across the country needs to be established to ensure that actions are employed in the appropriate settings nationwide. This network should be structured at the organizational, industrial, State, and community levels. The creation of a public-private partnership in the form of a national steering committee could provide an overarching perspective and a more centralized leadership to such efforts. A dialogue among all these spheres of leadership is essential. Several key functions of this leadership structure are described in the following section.

MONITORING

The effectiveness of a CARE approach to overweight and obesity must be assessed at regular intervals. Monitoring should include gathering new information on overweight and obesity as well as reporting on the status of current interventions.

Information Gathering

- Update on the biological, epidemiological, and psychological aspects of obesity and overweight.
- Review of surveillance data systems to track overweight and obesity.
- Update on the latest behavioral and pharmacological interventions for overweight and obesity.
- Discussion of new ideas and goals for continued national activity.

Reporting

- Reporting on progress based on measurable objectives, such as those outlined in *Healthy People 2010*.
- Discussion of the progress achieved through actions undertaken within the various settings.
- Reporting on the status of current policies, programs, and interventions.
- Creation and dissemination of a library of best practices based on evidence-based programs.
- Recognition of exemplary intervention programs, for example, through an awards program.

Monitoring will ensure that all members of the various settings can communicate their ideas and strategies. Monitoring will allow planners to see which objectives are reached or exceeded as well as those that fall short of expectations.

PROMOTION

In addition to strong leadership and regular evaluation, a successful public health effort requires active promotion. Continuous public education on the magnitude of the problem of overweight and obesity will reinforce the goals of the national effort and will encourage public participation. Therefore, the national action to combat overweight and obesity should:

- Foster a consistent message to the public regarding the risks of overweight and obesity as well as the mechanisms by which a person can adopt a healthy lifestyle.
- Target high-risk groups for education on overweight and obesity.

- Promote interventions that address disparities in the prevalence of overweight and obesity.
- Seek to improve the general sensitivity to the social stigma of overweight and obesity.

COMMITTED GOVERNMENT SUPPORT

Local, State, Tribal, and national governments have previously declared their support of efforts to maintain and improve America's health. Such governmental backing may be enhanced through the following:

- Creation of laws and policies that support a healthy physical and nutritional environment for the public.
- Allocation of resources to both government and private organizations to carry out national action to prevent and decrease overweight and obesity.
- Provision of authority to specific Federal and State agencies to enforce policies aimed at reducing overweight and obesity.

ONGOING DIALOGUE

At a minimum, a national steering committee should convene an annual meeting modeled after the Surgeon General's Listening Session. This event would provide leaders with a useful forum for information exchange and enhance their abilities to carry out the functions listed above.

SECTION 4: Vision for the Future

This *Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity* underscores the tremendous health impact that overweight and obesity have on the United States. Through widespread action on the part of all Americans, this *Call To Action* aims to catalyze a process that will reduce the prevalence of overweight and obesity on a nationwide scale. Without support and investment from a broad array of public and private partners, these efforts will not succeed. With such support, however, there exist few limitations on the potential of this effort to improve the health of individuals, families, communities, and, ultimately, the Nation as a whole.

SURGEON GENERAL'S PRIORITIES FOR ACTION

The previously discussed CARE framework presents a menu of important activities for the prevention and treatment of overweight and obesity. Building from this menu, the Surgeon General identifies the following 15 activities as national priorities for immediate action. Individuals, families, communities, schools, worksites, health care, media, industry, organizations, and government must determine their role and take action to prevent and decrease overweight and obesity.

COMMUNICATION

The Nation must take an informed, sensitive approach to communicate with and educate the American people about health issues related to overweight and obesity. Everyone must work together to:

- Change the perception of overweight and obesity at all ages. The primary concern should be one of health and not appearance.
- Educate all expectant parents about the many benefits of breastfeeding.
 - Breastfed infants may be less likely to become overweight as they grow older.
 - Mothers who breastfeed may return to pre-pregnancy weight more quickly.
- Educate health care providers and health profession students in the prevention and treatment of overweight and obesity across the lifespan.

- Provide culturally appropriate education in schools and communities about healthy eating habits and regular physical activity, based on the *Dietary Guidelines for Americans*, for people of all ages. Emphasize the consumer's role in making wise food and physical activity choices.

ACTION

The Nation must take action to assist Americans in balancing healthful eating with regular physical activity. Individuals and groups across all settings must work in concert to:

- Ensure daily, quality physical education in all school grades. Such education can develop the knowledge, attitudes, skills, behaviors, and confidence needed to be physically active for life.
- Reduce time spent watching television and in other similar sedentary behaviors.
- Build physical activity into regular routines and playtime for children and their families. Ensure that adults get at least 30 minutes of moderate physical activity on most days of the week. Children should aim for at least 60 minutes.
- Create more opportunities for physical activity at worksites. Encourage all employers to make facilities and opportunities available for physical activity for all employees.
- Make community facilities available and accessible for physical activity for all people, including the elderly.
- Promote healthier food choices, including at least five servings of fruits and vegetables each day, and reasonable portion sizes at home, in schools, at worksites, and in communities.
- Ensure that schools provide healthful foods and beverages on school campuses and at school events by:
 - Enforcing 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.

- Adopting policies specifying that all foods and beverages available at school contribute toward eating patterns that are consistent with the *Dietary Guidelines for Americans*.
- Providing more food options that are low in fat, calories, and added sugars such as fruits, vegetables, whole grains, and low-fat or nonfat dairy foods.
- Reducing access to foods high in fat, calories, and added sugars and to excessive portion sizes.
- Create mechanisms for appropriate reimbursement for the prevention and treatment of overweight and obesity.

RESEARCH AND EVALUATION

The Nation must invest in research that improves our understanding of the causes, prevention, and treatment of overweight and obesity. A concerted effort should be made to:

- Increase research on behavioral and environmental causes of overweight and obesity.
- Increase research and evaluation on prevention and treatment interventions for overweight and obesity, and develop and disseminate best practice guidelines.
- Increase research on disparities in the prevalence of overweight and obesity among racial and ethnic, gender, socioeconomic, and age groups, and use this research to identify effective and culturally appropriate interventions.

CONCLUSION

This *Call To Action* is for all who can have an impact on overweight and obesity in the United States to take action to create a future where:

- It is widely recognized that overweight and obesity can reduce the length and quality of life.
- The etiology of this complex problem of overweight and obesity is better understood.

- Effective and practical prevention and treatment are widely available and integrated in health care systems.
- Environments have been modified to promote healthy eating and increased physical activity.
- Disparities in overweight and obesity prevalence based on race and ethnicity, socioeconomic status, gender, and age are eliminated.
- The health consequences of overweight and obesity are reduced.
- The social stigmatism associated with overweight and obesity is eradicated.

This vision should be approached vigorously and optimistically but with patience. There is no simple or quick answer to this multifaceted challenge. This *Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity* calls upon individuals, families, communities, schools, worksites, organizations, government, and the media to work together to build solutions that will bring better health to everyone in this country. Working together, we can make this vision become a reality.

References

1. Calle EE, Thun MJ, Petrelli JM, Rodriguez C, Heath CW. Body mass index and mortality in a prospective cohort of U.S. adults. *N Engl J Med* 1999 Oct 7;341(15):1097-105.
2. McGinnis JM, Foege WH. Actual causes of death in the United States. *JAMA* 1993 Nov 10;270(18):2207-12.
3. Allison DB, Fontaine KR, Manson JE, Stevens J, VanItallie TB. Annual deaths attributable to obesity in the United States. *JAMA* 1999 Oct 27;282(16):1530-8.
4. United States Department of Agriculture (USDA) and United States Department of Health and Human Services (HHS). *Dietary guidelines for Americans*, 5th ed. USDA; 2000. Home and Garden Bulletin No. 232. p. 10-12.
5. HHS. *Healthy People 2010*. 2nd ed. With understanding and improving health and objectives for improving health. Washington (DC): U.S. Government Printing Office (GPO); 2000. 2 vol. p. 19-3.
6. USDA. *USDA continuing survey of food intakes by individuals, 1994-96*. USDA; 1998.
7. HHS. *Healthy People 2010*, 2nd ed. With understanding and improving health and objectives for improving health. Washington (DC): GPO; 2000. 2 vol. p. 22-8, 22-9 (Updated data based on new definition of moderate physical activity will be posted on <http://wonder.cdc.gov/data2010/>).
8. HHS. *Healthy People 2010*, 2nd ed. With understanding and improving health and objectives for improving health. Washington (DC): GPO; 2000. 2 vol. p. 22-19 through 22-23.
9. Centers for Disease Control and Prevention (CDC). Ten great public health achievements—United States, 1900-1999. *MMWR* 1999;48(50):1141.
10. Guyer B, Freedman MA, Strobino DM, Sondik, EJ. Annual summary of vital statistics: Trends in the health of Americans during the 20th century. *Pediatrics* 2000 Dec;106(6):1307-17.
11. National Institutes of Health (NIH), National Heart, Lung, and Blood Institute (NHLBI). *Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults*. HHS, Public Health Service (PHS); 1998. p. xxiii.

12. NIH, NHLBI. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. HHS, PHS; 1998. p. 1.
13. USDA, HHS. Dietary guidelines for Americans, 5th ed. USDA; 2000. Home and Garden Bulletin No. 232. p. 7.
14. National Center for Health Statistics (NCHS), CDC. CDC Growth Charts: United States [Internet]. [Hyattsville (MD)]: NCHS [cited 2001 Oct 31]. Available from: <http://www.cdc.gov/growthcharts/>.
15. Troiano RP, Flegal KM. Overweight children and adolescents: Description, epidemiology, and demographics. *Pediatrics* 1998 Mar;101(3):497-504.
16. NIH, NHLBI. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. HHS, PHS; 1998. p. 23.
17. Sturm R, Wells KB. Does obesity contribute as much to morbidity as poverty or smoking? *Public Health* 2001 May;115(3):229-35.
18. NIH, NHLBI. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. HHS, PHS; 1998. p. 12-19.
19. Ford ES, Williamson DF, Liu S. Weight change and diabetes incidence: Findings from a national cohort of US adults. *Am J Epidemiol* 1997 Aug 1;146(3):214-22.
20. Willett WC, Manson JE, Stampfer MJ, Colditz GA, Rosner B, Speizer FE, Hennekens CH. Weight, weight change, and coronary heart disease in women. Risk within the 'normal' weight range. *JAMA* 1995 Feb 8;273(6):461-65.
21. Galanis DJ, Harris T, Sharp DS, Petrovitch H. Relative weight, weight change, and risk of coronary heart disease in the Honolulu Heart Program. *Am J Epidemiol* 1998 Feb 15;147(4):379-86.
22. Weiderpass E, Persson I, Adami HO, Magnusson C, Lindgren A, Baron JA. Body size in different periods of life, diabetes mellitus, hypertension, and risk of postmenopausal endometrial cancer. *Cancer Causes Control* 2000 Feb;11(2):185-92.
23. NIH, NHLBI. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. HHS, PHS; 1998. p. 12-13.
24. NIH, NHLBI. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. HHS, PHS; 1998. p. 20-23.

25. Dietz WH. Health consequences of obesity in youth: Childhood predictors of adult disease. *Pediatrics* 1998 Mar;101(3) Suppl:518-525.
26. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Statistics related to obesity and overweight [Internet]. [Bethesda (MD)]: NIH; 1996 July [cited 2001 Oct 31]. (NIH Publication No. 96-4158). Available from: www.niddk.nih.gov/health/nutrit/pubs/statobes.htm
27. Wolf AM, Colditz GA. Current estimates of the economic cost of obesity in the United States. *Obes Res* 1998 Mar;6(2):97-106.
28. Wolf A. Personal communication. 2001 November 26.
29. Wolf A. What is the economic case for treating obesity? *Obes Res* 1998;6(S1):2S-7S.
30. Eberhardt MS, Ingram DD, Makuc DM, et al. Urban and rural health chartbook. Health, United States, 2001. Hyattsville (MD): NCHS; 2001. p. 256.
31. Mokdad AH, Serdula MK, Dietz WH, Bowman BA, Marks JS, Koplan JP. The spread of the obesity epidemic in the United States, 1991-1998. *JAMA* 1999 Oct 27;282(16):1519-22.
32. NCHS, CDC. Prevalence of overweight and obesity among adults: United States, 1999 [Internet]. [Hyattsville (MD)]: NCHS [cited 2001 Oct 31]. Available from: www.cdc.gov/nchs/products/pubs/pubd/hestats/obese/obse99.htm
33. NCHS, CDC. Prevalence of overweight among children and adolescents: United States, 1999 [Internet]. [Hyattsville (MD)]: NCHS [cited 2001 Oct 31]. Available from: www.cdc.gov/nchs/products/pubs/pubd/hestats/over99fig1.htm
34. NIH, NHLBI. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. HHS, PHS; 1998. p. 8-9.
35. Campaigne BN, Morrison JA, Schumann BC, Faulkner F, Lakatos E, Sprecher D, Schreiber GB. Indexes of obesity and comparisons with previous national survey data in 9- and 10-year old black and white girls: National Heart, Lung, and Blood Institute Growth and Health Study. *J Pediatr* 1994 May;124:675-80.
36. Kimm S, Barton B, Obarzanek E, McMahon R, Sabry Z, Waclawiw M, Schreiber G, Morrison J, Similo S, Daniels S. Racial divergence in adiposity during adolescence: the NHLBI Growth and Health Study. *Pediatrics* 2001 Mar;107(3):E34-E40.

37. HHS. Healthy People 2010, 2nd ed. With understanding and improving health and objectives for improving health. 2 vol. Washington (DC): GPO; 2000. p. 19-12.
38. NIH, NHLBI. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. HHS, PHS; 1998. p. 29-41.
39. NIH, NHLBI. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. HHS, PHS; 1998. p. 25-26.
40. NIH, NHLBI. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. HHS, PHS; 1998. p. 26.
41. NIDDK. Study of Health Outcomes of Weight-Loss (SHOW) trial [Internet]. [Bethesda (MD)]: NIDDK [cited 2001 Oct 31]. Available from: www.niddk.nih.gov/patient/SHOW/lookahead.htm
42. Tuomilehto J, Lindstrom J, Eriksson JG, Valle TT, Hamalainen H, Ilanne-Parikka P, Keinanen-Kiukkaanniemi S, Laakso M, Louheranta A, Rastas M. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *N Engl J Med* 2001 May 3;344(18):1343-50.
43. NIDDK Diabetes Prevention Program. Diet and exercise dramatically delay type 2 diabetes. Diabetes medication metformin also effective. NIDDK Press Release; 2001 August 8.

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Agency for Healthcare Research and Quality	David Atkins
Administration for Children and Families Head Start Bureau	Robin Brocato
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Office of Minority Health	Kathy McCarty
Office on Women's Health	Jonelle Rowe
President's Council on Physical Fitness and Sports	Christine Spain

APPENDIX A: Examples of Federal Programs and Initiatives

Programs on overweight and obesity span multiple departments, offices, and agencies in the Federal Government and promote valuable research and action in various settings. These programs are amplified by State, Tribal, local, and private-sector activities. Some examples of Federal initiatives on overweight and obesity, and the programs that support them, are listed below. For more information on a number of these programs, please see appendix B.

SETTING 1: FAMILIES AND COMMUNITIES

- The Centers for Disease Control and Prevention (CDC) has a community planning tool called the *Planned Approach to Community Health (PATCH)*. This tool can be valuable in the process of developing and sustaining action.
- The Federal Highway Administration, the Environmental Protection Agency, and the Georgia Department of Transportation have developed *Strategies for Metropolitan Atlanta's Regional Transportation and Air Quality*, a document that provides a framework for assessing which factors of land use and transportation investment policies have the greatest potential to reduce the level of automobile dependence, which may consequently increase walking and bicycling activities while promoting the economic and environmental health of the Atlanta metropolitan region.
- The Head Start Bureau of the Administration for Children and Families, in conjunction with members of the community and various Federal agencies, will convene a focus group in fall 2002 to identify issues, effective practices, and recommendations addressing overweight in children of the Head Start Program.
- The Head Start Bureau has published a *Training Guide for the Head Start Learning Community: Enhancing Health in the Head Start Workplace*. The guide addresses the importance of health in the workplace and presents health

promotion principles and activities that can be applied to a variety of workplace health issues, including achieving and maintaining a healthy weight.

- The Health Resources and Services Administration (HRSA) has sponsored Statewide Partnerships in Women's Health that have begun a new prevention initiative entitled WISEWOMAN. Three Statewide Partnerships in Women's Health grantees (Alaska, North Carolina, and Vermont) have WISEWOMAN programs in their States. These grantees are encouraged to collaborate with the WISEWOMAN programs in their States and with other community-based partners to support cardiovascular screenings for women aged 40 to 64 years who then receive nutrition counseling and physical activity support.
- Under the Healthy People 2010 initiative, the Department of Health and Human Services (HHS) has produced the document *Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People 2010*. This document is a guide to developing an action plan through building community coalitions, creating a vision, measuring results, and creating partnerships. It outlines strategies to help start community activities.
- HHS sponsored the development of a *Healthy People 2010 Toolkit* to provide guidance, technical tools, and resources to groups as they develop and sustain a successful plan of action. The *Toolkit* is organized around common elements of health planning and improvement and provides useful tips for getting started.
- HHS has recently released a *Blueprint for Action on Breastfeeding*. The *Blueprint for Action*, which was developed by health and scientific experts from 14 Federal agencies and 23 health care professional organizations, offers action steps for the health care system, families, the community, researchers, and the workplace to better focus attention on the importance of breastfeeding.
- HHS, the U.S. Department of Agriculture (USDA) and other organizations have collaborated to form the United States Breastfeeding Committee. They have developed *Breastfeeding in the United States: A National Agenda*, which is a strategic plan to protect, promote, and support breastfeeding.

- The Indian Health Service and Head Start Bureau have partnered in the development of an initiative, Healthy Children, Healthy Families, and Healthy Communities: A Focus on Diabetes and Obesity Prevention, which has focused on obesity and diabetes prevention activities for Head Start children, families, staff, and communities.
- The National Institutes of Health (NIH) Pathways research fosters culturally appropriate healthy eating practices and increased physical activity among American Indian children, their families, food service staff, and physical education and classroom teachers.
- NIH and the National Recreation and Park Association have developed the Hearts N' Parks program, which will create national dissemination magnet sites for implementing activities encouraging healthy eating and physical activity.
- NIH has developed a health awareness campaign called Sisters Together: Move More, Eat Better to encourage African American women in Boston to maintain or achieve a healthier weight by increasing their physical activity and eating healthy foods. NIH is currently expanding this program to other sites.
- The Office for American Indian, Alaska Native, and Native Hawaiian Programs has developed the Wisdom Steps Health Promotion Program for Elders, a partnership between the Tribes and Minnesota's State Unit on Aging. The program promotes health awareness, with major emphasis on assisting elders in weight loss, participation in exercise programs, improvement of diet, and smoking cessation.
- The Office on Women's Health has developed the Girls and Obesity Initiative, serving to identify existing government obesity programs and to adapt these programs toward gender-specific guidance for girls.
- USDA's Cooperative State Research, Education, and Extension Service (CSREES) has developed a nationwide project, Reversing Childhood Obesity Trends: Helping Children Achieve Healthy Weights. This project will achieve its goals through the integration of research, education, and innovative approaches to help children achieve healthy weights. The project will test a number of program interventions designed to reduce the prevalence of

childhood overweight and obesity in various populations. Both quantitative and qualitative methodologies will be employed in determining the most appropriate and effective program intervention for a specific population.

- CSREES also funds WIN the Rockies (Wellness IN the Rockies), which seeks to improve attitudes and behaviors about food, physical activity, and body image among rural residents of Idaho, Montana, and Wyoming in order to reverse the rising tide of obesity. Interventions will be community based and will target youth, limited-resource audiences, and overweight or obese adults.
- The Women, Infants, and Children (WIC) Farmer's Market Nutrition Program was established by Congress to provide fresh and nutritious foods from farmers' markets to low-income families participating in the WIC program.

SETTING 2: SCHOOLS

- The Assistant Secretary for Health, the Assistant Secretary of Elementary and Secondary Education, and USDA's Under Secretary for Food, Nutrition, and Consumer Services co-chair a Federal Interagency Committee on School Health that serves to integrate efforts across three Cabinet departments to improve the health and education of young people, including efforts to prevent and decrease obesity.
- CDC currently supports 20 State education agencies for coordinated school health programs to reduce the following chronic disease risk factors: tobacco use, poor eating habits, physical activity, and obesity. CDC also has developed guidelines for school health programs based on a review of published research and input from academic experts.
- *School Health Index for Physical Activity and Healthy Eating: A Self Assessment & Planning Guide*, is a guide developed by CDC that enables schools to identify strengths and weaknesses of their physical activity and nutrition policies and programs; develop an action plan for improving student health; and involve teachers, parents, students, and the community in improving school services.

- CDC and USDA are developing a mentoring curriculum to promote nutrition and physical activity in 11- to 18-year-old African American males in an effort to address racial disparities in nutrition and physical activity.
- CDC, the President's Council on Physical Fitness and Sports (PCPFS), and the Department of Education have developed a report, *Promoting Better Health for Young People Through Physical Activity and Sports*, in which they describe strategies to increase the number of youth engaging in physical activity.
- PCPFS has developed the President's Challenge Physical Activity and Fitness Awards Program, incorporating the Presidential, National, Participant, and Health Fitness Awards, and for the first time this year, the Presidential Active Lifestyle Award; the State Champion Award; the National School Demonstration Program; and the Presidential Sports Award Program as means of encouraging individual children and schools to adopt and maintain an active, fit, and healthy lifestyle.
- USDA has launched efforts to foster healthy school environments that support proper nutrition and the development of healthful eating habits, including re-emphasizing regulations that prohibit serving foods of minimal nutritional value in the food service area during meal periods.
- USDA's Team Nutrition includes a multitude of nutrition education materials for children ranging from prekindergarten through high school that support concepts to maintain a healthy weight. Team Nutrition provides grants to States promoting the Federal *Dietary Guidelines for Americans*, healthy food choices, and physical activity.
- USDA's Team Nutrition resources include a Food and Nutrition Service's "action kit," *Changing the Scene: Improving the School Nutrition Environment*, which can be used at the State and local levels to educate decision makers about the role school environments play in helping students meet the goals of the *Dietary Guidelines for Americans*.

SETTING 3: HEALTH CARE

- The Agency for Healthcare Research and Quality is supporting the U.S. Preventive Services Task Force's update to the 1996 *Guide to Clinical Preventive Services* chapter on screening for obesity. The report will be expanded to address screening and counseling for overweight and obesity and will assess the effectiveness of primary care-based interventions to prevent or treat obesity.
- CDC has been active in leading discussions about reimbursement, or inclusion as a member benefit, for services relating to the prevention and treatment of overweight and obesity.
- CDC is focusing on the prevention of pediatric overweight in the primary care setting.
- The Department of Defense has developed the LEAN Program, a healthy lifestyle model for the treatment of obesity administered in the Tripler Army Medical Center.
- HRSA and other partners including PCPFS, NIH, and CDC have developed *Bright Futures in Practice: Physical Activity*. These guidelines and tools emphasize health promotion, disease prevention, and early recognition of physical activity issues and concerns of infants, children, and adolescents.
- HRSA, in collaboration with other partners, has developed *Bright Futures in Practice: Nutrition*. These nutrition guidelines provide a thorough overview of nutrition supervision during infancy, childhood, and adolescence. The guidelines also highlight how partnerships among health professionals, families, and communities can improve the nutritional status of infants, children, and adolescents.
- HRSA sponsors a Diabetes and Hypertension Collaborative that includes nutrition and weight management education for patients in community health centers.
- NIH has developed the *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: Evidence Report*, which has been formatted into various products suitable for use by physicians and other health professionals.

- NIH has collaborated with other Federal agencies to conduct and promote research on obesity and associated diseases. These studies focus on biologic and environmental determinants of human overweight and obesity, prevention strategies, and treatment modalities.
- NIH has developed a Weight-control Information Network to provide health professionals and consumers with science-based materials on obesity, weight control, and nutrition.
- HHS has charged members of NIH's National Task Force on Prevention and Treatment of Obesity to publish evidence reviews of overweight and obesity in leading medical journals to provide clinicians with the latest and most accurate information.

SETTING 4: MEDIA AND COMMUNICATIONS

- CDC is using existing surveillance systems to develop biennial reports on national, State, and local trends in the prevalence of cardiovascular disease, cancer, and diabetes; the risk factors related to these diseases; and the school-based programs that may reduce these risk factors.
- CDC, in conjunction with PCPFS and other private and public agencies, is *Promoting Better Health for Young People Through Physical Activity and Sports*, a document that reports on the strategies being used to involve families, school programs, recreation programs, community structural environment, and media campaigns on physical activity.
- The *PCPFS Research Digest*, a quarterly publication, synthesizes scientific information on specific topics in physical fitness, exercise science, and sports medicine for dissemination to fitness professionals and citizens.

SETTING 5: WORKSITES

- CDC has developed the Personal Energy Plan (PEP), a self-help program that promotes healthy eating and physical activity in the workplace. Worksites are encouraged to supplement the PEP self-help kits with added activities and modifications to the nutritional and physical environment.

- CDC has a Web site, *Ready, Set, It's Everywhere You Go: CDC's Guide to Promoting Moderate Physical Activity*, which provides resources and information on how adults can incorporate physical activity into their routines at the workplace.
- CDC has provided funding to State departments of health in Maine, Montana, New York, and North Carolina for the establishment of health promotion programs at multiple worksites. The programs are intended to formulate and implement policy and environmental changes that support increased physical activity and healthy eating.

APPENDIX B:

Federal Program Resource List

BLUEPRINT FOR ACTION ON BREASTFEEDING

Office on Women's Health

U.S. Department of Health and Human Services

200 Independence Avenue, SW., Room 730B

Washington, DC 20201

Phone: (202) 690-7650

Fax: (202) 205-2631

<http://www.4woman.gov/Breastfeeding/index.htm>

BRIGHT FUTURES IN PRACTICE

BRIGHT FUTURES PROJECT

HRSA/Maternal and Child Health Bureau

5600 Fishers Lane, Room 18A55

Rockville, MD 20857

Phone: (301) 443-2340

Fax: (301) 443-4842

Email: cdegrow@hrsa.gov

<http://www.brightfutures.org>

CDC REPORTS AND GUIDELINES FOR OVERWEIGHT AND OBESITY

<http://www.cdc.gov/health/obesity.htm>

Phone: (800) 311-3435

CLINICAL GUIDELINES ON THE IDENTIFICATION, EVALUATION, AND TREATMENT OF OVERWEIGHT AND OBESITY IN ADULTS: THE EVIDENCE REPORT

NHLBI Health Information Network

P.O. Box 30105

Bethesda, MD 20824-0105

Phone: (301) 592-8573

Fax: (301) 592-8563

http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm

DIETARY GUIDELINES FOR AMERICANS

Phone: (888) 878-3256

<http://www.health.gov/dietaryguidelines>

EXERCISE: A GUIDE FROM THE NATIONAL INSTITUTE ON AGING

<http://www.nia.nih.gov/health/pubs/nasa-exercise/index.htm>

EXERCISE: A VIDEO FROM THE NATIONAL INSTITUTE ON AGING

<http://www.nia.nih.gov/exercisevideo/>

5 A DAY FOR BETTER HEALTH

National Cancer Institute

6130 Executive Boulevard, EPN 232

Bethesda, MD 20892-7332

Phone: (301) 496-8520

<http://dceps.nci.nih.gov/5aday/>

GIRLS AND OBESITY INITIATIVE

Office on Women's Health

U.S. Department of Health and Human Services

200 Independence Avenue, SW., Room 730B

Washington, DC 20201

Phone: (202) 690-7650

Fax: (202) 205-2631

<http://www.4woman.gov/owh/education.htm>

GUIDANCE ON HOW TO UNDERSTAND AND USE THE NUTRITION FACTS PANEL ON FOOD LABELS

U.S. Food and Drug Administration

Center for Food Safety and Applied Nutrition

Phone: (888) SAFEFOOD

<http://www.cfsan.fda.gov/~dms/foodlab.html>

GUIDE TO CLINICAL PREVENTIVE SERVICES, 2ND EDITION, 1996

U.S. Preventive Services Task Force

Phone: (800) 358-9295

<http://www.ahrq.gov/clinic/uspstfix.htm>

HEAD START BUREAU—ADMINISTRATION FOR CHILDREN AND FAMILIES

Phone: (202) 205-8572

<http://www2.acf.dhhs.gov/programs/hsb/>

healthfinder® GATEWAY TO RELIABLE CONSUMER HEALTH INFORMATION ON THE INTERNET

National Health Information Center
U.S. Department of Health and Human Services
P.O. Box 1133
Washington, DC 20013-1133
Phone: (800) 336-4797
<http://www.healthfinder.gov>

HEALTHY CHILDREN, HEALTHY FAMILIES, AND HEALTHY COMMUNITIES

American Indian/Alaska Natives Programs Branch
Administration on Children, Youth and Families
Administration for Children and Families
330 C Street, SW., Room 2030
Washington, DC 20447
Phone: (877) 876-2662
Fax: (202) 205-8436

HEALTHY PEOPLE 2010 INITIATIVE

Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
200 Independence Avenue, SW., Room 738G
Washington, DC 20201
Phone: (202) 401-6295
Fax: (202) 205-9478
<http://www.health.gov/healthypeople>

HEALTHY PEOPLE IN HEALTHY COMMUNITIES: A COMMUNITY PLANNING GUIDE USING HEALTHY PEOPLE 2010

<http://www.health.gov/healthypeople/publications/HealthyCommunities2001>.

HEALTHY PEOPLE 2010 TOOLKIT

Phone: (877) 252-1200
<http://www.health.gov/healthypeople/state/toolkit>

HEARTS N' PARKS

National Heart, Lung, and Blood Institute
P.O. Box 30105
Bethesda, MD 20824
Phone: (301) 592-8573
Fax: (301) 592-8563
Email: NHLBIinfo@rover.nhlbi.nih.gov
http://www.nhlbi.nih.gov/health/prof/heart/obesity/hrt_n_pk/index.htm

LEAN PROGRAM

Tripler Army Medical Center
Phone: (808) 433-6060
<http://das.cs.amedd.army.mil/journal/J9725.HTM>

NATIONAL BREASTFEEDING PROMOTION CAMPAIGN

USDA Food and Nutrition Service
Phone: (800) 277-4975
<http://www.fns.usda.gov/wic/content/bf/brpromo.htm>

NHLBI OBESITY EDUCATION INITIATIVE

NHLBI Health Information Network
P.O. Box 30105
Bethesda, MD 20824-0105
Phone: (301) 592-8573
Fax: (301) 592-8563
<http://www.nhlbi.nih.gov> and
http://rover.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/

NUTRITION.GOV

<http://www.nutrition.gov>

PARTNERSHIP FOR HEALTHY WEIGHT MANAGEMENT

Phone: (202) 326-3319

<http://www.consumer.gov/weightloss/>

PATCH

CDC'S PLANNED APPROACH TO COMMUNITY HEALTH

(770) 488-5426

<http://www.cdc.gov/nccdphp/patch/index.htm>

**PHYSICAL ACTIVITY AND HEALTH: A REPORT OF THE
SURGEON GENERAL**

Phone: (202) 512-1800

<http://www.cdc.gov/nccdphp/sgr/sgr.htm>

PRESIDENT'S COUNCIL ON PHYSICAL FITNESS AND SPORTS

200 Independence Avenue, SW., Room 738H

Washington, DC 20201

Phone: (202) 690-9000

Fax: (202) 690-5211

<http://www.fitness.gov>

**PROMOTING BETTER HEALTH FOR YOUNG PEOPLE THROUGH
PHYSICAL ACTIVITY AND SPORTS**

Phone: (888) 231-6405

<http://www.cdc.gov/nccdphp/dash/presphysactrpt/index.htm>

**SISTERS TOGETHER: MOVE MORE, EAT BETTER
1 WIN WAY**

Bethesda, MD 20892-3665

Phone: (202) 828-1025 or 1 (877) 946-4627

Fax: (202) 828-1028

Email: win@info.niddk.nih.gov

<http://www.niddk.nih.gov/health/nutrit/sisters/sisters.htm>

TEAM NUTRITION

USDA Food and Nutrition Service

Child Nutrition Division

3101 Park Center Drive, Room 640

Alexandria, VA 22302

Phone: (703) 305-2590

Fax: (703) 305-2879

Email: cninternet@fns.usda.gov

<http://www.fns.usda.gov/cnd>

USDA FOOD AND NUTRITION SERVICE

Phone: (703) 305-2286

<http://www.fns.usda.gov>

USDA'S NATIONAL AGRICULTURAL LIBRARY

Phone: (301) 504-5755

<http://www.nal.usda.gov>

**WEIGHT-CONTROL INFORMATION NETWORK (WIN)
1 WIN WAY**

Bethesda, MD 20892-3665

Phone: (202) 828-1025 or 1 (877) 946-4627

Fax: (202) 828-1028

Email: win@info.niddk.nih.gov

<http://www.niddk.nih.gov/health/nutrit/win.htm>

WIN THE ROCKIES (WELLNESS IN THE ROCKIES)

<http://www.uwyo.edu/wintherockies>

WISDOM STEPS HEALTH PROMOTION PROGRAM FOR ELDERS

Office for American Indian, Alaskan Native, and Native Hawaiian

Phone: (202) 619-2713

Fax: (202) 260-1012

<http://www.aoa.dhhs.gov/factsheets/natams.html>