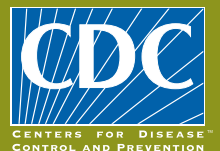


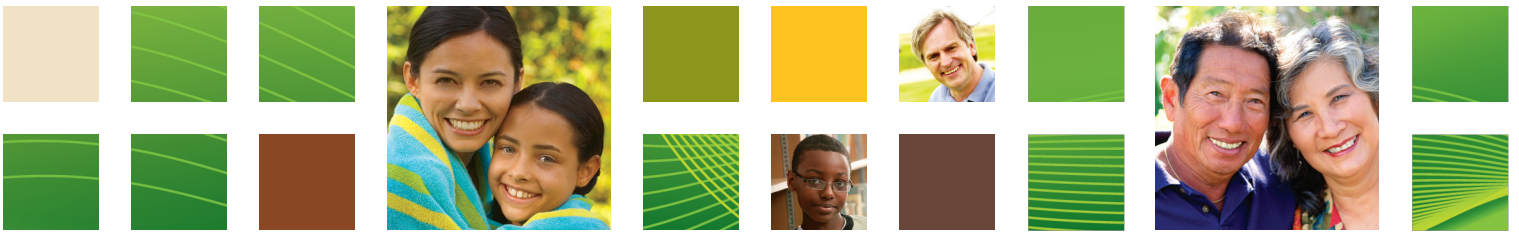
**OBESITY**  
HALTING THE  
EPIDEMIC BY MAKING  
HEALTH EASIER

**AT A GLANCE**  
2009

**NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION**  
IMPROVING HEALTH AND QUALITY OF LIFE FOR ALL PEOPLE



Revised February 2009



## The Obesity Epidemic

More than one third of U.S. adults—more than 72 million people—and 16% of U.S. children are obese. Since 1980, obesity rates for adults have doubled and rates for children have tripled. Obesity rates among all groups in society—irrespective of age, sex, race, ethnicity, socioeconomic status, education level, or geographic region—have increased markedly.

### Health Consequences of Obesity

Obesity has physical, psychological, and social consequences in adults and children. Children and adolescents are developing obesity-related diseases, such as type 2 diabetes, that were once seen only in adults. Obese children are more likely to have risk factors for cardiovascular disease, including high cholesterol levels, high blood pressure, and abnormal glucose tolerance. One study of 5- to 17-year-olds found that 70% of obese children had at least one risk factor for cardiovascular disease and 39% of obese children had at least two risk factors.

### Obesity is Costly

- In 2000, obesity-related health care costs totaled an estimated \$117 billion.
- Between 1987 and 2001, diseases associated with obesity account for 27% of the increases in medical costs.
- Medical expenditures for obese workers, depending on severity of obesity and sex, are between 29%–117% greater than expenditures for workers with normal weight.
- From 1979–1981 to 1997–1999, annual hospital costs related to obesity among children and adolescents increased, rising from \$35 million to \$127 million.

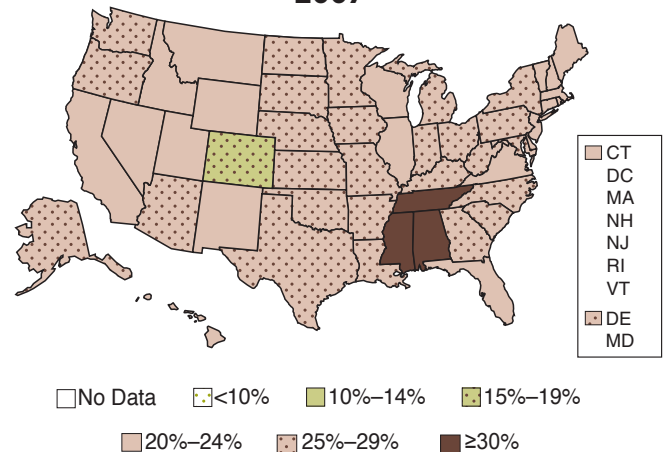
### Halting Obesity Requires Policy and Environmental Change Initiatives

The determinants of obesity in the United States are complex, numerous, and operate at social, economic, environmental, and individual levels. American society has become ‘obesogenic,’ characterized by environments that promote increased food intake, nonhealthful foods, and physical inactivity. Public health approaches that affect large numbers of different populations in multiple settings—communities, schools, work sites, and health care facilities—are needed. Policy and environmental change initiatives that make healthy choices in nutrition and physical activity available, affordable, and easy will likely prove most effective in combating obesity.

### The Health Consequences of Obesity

- Coronary heart disease
- Type 2 diabetes
- Cancer (endometrial, breast, and colon)
- Hypertension (high blood pressure)
- Dyslipidemia (high total cholesterol or high levels of triglycerides)
- Stroke
- Liver and gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis (degeneration of cartilage and underlying bone within a joint)
- Gynecological problems (abnormal menses, infertility)

### Percentage of Adults Who Are Obese,\* by State 2007



\* Body mass index (BMI)  $\geq 30$ , or about 30 lbs. overweight for 5' 4" person, based on self-reported weight and height.  
Source: CDC, Behavioral Risk Factor Surveillance System.



## CDC's Response

CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) is working to reduce obesity and obesity-related conditions through state programs, technical assistance and training, leadership, surveillance and research, intervention development and evaluation, translation of practice-based evidence and research findings, and partnership development.

### Supporting State-Based Programs

Currently, 23 states are funded through CDC's Nutrition and Physical Activity and Obesity (NPAO) Cooperative Agreement Program that coordinates statewide efforts with multiple partners to address obesity.

The program's focus is on policy and environmental change initiatives directed towards increasing physical activity; consumption of fruits and vegetables; breastfeeding initiation, duration, and exclusivity; and decreasing television viewing and consumption of sugar-sweetened beverages and high-energy dense foods (foods high in calories). The program seeks to address health disparities and requires a comprehensive state plan.

### Providing Technical Assistance and Training

CDC provides technical assistance to all states to develop comprehensive state plans, community interventions, and leadership capacity to address obesity. Our new *Program Technical Assistance Manual* provides a one-stop reference for NPAO program guidance. CDC also provides training to public health practitioners. In 2008, CDC cosponsored an obesity prevention course focused on policy and environmental change strategies with the Center of Excellence for Training and Research Translation at the University of North Carolina.

### Convening National Leadership Activities

CDC is leading the development of the *National Roadmap for Obesity Prevention and Control*, expected in 2010. Two conferences convened in 2008 were stepping stones toward the *Roadmap*: the National Summit on Legal Preparedness for Obesity Prevention and Control and Community Approaches to Address Obesity. These conferences also laid the groundwork for the Weight of the Nation Conference, scheduled for summer 2009, which will highlight progress in obesity prevention and control and identify actions needed to reverse the epidemic.

### Surveillance and Epidemiologic Research

CDC monitors obesity trends and conducts and supports research on obesity prevention and control strategies. Through our research activities, we do the following:

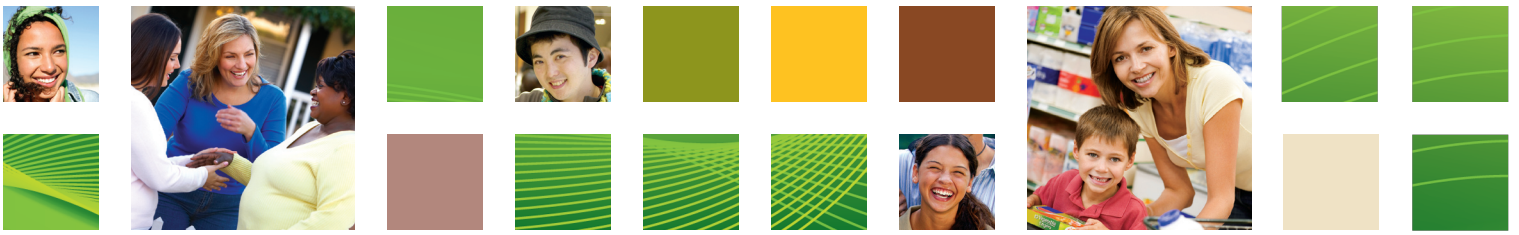
- Identify, translate, implement, and evaluate effective or promising interventions for obesity prevention and control.
- Describe and track priority policy, environmental, behavioral, and demographic correlates of obesity and overweight.
- Identify the measures of obesity that best characterize children and adults with increased risk for adverse health outcomes.

#### Progress in Obesity: Recent Findings

Early signs of success in the prevention and control of obesity—at both state and national levels—are now emerging. Major CDC surveys have found no significant increase in obesity prevalence among children, adolescents, women or men between 2003–2004 and 2005–2006. Also, obesity rates appear to be leveling among children in some states such as Arkansas.

CDC's efforts have helped increase awareness of obesity as a national public health problem. During 2000–2007, media coverage on obesity in national print and newswires increased from about 8,000 to more than 28,000 articles.

A variety of innovative policy and environmental changes in communities, work sites, and schools are likely contributing to this progress.



## CDC's Response (continued)

### Developing Innovative Partnerships

CDC is making progress in halting the obesity epidemic through innovative partnerships.

- **The Healthy Eating Active Living Convergence Partnership (CP)** seeks to foster policy and environmental change through innovative partnerships with others from fields not traditionally involved in public health. CP is currently focused on transportation and food systems to develop active living environments and improve access to healthy foods. (Partners: California Endowment, Kaiser Permanente, Nemours, Robert Wood Johnson Foundation, W.K. Kellogg Foundation, PolicyLink, Prevention Institute)
- **Common Community Measures for Obesity Prevention (Measures Project)** fills two crucial gaps hindering obesity efforts—the absence of standard measures for community-level policy and environmental change initiatives and a tool for monitoring these initiatives. The project developed 26 measures and a web-based tool that local governments can use to assess them. Following pilot testing in 20 communities, the measures will be available nationwide. (Partners: Robert Wood Johnson Foundation, W.K. Kellogg Foundation, Kaiser Permanente, CDC Foundation, International City/County Management Association, Macro International Inc.)
- **Early Assessment of Programs and Policies to Prevent Childhood Obesity** is identifying a set of promising local programs and policies and determining which ones merit rigorous evaluation. Priority is placed on programs and policies implemented in community settings targeting low-income children to improve eating habits and physical activity levels. (Partners: Robert Wood Johnson Foundation, Division of Adolescent and School Health [CDC], Prevention Research Centers Program Office, CDC Foundation, Macro International Inc.)

- **Addressing Obesity Through Commercial Health Plans.** CDC is working to help public health professionals and health care plan administrators collaborate to improve obesity interventions designed for medical settings. (Partner: Deloitte Consulting)

### Identifying Setting-Specific, Evidence-Based Guidelines for Obesity Interventions

In collaboration with the Task Force on Community Preventive Services (the Community Guide), CDC is conducting evidence-based reviews of obesity interventions in three settings—medical care, work sites, and communities.

### Translating Practice-Based Evidence and Research

CDC translates practice-based evidence and research findings for use by practitioners, communities, and the public. Recent translation products include the following:

- **The Swift Work Site Assessment and Translation (SWAT)** (<http://www.cdc.gov/swat>) evaluation method assesses work site health promotion programs that help employees attain or maintain a healthy body weight.
- **Healthy Weight Web site** (<http://www.cdc.gov/healthyweight>) includes a BMI calculator and provides consumers with relevant steps and tools to help them understand how to achieve and maintain a healthy weight for a lifetime.
- **The Weight Management Research to Practice Series** (<http://www.cdc.gov/weightr2p>) summarizes the science on various weight management topics, highlighting the implications of the research findings for public health and medical care professionals.

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