

Preventing Obesity, Improving Nutrition and Increasing Physical Activity

Nearly 38 percent of adults and 17 percent of children in the United States are obese.^{624, 625} Over the past 25 years, rates have more than doubled among adults and more than tripled among children.

Obesity is one of the biggest health threats in the country, putting Americans at increased risk for type 2 diabetes, heart disease, high blood pressure, some forms of cancer and a range of other health problems.^{626, 627, 628} And it contributes to more than \$147 billion to \$210 billion in preventable healthcare spending.⁶²⁹

Through increased awareness and policy efforts, rates have begun to stabilize in the past decade, but remain high. In some communities, there have been signs of progress — where childhood rates have decreased in more than 30 communities — and overall they have significantly declined among 2- to 5-year-olds.⁶³⁰ And the rate of increase among adults has slowed.⁶³¹

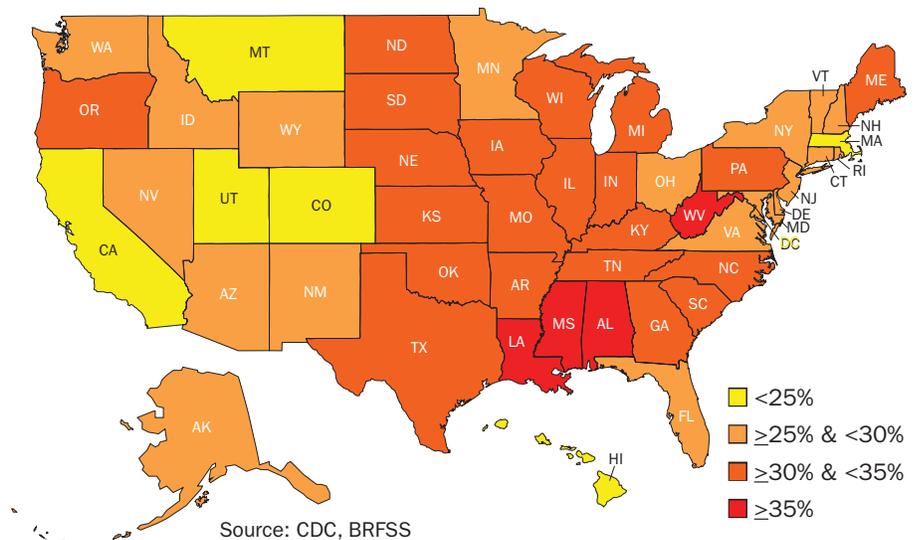
Reversing the epidemic — and ensuring that all children have the opportunity to grow up at a healthy weight — will require intensifying investments in the most effective programs and policies.

Evidence about what works to help curb the epidemic is growing and some key lessons have emerged.

First, prevention should be a top priority, especially among young children and pregnant women. It is easier and more effective to prevent unhealthy weight gain than it is to reverse it later. Strategies that focus on helping every child maintain a healthy weight are critical. By giving children a healthy start, they will be on a much better trajectory for lifelong health as they age.

Second, making healthy choices an easier part of people's daily lives is essential. While personal responsibility is an important consideration in obesity prevention, the choices families and youth make are impacted by where they live, learn, work and play. In many neighborhoods, healthy foods are scarce and more expensive, while cheap

Adult Obesity Rate by State, 2015



processed foods are widely available and heavily marketed. And, finding safe, accessible places to be physically active can be a challenge for many.

Third, it is essential to target more intense efforts in areas where there are the greatest challenges. Obesity rates are highest among racial and ethnic minorities, people who live in low-income communities and those living in the South. These groups are more likely to have limited access to healthy options, and progress in addressing the inequities has been limited.

- More than 29 million Americans have diabetes, and if current trends continue, one in three will have type 2 diabetes.⁶³²
- One in four Americans has some form of heart disease and one in three have hypertension.^{633, 634}
- Approximately one in four young adults — ages 17 to 24 — are too overweight to join the military. Being

overweight or obese is the leading medical reason why young adults cannot enlist.^{635, 636} The military spends more than \$1.5 billion on healthcare costs and on recruiting replacements for those who are too unfit to serve.

- There are significant regional and socioeconomic inequities:
 - Adult obesity rates are higher among Blacks (48.4 percent) and Latinos (42.6 percent) than among Whites (36.4 percent) and Asian Americans (12.6 percent).⁶³⁷
 - Childhood rates are higher among Latino (21.9 percent) and Black (19.5 percent) children than among White (14.7 percent) and Asian (8.6 percent) children (ages 2 to 19) — and the rates are higher starting at earlier ages and increase faster.⁶³⁸
 - More than 33 percent of adults who earn less than \$15,000 per year are obese compared with 24.6 percent of those who earned at least \$50,000 per year.⁶³⁹

RECOMMENDATIONS



- **Invest in healthier eating and safe physical activity initiatives and obesity prevention.** Providing adequate funding for the Prevention and Public Health Fund and for CDC’s National Center for Chronic Disease Prevention and Health Promotion/Division of Nutrition, Physical Activity, and Obesity (DNAPO) would increase support to state, local health departments, tribal organizations and community partners. DNAPO’s annual budget is only around \$50 million annually, in contrast to the \$147 to \$210 billion spent each year on obesity-related healthcare costs.
- **Focus on early childhood policies and programs.** This includes supporting better health among young children through healthier meals, physical activity, limiting screen time and connecting families to community services through Head Start; prioritizing early childhood education opportunities under the Every Student Succeeds Act; and implementing the updated nutrition standards covering the Child and Adult Care Food Program. Programs should be supported starting pre-birth and continued throughout childhood.
- **Extend school-based policies and programs.** School meals have been transformed in the past several years — bringing them up-to-date with the current nutrition standards in Dietary Guidelines for Americans. Efforts should be continued to support better nutrition and increased activity in schools, such as through wellness policies; expanding options for flexible breakfasts and community eligibility programs; implementing the final “Smart Snacks” rule for improved nutrition for snacks and beverages sold in schools; eliminating in-school marketing of foods that do not meet Smart Snacks nutrition standards; and leveraging opportunities to support health, physical education and activity under ESSA.
- **Expand community-based policies and programs.** This includes prioritizing health in transportation planning to help communities ensure residents have access to walking, biking, and other forms of active transportation and promoting innovative strategies, such as tax credits, zoning incentives, U.S. Department of Transportation grants, improved transportation planning, low-interest loans and public-private partnerships to increase access to healthy, affordable foods.
- **Support integrated community health and healthcare approaches to obesity.** This includes covering the full range of obesity prevention, treatment and management services under all public and private health plans, including nutrition counseling, medications and behavioral health consultation, along with encouraging an uptake in services for all eligible beneficiaries.

Endnotes

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