

EMBARGOED FOR RELEASE UNTIL TUESDAY AUGUST 23 AT 10 AM



REPORT FINDS OBESITY RATES RISE IN STATES, SOUTHEASTERN STATES ARE HEAVIEST; NATIONAL POLICY PARALYSIS THREATENS TO MAKE PROBLEM WORSE

Contacts: Laura Segal (202) 223-9870 x 278 or lsegal@tfah.org or Michael Earls (202) 223-9870 x 273 or mearls@tfah.org

Washington, D.C., August 23, 2005 – Obesity rates continued to rise last year in every state but one, and government policies and actions to date offer little hope of countering the trend, according to a new report by Trust for America's Health.

Mississippi ranked as the heaviest state, Colorado as the least heavy, and rates stayed the same in Oregon, according to *F as in Fat: How Obesity Policies are Failing in America, 2005*. Over 25 percent of adults in 10 states are obese, including in Mississippi, Alabama, West Virginia, Louisiana, Tennessee, Texas, Michigan, Kentucky, Indiana, and South Carolina. Seven of those 10 states are in the Southeastern U.S.

“Obesity is a gateway to heart disease, diabetes and a host of other diseases,” said Parris N. Glendening, former two-term Governor of Maryland, president of the Smart Growth Leadership Institute, and co-author of the report. “There is much more that can be done to help people make healthy choices about nutrition and exercise. For instance, decisions about where we build new houses and highways or schools and sidewalks can mean the difference between giving people more or less opportunity to participate in physical activity.”

Approximately 119 million Americans, or 64.5 percent, of adult Americans are either overweight or obese. Estimates of the number of obese American adults rose from 23.7 percent in 2003 to 24.5 percent in 2004. The U.S. Department of Health and Human Services set a national goal of reducing obesity in adults to 15 percent or less of the population in states by the year 2010. In addition, 16 percent of active duty U.S. military personnel are obese, and it is currently the biggest reason for the discharge of soldiers.

“We have reached a state of policy paralysis in regards to obesity,” said Shelley A. Hearne, DrPH, Executive Director of TFAH. “We need more and better data so we can make decisions to get out of the debate limbo in which we are stuck. We have a crisis of poor nutrition and physical inactivity in the U.S. and it's time we dealt with it.”

Some other key findings from the study include:

- Federal obesity programs are too limited and silo-ed to have a significant impact toward reducing or controlling obesity. Additionally, the lack of sufficient research to inform policies and programs severely constrains activities.
- Obesity is exacerbated by the lack of significant policies addressing community design issues -- such as sidewalks and suburban sprawl -- and greater affordability and accessibility of healthy food options -- including the “urban grocery store gap.”

- People who receive food stamps are more likely to be obese compared to both eligible non-participants and higher-income individuals.
- Most school meal programs still focus on delivering minimum versus maximum nutrition to students, and physical education programs are given low priority.
 - Six states have stricter requirements for the nutrition value of school lunches, breakfasts, and snacks than the U.S. Department of Agriculture requires. Three states have established new standards since last year.
 - Eleven states have set nutritional standards for foods sold in schools that are not part of the federally sponsored school lunch program, called “competitive foods,” which include items sold in vending machines, a la carte in cafeterias, snack shops, and bake sales. Nineteen states limit the availability of “competitive foods” beyond federal requirements, such as restrictions on when they can be sold.
 - Over one-third of states tried to improve school physical education programs in the last year, however, requirements still fall short. While South Dakota is the only state not to require physical education for students, most state requirements in place are often not enforced.
- A majority of governors throughout the country have taken steps to initiate innovative obesity-reduction and control programs for state employees, however, most statewide initiatives aimed at the general public are often limited to public information campaigns.
- Forty percent of states have enacted legislation to limit obesity-related law suits.
- Trends suggest possible future changes to employer health care plans, such as “fit versus fat” premium differences for individuals based on lifestyle and risk for disease due to obesity.

To help combat the obesity crisis, in the report, TFAH challenges the research community to focus on five major research questions to better inform policy decisions, and policymakers to act on 20 identifiable common sense based policy actions. Some of the key recommended policy action items include:

- **Bolstering Preventive Care:** Employers, including the government, and Medicaid should provide routine obesity-risk screening and more benefits for preventative care, obesity-related disease management, and subsidizing and encouraging fitness activities.
- **Leveraging Change in Food Options.** The federal government should leverage its clout as a major food purchaser to require a greater emphasis on nutritional value as a priority in the bidding process for food contracts, such as in contracting for cafeterias, public-assistance programs, and military meals. The government should also address public concerns over the new food pyramid and the Women, Infant and Children and food stamp programs should be adapted to focus on maximum nutrition for cost.
- **Smarter Community Design:** Communities and government must stress smarter community design, including requiring the evaluation of the health impact of new building efforts and updating existing development and encouraging design that promotes and

integrates space for physical activity, such as recreational space, sidewalks, public transportation, and safe staircases, and the inclusion of food shopping venues in new development.

- **Improving School Nutrition and Physical Education:** School districts should take the position that minimum standards are not good enough for America’s students. Food contracts should be reevaluated to focus on maximum nutrition as a priority in the bidding process. And, physical education must be given greater priority in schools’ curriculum.
- **Providing More Useful Information and Support:** Federal, state, and local government should provide more accessible, uniform, and constructive information to the public, extend and fully fund community-based obesity-reduction efforts, and forge stronger partnerships with private industry to support offering healthy options to consumers.

The chart below represents the rankings for percentages of obese adults in each state, from highest to lowest. The rankings are based on averages of three years of data from 2002-2004.

Adult Obesity Ranking (Highest to Lowest)	State
1	Mississippi
2	Alabama
3	West Virginia
4	Louisiana
5	Tennessee
6 (tie)	Michigan
6 (tie)	Texas
6 (tie)	Kentucky
9	Indiana
10	South Carolina
11	Arkansas
12	Georgia
13	Ohio
14	Oklahoma
15	Pennsylvania
16 (tie)	North Carolina
16 (tie)	Missouri
16 (tie)	North Dakota
19	Alaska
20 (tie)	Iowa
20 (tie)	Nebraska
22 (tie)	Kansas
22 (tie)	Illinois
22 (tie)	Virginia
25	Minnesota
26	South Dakota
27	Delaware
28	Wisconsin

29 (tie)	Washington
29 (tie)	Maryland
31	California
32 (tie)	Maine
32 (tie)	Nevada
34	New York
35	DC
36	Oregon
37	Idaho
38	Florida
39	New Mexico
40 (tie)	New Jersey
40 (tie)	Arizona
42	Wyoming
43	New Hampshire
44	Utah
45 (tie)	Montana
45 (tie)	Vermont
47	Connecticut
48	Rhode Island
49	Massachusetts
50	Colorado
(N/A)	(Hawaii)

The report was supported by grants from the Dr. Robert C. Atkins Foundation, the Bauman Foundation, and the Benjamin Spencer Fund. The report and state-specific information is available on TFAH’s Web site at www.healthyamericans.org.

###

Trust for America’s Health is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority. www.healthyamericans.org