ISSUE REPORT

Trust for America's Health

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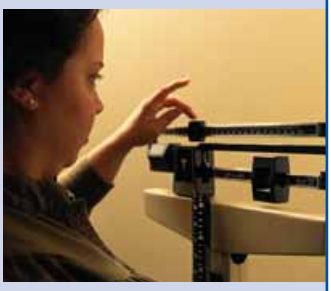


F As in Fat:

HOW OBESITY POLICIES ARE FAILING IN AMERICA

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.

OCTOBER 2004

PREVENTING EPIDEMICS. PROTECTING PEOPLE.

EXECUTIVE SUMMARY

America is confronted with an epidemic of obesity that threatens our nation's health, economy, and future. Because the states and the federal government have a crucial role to play in fighting the epidemic, Trust for America's Health conducted a study of state and federal government action. The results are disturbing. TFAH found that America does not have the aggressive, coordinated national strategy needed to address the obesity crisis -- and that threatens to make the epidemic worse.

> "IF YOU LOOKED AT ANY EPIDEMIC -- WHETHER IT'S INFLUENZA OR PLAGUE FROM THE MIDDLE AGES -- THEY ARE NOT AS SERIOUS AS THE EPIDEMIC OF OBESITY IN TERMS OF THE HEALTH IMPACT ON OUR COUNTRY AND OUR SOCIETY."
>
> — Dr. Julie Gerberding, director of the Centers for Disease Control and Prevention (CDC), in a speech delivered on Feb. 20, 2004.[i]

A public health crisis of historic proportions

If current trends continue, obesity will soon overtake tobacco use as America's leading health problem and No. 1 killer. Nearly 119 million American adults, 65 percent of the population, are currently overweight or obese. One in every seven children is either overweight or obese. The direct and indirect costs of obesity in America are more than $117 billion per year.

National and state policies are falling short of obesity rate reduction goals

STATE POLICIES ARE INSUFFICIENT AND FRAGMENTED

Each state, through its health department, identifies health goals and strategies. But state programs and policies to combat obesity are often nonexistent, insufficient, unenforced, or fragmented. Key findings from the report include:

1. Obesity and obesity-related diseases are escalating throughout the nation.

- Adult obesity exceeds 20 percent in 41 states and D.C. Alabama ranked as the heaviest state with 28.4 percent obesity and Colorado ranked as the least heavy at 16 percent. All states are on track to fail the national goal of reducing the proportion of adults who are obese to 15 percent or lower by the year 2010.
- In 40 states and D.C., six percent or more of adults have diabetes, far exceeding the national goal of 2.5 percent by the year 2010, with Mississippi having the highest level at 11 percent and Colorado the lowest at 4.7 percent.
- In 48 states and D.C., 20 percent or more of adults have hypertension, exceeding the national goal of 16 percent by the year 2010, with West Virginia having the highest level at 33.6 percent and Utah the lowest at 18.8 percent.
- In 22 of 31 reporting states, 10 percent or more of high school students are overweight. The national goal is five percent or lower. Mississippi has the highest percentage at 15.7 and Utah the lowest at seven. Nineteen states and D.C. fail to track and report information about the weight of high school students.
- In 33 states and D.C. (of 38 reporting states) the overweight level for low-income children aged two to five is above 10 percent, with New Jersey having the highest rate at 17.5 percent and Wyoming the lowest at 8.6 percent.
- Sixteen percent of active duty adults in the U.S. armed forces are obese, and the military health system spent $15 million for bariatric surgeries in FY 2002.

2. Most school food and physical activity programs and policies need more aggressive support and attention.

- Only four states -- California, Hawaii, Texas, and West Virginia -- 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, à la carte in cafeterias, snack shops, and bake sales.
- Thirty-three states and D.C. **do not** limit the availability of competitive foods beyond federal requirements.
- While only two states -- Oklahoma and South Dakota -- do not require some form of physical education in elementary and secondary schools and only six states -- Alaska, Colorado, Kansas, New Mexico, Oklahoma, and South Dakota -- do not require health education, the requirements in all states are often not enforced and many of the programs are inadequate.

3. State policies and actions aimed at obesity are fragmented and inadequate.

- Although the effectiveness of "snack" and soda taxes is unknown and may even result in negative consequences, 17 states and D.C. have enacted forms of these taxes to try discouraging consumption of food low in nutrients.
- Eleven states have passed legislation to limit obesity-related lawsuits.
- Only a few comprehensive statewide initiatives are in place to promote active living, such as development of parks and more sidewalks, to foster more physical activity.
- Only a few states and communities have tried to improve access to low-cost, nutritious food in low-income areas, even though low-income groups have the highest percentages of overweight and obesity.

THE FEDERAL GOVERNMENT LACKS LEADERSHIP AND COORDINATION

The federal government, in an effort to promote the general population's health and well-being, has developed a variety of initiatives to combat obesity and the myriad of associated health problems. These tactics fall into one of three general categories:

1. Public education campaigns targeted at individual behavior change.

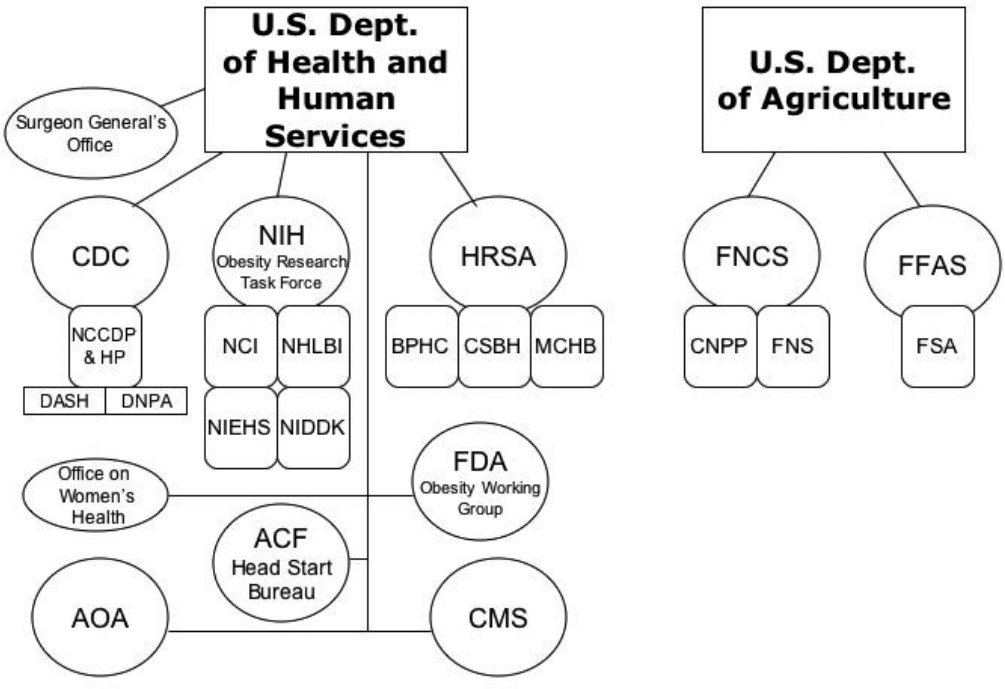
2. Treatment of obesity-related diseases.

3. Initial steps toward developing community active living incentives.

Recognizing the ineffectiveness of the traditional approach that solely focuses on "individual responsibility," legislation and government initiatives are also beginning to address the wider range of contributing factors. Incentives to manufacturers, restrictions on children's television advertising, more accurate food labels, and planned communities with an emphasis on green space are beginning to be discussed and represent the start of a more comprehensive and effective approach to the obesity epidemic. However, much more needs to be done to ensure progress and success in this fight.

A lack of designated leadership and a bureaucratic tangle of involved agencies and departments have hindered the federal government's efforts to curb obesity. The federal government also will have to learn to balance the often competing interests of industry and public health before federal obesity strategies can be implemented efficiently.

Primary Cabinet-Level Departments Involved in Federal Obesity Policy



Recommendations

TFAH recommends beginning the process of change with some crucial government actions:

1. The CDC should be designated as the "command and control center" to manage the obesity epidemic.

Currently, there is no single agency with the responsibility and authority to manage the crisis. By putting one agency in charge, the nation could ensure the coordination of programs across agencies and states. The agency could also serve as a central body to evaluate the effectiveness of programs. The CDC should lead the public health efforts to coordinate population-based prevention efforts across the states. The CDC's responsibilities should include:

- Forming and chairing an interagency Task Force, including external experts, and developing a National Public Health Action Plan for Obesity.
- Centralizing obesity-related public education campaigns across the federal government. Special emphasis should be placed on the development and evaluation of an outreach campaign focused on obesity prevention in youth.
- Establishing the nutritional guidelines for the Food Pyramid and the National School Lunch Program based on health research, and allowing USDA to concentrate on its core mission of promoting the well-being of U.S. agriculture.

2. Research and implementation for cures, community programs, and treatment must be "fast-tracked."

There are major gaps in the scientific information available about the causes of obesity, effectiveness of community-focused programs, and medical treatments for obesity. All research efforts must be expedited to give health officials the information they need to understand and contain the obesity epidemic. Some efforts that should be undertaken by the CDC include:

- Forming a "Rapid Response" Obesity Investigative Service (OIS) similar to the current Epidemic Intelligence Service (EIS) for infectious disease. The OIS would be deployed quickly into communities to help design and construct studies to gain information about how to create the most effective control and prevention programs possible.
- Conducting a Youth Fitness Study, including evaluating school physical education programs and the impact of fitness on classroom performance and performing a new National Youth and Fitness Survey (the last one was done 20 years ago).
- Investigating root causes and origins for unhealthy eating, physical activity, and obesity.
- Studying the impact of marketing and advertising on children's diet and health.

3. "Checks and balances" must be instituted for state and federal programs.

There must be a strong system of measurement and accountability in place to understand which strategies are working to roll back the obesity epidemic and to encourage the investment of resources in the most effective and promising approaches. This information is vital for tracking progress, offering assistance to states, and sharing effective strategies across all states. Greater enforcement of the Government Performance and Results Act of 1993 is a first step. Additionally, states should be required to provide the CDC with data necessary for the measurement of obesity rates for children and adolescents, not just adults, as well as information to help gauge the positive and negative impacts of different "environmental" factors.

4. Upfront funds to combat obesity must be increased to save lives and taxpayer dollars.

- Funding should be increased for CDC Division of Nutrition and Physical Activity (DNPA) grants from $44.7 million to a minimum of $70 million. In FY 2004, there were only funds for 28 states to participate in the program.
- Funding for CDC's Division of Adolescent and School Health (DASH), Coordinated School Health Program should also be increased from the $15.7 million received in FY 2004 to a minimum of $36 million.
- New tax policies should also be explored that create incentives, such as for employer-provided wellness programs and for real estate developers to convert brownfields into activity-oriented facilities, or include green space and accessible sidewalks in their plans for residential development.

OBESITY RATES AND COSTS

	Percentage of Obesity Adults 2003	Adult Obesity Ranking (1=highest percent)	Percentage of Diabetes Adults 2003	Adult Diabetes Ranking (1=highest percent)	Percentage of Hypertension Adults 2003	Adult Hypertension Ranking (1=highest percent)	Percentage of Overweight High School 2003	High School Overweight Ranking (1=highest percent)	Percentage of Overweight Low-Income Children Ages 2-5 2002	Low-Income Children 2-5 Overweight Ranking (1=highest percent)	Medical Costs Related to Obesity (per person) 2003	Ranking for Medical Costs Related to Obesity per person
Alabama	28.4	1	8.7	6	33.1	3	13.5	7	NA	NA	$293	9
Alaska	23.5	22	5	50	20.8	49	11	18	NA	NA	$301	8
Arizona	20.1	40	6.3	34	22.7	44	10.8	19	11.4	30	$135	51
Arkansas	25.2	6	7.4	19	30.5	4	NA	NA	11.6	28	$243	32
California	23.2	23	7.2	22	23.4	38	NA	NA	17.3	2	$216	43
Colorado	16	51	4.7	51	19.8	50	NA	NA	8.7	37	$192	44
Connecticut	19.1	46	5.9	42	24.2	31	NA	NA	NA	NA	$246	30
Delaware	24	15	7.7	17	27.7	14	13.5	7	NA	NA	$253	29
DC	20.3	37	8.2	10	25.2	23	NA	NA	12.8	16	$660	1
Florida	19.9	43	8.5	7	29.3	7	12.4	12	13.3	12	$234	37
Georgia	25.2	6	7.8	15	28	12	11.1	16	11.9	25	$246	31
Hawaii	16.4	50	7.6	18	23.2	40	NA	NA	10.3	34	$231	38
Idaho	21.8	29	6.3	34	23.1	41	7.4	29	11.6	28	$166	49
Illinois	23.2	23	6.5	32	24.4	28	NA	NA	14	7	$272	18
Indiana	26	4	7.8	15	27	16	11.5	15	12.7	17	$264	22
Iowa	23.9	17	6.7	30	25.1	24	NA	NA	13.6	10	$266	21
Kansas	22.6	27	6	40	23.3	39	NA	NA	12	24	$241	35
Kentucky	25.6	5	8.5	7	29.8	6	14.6	3	16.8	3	$282	15
Louisiana	24.8	11	8.5	7	29	8	NA	NA	13.5	11	$305	7
Maine	19.9	43	7.4	19	26	20	12.8	10	15.6	5	$273	17
Maryland	21.9	28	7	27	25	25	NA	NA	14	7	$278	16
Massachusetts	16.8	49	6.2	38	23.1	41	9.9	23	NA	NA	$283	14
Michigan	25.2	6	7.9	14	26.8	17	12.4	12	12.4	20	$291	10
Minnesota	23	25	5.5	47	22.2	46	NA	NA	13.2	13	$258	25
Mississippi	28.1	2	11	1	33.4	2	15.7	1	NA	NA	$263	23
Missouri	23.6	21	6.9	28	27.5	15	12.1	14	12.5	18	$287	12
Montana	18.8	47	5.5	47	21.3	47	8.1	28	NA	NA	$191	45
Nebraska	23.9	17	6.4	33	23.5	37	10.4	21	13.1	14	$261	24
Nevada	21.2	33	6.3	34	23.6	36	NA	NA	12.4	20	$150	50
New Hampshire	20.2	38	5.6	46	22.5	45	9.9	23	15.1	6	$235	36
New Jersey	20.1	40	7.1	25	25.6	21	NA	NA	17.5	1	$271	20
New Mexico	20.2	38	5.7	45	21.1	48	NA	NA	9.3	35	$173	47
New York	20.9	34	7.4	19	25.3	22	12.9	9	16.8	3	$317	5
North Carolina	24	15	8.1	11	28.6	11	12.5	11	NA	NA	$254	28
North Dakota	23.7	20	6.2	38	24	32	9.3	27	11.2	32	$330	3
Ohio	24.9	10	8.9	5	26.3	19	13.9	4	11.1	33	$289	11
Oklahoma	24.4	14	7.2	22	28	12	11.1	16	NA	NA	$243	33
Oregon	21.5	32	6.3	34	24	32	NA	NA	14	7	$219	41
Pennsylvania	23.8	19	8	13	26.5	18	NA	NA	12.4	20	$335	2
Rhode Island	18.4	48	6.8	29	28.9	9	9.8	25	NA	NA	$283	13
South Carolina	24.5	13	9.3	4	28.8	10	NA	NA	12.1	23	$256	26
South Dakota	22.9	26	7.1	25	24.8	26	9.4	26	12.5	18	$255	27
Tennessee	25	9	9.4	3	30.3	5	15.2	2	11.3	31	$315	6
Texas	24.6	12	8.1	11	24.6	27	13.9	4	NA	NA	$241	34
Utah	20.8	36	5.5	47	18.8	51	7	31	8.8	36	$167	48
Vermont	19.6	45	5.8	43	23.1	41	10.8	19	13.1	14	$228	39
Virginia	21.7	30	7.2	22	24.4	28	NA	NA	NA	NA	$222	40
Washington	21.7	30	6.6	31	23.8	34	NA	NA	NA	NA	$217	42
West Virginia	27.7	3	9.8	2	33.6	1	13.7	6	11.9	25	$325	4
Wisconsin	20.9	34	6	40	24.3	30	10.4	21	11.8	27	$272	19
Wyoming	20.1	40	5.8	43	23.8	34	7.2	30	8.6	38	$174	46
TOTAL	22.8	—	7.1	—	24.8	—	11.1	—	14.3	—	$258	—

Source: Adult Obesity , Diabetes and Hypertension Rates: CDC's Behavioral Risk Factor Surveillance Survey (BRFSS), 2003.
Source: Overweight Rate Among High School Students: CDC's Youth Risk Behavior Surveillance (YRBS), 2003, Overweight Rate Among Low-Income Children, Ages 2-5: CDC's Pediatric Nutrition Surveillance (PedNSS) 2002 Report, 2004.
Note: State Medical Costs Per Person are TFAH Calculations

OBESITY RELATED STANDARDS IN SCHOOLS					
	Standards for School Meals Above USDA Requirements	Nutritional Standards for Competitive Foods	Limits Access to Competitive Foods	Physical Education Requirements	Health Education Requirements
Alabama				✓	✓
Alaska				✓	
Arizona				✓	✓
Arkansas			✓	✓	✓
California		✓	✓	✓	✓
Colorado			✓	✓	
Connecticut			✓	✓	✓
Delaware				✓	✓
DC				✓	✓
Florida			✓	✓	✓
Georgia			✓	✓	✓
Hawaii		✓	✓	✓	✓
Idaho				✓	✓
Illinois			✓	✓	✓
Indiana				✓	✓
Iowa				✓	✓
Kansas				✓	
Kentucky			✓	✓	✓
Louisiana			✓	✓	✓
Maine			✓	✓	✓
Maryland				✓	✓
Massachusetts				✓	✓
Michigan				✓	✓
Minnesota				✓	✓
Mississippi			✓	✓	✓
Missouri				✓	✓
Montana				✓	✓
Nebraska			✓	✓	✓
Nevada				✓	✓
New Hampshire				✓	✓
New Jersey				✓	✓
New Mexico				✓	
New York			✓	✓	✓
North Carolina			✓	✓	✓
North Dakota				✓	✓
Ohio				✓	✓
Oklahoma					
Oregon				✓	✓
Pennsylvania				✓	✓
Rhode Island				✓	✓
South Carolina				✓	✓
South Dakota	✓				
Tennessee				✓	✓
Texas	✓	✓	✓	✓	✓
Utah				✓	✓
Vermont				✓	✓
Virginia				✓	✓
Washington				✓	✓
West Virginia		✓	✓	✓	✓
Wisconsin				✓	✓
Wyoming				✓	✓
Number of States	2	4	17	49	45

STATE INITIATIVES FOR ALL RESIDENTS

	Laws Limiting Liability in Obesity Lawsuits (Cheeseburger Laws)	"Junk Food Tax"	Recent* Commissions on Obesity, Nutrition, Physical Activity	Mandated Benefits Coverage Requirements for Morbid Obesity in the States	CDC State-Based Nutrition & Physical Activity Program	CDC Funds to Improve School Health Programs
Alabama						
Alaska						
Arizona					✓	
Arkansas		✓	✓		✓	✓
California		✓	✓			✓
Colorado	✓				✓	✓
Connecticut						
Delaware						
DC		✓				
Florida	✓		✓		✓	✓
Georgia	✓		✓	✓	✓	
Hawaii			✓			✓
Idaho	✓					
Illinois	✓	✓	✓		✓	
Indiana		✓		✓		✓
Iowa					✓	
Kansas						✓
Kentucky		✓	✓		✓	✓
Louisiana	✓		✓			
Maine		✓	✓		✓	✓
Maryland				✓	✓	
Massachusetts					✓	✓
Michigan					✓	✓
Minnesota		✓				
Mississippi			✓			
Missouri	✓	✓			✓	
Montana					✓	
Nebraska						
Nevada			✓			
New Hampshire						
New Jersey		✓	✓			
New Mexico			✓		✓	
New York		✓	✓		✓	✓
North Carolina					✓	✓
North Dakota		✓				✓
Ohio						
Oklahoma			✓		✓	
Oregon					✓	✓
Pennsylvania					✓	
Rhode Island		✓			✓	✓
South Carolina					✓	✓
South Dakota	✓				✓	✓
Tennessee	✓	✓	✓			✓
Texas		✓	✓		✓	
Utah	✓					
Vermont					✓	✓
Virginia		✓		✓		
Washington	✓	✓	✓		✓	✓
West Virginia		✓			✓	✓
Wisconsin					✓	✓
Wyoming						
Number of States	11	18	18	4	28	23

** Recent Defined as from January 2002 to September 2004*