

# Weighing In on Obesity

Over the past several decades, the prevalence of obesity in the United States has risen dramatically. Today, more than 60 percent of adults are either overweight or obese, an increase of nearly 20 percent since the 1970s. Even more alarming, the proportion of overweight children has tripled during the same period, now accounting for at least 13 percent of all American children. Since obesity in childhood is clearly related to adult obesity and its corresponding health problems, such a sharp increase has urgent implications for the future health of the nation.

## AN EPIDEMIC FOR THE 21<sup>ST</sup> CENTURY

According to U.S. Surgeon General David Satcher, overweight and obesity may soon cause as much preventable disease and death as cigarette smoking. The conditions are already responsible for as many as 300,000 premature deaths each year and cost the nation \$117 billion in 2000 alone.

### EXCESS POUNDS, EXTRA PROBLEMS

Obesity is associated with an increased risk for:

- Type 2 diabetes
- Hypertension
- High blood cholesterol
- Heart disease
- Stroke
- Cancer
- Gallbladder diseases
- Asthma
- Osteoarthritis
- Depression
- Complications in pregnancy
- Sleep apnea

While individual body weight has a complex set of causes, most researchers attribute the recent increase in obesity among both adults and children to two simple facts: We are eating more and exercising less. In the 1990s, Americans consumed more food and several hundred more calories per day than they did in the 1970s. Why? Fewer meals were eaten at home, average portion sizes grew, and the availability of convenience foods – foods that are high in fat and sugar – exploded.

Compounding the problem is the relatively new and unfortunate presence of unhealthy foods in the nation's schools. As a means to enhance revenues and make up for shrinking budgets, school districts from coast to coast have entered into contracts with fast food franchises and vending machine operators. The result is that pizza, ice cream, french fries, and other unhealth-

ful foods are sold in about half of all public elementary schools and in three-quarters of middle and high schools today.

At the same time that our caloric intake has gone up, physical activity has declined. Many adults spend most of their waking hours sitting: at work, in traffic, and in front of computers or televisions. Children are also not getting enough exercise. While schools are a critical outlet for physical activity, many have redirected their limited resources to academic programming at the expense of physical education classes and extramural sports. As televisions and computers have become major sources of entertainment and recreation, children have also begun leading a more sedentary lifestyle at home. In 1990, approximately one-third of adolescents watched five or more hours of television per day, up from just over 10 percent in 1970. While this is due, in part, to the number of parents who are in the workforce and are thus unable to provide supervision, children in many communities have no choice but to stay inside where they can be safe. Finally, the current infrastructure of American communities does not facilitate people getting more exercise. In recent decades, the infrastructure that supports walking and bicycling in many areas has been neglected.

## A CALL TO ACTION

Only last month, Dr. Satcher released *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*, which seeks to engage leaders from government, health care organizations, schools, communities, worksites, media, and foundations in addressing this critical public health issue. The December 2001 report identifies three key areas and programming goals for immediate action nationwide:

**Communications** – The consequences of overweight and obesity – and the need to balance healthful eating with regular physical activity – must be conveyed, in an informed yet sensitive manner, to individuals, families, communities, and schools by:

- changing the perception of overweight and obesity from an appearance issue to a health issue,
- increasing awareness of the benefits of breastfeeding among expectant parents,
- educating health care providers and health professions students in the prevention and treatment of overweight and obesity, and
- providing education in schools and communities about healthy eating habits and regular physical activity.

**Action** – Organizations in every sector are asked to support specific interventions and activities that will encourage healthy behaviors and create the types of environments that can reduce the incidence of overweight and obesity by:

- providing daily physical education in all grades in all schools,
- reducing time spent watching television and engaging in other sedentary behaviors,
- building physical activity into regular routines for children and their families,
- creating more opportunities for physical activity at worksites,
- making community facilities available and accessible for physical activity,
- promoting healthier food choices and reasonable portion sizes,
- ensuring that schools provide healthful foods and beverages on school campuses and at school events, and
- developing mechanisms for reimbursement for the prevention and treatment of overweight and obesity.

**Research and Evaluation** – We need to improve our understanding of the causes of overweight and obesity and increase awareness of best practices for reducing or preventing their incidence in the future by:

- increasing research on the behavioral and environmental causes of overweight and obesity,
- conducting more research and evaluation on prevention and treatment interventions and developing best practices guidelines, and
- investigating disparities in the prevalence of overweight and obesity among different populations.

These priorities and goals provide a framework for all types of organizations, including foundations, to assess potential roles and take aim against this modern epidemic.

### HOW CAN GRANTMAKERS RESPOND?

Because people who are overweight or obese have an increased risk for developing many chronic health problems, the issue is a growing national concern, with many opportunities for grantmakers to make a difference. For instance, grantmakers can raise awareness of the health consequences of overweight and obesity among communities, schools, families, and medical professionals; help create environments that are supportive of healthy eating and physical activity; and continue building knowledge about the prevention and treatment of obesity.

Successful interventions must take a multipronged approach – focusing on both changing the way people make choices about eating and exercise, and on substantively altering the institutional, community, and public policy influences that affect the choices that individuals are able to make. While individual behavioral change is at the core of addressing overweight and

obesity, successful efforts must make it easier for people to make healthy choices by affecting the environments in which they live, work, and play. These strategies, which are clearly intertwined, recognize that the conditions are primarily a lifestyle problem and that people's lifestyles are shaped by both the world around them as well as their personal beliefs, values, and habits.

Interventions to help prevent and combat obesity can be implemented almost anywhere. Because the problem of obesity is pervasive – affecting all segments of the population regardless of age, race, or gender – it should be viewed as a community problem that requires community-based strategies to bring about change. Community-based programs can target individuals and families with messages regarding behavior change. They can also improve the environments in which people live and work by developing safe and accessible opportunities for exercise and healthy eating.

School-based obesity programs have the potential to reach a large number of children, especially younger children, on a daily basis for a number of years. They offer multiple opportunities to affect the availability of health and physical education, the school lunch program, the availability of extramural activities, and the presence of vending machines and fast foods in schools. Because life-long health habits are generally established in childhood, schools provide an ideal setting to improve the nation's health.

Finally, since prevention strategies related to obesity use many of the same techniques as other population-based prevention programs, grantmakers should also consider opportunities for integrating obesity prevention into other prevention programs that target communities and schools.

### OPPORTUNITIES FOR GRANTMAKERS

- Conduct media campaigns to make obesity prevention a priority for educators, community leaders, families, and health care providers.
- Sponsor community exercise programs and healthy cooking classes.
- Partner with community leaders to improve the infrastructure for physical activity.
- Work with school districts to develop health education and physical education curricula.
- Provide funding to local school districts to create healthy environments for children.
- Advocate for policy changes that reduce the availability of unhealthy food in schools.
- Support research on the causes and health effects of obesity and evaluations of specific interventions.

This *Issue Focus* is partially based upon the discussion at a GIH Issue Dialogue, *Weighing in on Obesity: America's Growing Health Epidemic*, held on October 31, 2001. A full report will be available in February 2002.

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