

The Importance (and Challenge) of Reaching Obese Adults

Almost everyone knows the key to weight loss (eat less, exercise more!), but turning that simple piece of knowledge into concrete results is another story. Over the past year, adult obesity rates continued to rise in the United States, with only one state having a prevalence of obesity less than 20 percent, six states having a prevalence of obesity equal to or greater than 30 percent, and all others falling somewhere in between (Levi et al. 2009). These numbers become even more daunting when compared to those in the early 1990s – less than 20 years ago – when only four states had an obesity rate of 15 percent or more (Strumpf 2004). Moreover, this rise has occurred despite a heightened awareness of the devastating health consequences of obesity, including an increased risk of cardiovascular disease, high blood pressure, stroke, certain types of cancer, type 2 diabetes, and harmful psychological effects due to the surrounding stigma.

Obese adults are more likely than others to avoid, delay, or cancel their doctor's appointments, potentially exacerbating both negative health effects and the resulting economic expenses (Levi et al. 2009). In 2000, obesity cost the nation an estimated \$117 billion, including \$61 billion in direct costs (preventive, diagnostic, and treatment services) and \$56 billion in indirect costs (income lost from decreased productivity and premature death) (HHS 2001). Medicaid and Medicare pay approximately half of the associated medical costs, and considering the jump in obesity rates over the past decade, these expenditures have undoubtedly grown.

There is an urgent need to lower rates of adult obesity, but much of what got us here will take years of extensive effort to reverse. The environment, which greatly influences our behavior, has become increasingly hostile to healthy weight maintenance and weight loss, and while good health starts with making healthy choices, not everyone has the same opportunities to do so.

Overarching policy strategies, such as proposed soda taxes, have received a lot of attention as of late, but in the midst of this obesity-inducing environment, individually controlled approaches to weight reduction are also valuable. The relationship between the two is complex, with individual change often occurring within a broader context, and it can be tricky to know where to start. In addition, negative behaviors, whatever their root cause, are difficult to modify – especially for adults. Sustained behavior change, needed for weight loss and maintenance, poses an even greater challenge.

Extensive public health research provides funders with a spectrum of possible methods to encourage behavior change.

THE LINK BETWEEN PARENT AND CHILD OBESITY

A large amount of attention and resources has been dedicated to the childhood obesity epidemic over the last decade, but this conversation should not take place without considering the connection between parents who are obese and their children. Not surprisingly, children who have one obese parent have a 50 percent chance of being obese, and children who have two obese parents have an 80 percent chance (American Academy of Child & Adolescent Psychiatry 2008). In turn, obese children have a higher chance of becoming obese adults.

While a genetic link has been established, it cannot account for the epidemic, as our genetic make-up has not changed significantly over the past few decades (National Institute of Diabetes and Digestive and Kidney Diseases 2008). Instead, research indicates detrimental changes in our way of life are the main cause, and like genes, these traits and habits, which shape our lifestyles, are passed down from generation to generation.

Education is frequently a first, and crucial, step and is often paired with another tactic, such as social marketing, technology, or policy, to increase its effectiveness. But when it comes to fighting adult obesity, traditional, well-established methods of behavior change may not be enough. Many obesity prevention or reduction programs are ineffective in reducing rates of adult obesity, and the minimally positive results shown by some programs are often short lived.

OPPORTUNITIES FOR FUNDERS

Despite these challenges, effective programs do exist. Borrowing from and building upon current research, many funders have found innovative ways to reduce obesity among adults. Through the use of unique and often unlikely approaches, each of the following examples effectively encourages adults to make the healthiest choices possible to decrease weight and improve health.

- **Consider Health Effects of the General Plan** – General (or comprehensive) plans developed by counties and municipalities across the United States are the policy blueprints for development of the built environment, and

therefore determine if and where biking and walking paths, parks, public transportation, and grocery stores will be placed. The Health Trust, whose mission is to advance wellness in Silicon Valley, California, is currently advocating for the inclusion of elements that support health in the general plans of three local cities.

The Health Trust (2009) works to craft general plans that support health by:

- developing and implementing advocacy strategies for local cities currently revising their general plans; implementing a media and public education campaign to raise awareness about the importance of health elements in general plans; providing technical assistance to city planners; and funding organizations to advocate for and/or assist cities with the inclusion of health elements in the cities' general plans.

This approach has its challenges (in California, general plans are only comprehensively updated every 10 years, and the review process can take well over a year), but by considering the health effects of the plans, opportunities can emerge to improve access to physical activity and nutritious foods, and consequently decrease rates of obesity.

- ***Engage Families in Food Preparation*** – Over time, less nutritious food has become less expensive while the cost of many nutritious foods has increased. To help families with low incomes make healthy, affordable choices on a limited budget and reduce levels of obesity, The Colorado Health Foundation is supporting Share Our Strength's Operation Frontline Colorado. Program participants attend six-week nutrition education courses taught by professional dietitians and nutritionists, and receive grocery store gift cards. The courses are interactive and often include multiple family members, such as a grandmother and granddaughter, or mother and son.

This program has two unique components: its extreme success and the documentation of that success. A 2007 evaluation of the Denver-based program found positive changes in eating and shopping behaviors among adult participants. These behaviors were maintained at three and six months after course completion (Swindle et al. 2007). Of the adults who completed the course in the first half of 2009, 90 percent reported an improvement in their cooking skills, and three-fourths reported eating more vegetables, fruits, and whole grains (Share Our Strength 2009).

- ***Highlight Social Advantages, Not Health*** – With support from the Sisters of St. Joseph Charitable Fund (SSJCF), Wood County, West Virginia, has implemented the Neighborhood More Active People program to reduce obesity levels by promoting an increase in physical activity in low-income neighborhoods. During this implementation, SSJCF learned a surprising lesson: many program participants were not interested in walking to improve their health.

To initially promote the walking program, a flyer was distributed on the health-related benefits of walking. Response was minimal, despite the presence of appropriate infrastructure (a walking path was available, which circled a playground), and the program was re-evaluated. A focus group was conducted with residents of the complex, and it was discovered that many of the individuals who attended (mostly single mothers) did not view the health benefits of walking as applicable to their busy, often stressful, lives. Instead, they expressed a desire for more time to socialize and interact with their neighbors. Walking with friends became the program's hook, and participation greatly increased.

- ***Use Evidence-Based Principles of Behavior Change*** – Active for Life, a translational research initiative of the Robert Wood Johnson Foundation, aimed to increase physical activity levels in adults age 50 and older through the implementation of two programs in nine diverse communities. Although implementation differences existed between the two programs (Active Living Every Day was group-based and Active Choices was telephone-based), both were built on established principles of behavior change that allowed participants to identify personal goals and barriers and receive appropriate support. While weight loss was not the primary focus of Active for Life, and neither of the two programs addressed diet or nutrition, increased levels of moderate-to-vigorous physical activity and reductions in body mass index were observed (Robert Wood Johnson Foundation 2008).

Active for Life is unique in that it successfully translated two evidence-based programs into diverse real world settings, and was implemented and sustained by a variety of nonresearch community-based organizations (Wilcox et al. 2009). The foundation's Active for Life program ended in 2007, but because of its success, is now supported by an Administration on Aging initiative in many states, including Ohio, New York, and Maryland.

CONCLUSION

Adult obesity will be a concern for years to come, and the health and financial consequences of the epidemic will continue to grow. Through policy, education, and behavioral supports, grantmakers have the opportunity to begin or continue down the long, hard path toward necessary change.

SOURCES

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