

# *The State of Obesity 2015*

## Better Policies for a Healthier America

Southern Obesity Summit  
November 16, 2015

**Richard Hamburg**  
Deputy Director

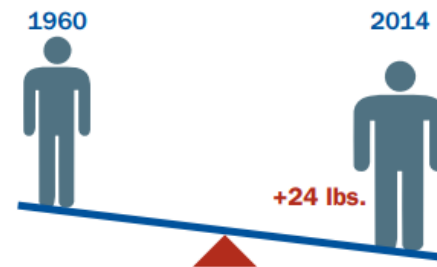
# Overview

---

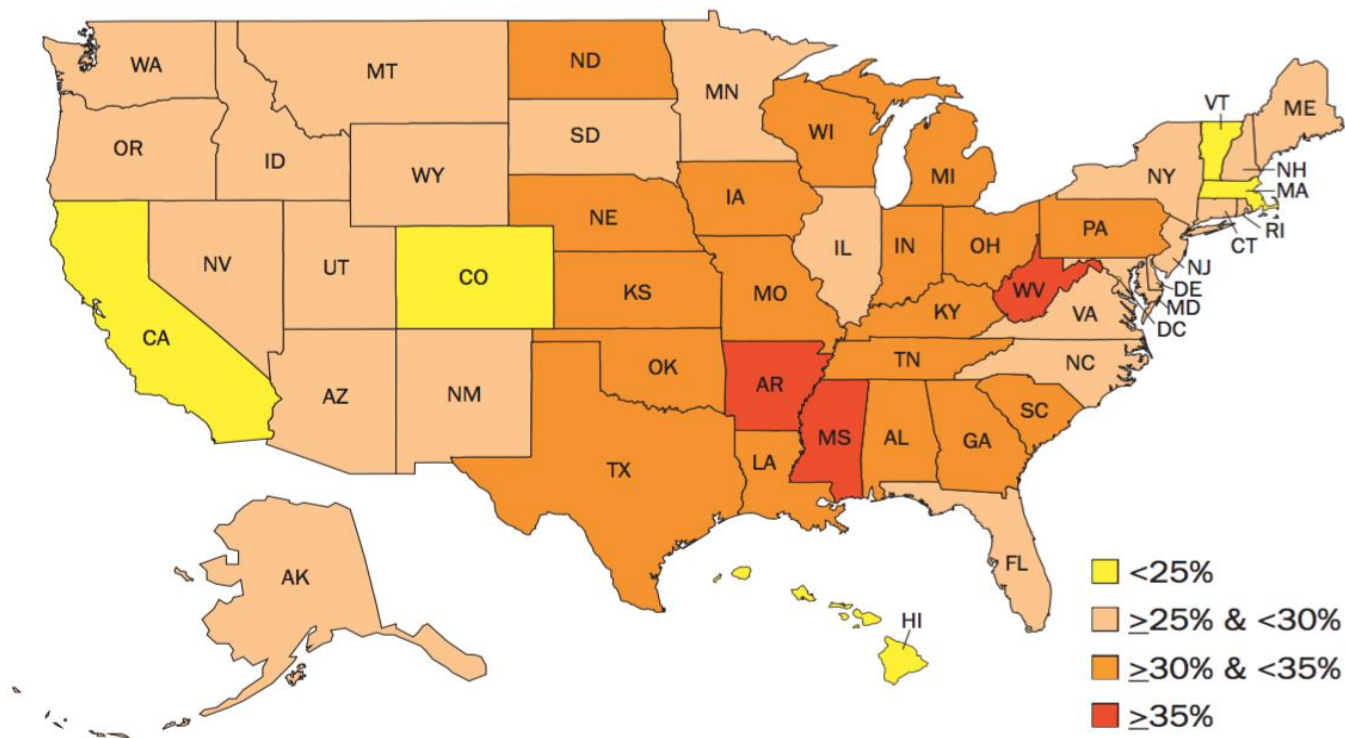
- Adult rates are stabilizing at high rates overall, with only a handful of increases
- Significant disparities persist
- Prevention is key
  - It is easier to prevent in children than reverse trends later.
- Future progress will require we examine what is working and bring these efforts to scale nationwide.

# Adult Obesity Trends in 2014

- Rates increased in five states
  - Kansas, Minnesota, New Mexico, Ohio, Utah
  
- Adult obesity (BMI > 30) now exceeds 35% in three
  - Considerable variation (Arkansas, 35.9%; Colorado 21.3%)
  - In 1991, no state exceeded 20%
  - In 1980, no state exceeded 15%



# Adult Obesity Rates (2014)



*(Note: BRFSS methodological changes were made in 2011. Estimates should not be compared to those prior to 2010)<sup>28</sup>*

Territory	Obesity Rate
Guam	28.0
Puerto Rico	28.3

# States With The Highest Obesity Rates

- 7 of the 10 states with the highest rates of adult/childhood obesity are in the South.

STATES WITH THE HIGHEST OBESITY RATES		
Rank	State	Percentage of Adult Obesity (Based on 2014 Data, Including Confidence Intervals)
1	Arkansas	35.9 (+/-2.1)
2	West Virginia	35.7 (+/-1.5)
3	Mississippi	35.5 (+/-2.1)
4	Louisiana	34.9 (+/-1.5)
5	Alabama	33.5 (+/-1.5)
6	Oklahoma	33.0 (+/-1.3)
7	Indiana	32.7 (+/-1.2)
8	Ohio	32.6 (+/-1.5)
9	North Dakota	32.2 (+/-1.8)
10	South Carolina	32.1 (+/-1.2)

Note: For rankings, 1 = Highest rate of obesity.

STATES WITH THE HIGHEST RATES OF OBESITY AMONG 10- TO 17-YEAR-OLDS		
Rank	States	Percentage of Obese 10- to 17-year-olds
1	Mississippi	21.7%
2	South Carolina	21.5%
3	D.C.	21.4%
4	Louisiana	21.1%
5	Tennessee	20.5%
6	Arkansas	20.0%
7	Arizona	19.8%
8	Kentucky	19.7%
9	Illinois	19.3%
10	Texas	19.1%

Note: For rankings, 1 = Highest rate of obesity.

# Persisting Disparities in 2014 data

- 23 of the 25 states with the highest rates are in the South and Midwest
  - 9 out of 10 states with highest rates of diabetes are in the South
- American Indian/American Natives have highest adult obesity rate (54 percent) of any racial or ethnic group

**Obesity and Overweight Rates for Adults, National Health and Nutrition Examination Survey (NHANES), 2011 to 2012<sup>87, 88</sup>  
(with American Indian/Alaska Native Rates per 2008 Indian Health Services<sup>89</sup>)**

	White Both Genders	Latino Both Genders	Black Both Genders	Asian American Both Genders	Native American/ Alaska Native Both Genders	White Men	Latino Men	Black Men	White Women	Latino Women	Black Women
Obese	32.6%	42.5%	47.8%	10.8%	54%	32.4%	40.1%	37.1%	32.8%	44.4%	56.6%
Obese and Overweight Combined	67.2%	77.9%	76.2%	38.6%	81%	71.4%	78.6%	69.2%	63.2%	77.2%	82%

Note: The Centers for Disease Control and Prevention uses the term Hispanic in analysis. White = Non-Hispanic Whites; Black = Non-Hispanic African Americans

# Childhood Obesity Trends

- 2011 Pediatric Nutrition Surveillance Survey (PedNSS) of documented slight net decrease in obesity rates among 2-to-4 year olds participating in certain federally-funded health programs
  - Documented in all subgroups, *except* AI/AN kids

TRENDS IN OBESITY RATES AMONG CHILDREN 2 TO 4 YEARS OF AGE, BY RACE AND ETHNICITY, 1998-2011 — PEDNSS <sup>58</sup>			
Race/Ethnicity	1998	2003	2011
Total	13.0%	15.2%	14.7%
White	10.5%	13.1%	14.7%
Black	11.1%	12.7%	11.8%
Latino	18.1%	19.7%	18.7%
Asian/Pacific Islander	14.3%	13.6%	11.7%
American Indian/Alaska Native	16.3%	19.0%	21.1%

NOTE: PedNSS data 1998 through 2011. SOURCE: Adopted from Pan et al., 2015

# Physical Activity and Obesity

- Being physically inactive is responsible for one in 10 deaths among U.S. adults.
- A 10-year study of children found that physical activity lowers risk for becoming overweight or obese and higher TV time increases it.

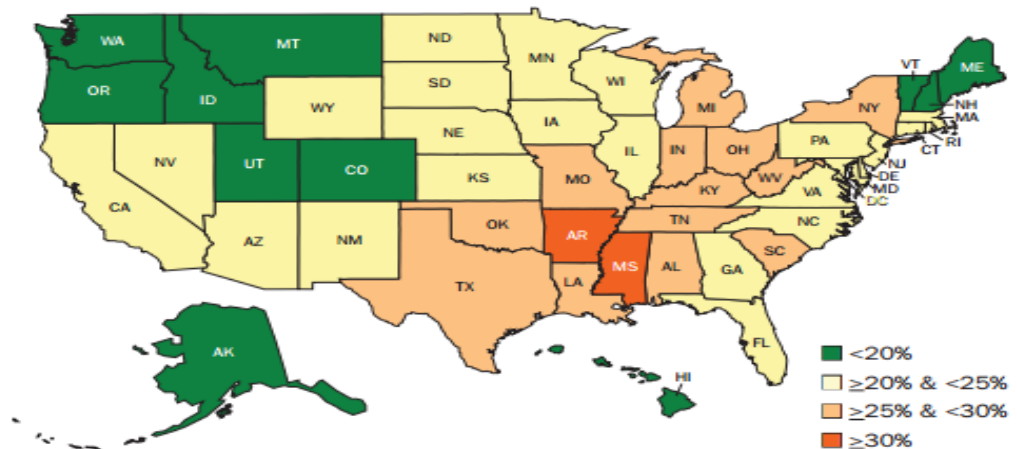
Adults who do not meet the aerobic and muscle strengthening recommendations for physical activity



Sedentary adults pay \$1,500 more per year in healthcare costs than physically active adults

PERCENTAGE OF ADULTS WITH PHYSICAL ACTIVITY BY STATE, 2014 BRFSS

An interactive map and timeline of these data are available at [stateofobesity.org](http://stateofobesity.org)





# The South and Obesity

- In regards to obesity-related metrics, Southern States score disproportionately low. The South makes up:
  - 7 of the 10 states with the highest rates of adult/childhood obesity.
  - 9 of the 10 states with the highest rates of diabetes.
  - 9 of the 10 states with the highest rates of hypertension.
  - 9 of the 10 states with the highest rates of physical inactivity.

# The South and Obesity (cont'd)

State	Obesity Rate	State Ranking	Diabetes Rate	State Ranking	Hypertension Rate	State Ranking	Physical Inactivity	State Ranking
AL	33.5%	5	12.9%	4	40.3%	2	27.6%	7
AR	35.9%	1	12.7%	5	38.7%	7	30.7%	2
FL	26.2%	44	11.2%	13	34.6%	13	23.7%	19
GA	30.5%	19	11.6%	10	35%	12	23.6%	20
KY	31.6%	12	12.5%	6	39.1%	5	28.2%	6
LA	34.9%	4	11.3%	12	39.8%	4	29.5%	3
MS	35.5%	3	13%	2	40.2%	3	31.6%	1
MO	30.2%	20	11.1%	15	32%	23	25%	14
NM	28.4%	32	11.5%	11	29.5%	41	23.3%	22
NC	29.7%	24	10.8%	18	35.5%	11	23.2%	25
OK	33%	6	12%	7	37.5%	9	28.3%	5
SC	32.1%	10	12%	7	38.4%	8	25.3%	13
TN	31.2%	14	13%	2	38.8%	6	26.8%	9
TX	31.9%	11	11%	17	31.2%	29	27.6%	7
VA	28.5%	31	9.7%	28	32.5%	21	23.5%	21
WV	35.7%	2	14.1%	1	41%	1	28.7%	4

# Food Deserts and Healthy Weight

- More than 29 million Americans live in “food deserts.”
- Families in predominantly minority and low-income neighborhoods have limited access to supermarkets and fresh produce. Greater accessibility to supermarkets is consistently linked to lower rates of overweight and obesity.



**Over 29 million**

Americans don't have access to a supermarket within a mile of their home if they live in urban areas, or within 10 miles if they live in rural areas.

## Difference in Chain Supermarket Distribution between Communities



Predominantly White Communities



Predominantly Black Communities

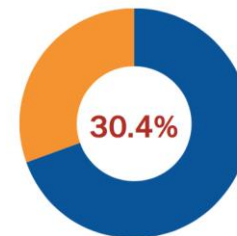


Predominantly Latino Communities

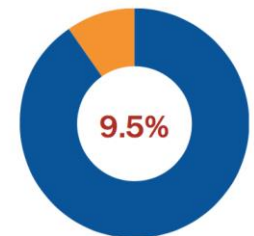
# Income, Education Effects

- More than 33% of adults who earn less than \$15,000 per year are obese
  - Compared with 24.6 percent of those who earn at least \$50,000.
- 33% of adults who don't finish high school are obese
  - Versus obesity rate of 21.5 percent of those who finish college or technical college
- Protective effect of education extends to their children

Obesity Rates for Children Based on Parental Educational Attainment



No High School Diploma



College Degree

# Low Income Students in the South

- 51 % of U.S. public school students are from low income families and are eligible for free or reduced-price meals.
- 57 % of students in the South are low-income.
- 13 of 15 Southern states have rates above 50 %.

Percentage of Low Income Students in U.S. Public Schools 2013

National Average: 51%



School Meal Program Eligibility, as of 2015		
	Household Income: Free Lunch Eligible	Household Income: Reduced Lunch Eligible
	130 percent of FPL	185 percent of FPL
Household size: 2	\$20,709	\$29,471
Household size: 4	\$31,525	\$44,863

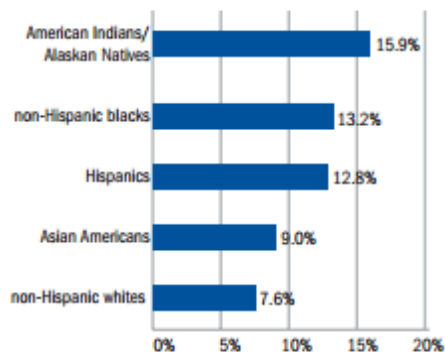
# Why are we still concerned?

- Despite signs of stabilizing, rates are dangerously high
- Obesity increases the risk for dozens of health comorbidities
  - Including type 2 diabetes, various types of cancer, cardiovascular disease, arthritis, etc.
- Baby Boomers coming on to Medicare will further exacerbate our long-term fiscal outlook

# Diabetes and Obesity

- More than 80 percent of people with diabetes are overweight or obese.
- Diabetes is the seventh leading cause of death in the United States, and costs the country around \$245 billion in medical costs and lost productivity each year.
- The 8 states with rates of diabetes greater than 12% are all in the South.

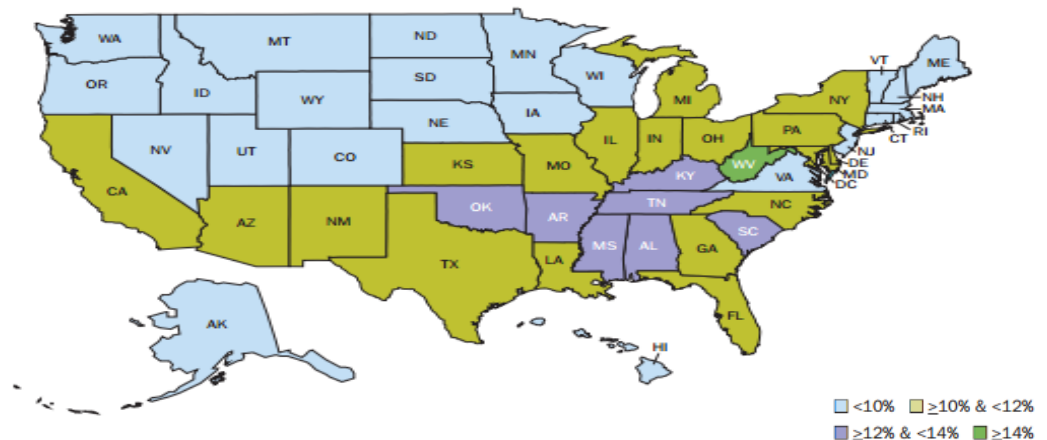
**Rates of Diagnosed Diabetes**



Source: American Diabetes Association, 2012 data

**PERCENTAGE OF ADULTS WITH DIABETES BY STATE, 2014 BRFSS**

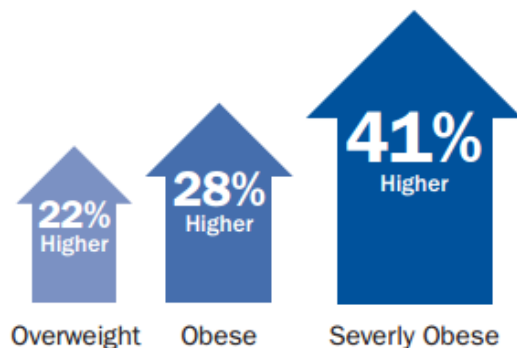
An interactive map and timeline of these data are available at [stateofobesity.org](http://stateofobesity.org)



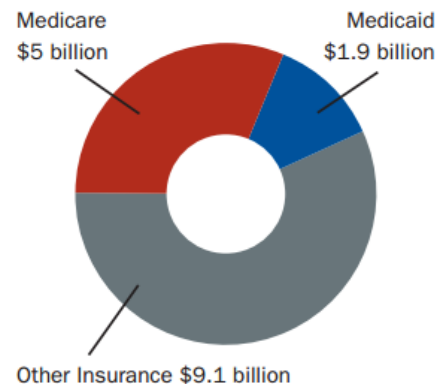
# Poor Health, Increased Care Spending

- Current rates put 78 million Americans at increased risk of health problems
  - Cardiovascular disease, diabetes, cancer, arthritis and many more
- Obese adults spend 42 percent more on direct healthcare costs

Difference in Emergency Room Costs for Patients Presenting With Chest Pains Compared with a Normal-weight Patient



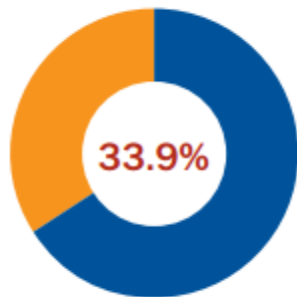
FIVE-YEAR ROI ON \$10 PER PERSON COMMUNITY-BASED INVESTMENT



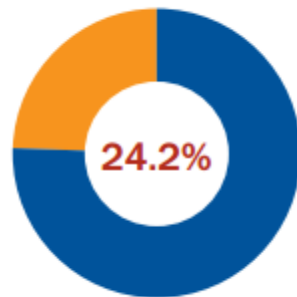


# Co-Morbidities

Kidney Disease Attributable to Obesity

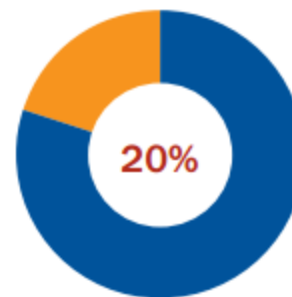


Women

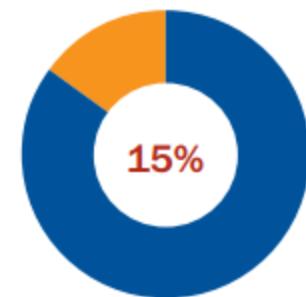


Men

Cancers Attributable to Obesity



Women



Men

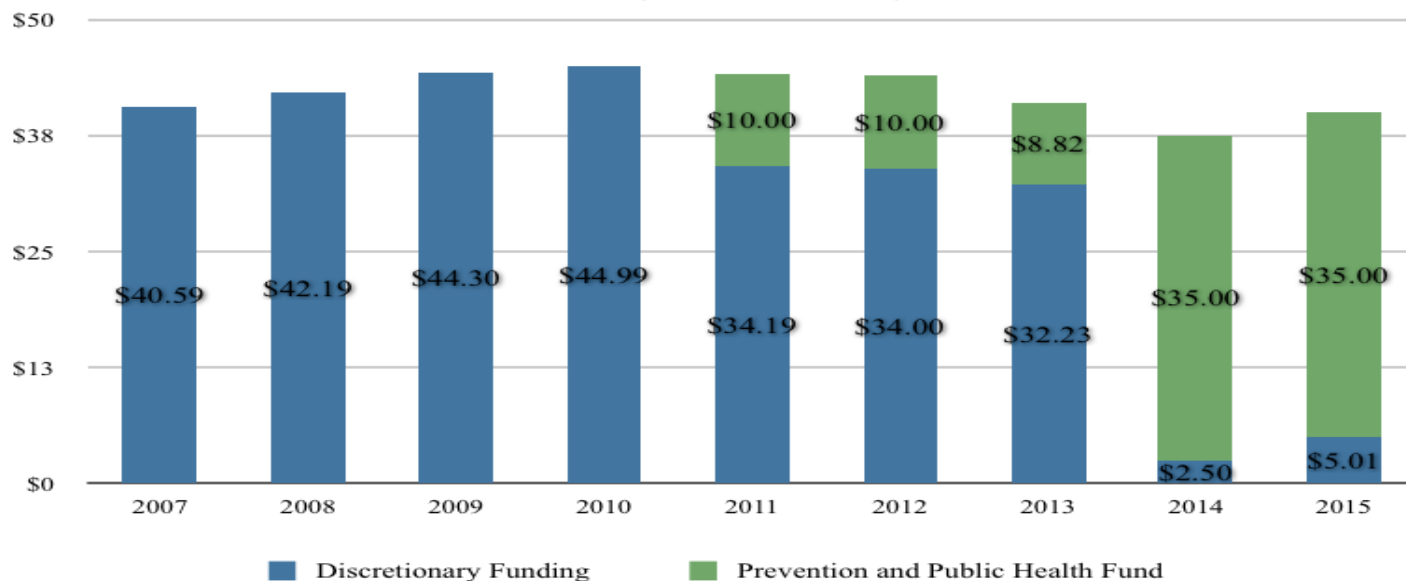
- Type-2 diabetes rates have doubled in the past 20 years
  - One-in-three adults will have diabetes by 2050.

# Yet why are we still concerned? (cont'd)

- Obesity carries national security risks. It has negative implications for the education, agricultural, and transportation sectors.
- Public health and prevention funding remains inadequate.
  - CDC funding has seesawed but has experienced a net cut (\$6.93 billion for FY2015 vs. \$7.31 billion in FY2005).
  - 33 states and DC cut their public health budgets from FY11-12 to FY12-13

# Yet why are we still concerned? (cont'd)

**CDC Division of Nutrition, Physical Activity, and Obesity  
Funding From FY2007 to FY2015  
(dollars in millions)**

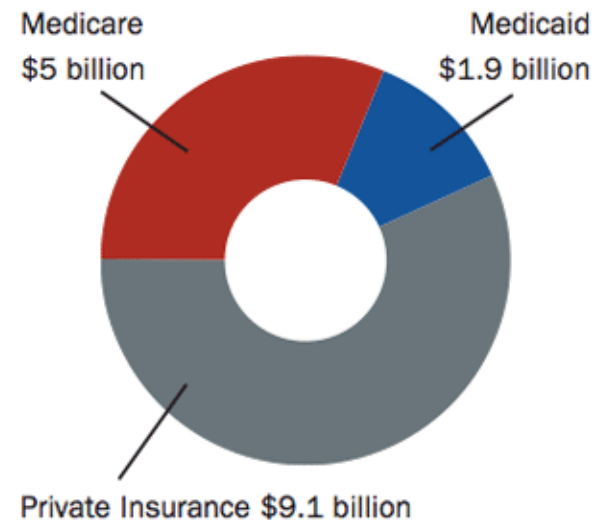


\*FY2010-2015 values are supplemented by the Prevention and Public Health Fund

# Bringing Initial Steps to Scale

- Obesity prevention should be considered a major priority for reducing related health care spending and overall health care costs
  - Community-based, comprehensive approaches (like CDC chronic disease prevention programs) seem to work best.
- ROI is critical.

## FIVE-YEAR ROI ON \$10 PER PERSON COMMUNITY-BASED INVESTMENT



# Bringing Initial Steps to Scale

- Addressing primary risk factors
  - Poor Nutrition
  - Inadequate Physical Activity
- Broad, sustainable funding of evidence-based interventions, environmental, and systems changes
  - Investments in Partnerships to Improve Community Health—will not reach all Americans. Funding is in danger for FY 2016.
  - Expanded diabetes and heart disease funding
- Connecting all Americans to preventive services and a variety of treatments

# Making Obesity a Priority: Robert Wood Johnson Foundation's "Five Big Bets"

- RWJF announced it will commit an additional \$500 million over the next 10 years to expand efforts to help all children grow up at a healthy weight. The new commitment will focus on five big bets.
  - 1) Ensure that all children enter kindergarten at a healthy weight.
  - 2) Make a healthy school environment the norm and not the exception across the United States.
  - 3) Eliminate the consumption of sugar sweetened beverages among 0- to 5-year-olds.
  - 4) Make physical activity a part of the everyday experience for children and youth.
  - 5) Make healthy foods and beverages the affordable, available and desired choice in all neighborhoods and communities.

# Systematic Federal Review

2015 report reviews federal policies and programs in five key areas:

- ❑ Early Childhood
- ❑ Schools
- ❑ Communities
- ❑ Nutrition Assistance and Education
- ❑ Quality, Affordable Healthcare



# Federal Policy Successes

- ❑ More than 31 million students participate in the *National School Lunch and Breakfast Program* each school day.
- ❑ More than 95 percent of schools report meeting the updated nutrition standards required by the *Healthy, Hunger-Free Kids Act of 2010* for school meals.
- ❑ The *Healthy, Hunger-Free Kids Act of 2010* strengthened the requirements for school districts to develop and implement local wellness plans
- ❑ *Community Eligibility Provision*- allows qualifying low-income schools can provide free meals to all students without cumbersome paperwork.
- ❑ *Safe Routes to Schools* programs operate in all 50 states, benefiting close to 15,000 schools.



# More Federal Policy Successes

- The Fresh Fruit and Vegetable Program (FFVP) is a federal program that provides free fruits and vegetables to participating elementary schools during the school day, outside of the school meal programs. Started as a pilot program it is now a permanent program in all 50 states.
- The Department of Defense Fresh Fruit and Vegetable program was started in 1994 as part of an effort to find ways to provide more fresh produce to schools. At least 48 states, Washington, D.C., Puerto Rico, the Virgin Islands and Guam participate in the program using commodity entitlement funds.
- USDA awards up to \$5 million in competitive grants annually for training, supporting operations, planning, purchasing equipment, developing school gardens, developing partnerships and implementing farm-to-school programs. Forty states have also adopted such programs.

# Progress at the State Level

- ❑ Many states have physical education requirements for students, and 17 states require schools to provide physical activity or recess during the school day. (AR, MS, MO, NC, OK, SC, TN, TX, VA)
- ❑ 28 States have laws supporting shared use of facilities. (AL, AR, GA, KY, LA, MS, MO, NC, OK, SC, TN, TX, VA)
- ❑ 21 States have legislation that requires BMI screening or other weight-related assessments (AR, FL, LA, MO, NC, OK, SC, TN, TX, WV)
- ❑ 40 States have enacted farm-to-school programs
- ❑ 48 States require schools to provide health education (All except CO and TX).

# For Further Information

- The full text of *The State of Obesity* and many other interactive features are available at:  
<http://www.StateofObesity.org>
- Please contact Richard Hamburg, Deputy Director, [rhamburg@tfah.org](mailto:rhamburg@tfah.org), if you have any further questions

