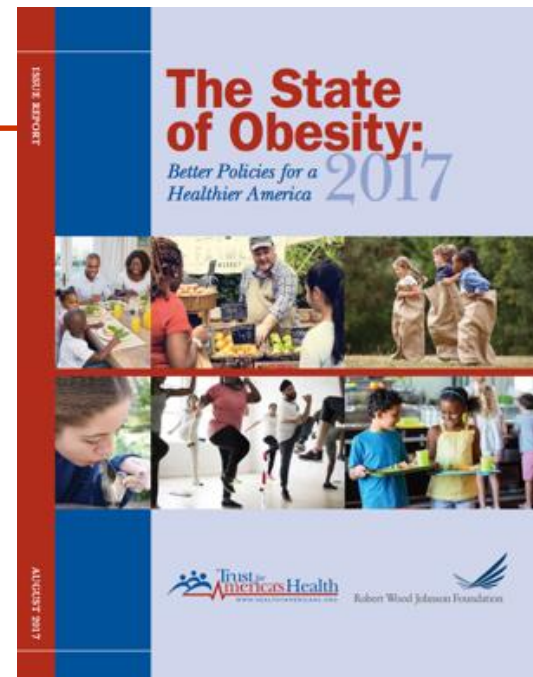


The State of Obesity 2017

Better Policies for a Healthier America

Southern Obesity Summit
Atlanta, GA
October 2, 2017

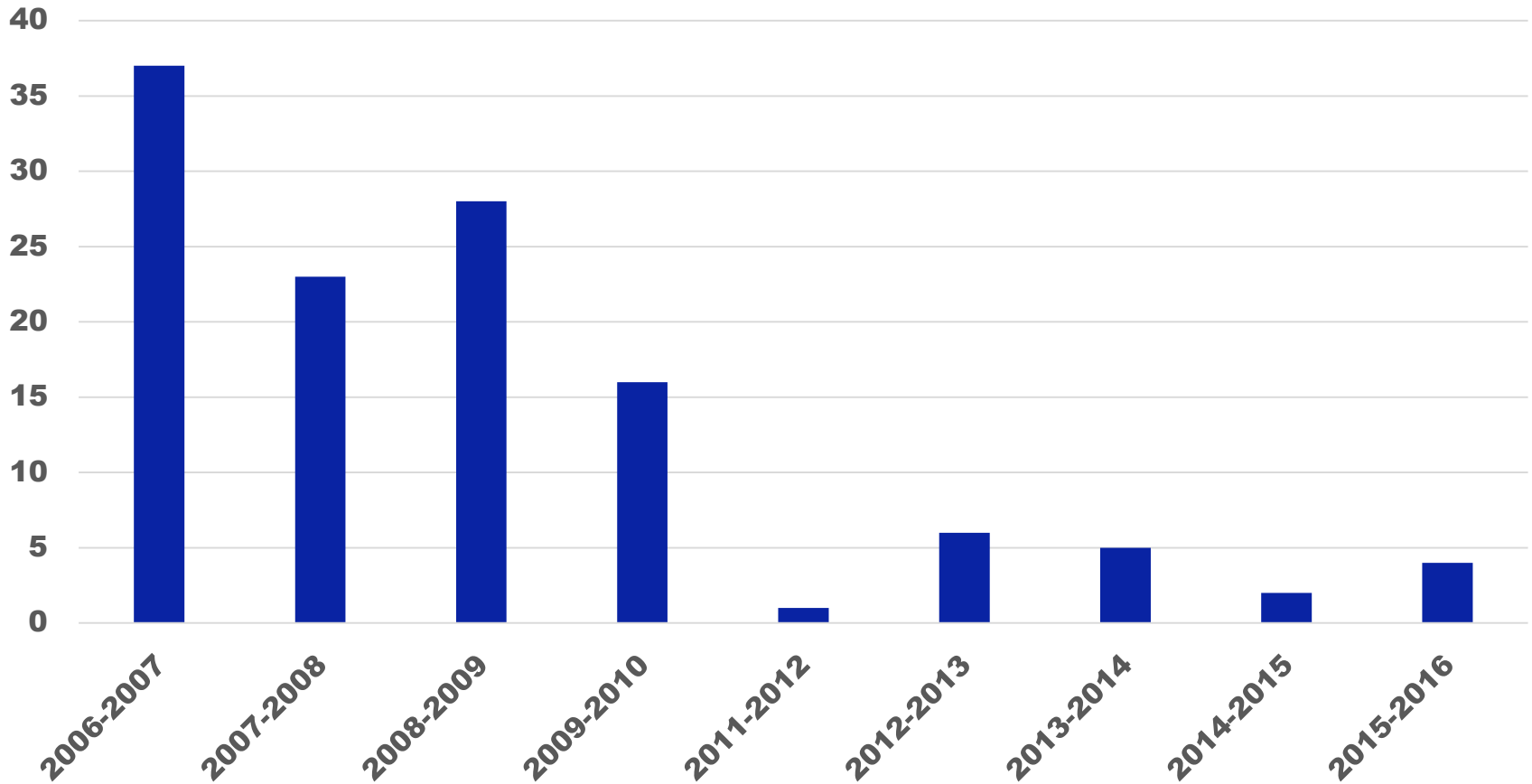
Richard Hamburg
Executive Vice President and COO
Trust for America's Health



Overview

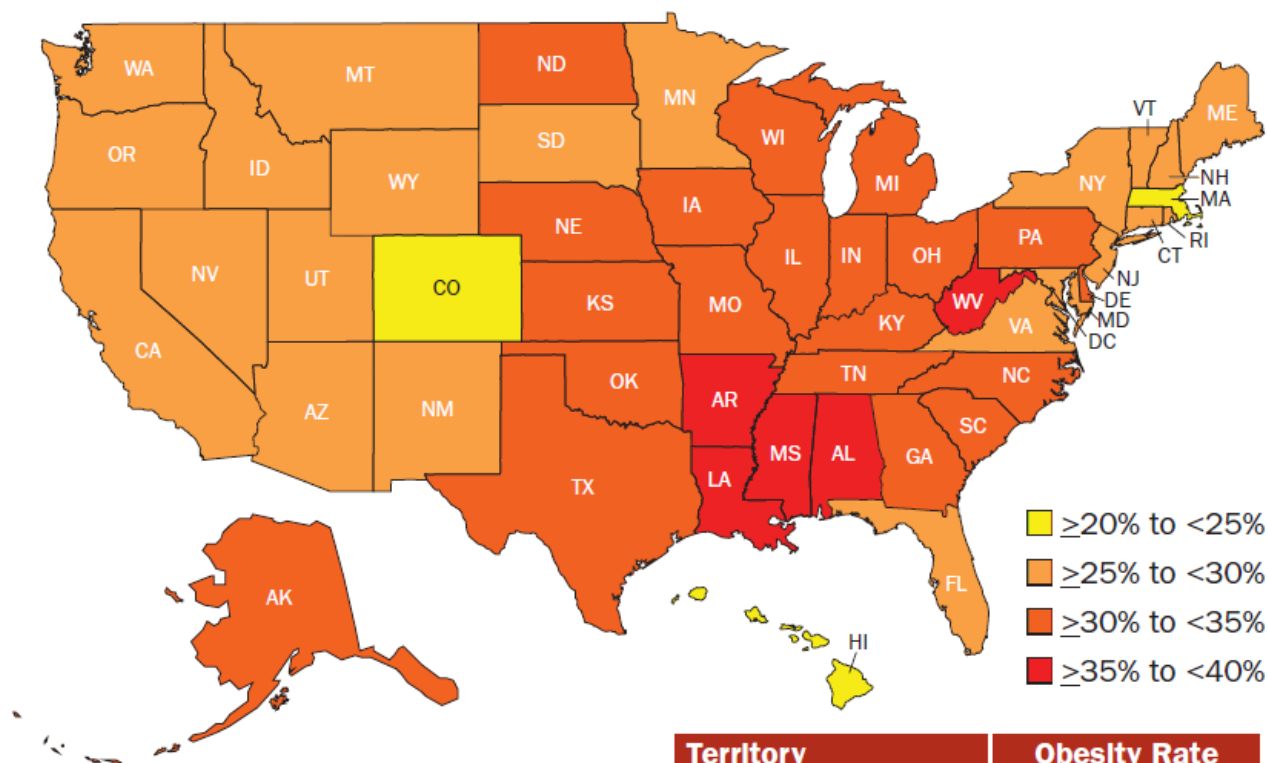
- ❑ Obesity remains a serious health, economic, and security crisis.
- ❑ Adult obesity rates show signs of leveling off
- ❑ However, significant disparities persist.
- ❑ Prevention is key - It is easier to prevent in children than reverse trends later.
- ❑ Rather than pull back on investments, we should instead scale programs that are working.

States with Adult Obesity Increases



Adult Obesity Rates (2016)

2016 Adult Obesity Rates



Source: CDC, BRFSS

TFAH • RWJF • StateofObesity.org

Territory	Obesity Rate
Guam	28.3
Puerto Rico	30.7

States With The Highest Obesity Rates

- 9 of the 11 states with the highest rates of adult obesity are in the South.

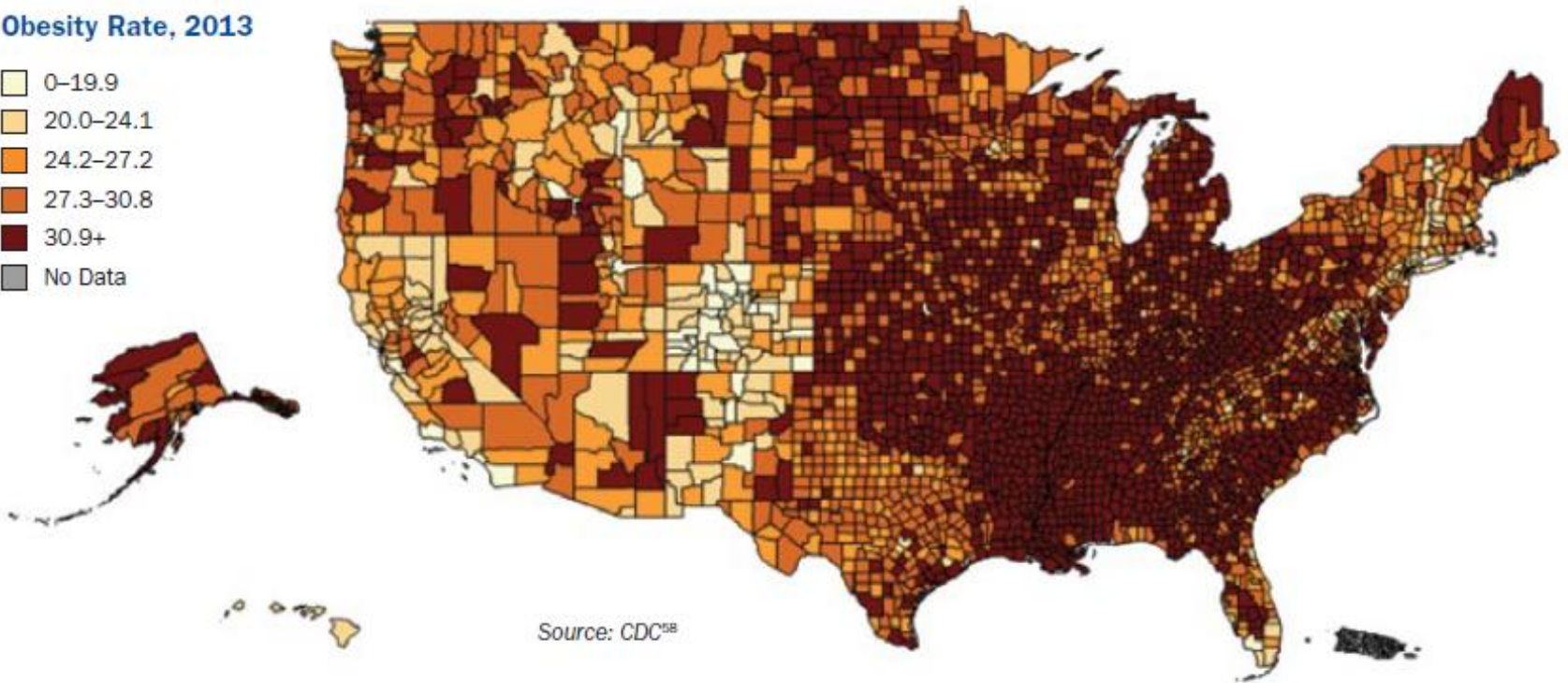
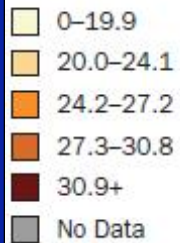
Rank	State	Adult Obesity Rate 2016	95% Confidence Interval
1	West Virginia	37.7%	+/- 1.4%
2	Mississippi	37.3%	+/- 1.9%
3	Alabama	35.7%	+/- 1.6%
3	Arkansas	35.7%	+/- 2.4%
5	Louisiana	35.5%	+/- 2.1%
6	Tennessee	34.8%	+/- 1.8%
7	Kentucky	34.2%	+/- 1.5%
8	Texas	33.7%	+/- 1.7%
9	Oklahoma	32.8%	+/- 1.6%
10	Michigan	32.5%	+/- 1.1%
10	Indiana	32.5%	+/- 1.3%

The South and Obesity

State	Obesity Rate	State Ranking	Diabetes Rate	State Ranking	Hypertension Rate	State Ranking	Physical Inactivity	State Ranking
AL	35.7%	3	14.6%	2	40.4%	3	29.4%	6
AR	35.7%	3	13.5%	4	39.3%	4	32.5%	1
FL	27.4%	36	11.8%	11	33.5%	16	29.8%	3
GA	31.4%	20	12.1%	8	36.2%	9	29.4%	6
KY	34.2%	7	13.1%	5	39.0%	6	29.8%	3
LA	35.5%	5	12.1%	8	39.3%	4	29.1%	8
MS	37.3%	2	13.6%	3	42.4%	2	30.3%	2
MO	31.7%	17	11.5%	13	34.1%	14	24.9%	18
NM	28.3%	33	11.6%	12	30.0%	33	20.3%	37
NC	31.8%	16	11.3%	15	35.2%	11	23.3%	24
OK	32.8%	9	12.0%	10	36.2%	9	28.5%	9
SC	32.3%	12	13.0%	6	37.8%	8	26.9%	12
TN	34.8%	6	12.7%	7	38.5%	7	28.4%	11
TX	33.7%	8	11.2%	17	29.5%	40	25.2%	17
VA	29.0%	29	10.4%	27	33.2%	17	23.3%	24
WV	37.7%	1	15.0%	1	42.7%	1	28.5%	9

Regional Differences

Obesity Rate, 2013

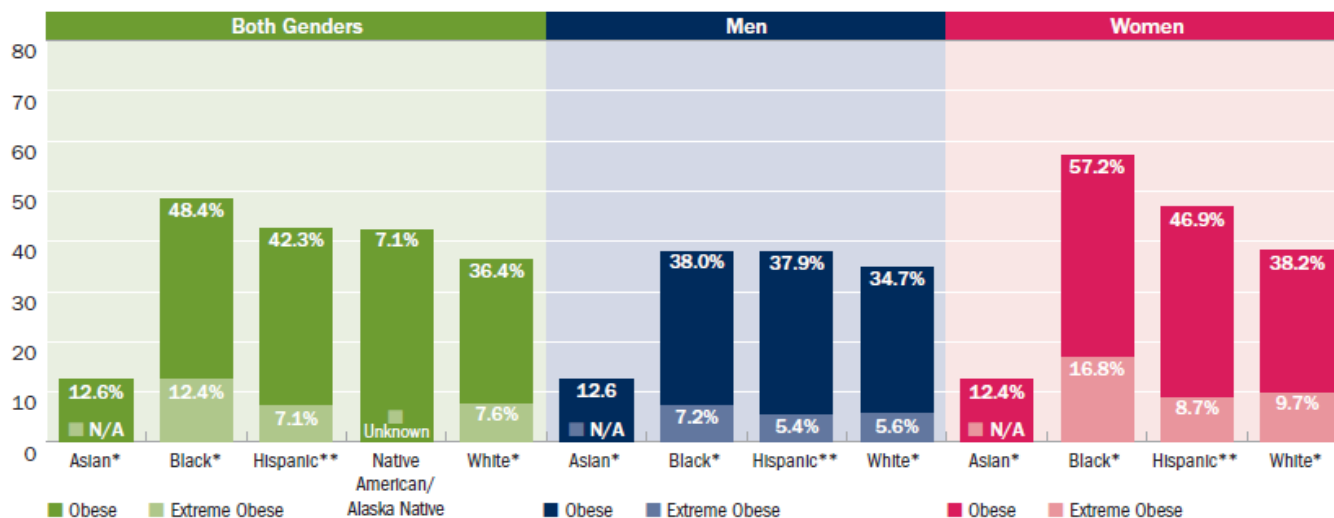


Source: CDC⁵⁸

Persisting Disparities in 2015 data

- States with highest rates are in the South and Midwest.
- Highest obesity rates are among Black adults (48.4%)
 - Black woman are twice as likely to be severely obese as white women.

Obesity and Extreme Obesity Rates for Adults, National Health and Nutrition Examination Survey (NHANES), 2013-2014¹⁷
(with Native American/Alaska Native Rates per 2014 National Health Interview Survey⁴⁸)



* Black, White and Asian rates are for non-Hispanic members of each race.

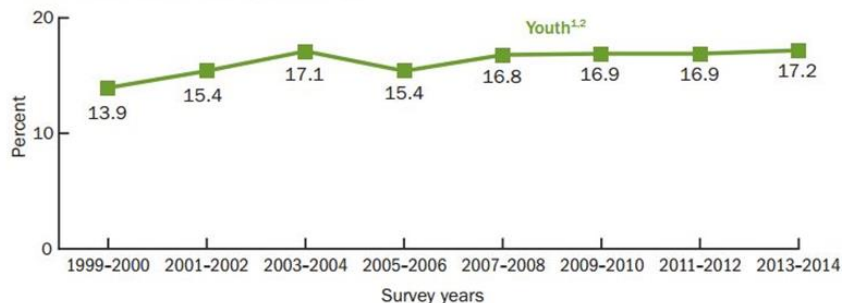
N/A data only included 2 participants.

** Persons of Hispanic origin may be of any race.

Childhood Obesity Trends

- Over the last decade, childhood obesity rates have remained around 17%.
- Being overweight or obese puts children at higher risk for health problems such as heart disease, hypertension, diabetes, stroke, cancer, asthma and osteoarthritis – during childhood and as they age.

Trends in obesity prevalence among youth aged 2–19 years: United States, 1999–2000 through 2013–2014

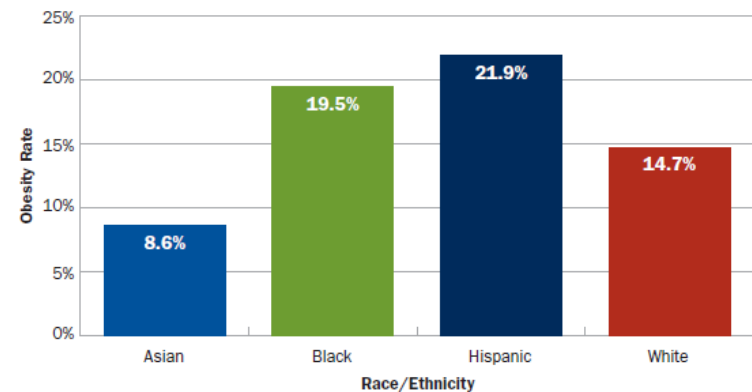


¹ Significant increasing linear trend from 1999–2000 through 2013–2014.

² Test for linear trend for 2003–2004 through 2013–2014 not significant ($p > 0.05$).

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey.

Childhood Obesity Rates²⁰
2011–2014 Data



Overweight & Obese Children Ages 10 to 17

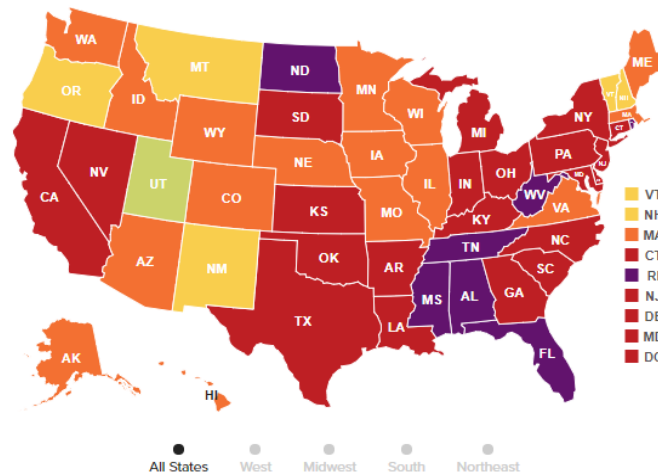
- 31.2 of youth in this age range are overweight or obese

Overweight & Obese Children 10-17, 2016

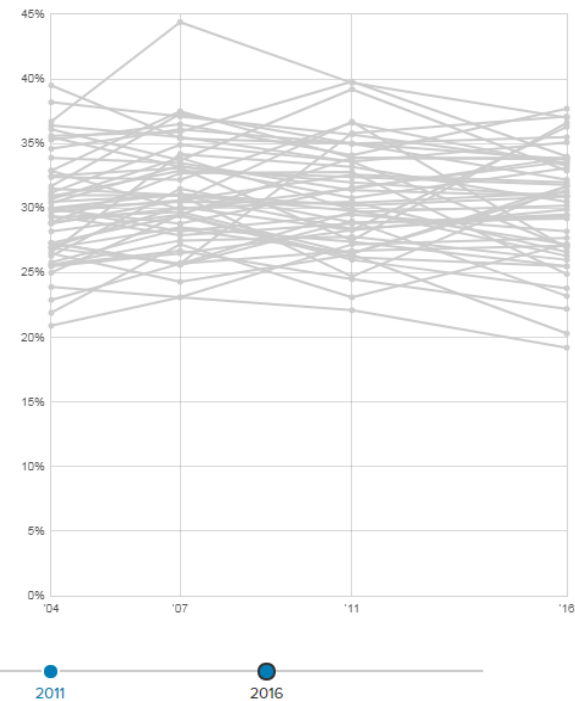
Select years with the slider to see historical data. Hover over states for more information. Click a state to lock the selection. Click again to unlock.

Combined overweight and obese rates, children ages 10 to 17

0 - 9.9% 10 - 14.9% 15 - 19.9% 20 - 24.9% 25 - 29.9% 30 - 34.9% 35%+



Overweight & Obese 10-17s, 2004 to 2016



Overweight & Obese Children Ages 10 to 17

- 7 of the 10 states with the highest rates of overweight and obese children are in the South.

Rank	State	Overweight & Obese Children (10-17) 2016	95% Confidence Interval
1	Tennessee	37.7%	N/A
2	North Dakota	37.1%	N/A
3	Mississippi	37.0%	N/A
4	Florida	36.6%	N/A
5	Rhode Island	36.3%	N/A
6	Alabama	35.5%	N/A
7	West Virginia	35.1%	N/A
8	Louisiana	34.0%	N/A
9	Indiana	33.9%	N/A
9	Arkansas	33.9%	N/A

Diabetes and Obesity

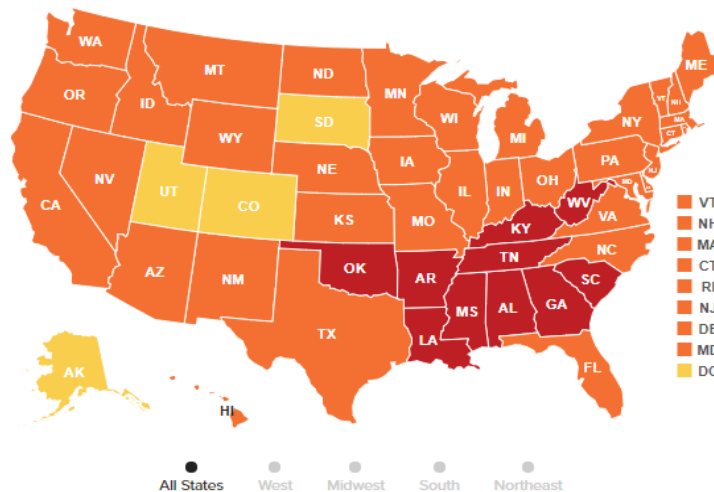
- Type 2 Diabetes rates nearly doubled in the past 20 years.
- The 11 states with the highest type 2 diabetes rates are in the South.

Diabetes Rate by State, 2016

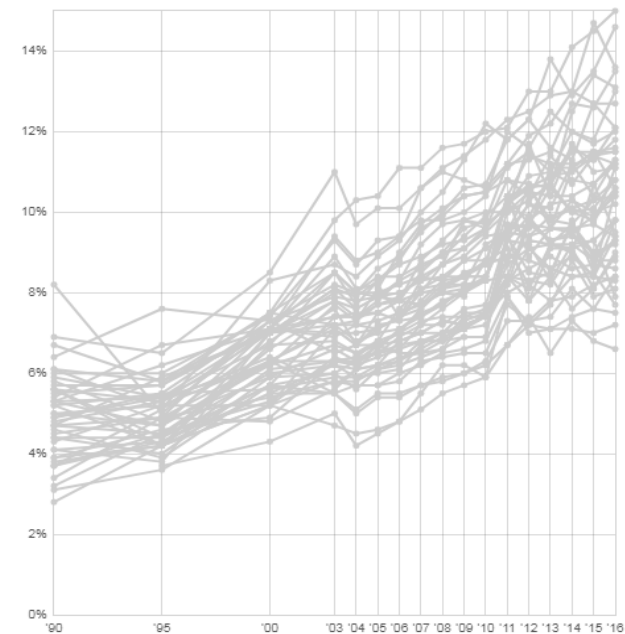
Select years with the slider to see historical data. Hover over states for more information. Click a state to lock the selection. Click again to unlock.

Percent of adults with diabetes

0 - 3.9% 4 - 7.9% 8 - 11.9% 12 - 15.9% 16%+



Diabetes among adults, 1990 to 2016

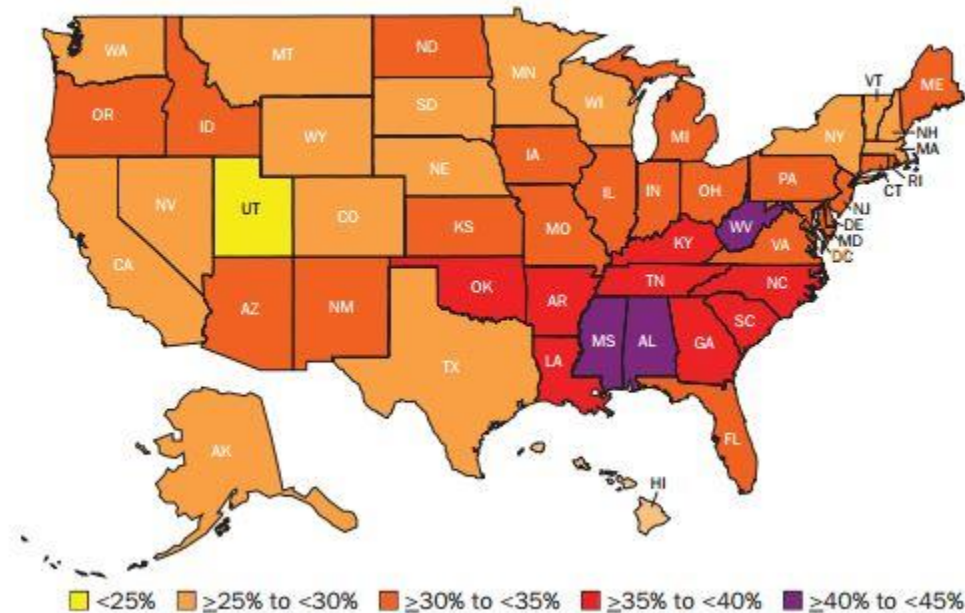


Hypertension and Obesity

- The top 10 states with the highest rates of hypertension are in the South.

PERCENTAGE OF ADULTS WITH HYPERTENSION, 2015 BRFSS

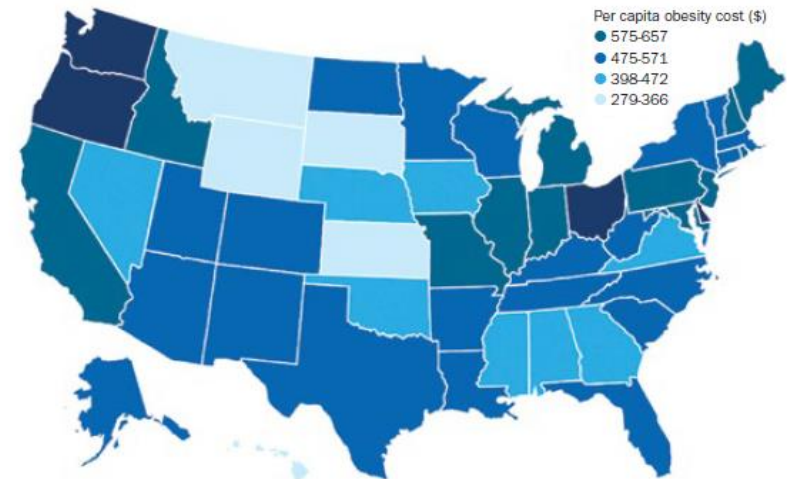
An interactive map and timeline of these data are available at stateofobesity.org



Poor Health, Increased Care Spending

- Current rates put around 1 in 3 Americans at increased risk of health problems.
 - Cardiovascular disease, diabetes, cancer, arthritis and many more
- Severe obesity alone costs state Medicaid programs between \$5 million in Wyoming and \$1.3 billion in California each year.

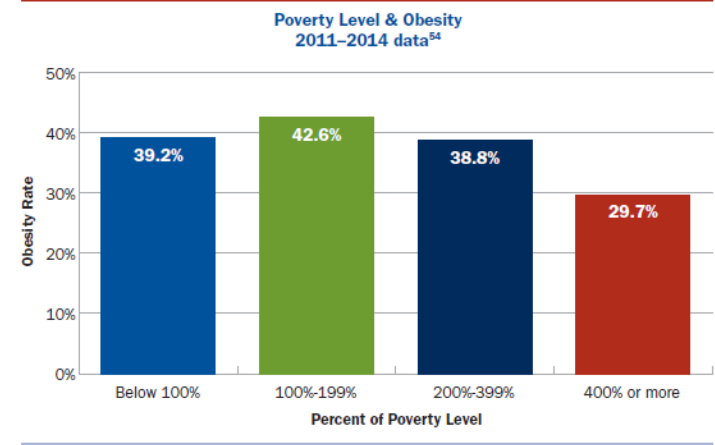
Per Capita Obesity-Related Healthcare Expenditures, 2013



Source: Wang YC, Pamplin J, Long MW, Ward, ZJ, Gortmaker SL, and Andreyeva T. 2015. Severe obesity in adults cost state Medicaid programs nearly \$8 billion in 2013. *Health Affairs*, 2015;34(11):1923-1931.

Income, Education Effects

- Obesity rates are generally inversely correlated with income, with low-income individuals far more likely to be obese than higher-income individuals.
- 34% of adults with less than a high school degree are obese.
 - Versus obesity rate of 21.7 percent among college graduates
- The protective effect of education extends to their children.



Why are we still concerned?

- ❑ Despite signs of stabilizing, rates are dangerously high.
- ❑ Obesity increases the risk for dozens of health co-morbidities.
- ❑ Baby Boomers coming on to Medicare will further exacerbate our long-term fiscal outlook.
- ❑ Obesity carries national security risks. It has negative implications for the education, agricultural, and transportation sectors.
- ❑ Public health and prevention funding remains inadequate.
 - Total federal funding for CDC chronic disease prevention activities is about \$1.2 billion which is around \$4 per person

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.

Without obesity, Medicare and Medicaid costs would be up to 10% lower.

Bringing Initial Steps to Scale

- Addressing primary risk factors with clinical and non-clinical approaches
 - Poor Nutrition
 - Inadequate Physical Activity
- We should not cut sustainable funding of evidence-based interventions, environmental, and systems changes
 - CDC Partnerships to Improve Community Health eliminated
 - Prevention and Public Health Fund, REACH under threat
- Connecting all Americans to preventive services and a variety of treatments

Systematic Federal Review

2017 report reviews federal policies and programs in four key areas and offers recommendations:

- ❑ Early Childhood
- ❑ School-Based
- ❑ Community
- ❑ Health and Healthcare



Early Childhood Successes

- ❑ Child and Adult Care Food Program (CACFP)
- ❑ Child Care and Development Block Grant (CCDBG)
- ❑ Head Start
- ❑ State Requirements for Early Care and Education (ECE)



Early Care and Education Setting (ECE)

- Nearly 1 in 4 children aged 2 to 5 are overweight or obese putting them at risk for
 - Type II diabetes
 - Asthma
 - Anxiety
 - Depression
 - Low-self esteem
- ECE setting can directly influence what children eat and drink, how active they are, and can build a foundation for healthy habits.



Select Budgets for Key Federal Programs

Budgets for Some Key Federal Child Care and Obesity-Related Programs ^{86, 87, 88, 89, 90}	Enacted Budget FY 2017	Enacted Budget FY 2016	Numbers Served by Program
Child and Adult Care Food Program (USDA)	*\$3.491 billion	\$3.340 billion	4.2 million children and 130,000 adults
Child Care and Development Block Grant	\$2.856 billion	\$2.761 billion	Around 1.4 million children every month
Head Start	\$9.253 billion	\$9.168 billion	More than 1 million children under 5
WIC (USDA)	\$6.35 billion	\$6.35 billion	8.1 million women, infants and children monthly participation

*Estimated (vs. enacted)

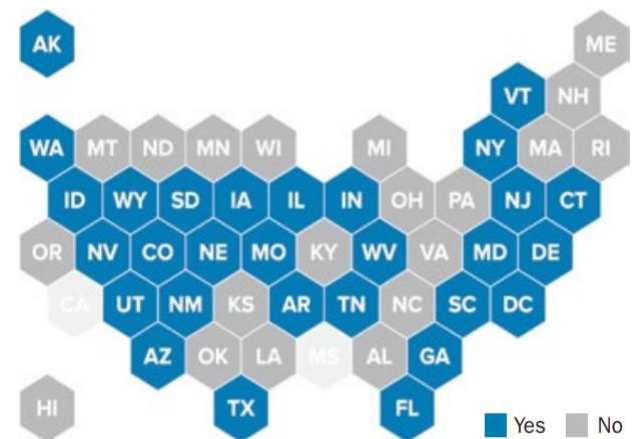
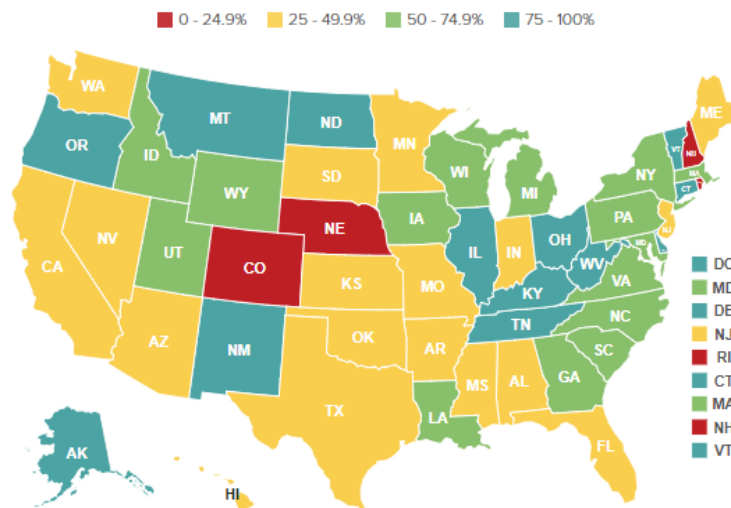
School-Based Successes

- School Nutrition
 - Summer Food Service Program
- Physical Activity Programs
 - Shared Use
- *Every Student Succeeds Act (ESSA)*
- CDC Initiatives
 - Virtual Health School



Progress at the State Level

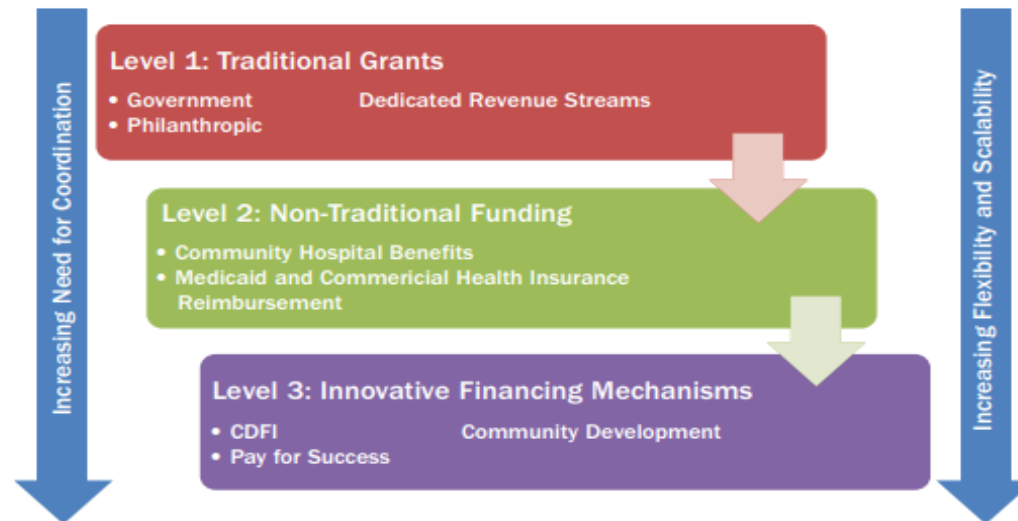
- The Community Eligibility Provision (CEP) allows schools in high-poverty areas to serve free breakfast and lunch to all students.
- Enhanced Child and Adult Care Food Program (CACFP) Nutrition Standards



Community-Based Programs

- Designed to be flexible enough to address the needs of specific local areas
- Bring key partners and assets together and take a comprehensive approach to maximize impact.

Potential Sources for Funding for Local Obesity-Prevention and Health Improvement Initiatives



Community Program Successes

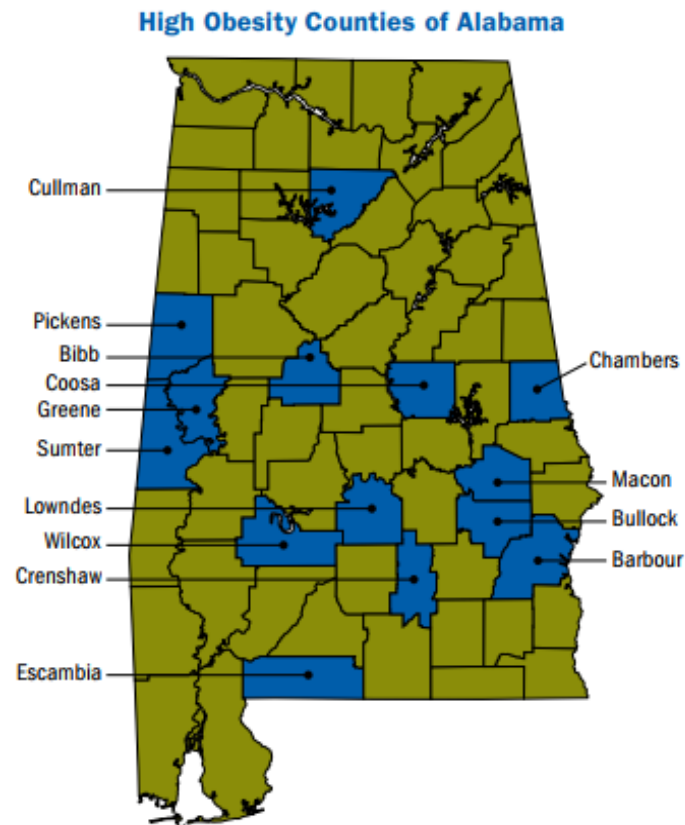
- Programs to Reduce Obesity in High Obesity Areas – CDC program that funds land grant colleges and universities to conduct interventions in counties with obesity rates exceeding 40 percent.
 - The University of Arkansas Cooperative Extension Service
 - The University of Kentucky Cooperative Extension Service
 - Louisiana State University
- New Markets Tax Credit (NMTC)
 - Designed to incentivize companies to invest in projects like supermarkets or fitness facilities in communities that are low-income or food insecure
- Complete Streets (included in latest federal transportation law)
 - A transportation and design approach that focuses on making streets accessible to all.

CDC Obesity Prevention Programs

- State Public Health Actions to Prevent and Control Diabetes, Heart Disease Obesity and Associated Risk Factors and Promote School Health
- State and Local Public Health Actions to Prevent Obesity Diabetes and Heart Disease and Stroke
- Good Health and Wellness in Indian Country
- Racial and Ethnic Approaches to Community Health (REACH)
- Million Hearts Campaign
- Preventative Health and Health Services Block Grant (PHHS)
- Programs to Reduce Obesity in High Obesity Areas
- Partnership to Improve Community Health (PICH)

Programs to Reduce High Obesity Areas: Alabama (example)

- High obesity areas in Alabama range from 40.2 percent to 33.8 percent
- CDC's **High Obesity Program** has collaborated with partners to help create obesity-prevention and control activities in 14 counties with rates of obesity exceeding 40 percent
- Activities include
 - Community and school gardens
 - Health vending and concessions
 - Farmers' markets and other health retail options
 - Safer and more trails for walking



Healthcare and Health Policy Successes

- The FDA updated the Nutrition Facts label to better reflect the latest scientific knowledge about health eating.
 - Designing changes to make it easier to identify calorie count and serving size
 - Requiring “added sugars” to be listed
 - Modifying the list of required nutrients
 - Updating serving size requirements
- Fruit, Vegetable and Physical Activity Prescriptions

NEW LABEL / WHAT'S DIFFERENT

Servings:
larger,
bolder type

Nutrition Facts
8 servings per container
Serving size 2/3 cup (55g)

Amount per serving
Calories **230**

% Daily Value*

Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%

Serving sizes updated

Calories: larger type

Updated daily values

New: added sugars

Change in nutrients required

Actual amounts declared

New footnote

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

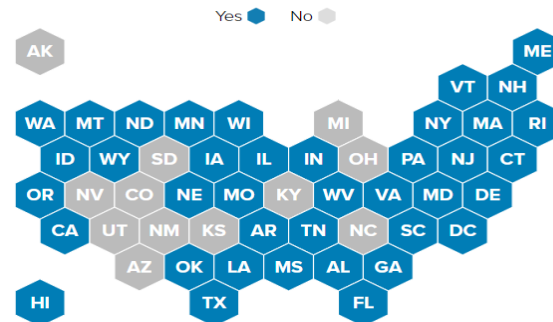
FDA

Progress at the State Level

- Across the country, 38 states and Washington, D.C. require elementary school students to participate in PE.
- 30 States have been awarded Health Food Financing Initiative Grants (HFFI) since 2011.
- Evidence-based home visiting is now implemented in all 50 states, Washington, D.C., five territories, and 25 tribal communities.

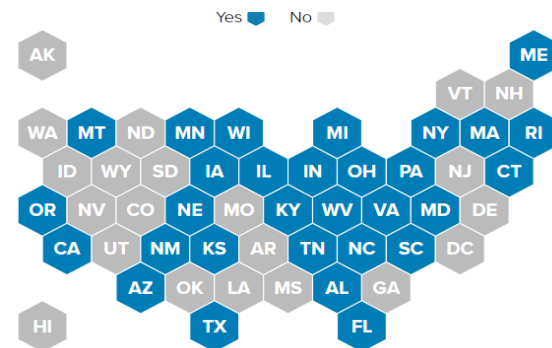
SCHOOLS

Elementary School Physical Education



COMMUNITY

Healthy Food Financing Initiative Grants



Overall Policy Recommendations

- ❑ Invest Prevention, Evidenced-based Policies and Programs to Improve Nutrition and Increase Physical Activity at the Federal, State and Local Level.
- ❑ Prioritize Early Childhood Policies and Programs
- ❑ Maintain Progress on School-Based Policies and Programs.
- ❑ Invest in Community-Based Policies and Programs to Improve Nutrition and Increase Physical Activity.
- ❑ Expand Obesity-Prevention Healthcare Coverage and Care



Signs of Progress

- Billings, Montana
 - Healthy By Design program to help community achieve a healthy weight
- Phoenix, Arizona
 - Making streets safer and more accessible to pedestrians
- Newport News, Virginia
 - New sources of affordable and healthy food for an underserved neighborhood.



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 Rich Hamburg, Executive Vice President and COO, Rhamburg@tfah.org, if you have any further questions

