The State of Obesity 2019
Better Policies for a Healthier America

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Trust for America’s Health

Congressional Briefing
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@HealthyAmerica1
#StateOfObesity
Adult Obesity Still Increasing

Percent of Adults and Youth with Obesity, 1988–2016

- 1988-1994: 18.5%
- 2015-2016: 39.6%

Source: NHANES

Adult Obesity Rates by State, 2018

Source: TFAH analysis of BRFSS data
Special Section: Racial and Ethnic Disparities in Obesity

Source: NHANES
Trends in Childhood Obesity

- Obesity rate in children more than tripled between 1976 and 2016
- Children who are overweight or have obesity are more likely to have obesity as adults
- Increasing our focus on the first 1,000 days of life is critical to encouraging healthy nutrition habits

Source: NSCH
Multiple Consequences

• Health
  – 100 M adults (40% of US) have prediabetes or diabetes
  – 80,000 new cancer cases in 2015 from poor diet & obesity

• Economic
  – $215 B in annual medical expenses & reduced economic productivity

• National Defense
  – 1 in 3 adults ineligible to serve in the military
  – $1 B spent on obesity related issues each year
Despite Increased Need, National Funding Lags For All of Public Health

CDC Program Funding
Adjusted for inflation, FY 2010-19

Note: Appropriately comparing funding levels in FY 2018 and FY 2019 requires accounting for the transfer of funding for the Strategic National Stockpile from the CDC to the Assistant Secretary for Preparedness and Response in FY 2019, and excluding one-time lab funding in FY 2018. Data were adjusted for inflation using the Bureau of Economic Analysis’s implicit price deflators for gross domestic product.

Source: CDC annual operating plans
CDC’s Funding Doesn’t Reflect Obesity Epidemic

$147 Billion in Medical Costs ALONE!

HALF of which is paid for by Medicare and Medicaid

Obesity is expensive and rates are rising, and yet...

Note: Data were adjusted for inflation using the Bureau of Economic Analysis’s implicit price deflators for gross domestic product.
Source: CDC annual operating plans
Is There Any Good News?

- **WIC Program:**
  Children ages 2 - 4 in WIC program showed steady decline in obesity rates from 2010-2016.

- **Sugar-Sweetened Beverage Taxes:**
  Research from Philadelphia & other sites shows fewer purchases of sugary drinks after the tax.

A 2019 study in Los Angeles County found that 4-year-olds who had received the revised WIC food packages since birth were at a reduced risk of obesity.
More Needs To Be Done

• **Major recommendations themes:**
  
  – Prevention is key
  – Funding is important
  
  – Focus on long-term meaningful partnerships involving multiple sectors
  – Focus on communities bearing brunt of the epidemic with resident leadership
More Needs To Be Done – Strategically

- Food retail
- Schools & worksites
- Built environment
- Parks & recreation
- Transportation

Increase Healthy Options

- Anti-hunger programs
- Economic development
- Legal services
- Education & job training
- Housing subsidies & tax credits

Improve Social & Economic Resources

- Unhealthy product promotions
- Higher costs of healthy foods
- Threats to personal safety
- Discrimination
- Social exclusion

Reduce Deterrents to Healthy Behaviors

- Empowered communities
- Strategic partnerships
- Entrepreneurship
- Behavior change, knowledge & skills
- Healthy behaviors promotion

Build Community Capacity

Adapted from Dr. Shiriki Kumanyika’s equity obesity prevention framework developed for the National Academies of Sciences, Engineering, and Medicine
We Can Work Together

Examples of Federal Policy Recommendations:

• Expand CDC’s State Physical Activity & Nutrition (SPAN) program to all states

• Increase CDC’s REACH and other programs that target disparities

• Strengthen and expand SNAP & WIC - support for low-income families/individuals

• Build CDC/public health capacity to address social determinants
For More Information

Full text of *The State of Obesity 2019* available at:
www.tfah.org/stateofobesity2019

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CDC DATA SHOW THAT ADULT OBESITY PREVALENCE CONTINUES TO REMAIN HIGH ACROSS THE U.S.
NON-HISPANIC BLACKS HAD THE HIGHEST PREVALENCE OF OBESITY (39.1%), FOLLOWED BY HISPANICS (33.3%), AND NON-HISPANIC WHITES (29.3%).
DNPAO STRATEGIC PRIORITIES

Reaching All Americans Across the Lifespan by Supporting

A Healthy Start for Infants
- Breastfeeding
- Maternal, Infant & Toddler Nutrition
- Vitamin & Mineral Malnutrition

Children & Youth Growing Up Strong & Healthy
- Good Nutrition & Healthy Food Environments
- Physical Activity & Access to Environments Designed for Physical Activity
- Healthy Weight Management & Obesity Prevention

Adults & Older Adults Maintaining a Healthy Lifestyle
IMMEDIATE & FUTURE HEALTH RISKS OF CHILDHOOD OBESITY

- Lower self-esteem, anxiety, depression
- Heart disease, high blood pressure, high cholesterol
- Breathing problems
- Impaired glucose tolerance, insulin resistance, Type 2 diabetes
- Fatty liver disease
- Musculoskeletal and joint problems
- 13 types of cancer
- Adult obesity
- Bullying, stigma
- Lower self-reported quality of life
CHILDHOOD OBESITY:
A COSTLY, PREVENTABLE DISEASE

- Children with excess weight will age into adulthood sicker and with increased risk of obesity. Adult obesity costs $147 billion in annual medical costs.
- Primary care and specialty care are struggling to address the needs of these populations.
- Childhood obesity is a costly, preventable disease that creates immediate and future burden on the healthcare system.

It’s estimated that for all 10 year-olds with obesity in 2012, the total medical costs over their lifetime would amount to $9.4 billion - $14 billion (in 2012 dollars).

CHILDHOOD OBESITY IS A GROWING PROBLEM

- Prevention is key, but we must also help treat the **13.7 million children** (2-19) that currently have obesity in the United States:

By 2050, the majority of today’s children (57.3%) will have obesity by age 35, if our society doesn’t take immediate actions

DEFINED AS SEX-SPECIFIC BODY MASS INDEX-FOR-AGE ≥95TH PERCENTILE BASED ON 2000 CDC GROWTH CHARTS. INCLUDES DATA FROM ALL THE WIC STATE AGENCIES IN 50 STATES (EXCEPT FOR HAWAI'I DATA IN 2002 AND 2004), DC, AND 5 U.S. TERRITORIES.

DNPAO’S FUNDED PROGRAM RECIPIENTS

State Physical Activity and Nutrition Program (SPAN)
- 16 state and local recipients strengthening efforts to implement interventions that support healthy nutrition, safe and accessible physical activity, and breastfeeding

High Obesity Program (HOP)
- 15 land grant universities leveraging community extension services to increase access to healthier foods and opportunities for physical activity in counties that have more than 40% of adults with obesity

Racial and Ethnic Approaches to Community Health (REACH) Program
- 31 organizations aiming to improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic populations with the highest risk, or burden, of chronic disease
FIVE ACTION STEPS STATES CAN TAKE TO REDUCE CHRONIC DISEASE THROUGH IMPROVED PHYSICAL ACTIVITY & NUTRITION

1. **Make physical activity safe and accessible for all**
   States can support active transportation and land use policies to make more activity-friendly routes to everyday destinations.

2. **Make healthy food choices available everywhere**
   States can improve healthy food options through procurement to include healthy food service guidelines in state agencies and community settings where food is offered, served, and sold.

3. **Make breastfeeding easier to start and sustain**
   States can help hospitals use evidence-based maternity care practices to support new mothers to start breastfeeding.

4. **Strengthen state level obesity prevention standards in early care and education centers (ECE)**
   States can improve standards that help prevent childhood obesity (breastfeeding, healthy eating, physical activity, and limit screen time) within their existing ECE systems.

5. **Spread and scale pediatric weight management programs**
   States can work with state Medicaid programs to ensure pediatric weight management interventions are easy to access for families with low income.
A national initiative led by CDC to help **27 million Americans** become more physically active by 2027
$9 billion per year

31¢ per person

THANK YOU

For more information, contact Jennifer Greaser at CDC Washington
Email: cbx5@cdc.gov
Phone: 202-245-0600
www.cdc.gov/washington
Racial & Ethnic Approaches to:  
*Reducing Obesity & Chronic Disease*  
in Cuyahoga County
Health Improvement Partnership-Cuyahoga

• Addressing the most pressing issues impacting the health of our residents

Learn more at: WWW.hipcuyahoga.org
State of Health - Cuyahoga County

- Ranks in the **bottom third of all 88 counties** in Ohio for residents’ health outcomes.
- Despite ranking consistently in the top 10 in the state for clinical care, our residents are not healthier.
- Significant differences in life expectancy based on race & place.
- The worst health outcomes are in our urban core.
Cleveland Obesity:
- 2 in 10 HS Students
- 4 in 10 Black Adults
- 3 in 10 White Adults

Life expectancy differs by well over 20 years between urban core & outer ring suburbs

35% of Cleveland Residents live in poverty

Areas populated by people of color were redlined, limiting opportunities to build wealth & health
Cuyahoga County/Cleveland REACH

Through REACH, more than a quarter million residents, the majority of whom are African American and live in under-resourced areas in Greater Cleveland, now have better access to healthier choices!
Healthy Eating/Nutrition

Where people live should not dictate their ability to eat fresh and healthy food

• 1 in 3 Cleveland residents (240,707) live in a “food desert.”

What are we doing about it?
Improving nutrition and increasing access to healthier food

• Partnering with small store owners, residents & organizations to advocate for healthier eating & improving nutrition.
• Encourage locally owned corner stores to maintain & promote healthier food choices for their patrons – Good Food Here
Healthy Eating/Nutrition
Accomplishments

• Improved trust & collaboration between local stores, residents, & organizations.

• Made healthy food easier to find for an estimated 177,371 residents.

• Community Health Workers helped recruit & promote GFH branded stores.
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**Our streets should serve the needs of ALL users, not just automobiles**

- Cleveland residents lack sufficient physical activity at higher rates than nationally.
- There is growing interest in cycling among African Americans, but they are at 30% greater risk for a bike fatality than white cyclists.

**What are we doing about it?**

**Increasing access to safe places to be physically active**

- Advocating for bicycling as a population-level physical activity.
- Facilitating the design & implementation of protected bicycle facilities to increase access & usage in Cleveland, especially among African Americans.
Active Living/Physical Activity Accomplishments

• Secured $80K funding to complete a city-wide cycling network feasibility study and plan.

• Helped secure $8.3K to construct first 2.5 miles of the 60-mile cycling network - protected bike boulevard by 2020.

• Participated in efforts resulting in installation of protected bike lanes over the Detroit-Superior Bridge.
HIP-Cuyahoga’s Framework for Action

- Build Capacity to think, understand, and act differently to make equity & racial inclusion a shared value

- Foster cross-sector collaboration, coordination of diverse partnerships, alignment of priorities & actions, & mobilization of resources

- Involve community members in planning, decision making, & actions

- Create healthier & more equitable decision making across sectors, systems, & policy areas

- Focus obesity and chronic disease prevention efforts on the communities with the greatest need
Complete List of Accomplishments

https://hipcuyahoga.org/racial-ethnic-approaches-community-health-reach/
HIP-Cuyahoga’s mission is to inspire, influence, and advance policy, environmental, and lifestyle changes that foster health and wellness for everyone who lives, works, learns, and plays in Cuyahoga County.
Devita Davison

Executive Director
FoodLab Detroit
The Adler Legacy Continues 100 YEARS of BUSINESS in DETROIT

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Posted By Steve Neavling on Thu, May 23, 2019 at 5:20 pm

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01:32

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DETROIT HDC SUBMISSION (REVISED) – 9.26.19
Welcome to the Greenhouse
This garden is a proud member of the Garden Resource Program.

There are more than 1,500 urban gardens and farms across Detroit. Together we are growing a future where all Detroiters have access to healthy food and where residents benefit from a thriving local food system. To join us or find out more:

detroitagriculture.net
(313) 757-2635
Questions & Answers

Thank You!

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