The U.S. adult obesity rate passed the 40 percent mark for the first time, standing at 42.4 percent, according to *State of Obesity: Better Policies for a Healthier America* released September 2020 by Trust for America’s Health. The national adult obesity rate has increased by 26 percent since 2008. In 2012, there were zero states with obesity rates over 35%. In 2019, 12 states had obesity rates in the highest category for this survey (35% or greater). The report includes a special section on the critical issue of food insecurity, a key social determinant of health, and its link to poor diet quality, obesity, and chronic disease, an issue that has increased substantially with the COVID-19 pandemic. The full report is available online at [www.tfah.org](http://www.tfah.org).

Despite this continuing rise in obesity and its consequences, the United States has failed to create a comprehensive response to the obesity epidemic. The higher rates of hospitalization and mortality for COVID-19 patients with underlying conditions, including obesity, underscore the importance of working toward a country where all Americans can live healthier lives. Furthermore, the racial and ethnic disparities that characterize COVID-19 and obesity are a sharp reminder of the effects that underlying social and economic conditions and structures can have on the health and well-being of Americans at the individual, family, neighborhood, and national level.

Obesity prevention efforts have been insufficient for decades in the United States. Public health infrastructure is under-resourced and spending for obesity prevention does not align with the size of the problem: a mere 31¢ per person is allocated for CDC’s obesity-prevention efforts, though obesity accounts for nearly 21 percent of healthcare spending. Our society has exacerbated the problem by subsidizing quick, cheap, low-nutrient food instead of quality, nutrient-dense food; deprioritizing active, affordable, and safe transportation alternatives to driving; and defunding physical activity and education in schools.

### Obesity, COVID-19 and Food Insecurity

The report includes a special section on the relationship between food insecurity and obesity. Food insecurity is linked to lower quality diets and tracks with higher levels of obesity in many population groups. This topic is especially timely, as the resulting economic crisis due to the COVID-19 pandemic has led millions of Americans to experience record levels of food insecurity. According to U.S. Census Bureau survey data, 25 percent of all respondents and 30 percent of respondents with children, reported experiencing food insecurity between April and June 2020.

Food insecurity and obesity have many of the same risk factors, such as income or race and ethnicity, and often coexist. Food insecurity can lead to limitations in a healthy diet from inadequate food affordability or availability or increased levels of stress and anxiety about food insecurity that generate higher levels of hormones responsible for fat storage. While more research is needed on the link between food insecurity and obesity, they are both associated with several poor health outcomes, such as diabetes or hypertension in adults or asthma in children.

Food security depends on many factors—like household income, the availability of food locally or via public transportation, the cost of food, and safety-net programs that provide food or supplement purchasing power. To reduce food insecurity, policies that boost income, increase the accessibility and availability of food locally, and strengthen safety-net programs all are essential. These measures are especially true during the COVID-19 pandemic and the resulting economic decline.
Obesity is a chronic disease with multifaceted causes often enmeshed with culture and society, and therefore obesity needs a systems-approach— with public policy changes across key sectors to ensure healthy choices are available and easy for everyone. This includes reducing longstanding structural and historic inequities, which have been intensified by the pandemic; targeted obesity-prevention programs in communities with the highest needs; and scaling evidence-based initiatives that promote healthy behaviors and outcomes. Some of the federal policy recommendations included in the report:

**Increase health equity by strategically dedicating federal resources to efforts that reduce obesity-related disparities by:**
- Expanding CDC obesity-prevention programs including the State Physical Activity and Nutrition (SPAN) program and Racial and Ethnic Approaches to Community Health (REACH) program, among others
- Creating a new CDC Social Determinants of Health program that supports multisector collaborations

**Decrease food insecurity while improving nutritional quality of available foods by:**
- Continuing COVID-19 nutrition waivers and policies that USDA has implemented through the duration of the public health emergency, including no-cost school meals to all enrolled students
- Strengthening SNAP by maintaining eligibility, increasing benefit values, opposing all participation barrier efforts, extending COVID-19 flexibilities, improving diet quality in through voluntary pilot programs, and supporting programs that promote healthy eating, like SNAP-Ed and GusNIP
- Expanding access to WIC for young children and postpartum women, extending certification periods to streamline clinic processes, implementing online purchasing, and investing in local community health partnerships; extending WIC-related COVID-19 waivers

**Change the marketing and pricing strategies that lead to health disparities by:**
- Closing tax loopholes and eliminating business-cost deductions related to the advertising of unhealthy food and beverages to children on television, social media, and places frequented by children
- USDA issuing guidance clarifying local wellness policy regulations applying to physical school settings

**Make physical activity and the built environment safer and more accessible for all by:**
- Increasing federal education funding to support physical-education implementation efforts
- Codifying and funding new evidence-based physical-activity guidelines every 10 years
- Boosting funding for active transportation projects like pedestrian and biking infrastructure, recreational trails, and Safe Routes to Schools

**Work with the healthcare system to close disparities and gaps from clinic to community settings by:**
- Enforcing U.S. Preventive Services Task Force recommendations. By law, most insurance plans must cover, with no cost-sharing, preventive services with a grade of A or B that the USPSTF recommends
- Expanding the capacity of health care providers and payers to screen and refer individuals to social service needs, coordinate care delivered by health and social service programs, sufficiently reimburse social services providers
- Eliminating coverage barriers for underserved populations, including rural and communities of color
- Covering evidence-based comprehensive pediatric weight-management programs and services in their Medicaid benefits

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