



The State of Obesity 2020: Better Policies for a Healthier America

**November 19, 2020
12:30 – 2:00 PM Eastern**



**@HealthyAmerica1
#StateOfObesity**

ISSUE REPORT

The State of Obesity:

BETTER POLICIES FOR A HEALTHIER AMERICA

2020

*With Special Feature on Food Insecurity and
its Connection to Obesity*



SEPTEMBER 2020



Audio

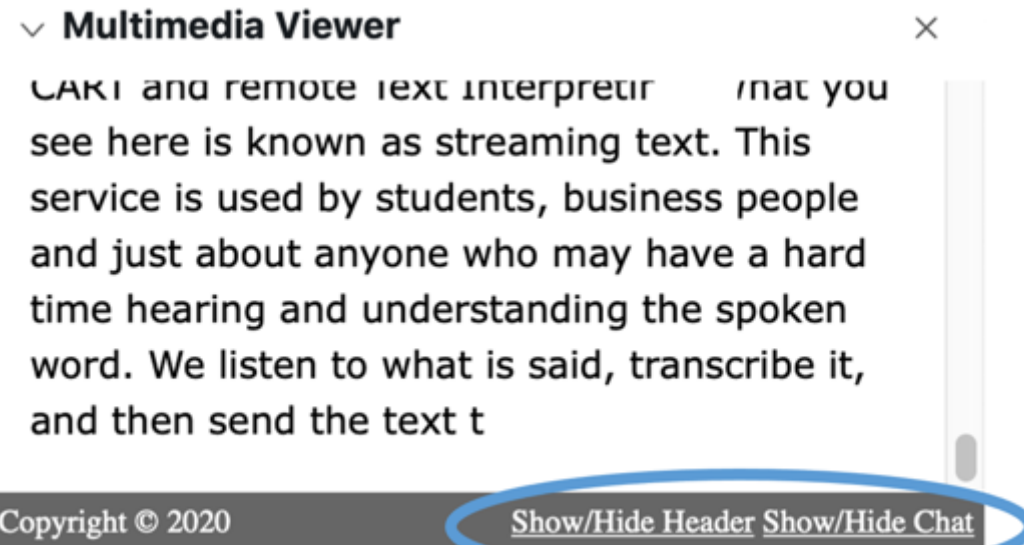
Audio is through your computer speakers or headphones.



Closed Captioning

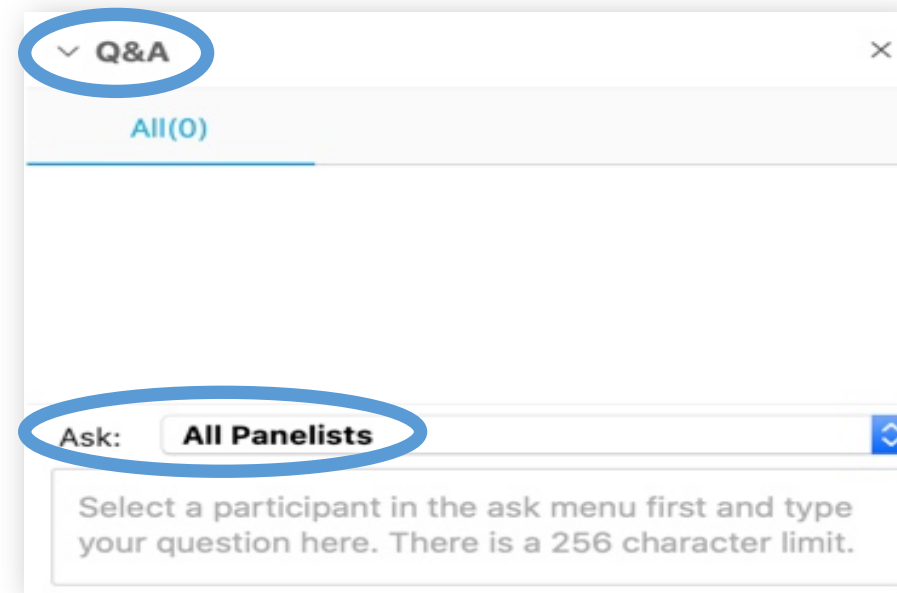
To see real time captioning:

1. At the bottom of your screen, click to open **Multimedia Viewer**
2. Click **Show/Hide Header**



Q&A Feature

1. At the bottom of your screen, click to open the Q&A panel
2. Type your question in the **Q&A box**
3. Select **Ask: All Panelists**
4. Hit **Enter**

Poll

What sector/industry best represents your organization? (check all that apply)?

- a. Advocacy
- b. Community-based
- c. Congressional office
- d. Government (non-congressional office)
- e. Healthcare
- f. Media
- g. Non-profit
- h. Public Health
- i. Other



Moderator



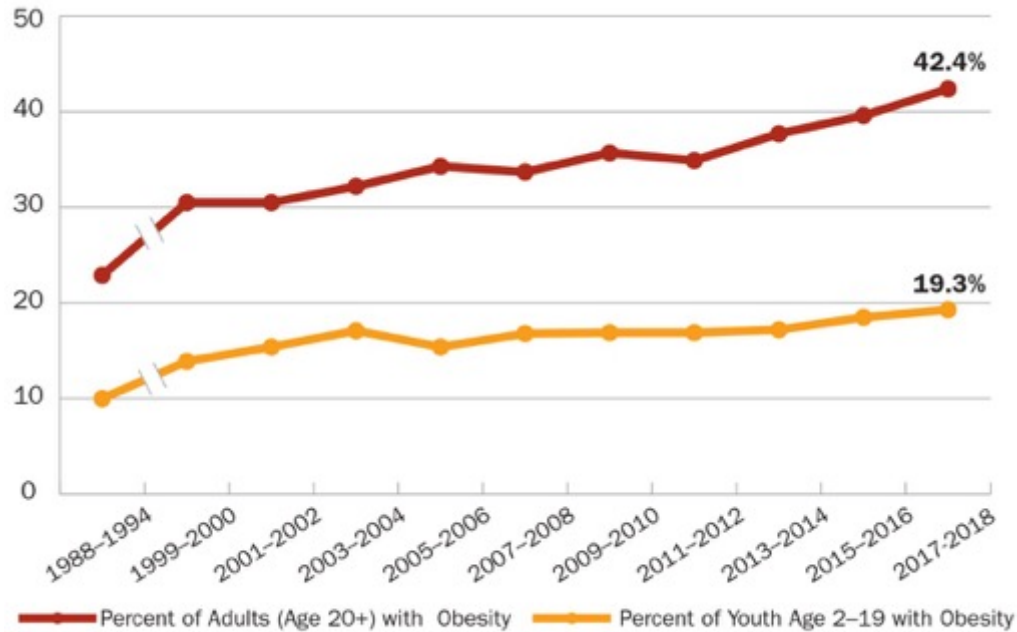
Dara Alpert Lieberman, MPP

Director of Government Relations
Trust for America's Health

tfah.org

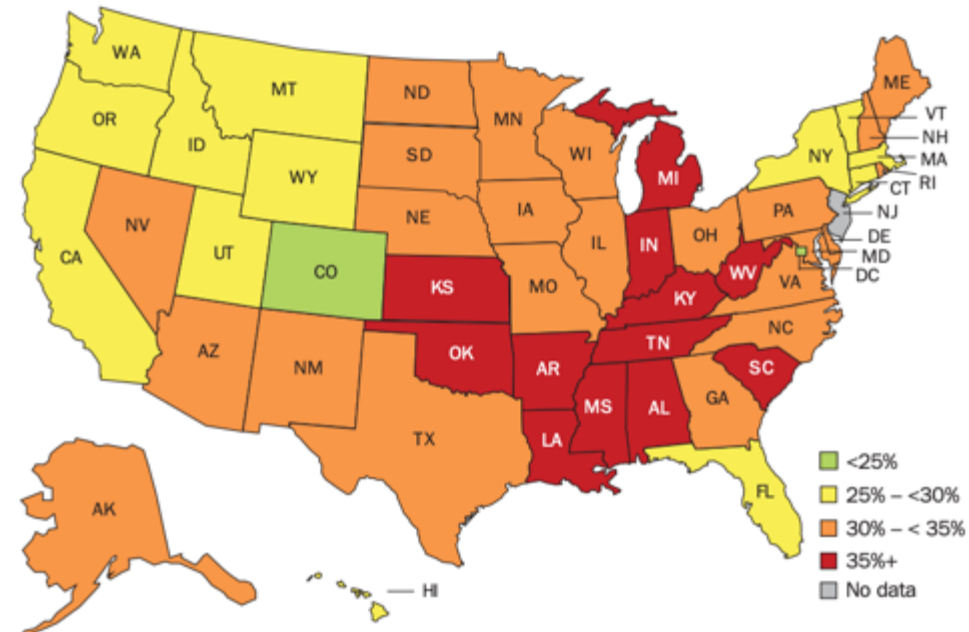
Adult Obesity Still Increasing

Percent of Adults and Youth with Obesity, 1988–2018



Source: NHANES

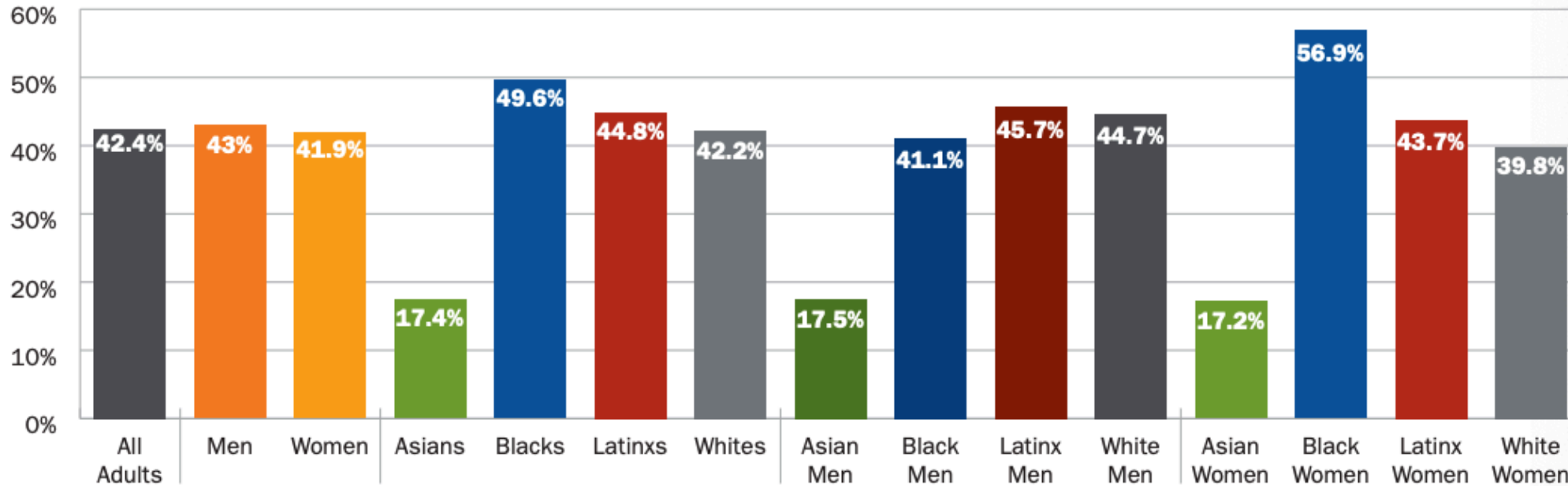
Adult Obesity Rates by State, 2019



Source: TFAH analysis of BRFSS data

Obesity Varies Substantially By Race and Ethnicity

Percent of Adults With Obesity by Select Demographics, 2017–2018



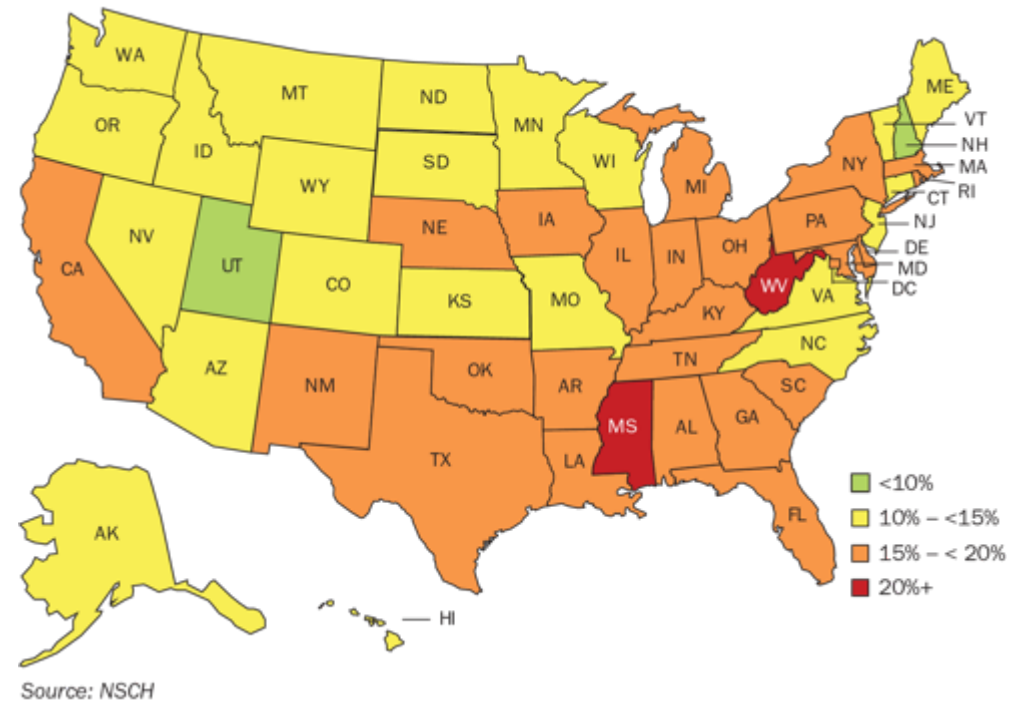
SOURCE: NHANES



Trends in Childhood Obesity

- Obesity rate in children more than tripled between 1976 and 2018
- 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

Percent of Children Ages 10–17 with Obesity by State, 2016–2017



Multiple Consequences of Obesity

■ Health

- 34.5% of American adults are living with prediabetes
- 80,000 new cancer cases in 2015 from poor diet & obesity
- Increases risk of other chronic diseases

■ National Defense

- 31% of youth ineligible for service
- Active-duty members miss more than 650,000 days of work every year due to obesity-related issues.

■ Economic

- \$215 billion in annual medical expenses & reduced economic productivity, of which...
- Department of Defense spends \$1.5 Billion each year on obesity-related healthcare.



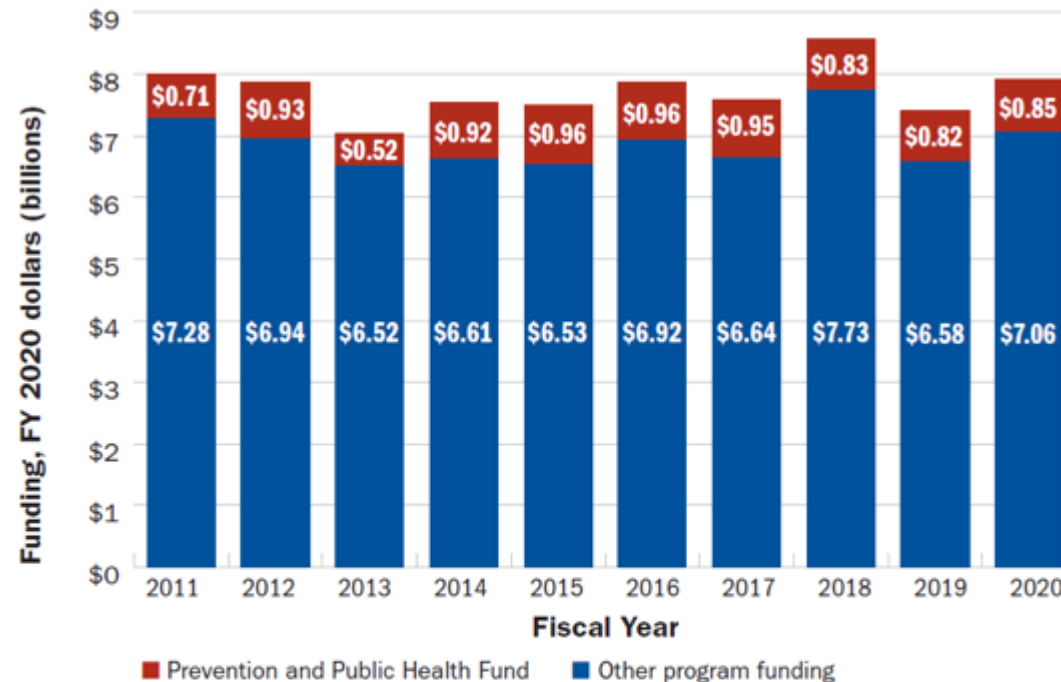
COVID-19 and Beyond

- Obesity is a risk factor for more severe disease and complications among individuals infected with COVID-19
- The rates are high for hospitalizations and mortality for COVID-19 patients with underlying conditions
- There is significant overlap between the racial and ethnic disparities that worsen COVID-19 infection rates and outcomes and those that impact obesity.



Despite Increased Need, National Funding Lags for All of Public Health

CDC Program Funding
Adjusted for inflation,
FY 2010-2020



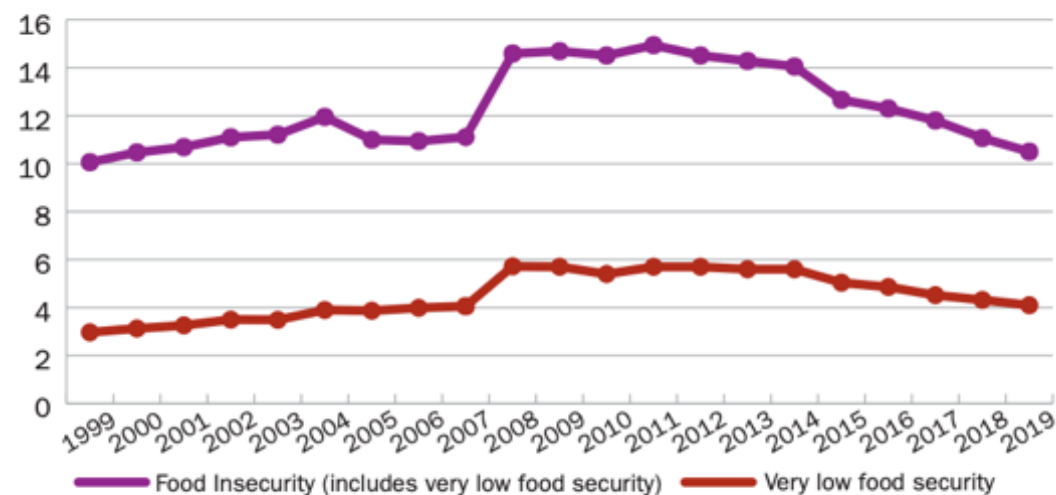
Note: Appropriately comparing funding levels in FY 2018 and FY 2019 requires accounting for the transfer of funding for the Strategic National Stockpile from the CDC to the Assistant Secretary for Preparedness and Response in FY 2019, and excluding one-time lab funding in FY 2018.

Data were adjusted for inflation using the Bureau of Economic Analysis's implicit price deflators for gross domestic product

Source: CDC annual operating plans

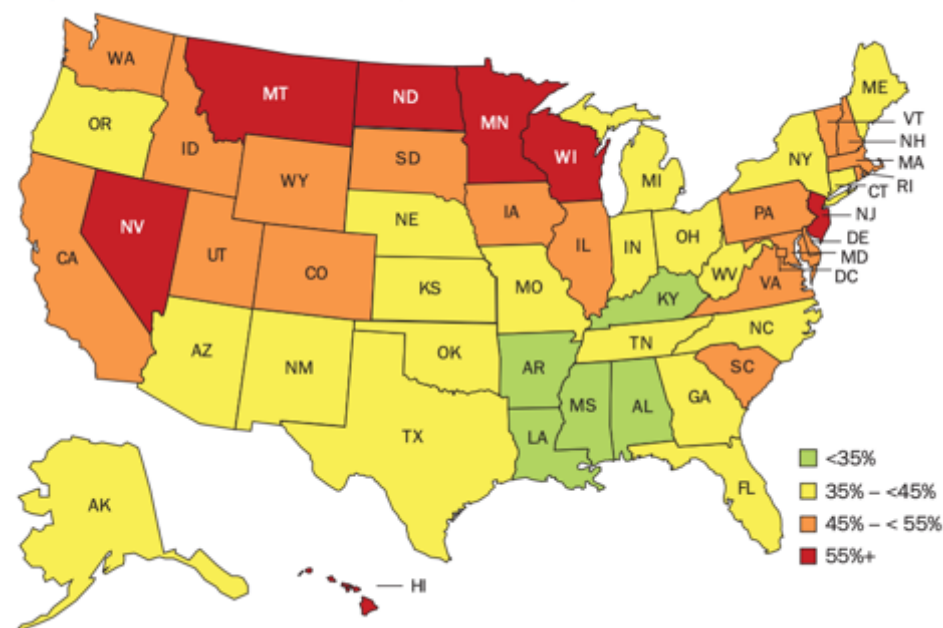
Special Section: *Food Insecurity and Obesity*

Percent of U.S. Household with Food Insecurity, 1999–2019



Source: USDA analysis of data from the Current Population Survey Food Security Supplement

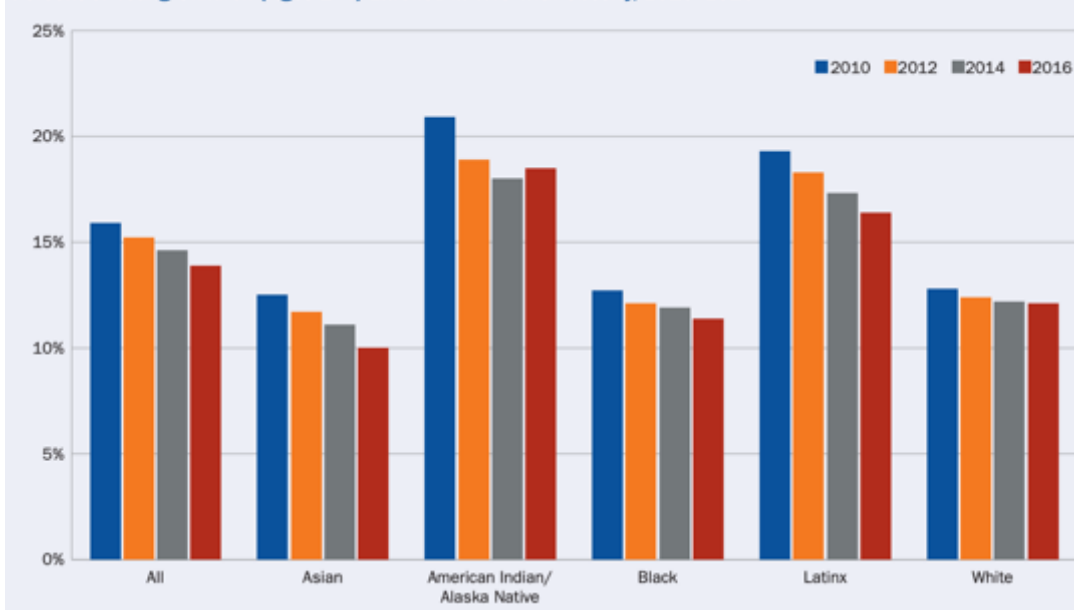
Projected Increase in Food Insecurity from COVID-19, from 2018 to 2020



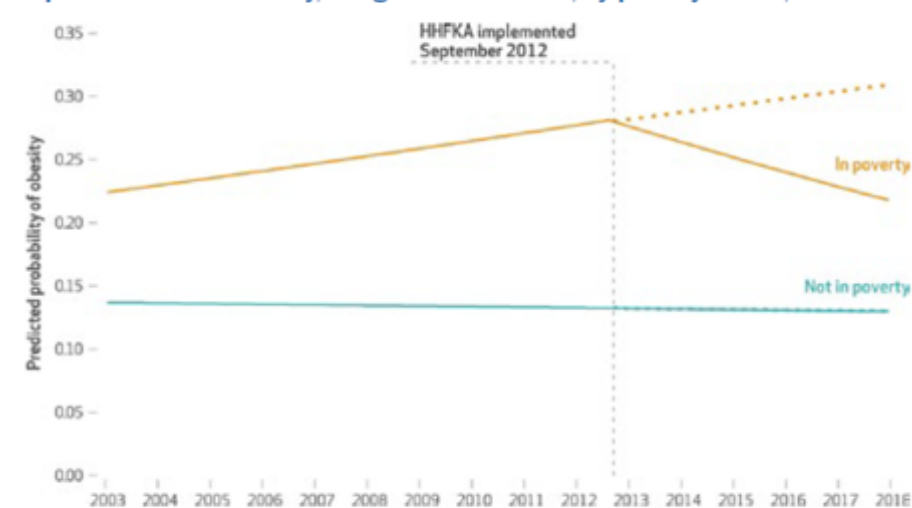
Source: Feeding America

Programs that Reduce Food Insecurity AND Obesity

Percent of Young Children (Ages 2–4) Enrolled in WIC with Obesity, 2010–2016



Predicted probability of obesity among youth ages 10–17 before and after implementation of Healthy, Hunger Free Kids Act, by poverty status, 2003–18



Source: Kenney EL, et al. *Impact Of The Healthy, Hunger-Free Kids Act On Obesity Trends*. *Health Affairs*, July 2020 39:7.



More Needs To Be Done

Major report recommendations themes:

- Prevention is key

- Funding is important

- Focus on long-term meaningful partnerships involving multiple sectors

- Focus first on communities facing health disparities



Key Federal Policy Recommendations

Increase health equity and reduce obesity-related disparities

Expand CDC Programs like SPAN and REACH

Create a new CDC SDOH program

Decrease food insecurity while improving nutritional quality

Continue COVID-19 waivers

Strengthen and protect SNAP

Expand WIC

Change marketing and pricing strategies that lead to health disparities

Close tax loopholes to end unhealthy marketing to kids



Key Federal Policy Recommendations

Make physical activity & built environment safer & more accessible for all

Boost funding for active transportation – like pedestrian and biking infrastructure, Safe Routes to School, etc.

Support physical education

Work with healthcare to close gaps

Eliminate barriers to healthcare coverage for underserved populations

Cover evidence-based programs



For More Information

- The State of Obesity 2020 report:
www.tfah.org/report-details/state-of-obesity-2020/
- Contact Daphne Delgado, TFAH Senior Government Relations Manager:
DDelgado@tfah.org



Welcome to Our Panelists



**Captain Heidi Blanck,
PhD, MS**

Branch Chief, Chronic
Disease Nutrition/Obesity,
Centers for Disease Control
and Prevention



Nora Gonzales

Community Health Worker,
City of San Antonio
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Sara Bleich, PhD

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School of Public Health





Captain Heidi Blanck, PhD, MS

Branch Chief, Chronic Disease Nutrition/Obesity
Centers for Disease Control and Prevention

cdc.gov

A thin blue line with a small EKG (heart rate) pulse graphic on the left side, extending horizontally across the bottom of the slide.

ADDRESSING OBESITY DURING COVID-19

CONGRESSIONAL BRIEFING

CAPT Heidi Blanck, PhD, MS

Branch Chief, Obesity Prevention and Control

Division of Nutrition, Physical Activity, and Obesity

National Center for Chronic Disease Prevention, and Health Promotion

Good Nutrition



Regular Physical Activity



Healthy Weight



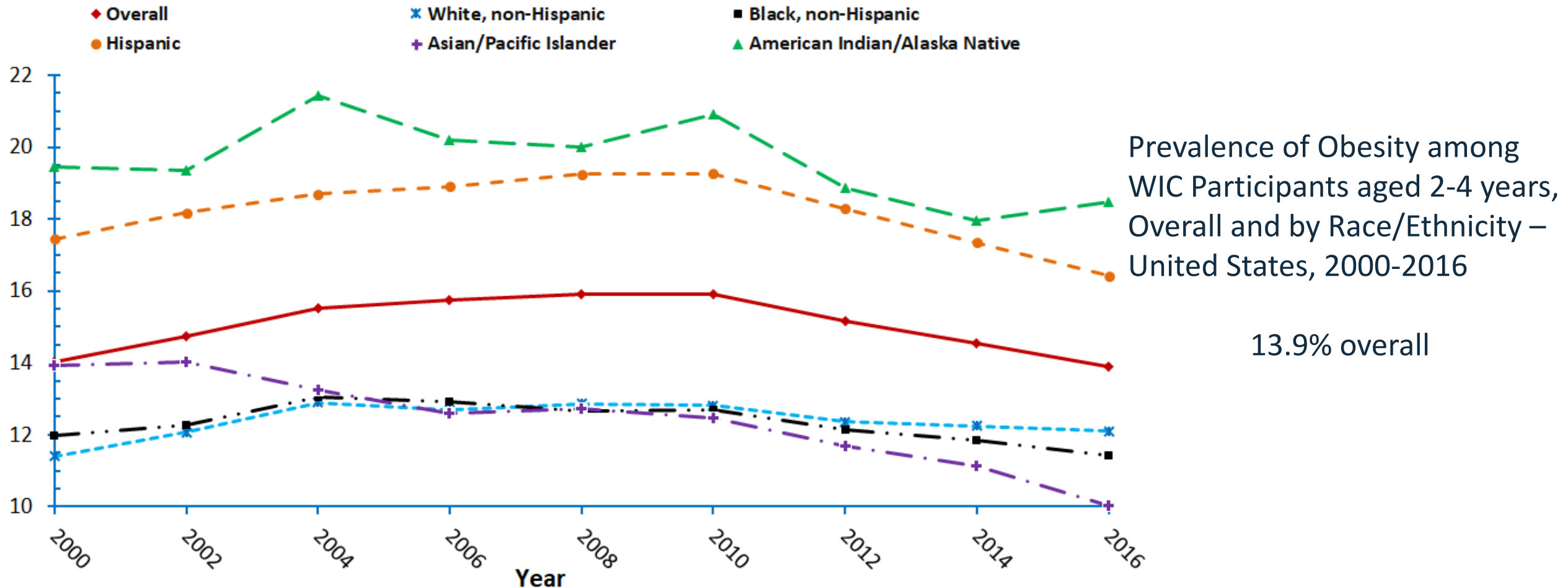
Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition, Physical Activity, and Obesity (DNPAO)



CHILDREN ARE AT RISK FOR OBESITY & POOR HEALTH

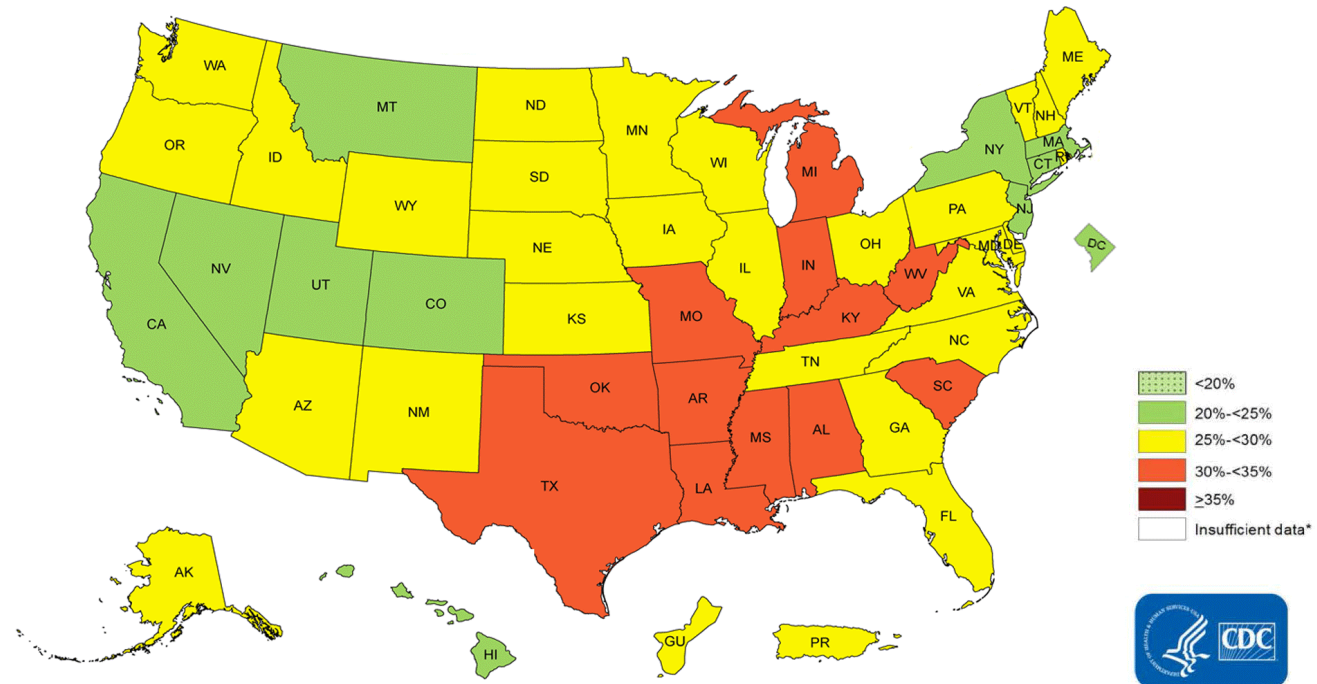


ADULT OBESITY IS INCREASING ACROSS THE UNITED STATES

Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS

†Prevalence estimates reflect BRFSS methodological changes started in 2011.
These estimates should not be compared to prevalence estimates before 2011.

2011 2012 2013 2014 2015 2016 2017 2018 2019



*Sample size <50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%.

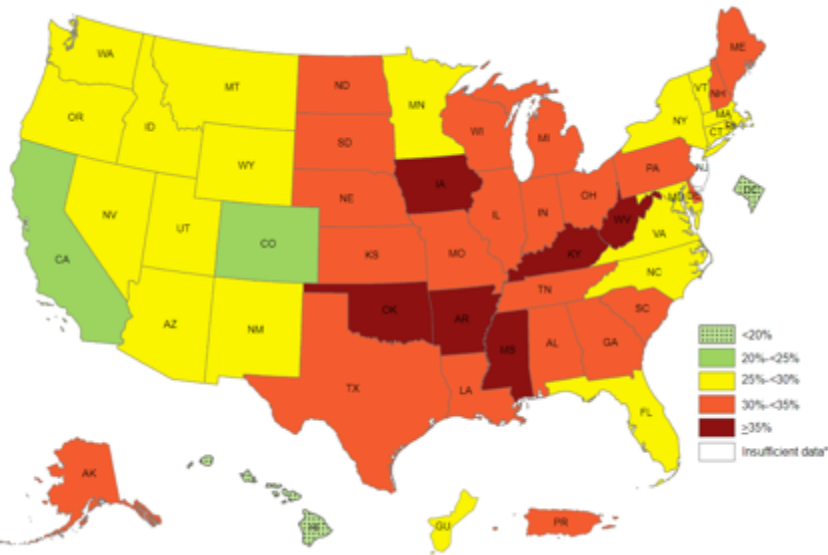
Source: CDC Obesity Maps

<https://www.cdc.gov/obesity/data/prevalence-maps.html>

OBESITY DISPROPORTIONATELY IMPACTS SOME RACIAL AND ETHNIC MINORITY GROUPS

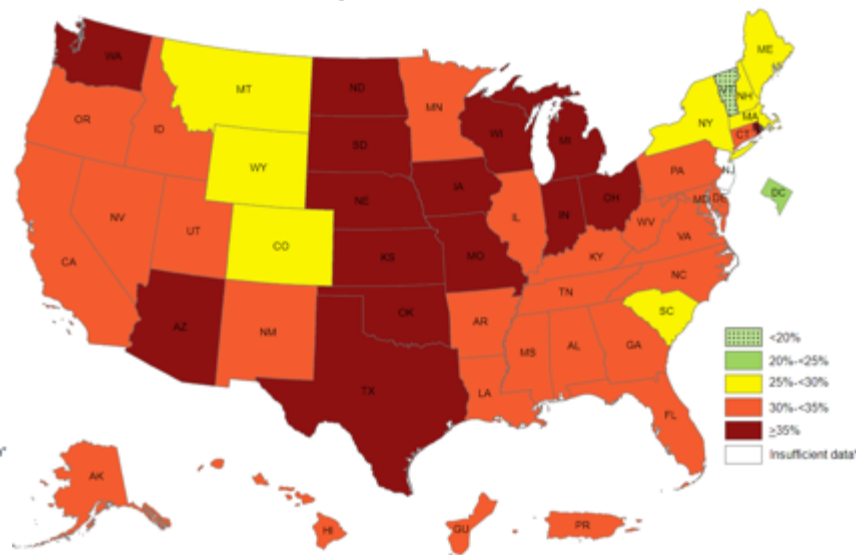
Prevalence of Self-Reported Obesity Among U.S. Adults by Race/Ethnicity, BRFSS, 2017-2019

Non-Hispanic White



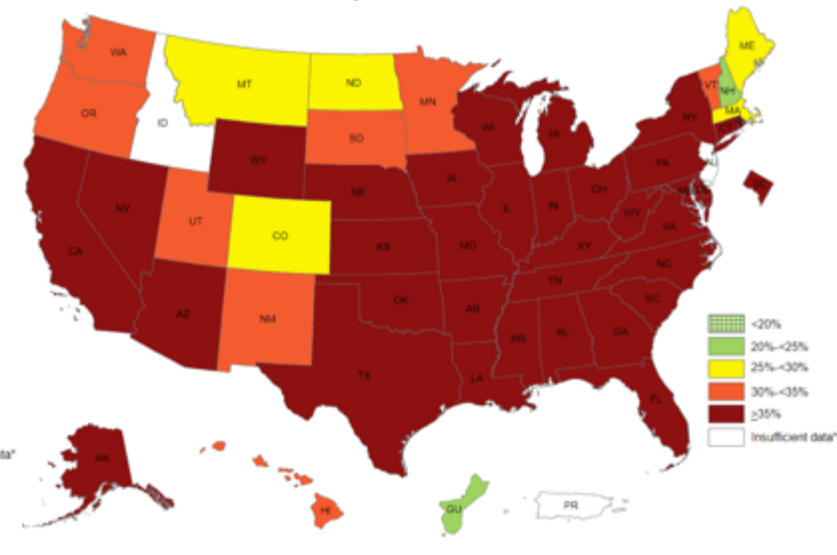
6 states had an obesity prevalence of $\geq 35\%$

Hispanic



15 states had an obesity prevalence of $\geq 35\%$

Non-Hispanic Black



34 states and D.C. had an obesity prevalence of $\geq 35\%$

Source: CDC Obesity Maps

<https://www.cdc.gov/obesity/data/prevalence-maps.html>

OBESITY IS COMMON, COMPLEX, AND SERIOUS



- Prevalence of obesity is **42.4%** among adults and **19.3%** among children aged 2-19 (2017-18)
- Obesity is a highly complex condition with many phenotypes
- Obesity is driven by our genes/biology interacting with societal/environmental risk factors -
 - **Food intake and eating patterns**
 - **Beverage consumption** (sugary drinks, alcohol)
 - **Inactivity and Sedentary lifestyle**
 - Biological differences (metabolism, satiety, hunger, taste sensitivity, food cue responsiveness)
 - Pregnancy weight gain
 - Sleep
 - Stress, adverse childhood experiences
 - Environmental chemicals
 - Certain medications, including steroid hormones and some antidepressants

OBESITY CAN AFFECT IMMUNITY

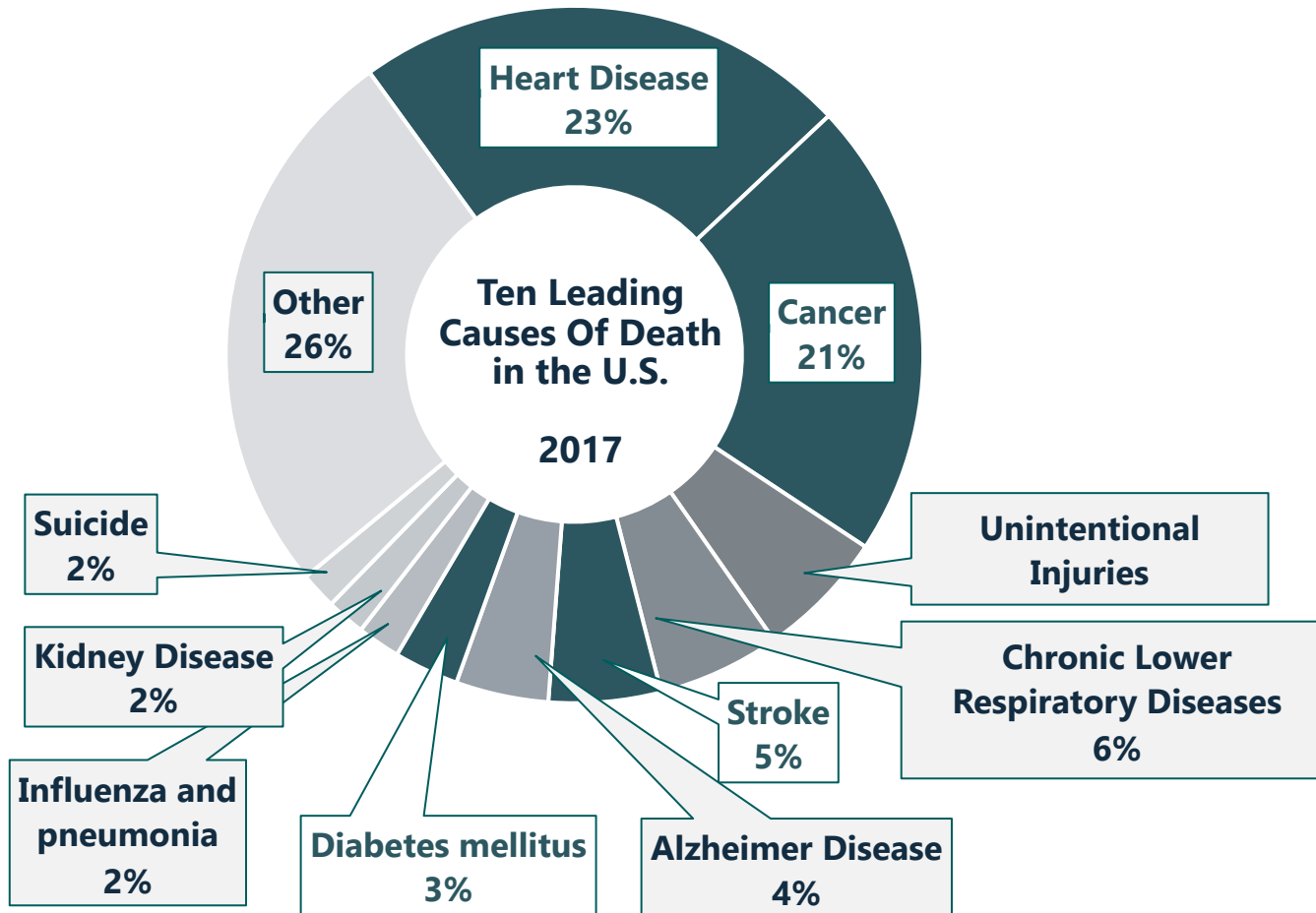
- Adipose tissue is an active endocrine tissue
- Obesity is associated with low-grade chronic inflammation



Fat tissue → Adipocytokines → Inflammatory response

- Obesity-related inflammatory responses can reduce immune function.
- A diet lacking in important nutrients can impair immunity.
 - Vitamins A, C, D, E, B6, folate, selenium, zinc, iron, and protein have roles in immune health.
 - Western diets high in refined sugars/grains/meat can promote disturbances in gut microbiota, resulting in chronic inflammation and associated suppressed immunity.
 - Foods that can moderate the inflammatory response, could help the immune system to be more effective at fighting infection and other challenges to the body.

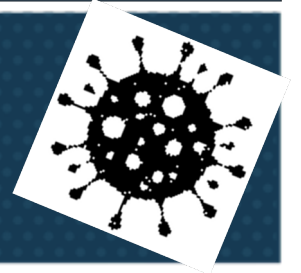
OBESITY INCREASES RISK FOR SEVERAL LEADING CAUSES OF DEATH



Individuals with obesity are at increased risk for all-causes of death, and **many serious health conditions that contribute to leading causes of death** in the United States:

- Heart disease
- Some cancers
- Stroke
- Diabetes mellitus
- Mental illness (depression, anxiety)

THESE CONDITIONS INCREASE RISK OF SEVERE ILLNESS FROM COVID-19



Adults of any age with underlying medical conditions are at increased risk for severe illness from COVID-19:

- **Cancer**
- **Chronic kidney disease**
- **Type 2 diabetes mellitus**
- **COPD** (chronic obstructive pulmonary disease)
- **Heart conditions**, such as heart failure, coronary artery disease, or cardiomyopathies
- **Immunocompromised state** (weakened immune system) from solid organ transplant
- **Pregnancy**
- **Sickle cell disease**
- **Smoking**
- **OBESITY** (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
- **SEVERE OBESITY** (BMI ≥ 40 kg/m²)



OBESITY WORSENS OUTCOMES FROM COVID-19

- Impaired immune function
- Increased risk of severe illness from COVID-19
- Up to triple the risk of hospitalization due to a COVID-19 infection
- Decreased lung capacity and reserve can make ventilation more difficult
- As BMI increases, the risk of death from COVID-19 increases
- **Hispanic and non-Hispanic Black adults have a higher prevalence of obesity and are more likely to suffer worse outcomes from COVID-19**



PREVENTIVE FACTORS FOR OBESITY



Protective Individual Factors:

- Breastfeeding
- Healthy diet
- Regular physical activity
- Limiting sedentary time/screen time
- Getting optimal sleep
- Managing and limiting stress

Protective Community Factors:

- Support to new parents for breastfeeding and infant feeding (hospital, peer support)
- Convenient access to affordable, healthy, acceptable foods & beverages (incl. drinking water) in childcare, schools, community
- Safe places for physical activity
- Quality healthcare (screening, counseling, lifestyle programs, therapeutics)

FIVE ACTION STEPS STATES CAN TAKE TO ADDRESS OBESITY

1. Make physical activity

safe and accessible for all

States and communities can support active transportation and land use policies to make more activity-friendly routes to everyday destinations.



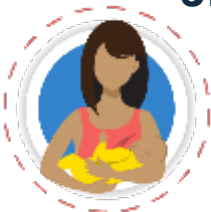
2. Make healthy food choices available

States and communities can improve healthy food options through procurement to include healthy food service guidelines in state agencies, food banks/pantries, and community settings where food is offered, served, and sold.



3. Make breastfeeding easier to start and sustain

States and communities 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 (ECE) settings

States can improve standards that help prevent childhood obesity (breastfeeding, healthy eating, physical activity, and limit screen time) within their existing ECE systems (licensing, QRIS, Prof. Development).

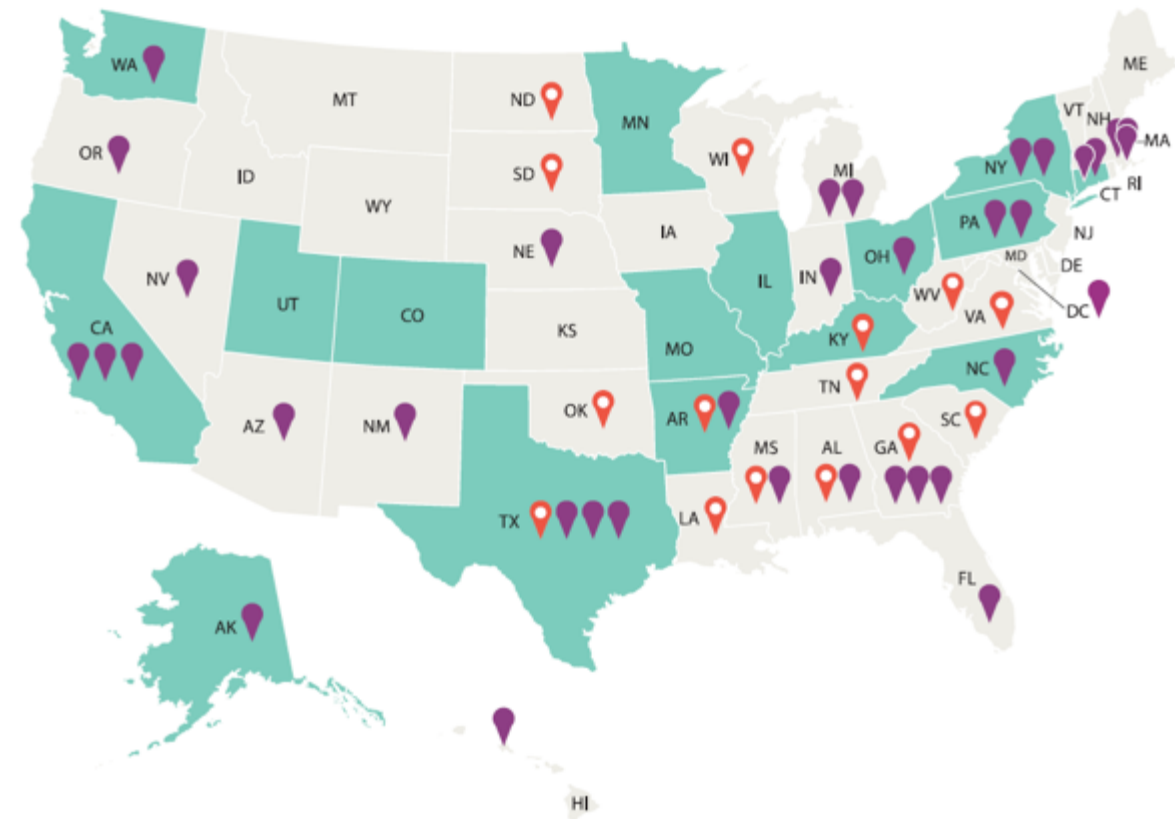


5. Spread and scale weight management programs

States can work with employers, insurers, and state Medicaid programs to reduce obesity stigma and ensure individuals are screened for obesity, food security, and referred to weight management programs including **pediatric lifestyle programs** that are easy to access for all families.



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

- 36 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

DNPAO'S RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH (REACH) PROGRAM

- The REACH program is one of the only CDC programs that explicitly focuses on improving chronic diseases for specific racial and ethnic groups in urban, rural, and tribal communities with high disease burden.
- 36 organizations across the country work with local coalitions through culturally tailored interventions to address preventable risk behaviors.

REACH PROGRAM RECIPIENTS



To learn more about the program, please visit: https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/current_programs/index.html.

REACH STRATEGIES

Nutrition

- Collaborate with partners to improve nutrition access and offerings for the priority population(s).



Physical Activity

- Collaborate with partners to connect activity-friendly routes to everyday destinations to increase physical activity.



Community Clinical Linkages

- Collaborate with partners to increase referral and access to community-based health and nutrition security programs for the priority population(s).

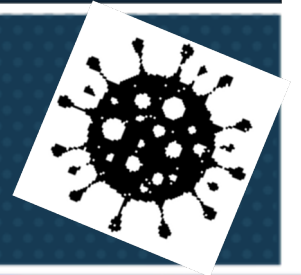


Tobacco

- Collaborate with partners to promote tobacco free living among priority population(s).



REACH INNOVATION IN RESPONSE TO COVID-19



NUTRITION STANDARDS / FOOD SYSTEMS

- Resources re-directed to get fruits and vegetables to families in need
- Innovative use of safe, physical distanced healthy food delivery models
- Accelerated food delivery at competitive pricing to local markets

BREASTFEEDING

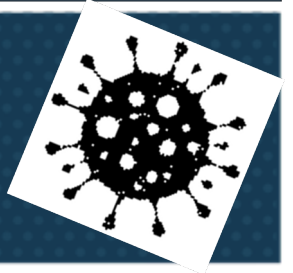
- Use of telehealth for post-partum lactation consults and Baby Cafés
- Coordination of social media video services to get "quick tips" out to families around breastfeeding
- Moving support and training activities that typically occur in-person to virtual settings

PHYSICAL ACTIVITY

- Opening streets for slow, safe, access
- Improving park access



MORE PROGRAM INNOVATIONS DURING COVID-19



HIGH OBESITY PROGRAM - Mississippi State University Extension

- COVID-19 constrained access to healthier food options in the Mississippi Delta region and high levels of food insecurity and obesity are found.
- MS State's HOP, AIM for CHangE, actively assists the Lexington Food Pantry in Holmes County with launching operation and expanding storage capacity at food pantries to meet the food needs of local residents.



EARLY CARE AND EDUCATION

- ECEs across the country have had to pivot operating procedures during COVID-19 including how to safely feed children.
- Developed and disseminated virtual, online farm to ECE and obesity prevention trainings to help childcare centers support children of essential workers.
- Connected ECEs to local food systems and facilitated getting local food to ECEs to support local farm businesses and children's food needs.



BUILDING RESILIENCY IN COMMUNITIES (BRIC)

BRIC PROGRAM

- New community program responding to COVID-19
- Nutrition Security, Access to Safe Physical Activity and Social Connectedness
- Help populations experiencing COVID-19 emerge better situated to address obesity and other chronic diseases through improved access to physical activity, social connectedness, and nutrition security.
- Build sustainable programming into existing efforts in up to 20 states for up to 5 communities per state to address COVID-19, focusing on populations at high risk for chronic disease and COVID-19 impact.
- Communities to be selected in early 2021.



THANK YOU!

For more information, contact Jennifer Greaser at CDC Washington

Email: cbx5@cdc.gov

Phone: 202-245-0600

cdc.gov/washington

Help us keep America healthy and strong. See how at: cdc.gov/nccdphp/dnpao

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition, Physical Activity, and Obesity (DNPAO)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





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CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

Empowering Communities towards Healthy Eating and Active Living







COLD & READY to GO DRINK

COFFEE BAR



A white A-frame sign for Healthy Corner Stores. At the top is a colorful illustration of various fruits including an apple, pear, and banana. Below this is a stylized orange graphic with the text '¡VIVA SAL!' in white. Underneath the graphic, the words 'Healthy Corner Stores' are written in green and orange. A line of Spanish text follows: 'Trayendo frutas y verduras frescas a un precio barato a tiendas en su vecindario.' At the bottom, there is a row of logos including the Food Bank logo and several smaller community partner logos.

¡VIVA SAL!

Healthy Corner Stores

Trayendo frutas y verduras frescas a un precio barato a tiendas en su vecindario.

FOOD BANK



A black refrigerated display case with four shelves. The top three shelves are filled with clear plastic cups containing fresh fruit and yogurt. The bottom shelf contains several small white containers of yogurt. The case has a 'Turbo air' label on the right side of the bottom shelf.

Turbo air



A white A-frame sign for Healthy Corner Stores, identical to the one on the left. It features the same fruit illustration, '¡VIVA SAL!' graphic, 'Healthy Corner Stores' text, Spanish slogan, and bottom logos.

¡VIVA SAL!

Healthy Corner Stores

Trayendo frutas y verduras frescas a un precio barato a tiendas en su vecindario.

FOOD BANK



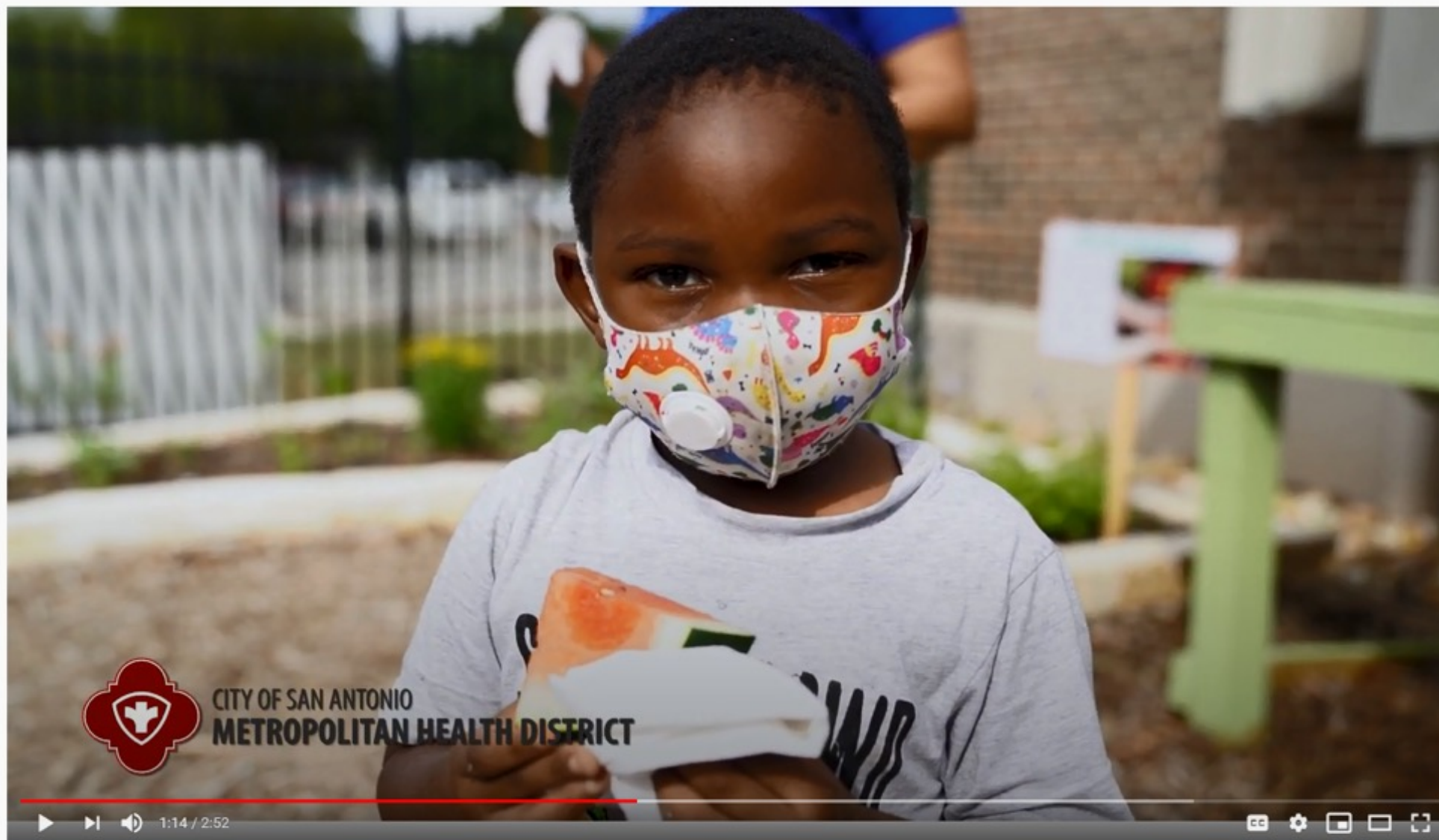












Healthy Neighborhoods: Pecan Valley WIC Teaching Garden

33 views • Nov 12, 2020

LIKE DISLIKE SHARE SAVE ...

<https://youtu.be/J87MZvitlks>



Sara Bleich, PhD

Professor of Public Health Policy

Harvard T.H. Chan School of Public Health

hsph.harvard.edu



National obesity policy trends and projections

Sara N. Bleich, PhD

Professor of Public Health Policy

State of Obesity | Congressional Briefing

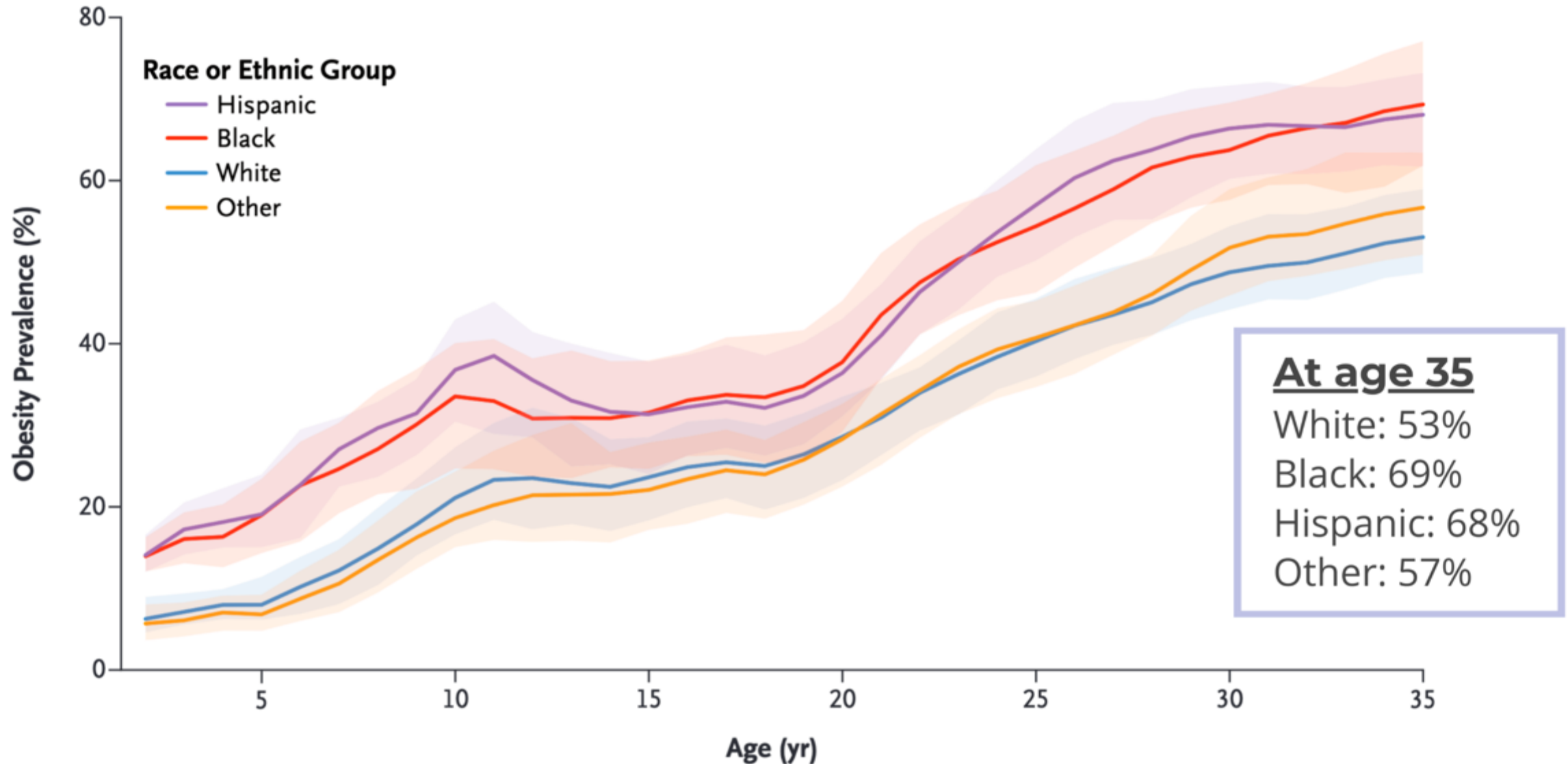
November 19, 2020



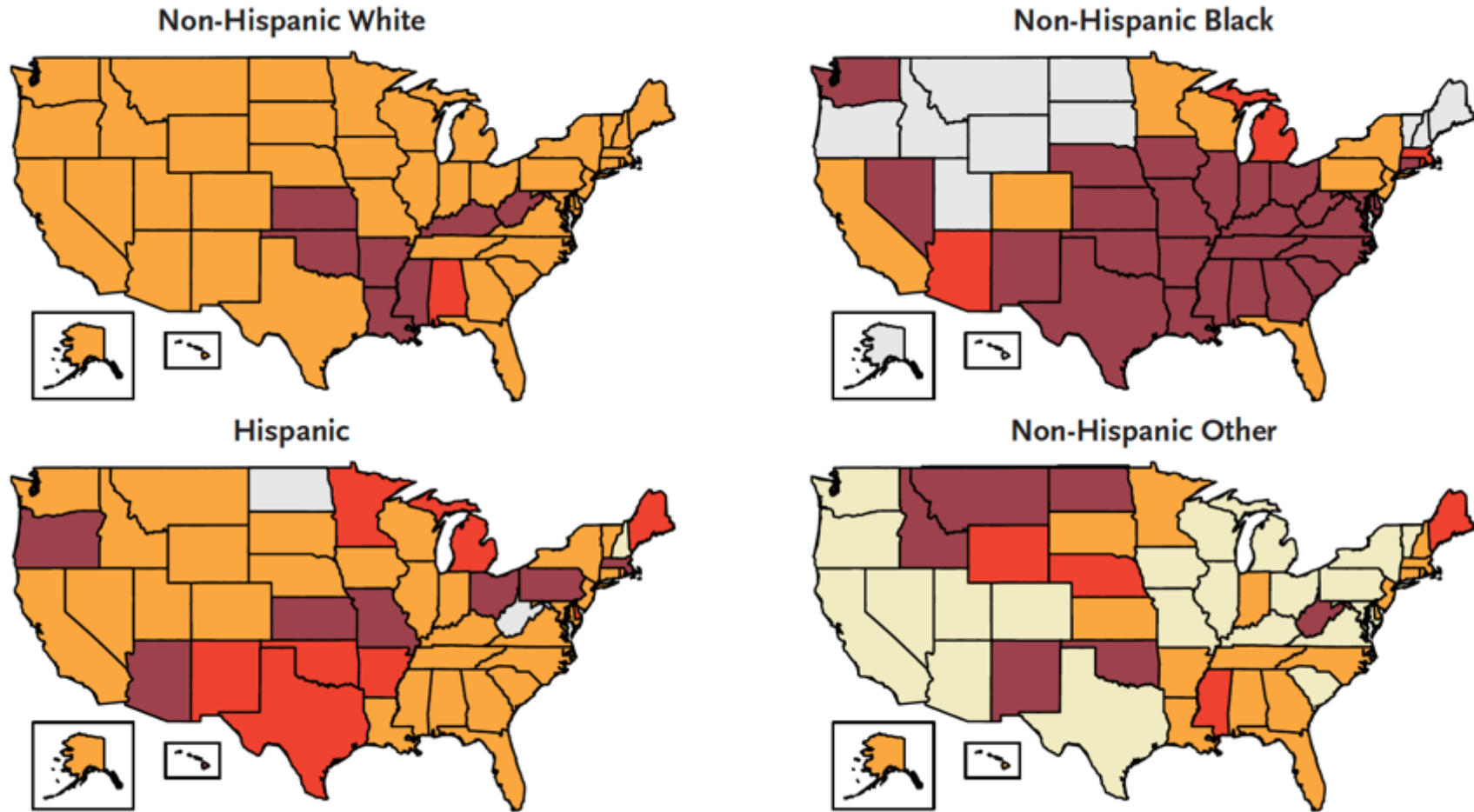
01

The coming problem

Projected prevalence of childhood obesity by race



Projected prevalence of adult obesity by race



Underweight or normal weight (BMI, <25) Overweight (BMI, 25 to <30) Moderate obesity (BMI, 30 to <35) Severe obesity (BMI, ≥35) Suppressed estimate

02

**Current and future policy
solutions to strengthen the
federal nutrition safety net**

Summary of the largest nutrition assistance programs



Improve participants' food security and their access to a healthy diet

Monthly reach
in FY 2019

35.7 million people



Provide low-cost or free meals in public and nonprofit private schools to low-income children

29.4 million people



Provide supplemental food, nutrition education (including breastfeeding promotion and support), and referrals to health care and other social services to low-income, nutritionally at-risk women, infants, and children up to 5 years of age

6.4 million people



Provide breakfast programs in schools and residential childcare institutions

14.7 million people

What federal policies already help to address obesity?



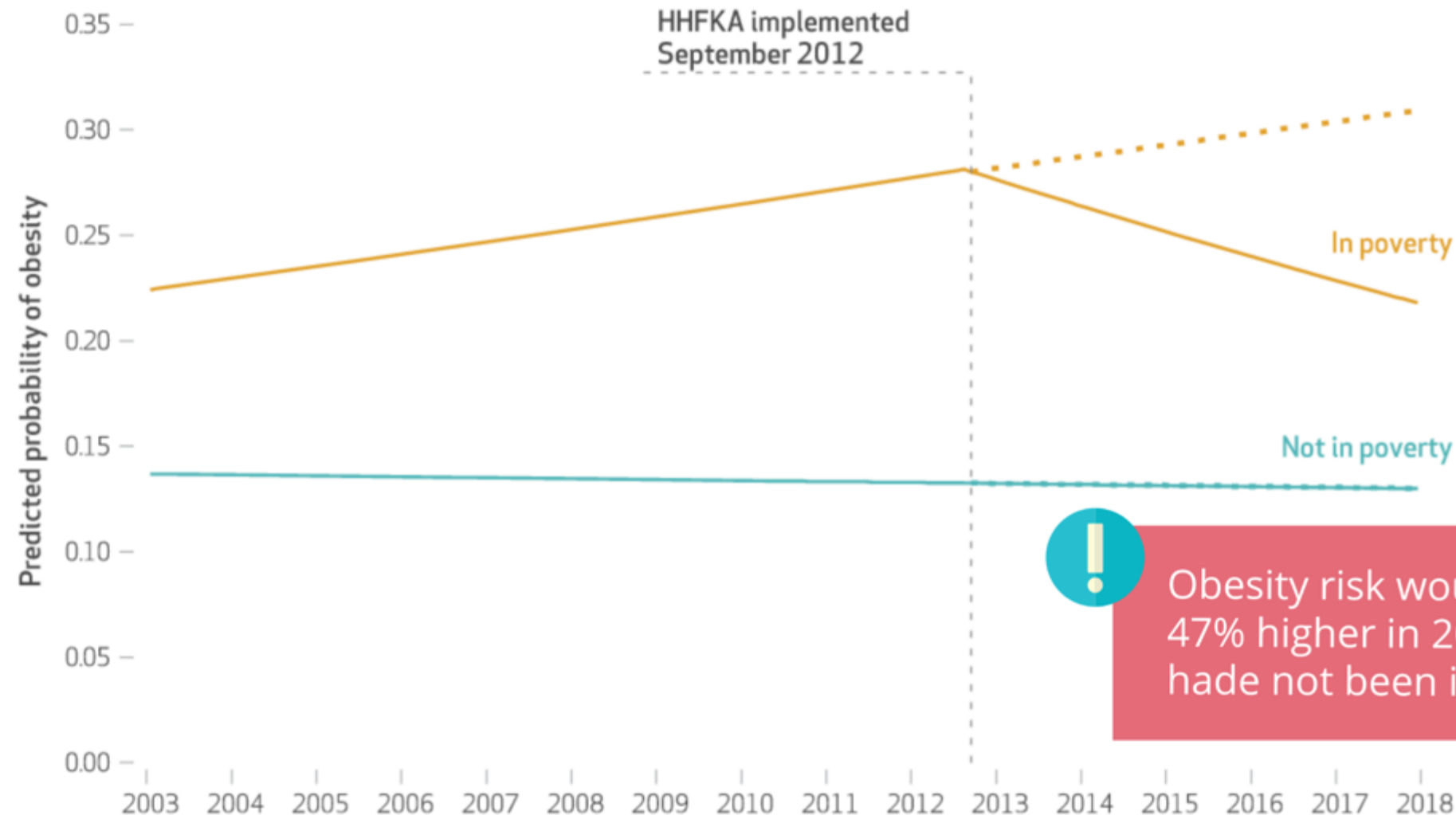
2009 WIC Food Package changes

School nutrition standards in the Healthy
Hunger-Free Kids Act



Impact of HHFKA on childhood obesity

Predicted probability of obesity among youth ages 10-17 before and after implementation of Healthy, Hunger Free Kids Act (HHFKA) changes to the National School Lunch Program, by poverty status, 2003-18



Obesity risk would have been 47% higher in 2018 if the HHFKA had not been implemented

What critical changes have happened in response to COVID-19?



Emergency benefits that increase SNAP households to maximum monthly allotment



Appropriations for anticipated surges in nutrition safety net



Rapid approval of SNAP Online



Pandemic-EBT extended through September 30, 2021

→ Expanded to include children at childcare centers

Universal free school meals through September 30, 2021

What critical changes are needed?



Expand SNAP

Reach: 43 million

Key change:

Increase the monthly benefit by 15% or \$100/mo for a family of 4



Expand Medicaid

Reach: 70 million

Key change:

50 states need to implement the ACA Medicaid expansion



Expand school meal program

Reach: 50 million

Key change:

Make temporary universal school meals permanent



Upgrade WIC

Reach: 6 million

Key change:

Rapidly expand new online pilot

Current policies that decrease the number of people eligible for SNAP

Final rule

- ▼ **700,000 people**
Tighter criteria for states to request time limit waivers for ABAWDs



- ▼ **1 million people**
"Public Charge" rule

Proposed rule

- ▼ **3.1 million people**
Restricting states' ability to make families "categorically eligible" for SNAP based on receipt of another government benefit



- ▼ **84,000 people**
Creating a uniform approach to setting standard utility allowance

Current

- ▼ **180,100 people**
Lifetime ban on SNAP benefits for individuals with a felony drug conviction



Urban Institute (2019). Estimated effect of recent proposed changes to SNAP regulations.

https://www.urban.org/sites/default/files/publication/101368/estimated_effect_of_recent_proposed_changes_to_snap_regulations.pdf

National Conference of State Legislatures (2020). Immigration and public charge: rule suspended during pandemic. <https://www.ncsl.org/research/immigration/immigration-and-public-charge-dhs-proposes-new-definition.aspx>

Mauer M, McCalmont V (2013). A lifetime of punishment: The impact of the felony drug ban on welfare benefits. The Sentencing Project. <https://www.sentencingproject.org/publications/a-lifetime-of-punishment-the-impact-of-the-felony-drug-ban-on-welfare-benefits/>

Beverage taxes: A local policy that may help address obesity



Consistently increase prices⁽¹⁻¹³⁾



Consistently reduce the volume of taxed beverages sold, with variation by retailer type and tax jurisdiction^(6-8, 12-17)



Some evidence of reduced self-reported consumption of SSBs, but results are mixed^(15, 17-20)



No evidence of substitution to sweet snacks, but some evidence of substitution to beverage concentrates in supermarkets⁽²¹⁾

Federal and public health implications of a national beverage tax



Address significant revenue
gaps due to COVID-19

Tax revenue generated

\$80.4 billion

Chronic disease prevention

850,000 cases of cardiovascular disease

269,000 cases of diabetes mellitus

Savings in net costs

\$53.2 billion

Other important areas of focus



Possibility for accelerated weight gain



Bold agenda for food justice



Role of front-line clinicians in obesity prevention



Role of charitable food sector



Potential for large financial loss in schools



Need for urgency in addressing diet-related chronic conditions

Optimize participation across the safety net



Modernize and
streamline enrollment



Create "no wrong door"
into the safety net



Scale up state best
practices nationwide

Takeaways



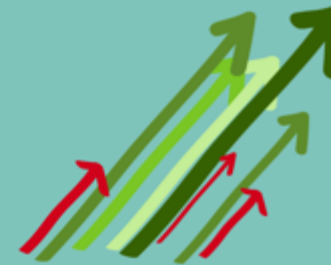
Federal nutrition safety net is critical for reducing obesity and food insecurity



Policy changes are needed to enhance public health impact and promote equity



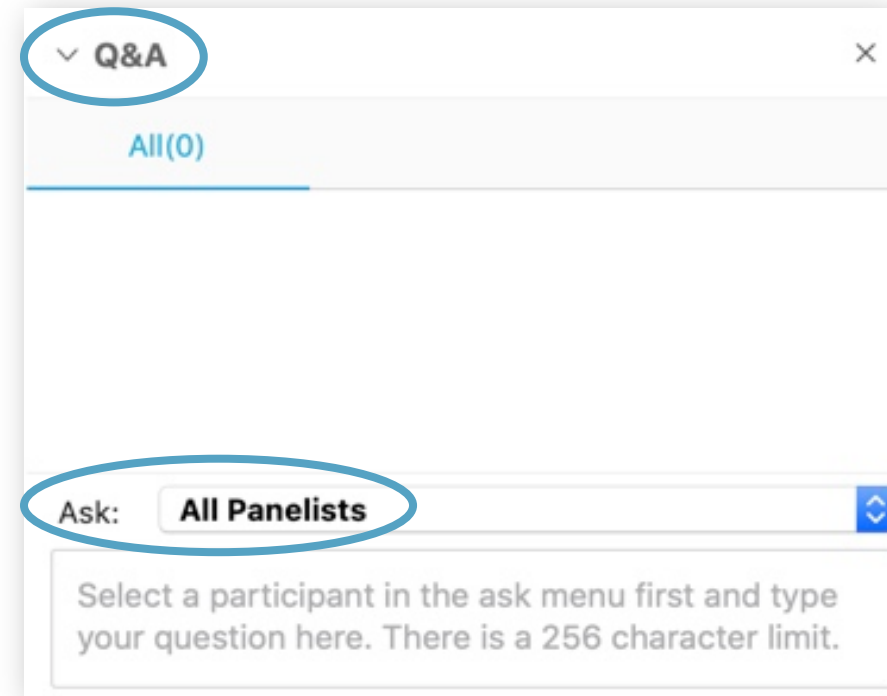
COVID-19 policies provide critical opportunities to permanently modernize the programs



Continued surveillance and evaluation is needed to document progress

Submit Questions for Our Panelists

1. At the bottom of your screen, click to open the Q&A panel
2. Type your question in the **Q&A box**
3. Select **Ask: All Panelists**
4. Hit **Enter**

A screenshot of the Q&A panel interface. At the top, there is a header "Q&A" with a dropdown arrow and a close button. Below the header, it says "All(0)". The main area is empty. At the bottom, there is a section labeled "Ask:" with a dropdown menu showing "All Panelists". Below this, there is a text input field with a placeholder message: "Select a participant in the ask menu first and type your question here. There is a 256 character limit." The "Q&A" header and the "Ask: All Panelists" dropdown are circled in blue.

Thank You to Our Moderator and Panelists



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Thank you!

@HealthyAmerica1

The recording and slides will be available at www.tfah.org

