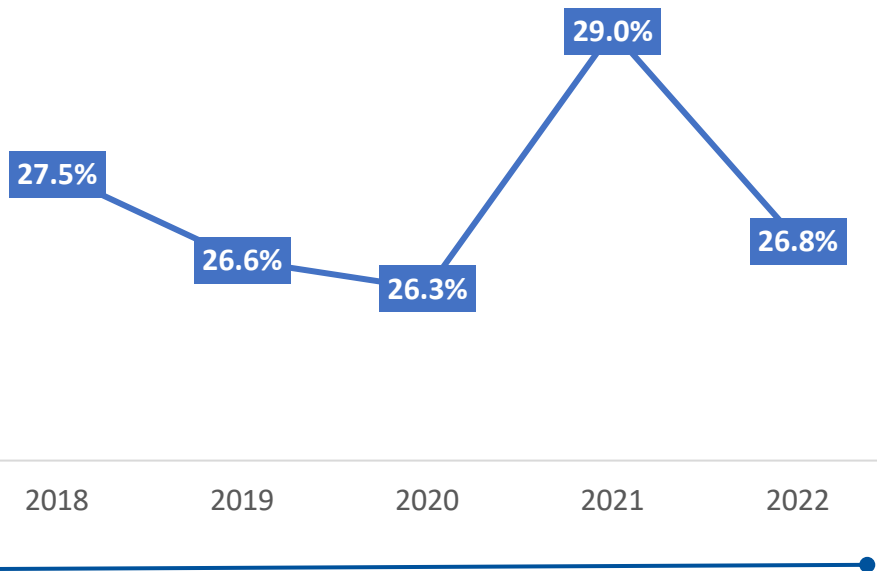


# The State of Obesity 2023: Better Policies for a Healthier America

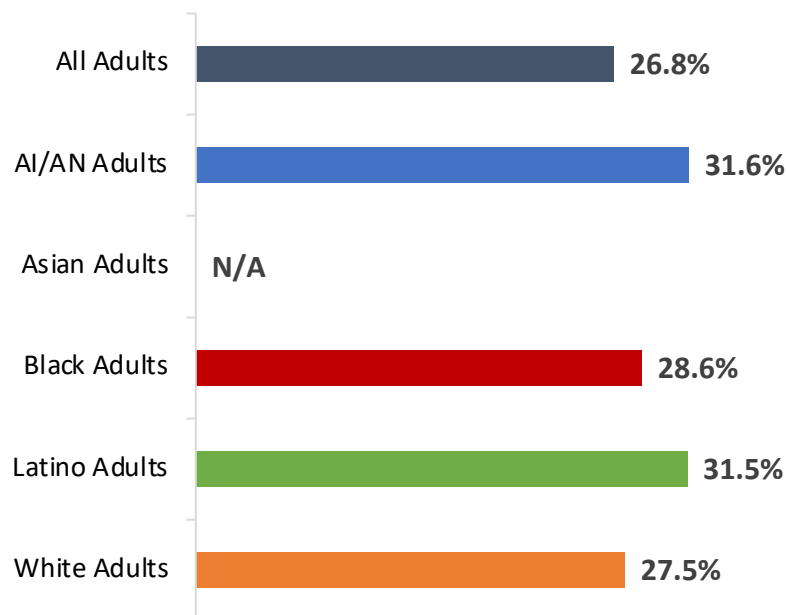
## Special Feature: 20-Year Report Anniversary Retrospective

Vermont Obesity Rates Over Time, 2018—2022



Vermont Obesity Rates by Ethnic and Racial Group, 2020 -2022

Adult obesity rates by race/ethnicity is calculated over a three-year period (2020-2022) to obtain a sufficient sample size.



### Key Report Takeaways

- ✓ Nationwide, the adult obesity rate is 42 percent.
- ✓ The rate of obesity among U.S. children ages 2 to 19 is nearly 20 percent.
- ✓ Over the past 20 years, adult obesity increased 37 percent, and childhood obesity increased 42 percent.
- ✓ Continuous increases in obesity rates across population groups underscore that obesity is caused by a combination of factors, including societal, biological, genetic, and environmental, which are often beyond personal choice.
- ✓ 22 states have adult obesity rates over 35 percent, but in 2011 zero states were in that category.
- ✓ Factors such as poverty, food insecurity, housing instability, and lack of access to quality healthcare are key drivers of the differences in obesity rates across racial and ethnic groups.

### Why do we use BMI?

- ✓ Body-mass index (BMI) is a method often used as a proxy for body fat and cardiometabolic risk. It is widely used because it is simple and affordable—no invasive tests, special equipment, or prior diagnoses required. However, it has several important limitations and, while useful to track community level rates of obesity, should not be the only tool to diagnose obesity.

For the full report, go to:

<https://www.tfah.org/report-details/state-of-obesity-2023/>

## Policy Recommendations



Support community-based efforts to prevent obesity and related chronic diseases by increasing funding for the CDC's National Center for Chronic Disease Prevention and Health Promotion, including the Racial and Ethnic Approaches to Community Health (REACH) and Healthy Tribes programs.



Decrease food insecurity for children, infants, and parents by passing a Farm Bill that will increase benefit levels, maintain eligibility, and ensure no new participation barriers for the Supplemental Nutrition Assistance Program (SNAP).



Expand public health efforts to address structural drivers of chronic disease, like access to transportation and healthy food, by passing the Improving Social Determinants of Health Act.



Implement a mandatory front-of-package label (FOPL) system for processed food to help consumers make informed choices.



Improve students' nutrition by making healthy school meals for all a permanent policy, strengthen nutrition standards, and increase reimbursement rates for school meals.



Increase funding for CDC's State Physical Activity and Nutrition (SPAN) and Active People, Healthy Nation (APHN) programs to help state and local governments successfully apply for and use federal dollars to fund active transportation projects and safe places to be physically active.



Broaden access to affordable healthcare by further extending the ACA Marketplace tax credits, expanding Medicaid, and requiring coverage with no cost sharing for U.S. Preventive Services Task Force recommended obesity prevention programs under all insurance types, regardless of legal challenges.



Impose national excise taxes on sugary drinks and devote the revenue to chronic disease prevention, nutrition security policies, and other programs that are proven to reduce health disparities.



Expand support for maternal and child health and increase rates of breastfeeding by increasing funding for the Title V Maternal and Child Health (MCH) Block Grant Program and WIC breastfeeding peer counselors.



Change tax law to end unhealthy food marketing to children by closing loopholes and eliminating business cost deductions related to the advertising of unhealthy food and beverages to young people.