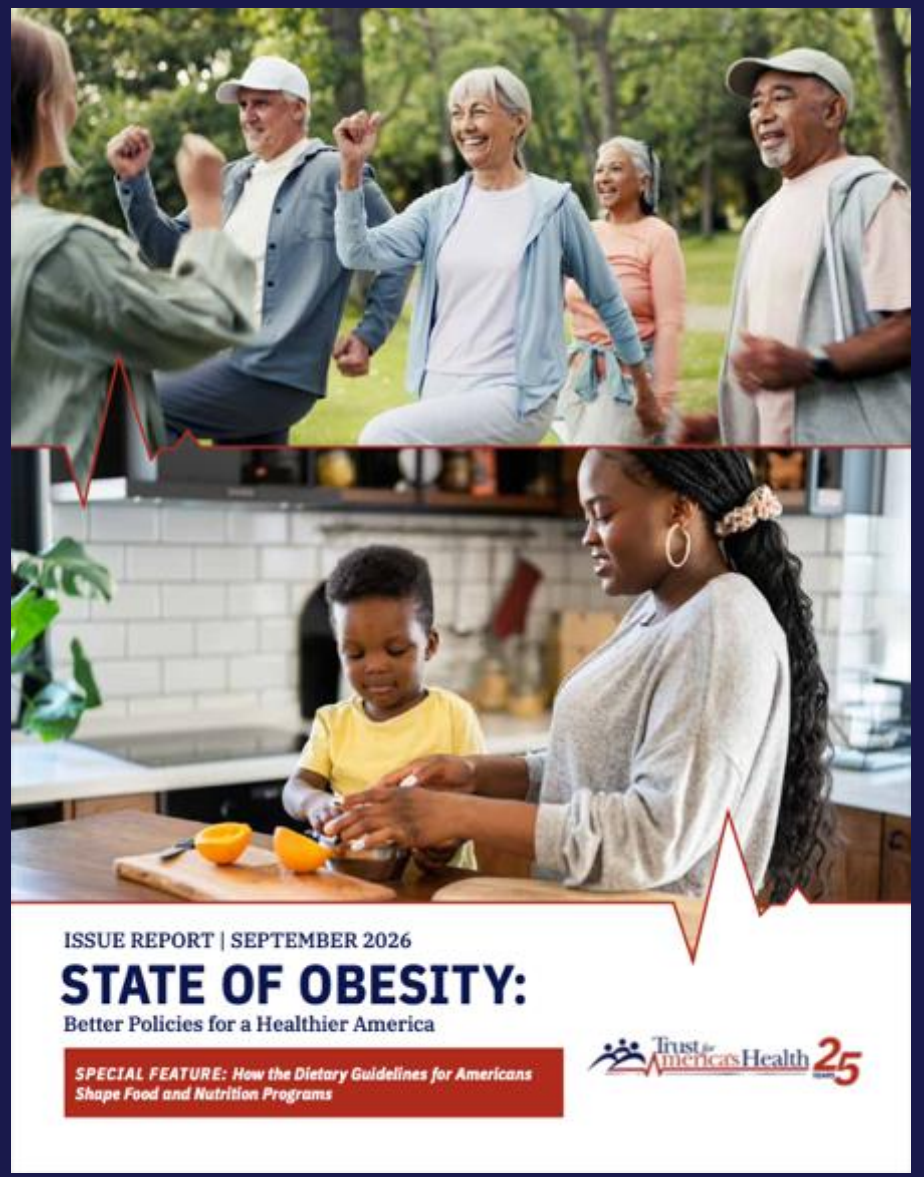
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State of Obesity 2026
Better Policies for a Healthier America

Congressional Briefing

and National Webinar

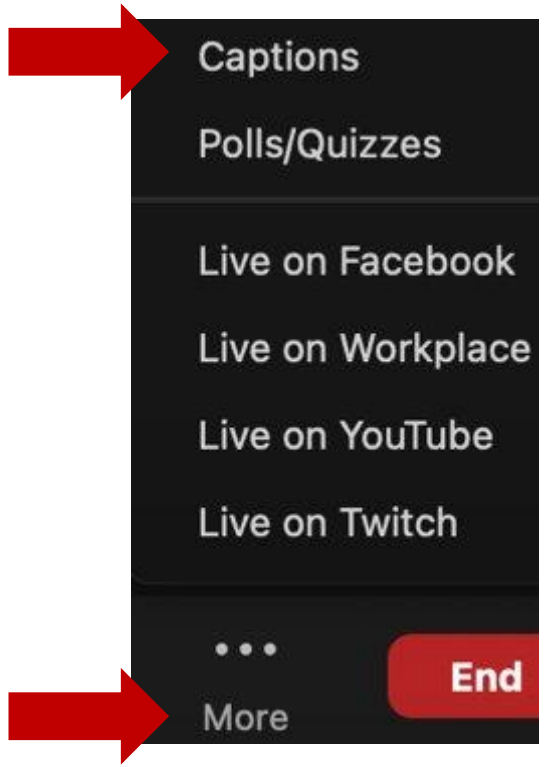
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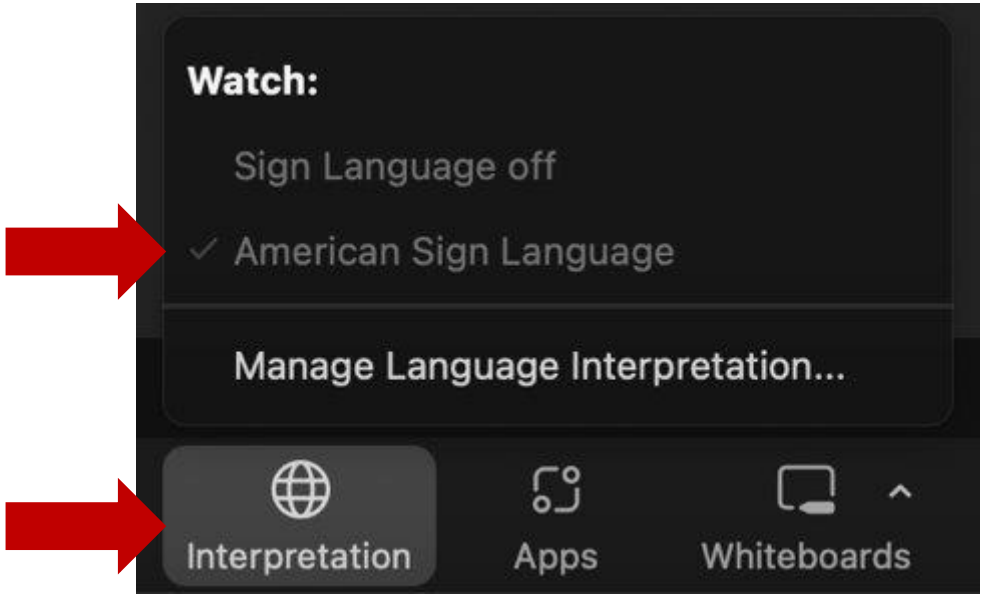


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2. Type your question in the **Q&A box**

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Moderator



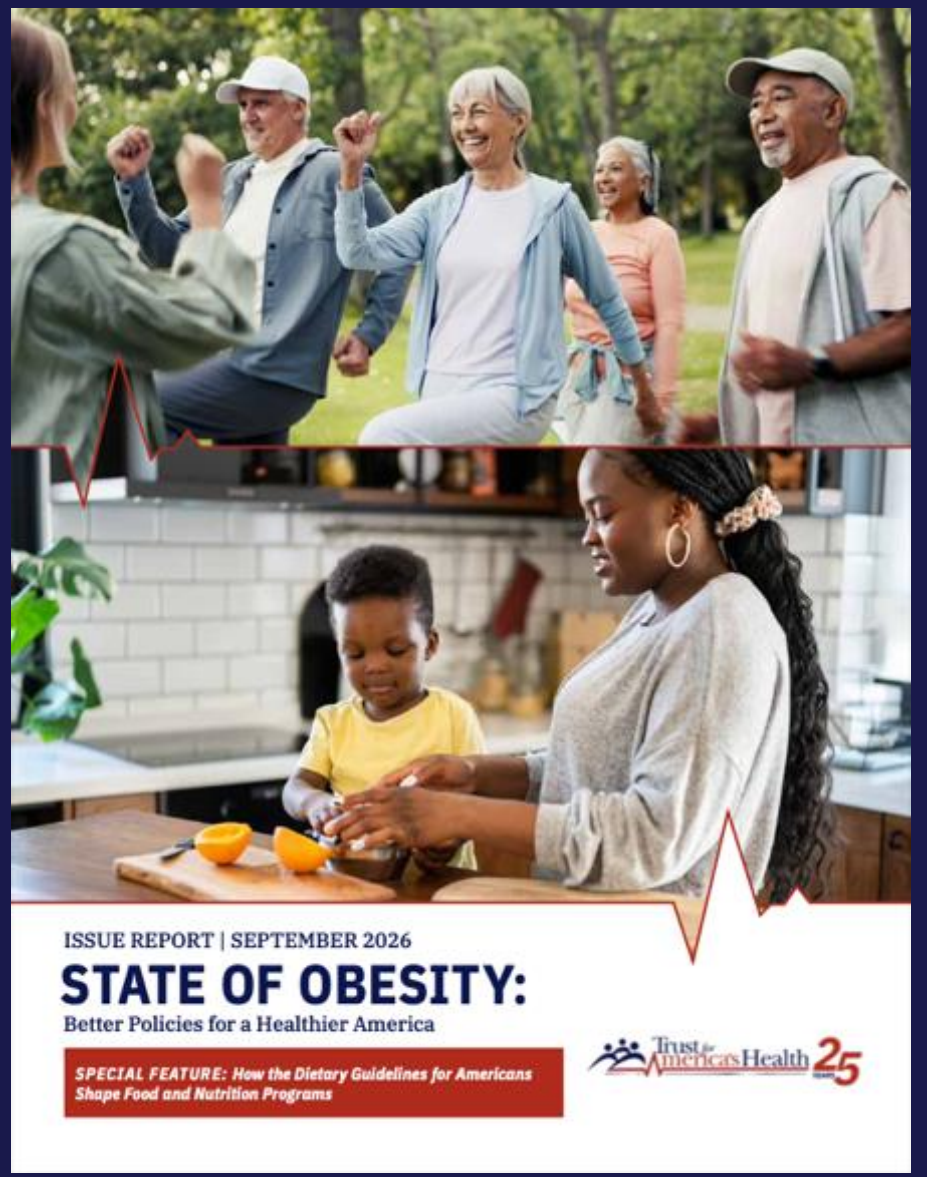
J. Nadine Gracia, M.D., MSCE

President and CEO

Trust for America's Health

State of Obesity 2026
Better Policies for a Healthier America

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Agenda

- National and State Obesity Trends
- Policy Implications of the Dietary Guidelines for Americans
- Obesity Prevention in Local Public Health
- Policy Landscape and Recommendations



Report Overview

- Adult obesity rates remained relatively stable
- Youth obesity prevalence continues to increase
- Nationally, we remain at a major policy inflection point
- Elevated recognition of chronic disease prevention needs to be met with elevated investment
- ***Obesity is a complex chronic disease influenced by multiple factors, including environment, genetics and behavior – effective prevention must address systems change.***



Behind the Data

Health & economic impacts

Obesity and other diet-related diseases are associated with a range of physical and mental health conditions, higher mortality, higher healthcare costs, and productivity losses.

Community conditions

Obesity rates are influenced by many factors including economic and community context which shape Americans' daily life and available choices around healthy food and physical activity.

Unequal barriers

Population groups with higher obesity rates, including people living in rural areas and some populations of color, typically face more structural barriers to healthy eating, including food cost and access and a lack of opportunities and places to be physically active.

National Obesity Trends, 1999–2023

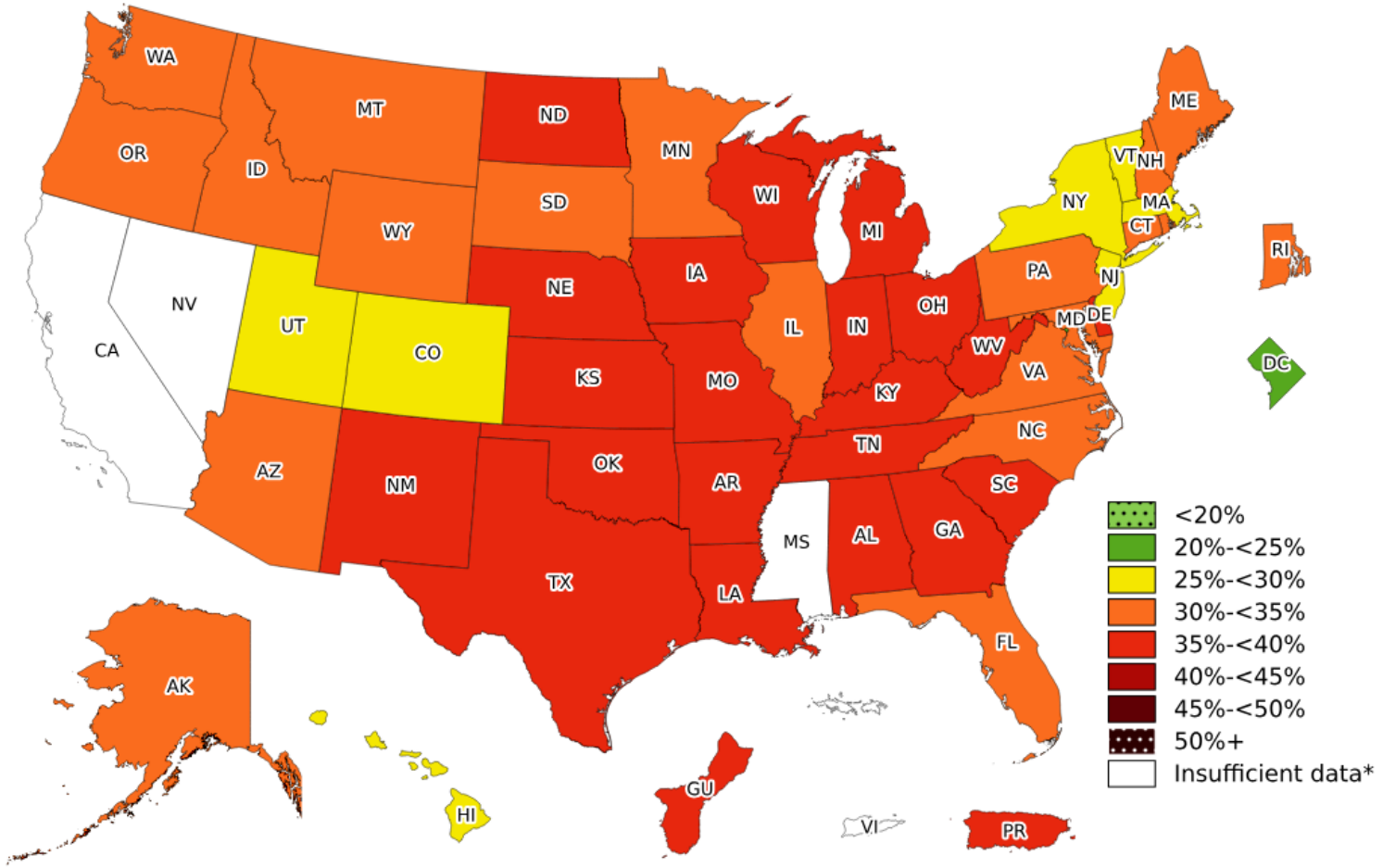
Facts about Obesity in America

ADULT OBESITY RATE, 2021–2023: **40.3%**	CHANGE IN ADULT OBESITY RATE FROM 1999–2000 TO 2017–2018: **+ 39%**	CHANGE IN ADULT OBESITY RATE FROM 2017–2018 TO 2021–2023: **-5%**
YOUTH OBESITY RATE, 2021–2023: **21.1%**	CHANGE IN YOUTH OBESITY RATE FROM 1999–2000 TO 2017–2018: **+39%**	CHANGE IN YOUTH OBESITY RATE FROM 2017–2018 TO 2021–2023: **+9%**

Source: NHANES[5,6]

2025 Adult Obesity Rate by State

Source: TFAH Analysis of BRFSS Survey Data



Statistically significant declines

- Louisiana 39.2% → 35.6%
- West Virginia 41.4% → 37.4%

Wide variation: Rates ranged from 24.2% in D.C. and 25.7% in Colorado to 39.7% in Alabama.

Overall trends: rates were lower in 26 states and DC, higher in 19, and stayed unchanged in Massachusetts.

*includes significant and non-significant changes

Obesity Prevention at Risk

FUNDING AND ACCESS

Reduced Federal Capacity

Workforce reductions have affected the federal infrastructure supporting chronic disease and obesity prevention

Reduced Nutrition Access

Changes to nutrition support programs are reducing access to healthy, affordable food for millions of people

Limited Investments in Nutrition, Physical Activity, and Prevention Programs

EVOLVING POLICY LANDSCAPE

Proposed Agency Eliminations

CDC's Division of Nutrition, Physical Activity, and Obesity

Changing Nutrition Guidelines and Regulation

Impact on federal nutrition programs. Evolving regulatory practice on Generally Regarded as Safe (GRAS), Ultra Processed Foods (UPF) and Front-of-Package Labeling (FPL).

Major Reauthorizations

Farm Bill and Transportation

Panelists



Alexia Thex, MEd
President
National CACFP Association



Sedessie Spivey, D.BA., MS
Program Manager – Health Assessment and Promotion Department, Division of Community Health
DeKalb Public Health



Kristy Anderson, MPP
Director, Federal Government Relations
American Heart Association

Alexia Thex, MEd

President

National CACFP Association



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Policy Implications of the New Dietary Guidelines for Americans

DGAs Shape Federal Nutrition Programs

- Provide the nutrition framework for federal food programs.
- Changes to the DGAs eventually influence meal pattern requirements.



USDA Nutrition Programs: Working Together to Raise Healthy Eaters



Nationwide Reach of CACFP

POWER of the FOOD PROGRAM

4.8 million children & adults served daily

1.9 billion meals and snacks served annually

3.9 billion dollars reimbursed annually

DGAs: Updated Guidelines

- Prioritizing protein foods at every meal
- Encouraging a variety of dairy fat options
- Promoting the consumption of vegetables and fruits of all types throughout the day
- Incorporating healthy fats from whole foods such as meats, poultry, eggs, seafood, nuts, seeds, full-fat dairy, olives, and avocados
- Prioritizing fiber-rich whole grains while significantly reducing refined grains, especially those high in added sugars
- Limiting certain highly processed foods, added sugars, and refined carbohydrates



How Well Does the CACFP Meal Pattern Reflect Today's Dietary Guidelines?

- Prioritize protein foods at every meal
  - Milk is required at Breakfast, Lunch and Supper; optional at Snack
  - Meat/Meat Alternates are required at Lunch and Supper; optional at Snack; can be subbed for the grain component up to 3 times a week at Breakfast



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How Well Does the CACFP Meal Pattern Reflect Today's Dietary Guidelines?

- Encouraging a variety of dairy fat options
    - Milk flexibility in place (whole, 2%, 1% and non-fat)



How Well Does the CACFP Meal Pattern Reflect Today's Dietary Guidelines?

- Promoting the consumption of vegetables and fruits of all types throughout the day
  - Fruit and/or Vegetable required at breakfast
  - Fruit and Vegetable required at lunch and supper
  - Fruit / Vegetable component optional at snack



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USDA Memo: SP 02-2026, CACFP 01-2026, SFSP 01-2026

How Well Does the CACFP Meal Pattern Reflect Today's Dietary Guidelines?

- Incorporating healthy fats from whole foods such as meats, poultry, eggs, seafood, nuts, seeds, full-fat dairy, olives, and avocados
    - All of these components are creditable in the CACFP.



How Well Does the CACFP Meal Pattern Reflect Today's Dietary Guidelines?

- Prioritizing fiber-rich whole grains while significantly reducing refined grains, especially those high in added sugars
    - Grain-based desserts are not creditable in the CACFP
    - All grains must be enriched, whole grain-rich or whole
    - Whole-grain rich item required once per day, when grains are served



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How Well Does the CACFP Meal Pattern Reflect Today's Dietary Guidelines?

- Limiting certain highly processed foods, added sugars, and refined carbohydrates
  - Added sugar limits for yogurt and cereal
  - Grain-based desserts are not creditable in the CACFP



Meals Served in Care Settings are Healthier than Meals Consumed Elsewhere

- Higher-quality nutrition in CACFP-participating settings.
- Increased consumption of dairy, whole grains, fruits, and vegetables.
- Better alignment with dietary recommendations.
- Improved overall diet quality among participating children.

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USDA SNACS-II Study (PY2022-2023); Children's HealthWatch, Supporting Healthy Nutrition in Early Education & Care Settings (2026)

The biggest barrier to achieving the goals of the DGAs isn't provider willingness.

It's resources.

Achieving these goals must be financially and practically feasible.

> *"It's not just about that 15 or 30 minutes that they're eating that meal or snack. It's a commitment. It's about their lifestyle. It's teaching them about being healthier, being more active, and trying new things."*



Current Challenges

- Higher food costs
- Product availability
- Fuel costs
- Labor shortages
- Administrative burden
- Reimbursement not keeping pace with costs



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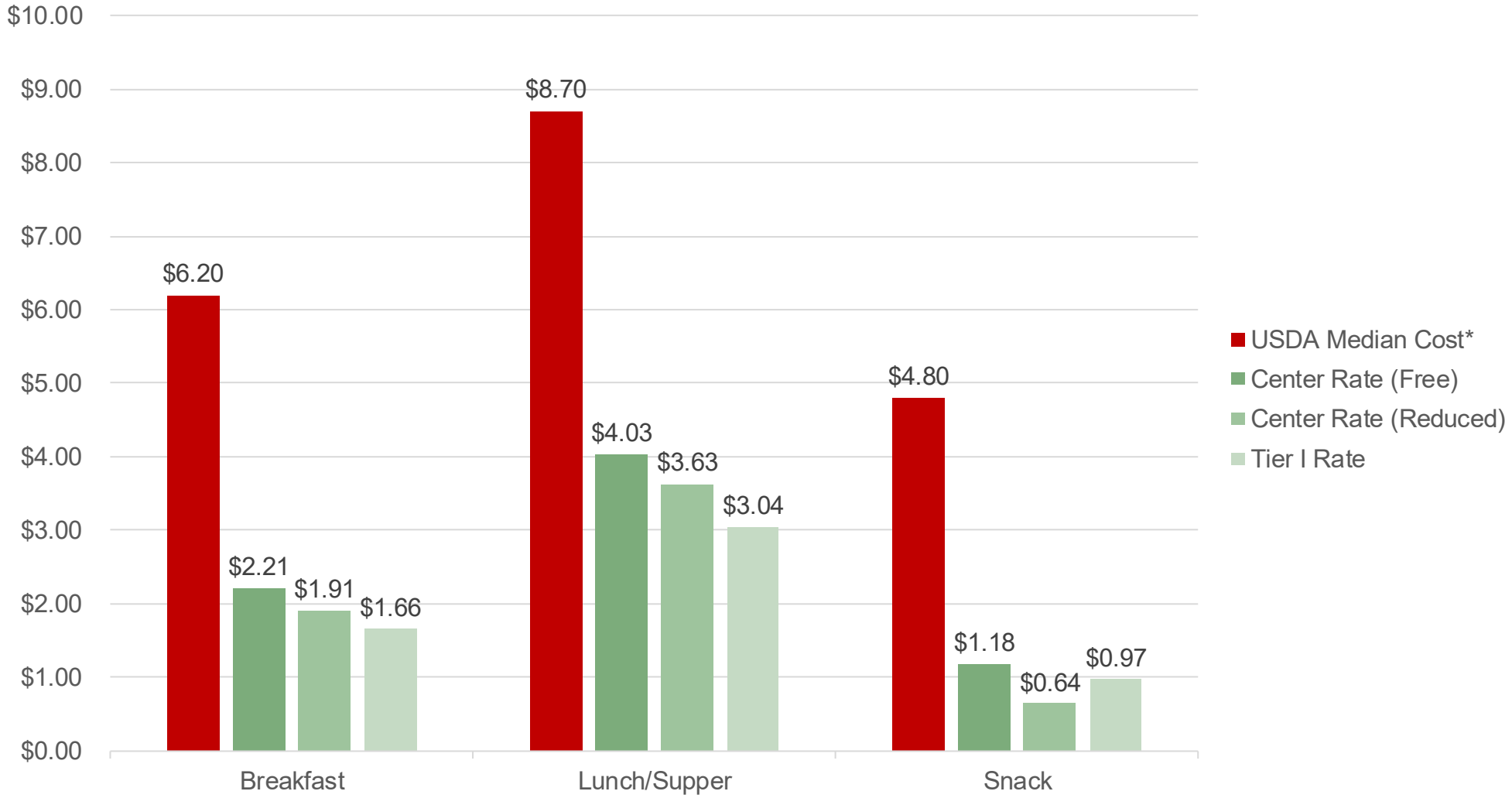
Increase Reimbursement

- Align reimbursement with the real cost of meeting updated meal patterns
- Provide reimbursement for additional meals / snacks.

> *I have been a participant of the CACFP for nearly 10 years. Feeding these children nutritious and tasty meals is a not only a priority to me and their parents it is an important part of their development. I provide **2 meals and 2 snacks** to all children in my care and a **3rd meal** to a few who are with me after hours. In this current economic climate it is increasingly more expensive to provide these well-rounded meals and keep childcare rates reasonable and affordable to parents.*

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Comparison of CACFP Meal Costs* and PY2022-2023 Reimbursement Rates



*Includes Food and Labor Costs - Source USDA SNACS-II Study (PY2022-2023)

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Source: USDA SNACS-II Study (PY2022-2023)

Reduce the Administrative Burden

"It's not worth it!"

> *And while we're drowning in compliance, the very thing that matters most, being fully present for the children is slowly being taken from us. This work is built on love, connection, and trust.*
>
> *We don't want lower standards. We want expectations that honor the reality of home providers and protect the heart of this work. Because when policies forget the people behind the care, they don't just hurt providers they hurt children too.*



NATIONAL CACFP ASSOCIATION

Report to Congress

Strengthen Nutrition Program Infrastructure

- Support nutrition education and repeated training and technical assistance
- Ensure reasonable implementation timelines
- Implement flexibilities and standards that are practical
- Support workforce development and retention
- Make equipment investments



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Expand access

- Support priorities that expand program access
- Invest in the success of sponsoring organizations to ensure stronger, more effective nutrition programs
- Allow innovative care settings to participate in the food programs



Invest in Care Setting Infrastructure

When providers have stable facilities, adequate staffing, and sustainable funding, they are better equipped to meet program requirements, maintain program quality, and serve children consistently.



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Congressional Action

- Pass a strong **Child Nutrition Reauthorization** that strengthens and expands access to federal child nutrition programs.
- Make **sustained investments** in early childhood nutrition programs like CACFP that help children establish healthy eating habits before they enter school.



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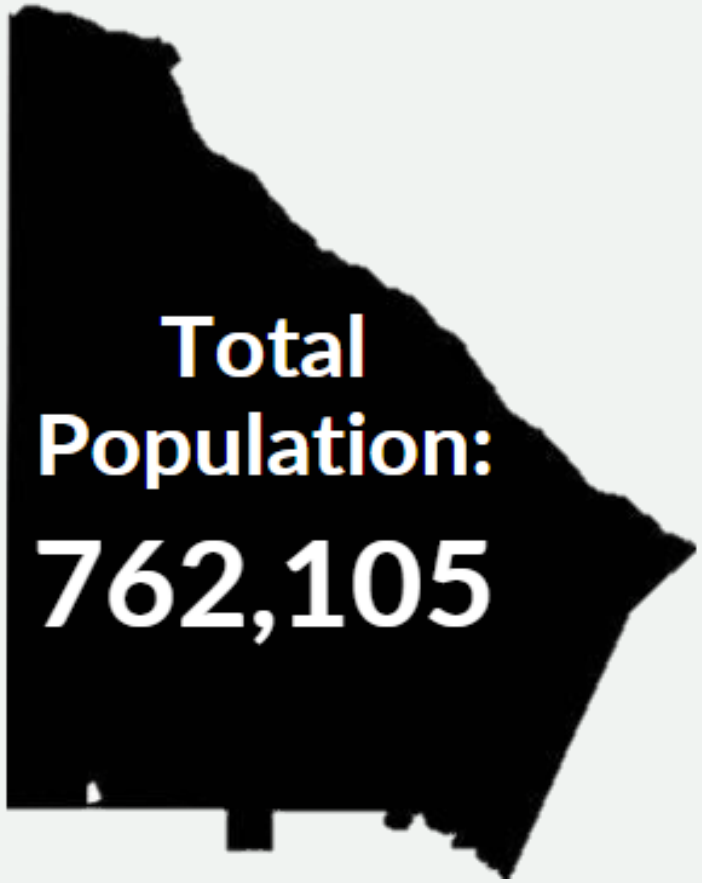


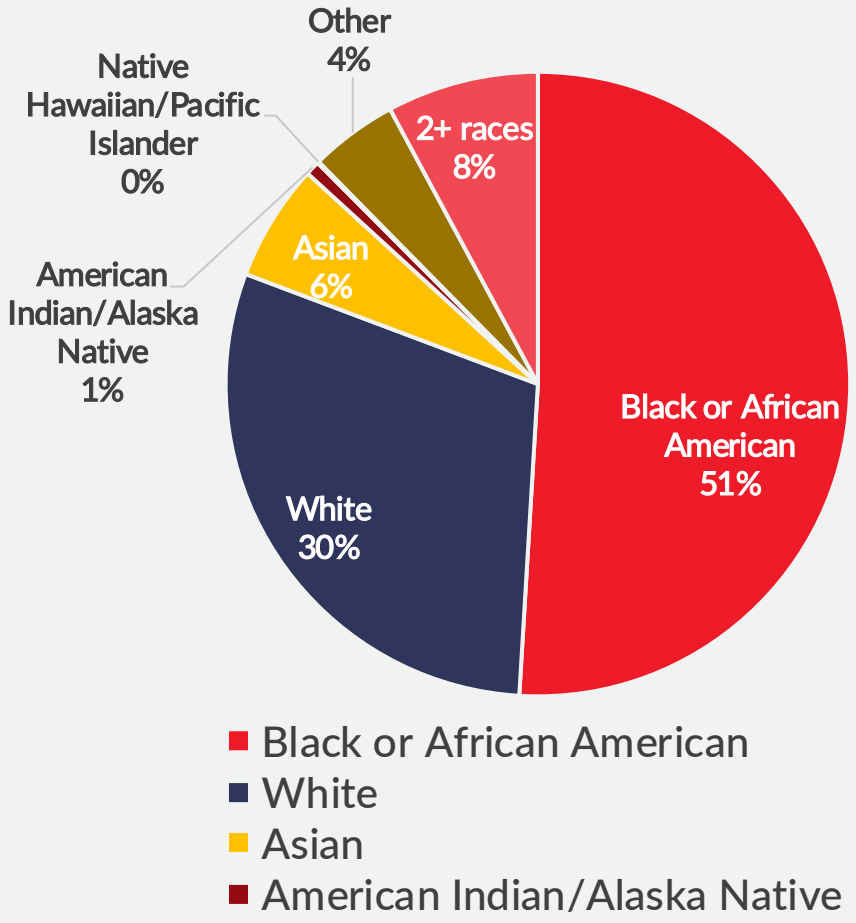
Trust for America's Health 25 YEARS

Chronic Disease Prevention in Local Public Health: The Value of Local/Federal Partnerships

Sedessie Spivey, MS, DBA, Program Manager
Health Assessment and Promotion
DeKalb Public Health
Decatur, Georgia

The population we serve: DeKalb County, Georgia

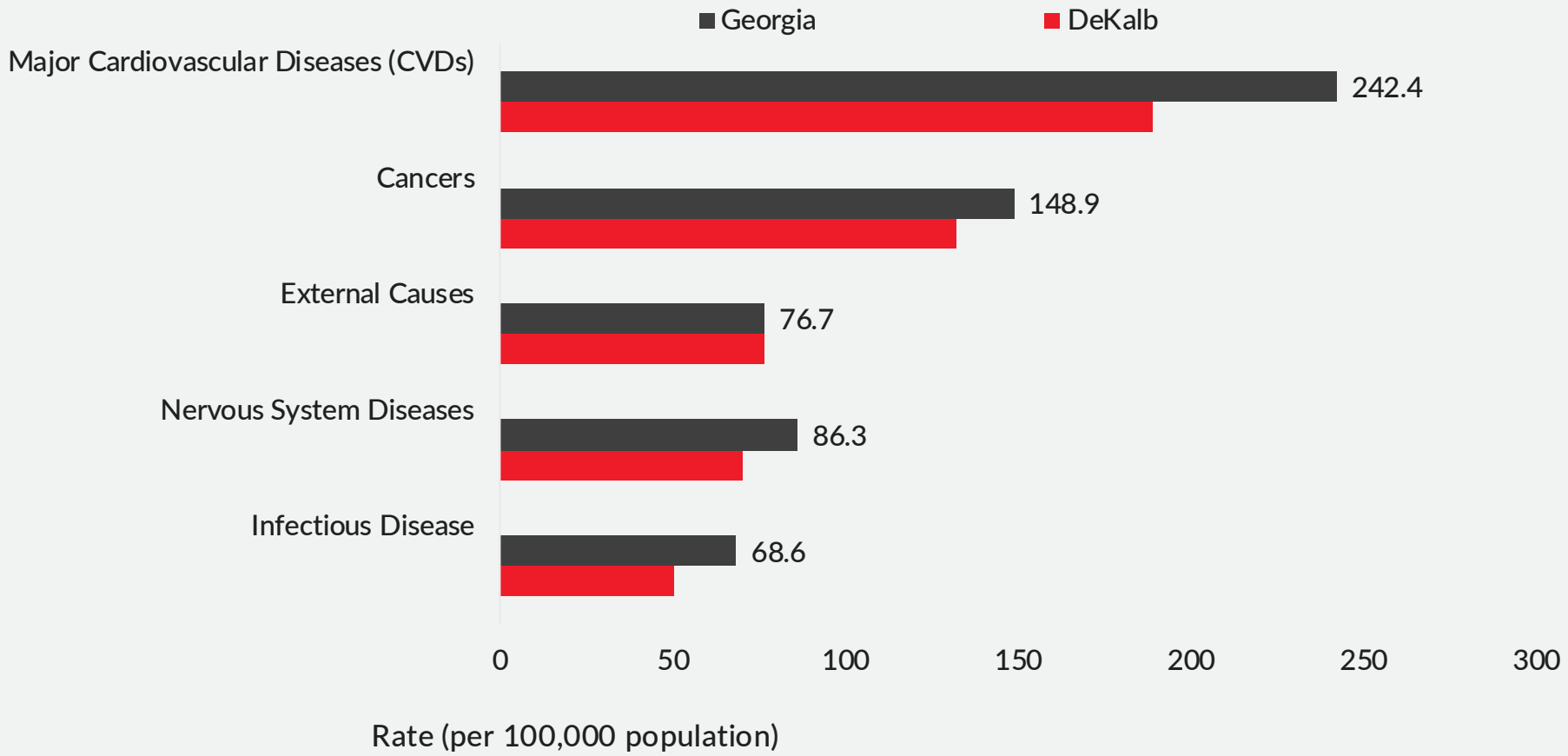




Source: American Community Survey 5-Year Estimates. (2023). United States Census Bureau.

Cardiovascular diseases lead; DeKalb's rates are below Georgia's

Leading Causes of Death by Rate, 2018-2023



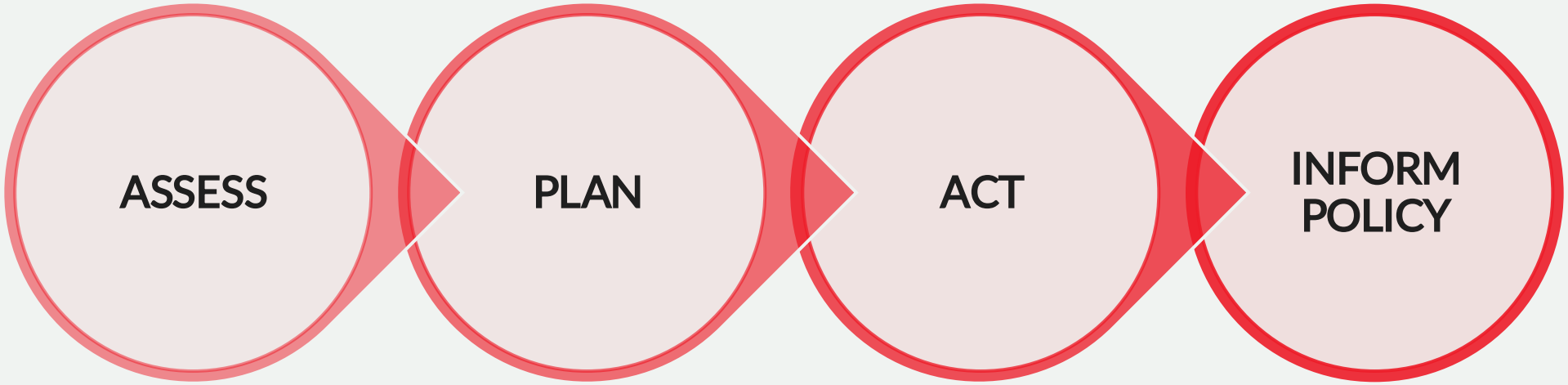
Source: Online Analytical Statistical Information System. (2025). Georgia Department of Public Health.

Obesity: A Common Risk Factor

Cardiovascular diseases	Cancers	Nervous system diseases	Infectious diseases
Increases risk of inflammation, high LDL cholesterol, and high blood pressure, which can lead to blood vessel disease, heart attacks, and other cardiovascular disease.*	Linked to many types, including breast (after menopause), colorectal, kidney, liver, and pancreatic.*	Associated through high blood pressure and diabetes.*	Associated with more severe outcomes from some infections, such as COVID-19 and influenza.**

Sources: *Centers for Disease Control and Prevention. (2026). *Effects of obesity on the body* [Fact sheet]. U.S. Department of Health and Human Services.
**Centers for Disease Control and Prevention. (2026). *Consequences of obesity*. U.S. Department of Health and Human Services.

How Prevention Works Locally and Informs Policy



Assess to learn which neighborhoods carry the heaviest burden

Set shared priorities with residents and partners

Deliver tailored prevention interventions via trusted partners and the Live Healthy DeKalb Coalition

Share results with local, state, and federal leaders to inform policy

Federal investment supports every step of this process.

LEADDeKalb
Local Efforts towards Addressing Disparities in DeKalb

Over a Decade of CDC REACH Funding

Building a Foundation (2014–2018)

- **Focus**: Nutrition and physical activity
- **Key Efforts:** Mobile farmers markets, Parent Health Ambassadors, Safe Routes to School, and shared-use agreements
- **Impact:** Expanded access to safe, affordable places for physical activity for 13,000+ residents

Expanding Access (2018–2023)

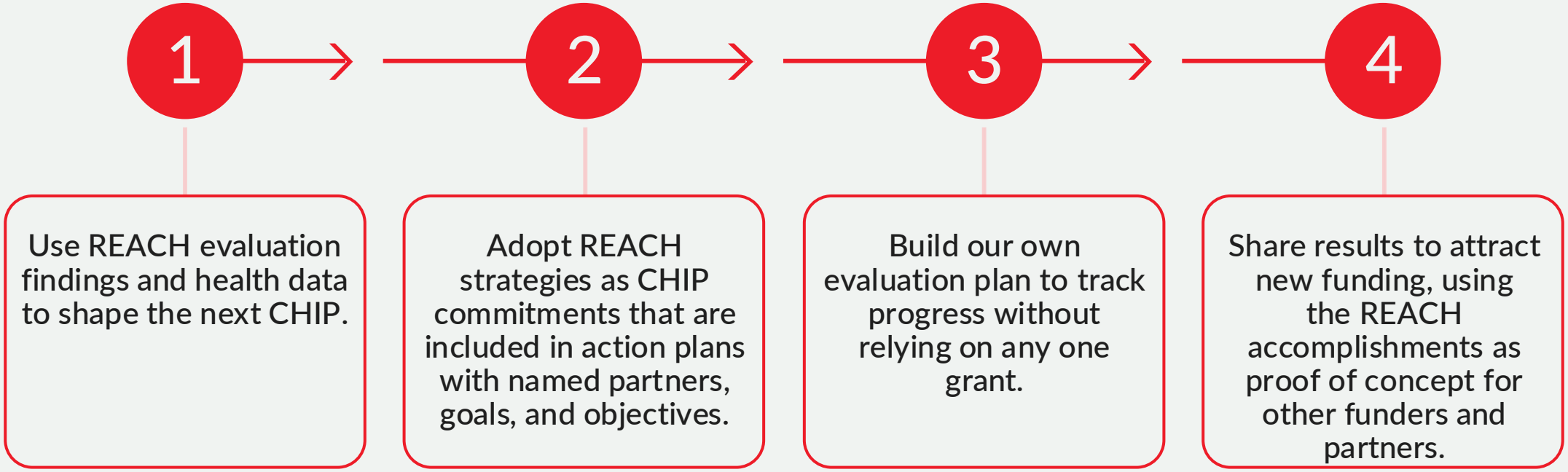
- **Focus**: Nutrition, physical activity, and community linkage to care
- **Key Efforts:** Lactation support, Park Prescription, referrals, and access to vaccinations
- **Impact:** Established a framework that links uninsured men to care by creating a referral pathway to two partner healthcare providers.

Making Policy, Systems, and Environmental Changes (2023–2028)

- **Focus:** Nutrition, physical activity, family healthy weight programs, and access to vaccination
- **Key Efforts:** Food service guidelines, fruit and vegetable programs, community design, mobile vaccine clinics
- **Impact:** Vaccinated 22,000+ adults against COVID-19 and flu
- **Long-term Goal:** Sustain changes through implementing the CHIP and continuing to engage the Live Healthy DeKalb Coalition

Building for Sustainability Through Policy, Systems, and Environmental Changes

Racial and Ethnic Approaches to Community Health (REACH) funds the changes.
The Community Health Improvement Plan (CHIP) activities will keep them going after funding ends.
Policy changes and local planning will sustain them.



Sustainability in Action: The 2026 Walk It Out Challenge

Part of CDC's Active People, Healthy Nation℠ initiative
to help 27M Americans become more active by 2027.

400
Registrants

→

108
Active walkers

→

6.6M+ steps
in 12 weeks

Results

- DeKalb County Board of Commissioners proclaimed May 2026 "Active People, Healthy DeKalb Month."
- Partner organizations now sponsor their own walking campaigns.
- Community members are now Walking Ambassadors for chronic disease prevention.

In progress

- Working with municipalities on policies to recognize walking as their official exercise.
- Planning quarterly walkability assessments with county commissioners.
- Working with the DeKalb County Planning and Sustainability Department to incorporate walkability into its 2055 comprehensive land use plan.

Key Lessons and Recommendations

What we learned

- Obesity prevention works best through shared strategies with community partners who serve as trusted messengers.
- Local planning through Community Health Improvement Plan efforts helps federal investment last.
- Policy, systems, and environmental changes last longer than one-time investments and programs.

What we recommend

- Maintain stable, multi-year federal funding for community-centered, evidenced-based prevention.
- Directly fund local health departments to turn federal dollars into local results informed by local data.
- Support local data and evaluation capacity so communities can show what works in addressing disparities.



Thank You

Sedessie.Spivey@dph.ga.gov

Kristy Anderson, MPP

Director, Federal Government Relations

American Heart Association



Trust for America's Health 25 YEARS

Federal Policy Landscape

Kristy Anderson, MPP
Director, Federal Government Relations
American Heart Association
October 29, 2026

Agenda

- Farm Bill
- Child Nutrition Reauthorization
- Agriculture Appropriations
- Other Appropriations
- Transportation Reauthorization
- Regulatory Action

Farm Bill



Supplemental Nutrition Assistance Program (SNAP)



Gus Schumacher Food Incentive Program (GusNIP)



Food Distribution Program on Indian Reservations (FDPIR)



Senior Farmers' Market Nutrition Program



The Emergency Food Assistance Program (TEFAP)

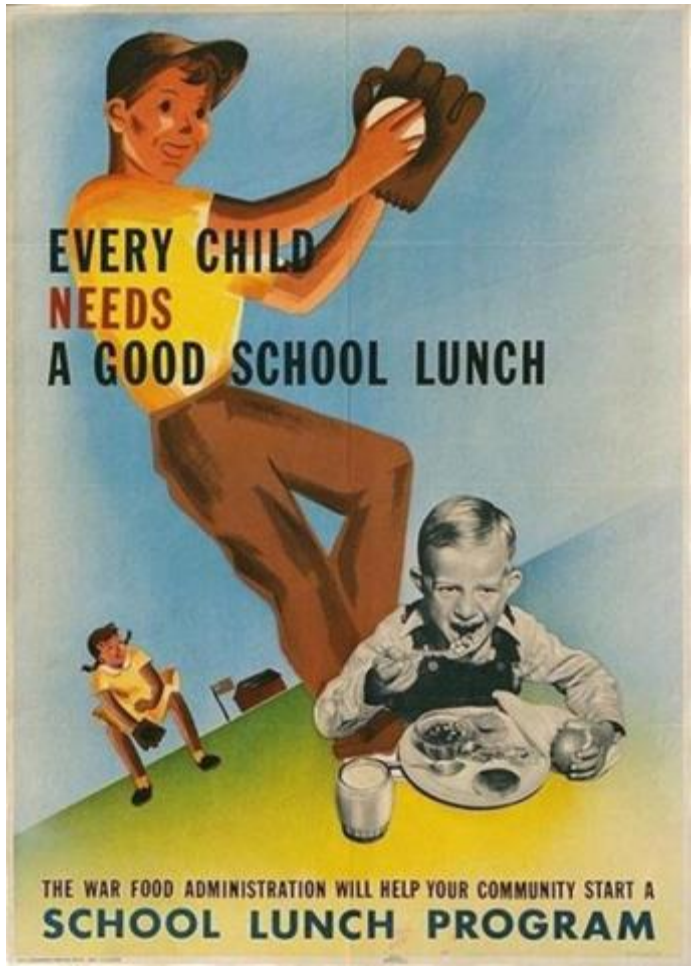


Commodity Supplemental Food Program



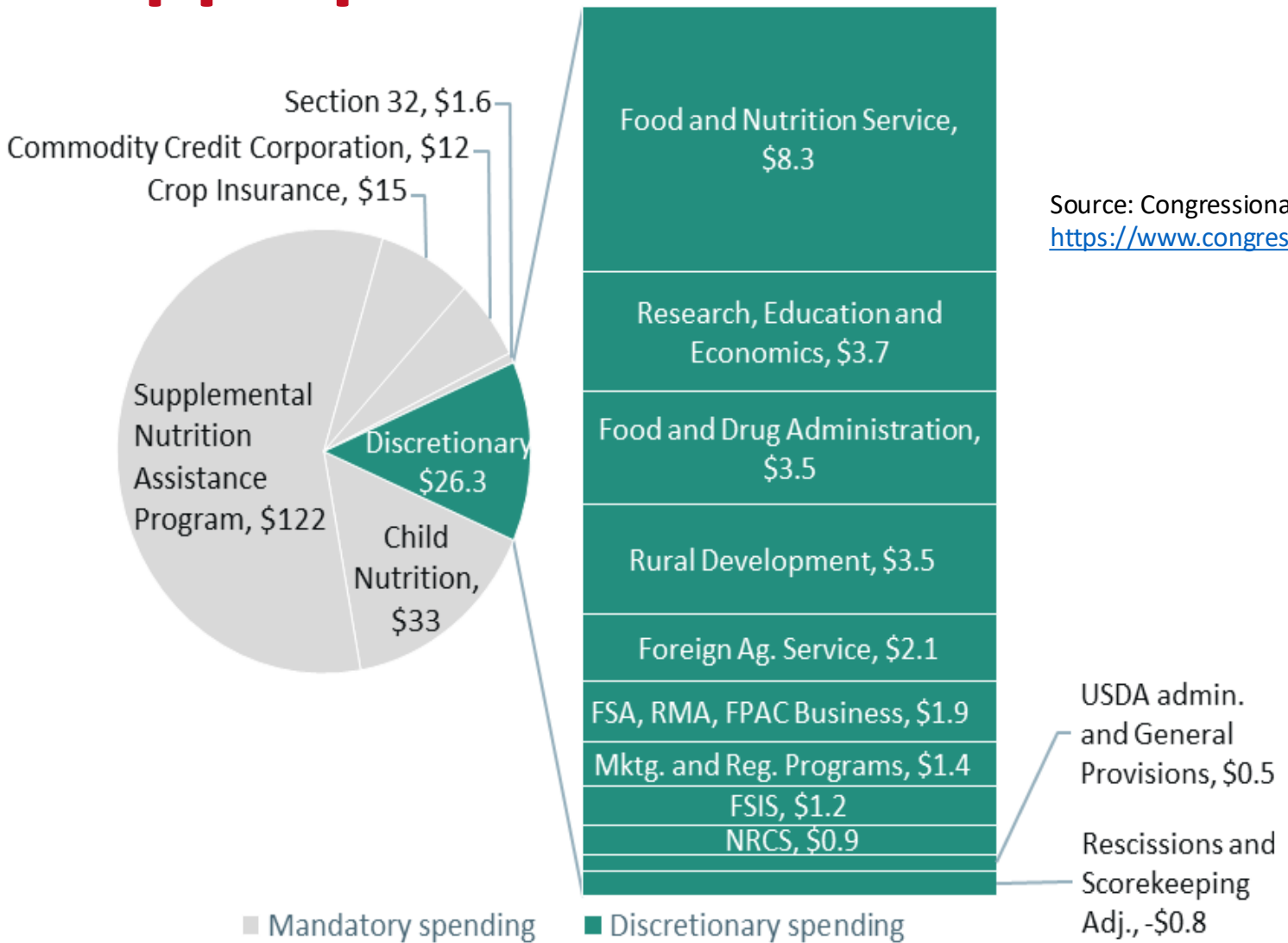
Community Food Projects

Child Nutrition Reauthorization



National School Lunch Program
School Breakfast Program
Smart Snacks
Team Nutrition
Community Eligibility Program (CEP)
Fresh Fruit and Vegetable Program (FFVP)
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
Child and Adult Care Feeding Program (CACFP)
School Kitchen Equipment Grants
Summer Feeding
Farm to School

Agriculture Appropriations



Source: Congressional Research Service
https://www.congress.gov/crs-product/R48564

Other Appropriations of Interest



Labor, Health, and Human Services (HHS), Education, and Related Agencies



Military Construction, Veterans Affairs and Related Agencies



Interior, Environment and Related Agencies

Transportation Reauthorization



Active Transportation/Transportation Alternatives Program

Safe Routes to School



Vulnerable User Safety

Complete Streets



Built Environment/Green Spaces

Regulatory Action

Waiting On:

- Child nutrition
- Front-of-pack
- Phase II sodium reduction
- Generally recognized as safe (GRAS)
- Ultra processed food (UPF) definition

Recently finalized/implementing:

- SNAP retailer
- SNAP work requirements
- Definition of Healthy
- Salt substitutes
- Generally recognized as safe (GRAS)

Policy Recommendations

Policy Recommendations

Policy actions to address obesity at the federal, state, and local levels

Support Public Health Infrastructure for the Planning, Implementation, and Evaluation of Strategies to Reduce Obesity and Improve Health

- Increase investments in CDC's National Center for Chronic Disease Prevention and Health Promotion
- Prioritize transparency, consistency and predictability in grantmaking and funding.
- Support a robust public health infrastructure and workforce at all levels

Reduce or Remove Structural Barriers to Healthy Nutrition and Physical Activity

- Support programs that address root causes of poor health: economic opportunity, housing, transportation, education, and others.
- Prioritize physical activity and active mobility in community and transportation planning.
- Set rules and regulations to support access to affordable housing and healthy foods.

Policy Recommendations

Policy actions to address obesity at the federal, state, and local levels

Allocate Resources and Amend Policies to Improve Nutritional Quality and Reduce Nutrition Insecurity.

- Prioritize the reduction of nutrition insecurity by making healthy food choices more affordable.
- Reverse changes to the SNAP program that have reduced program access.
- Invest in school meal programs to improve access to healthy nutrition in childhood.

Alter Pricing Systems to Improve Nutritional Quality, Affordability, and Accessibility.

- Consider implementation of sugary beverage taxes that fund investments in public health.
- Update procurement guidelines to prioritize healthy, local, foods.

Support Public Health Education for Nutrition and Limit Marketing of Unhealthy Foods

- Implement front-of-pack labeling with accessible information on nutritional quality.
- Close tax loopholes that encourage marketing of unhealthy foods to children.

Policy Recommendations

Policy actions to address obesity at the federal, state, and local levels

Support Programs that Increase Access to Safe, Routine, and Equitable Physical Activity	Expand Access to Prevention, Screening, and Treatment for Obesity and Related Chronic Diseases within Healthcare.
• Support programs like Student Support and Academic Enrichment Grants and Every Kid Outdoors that encourage physical activity in childhood.	• Reverse cuts and barriers to access to Medicaid and marketplace subsidies. • Strengthen coverage of preventive screening and care.

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. Hit **Enter**



Submit Questions for Our Moderator and Panelists



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