An Ounce of Prevention: Obesity and Healthy Lifestyles

Americans’ waistlines are expanding and show no signs of stopping. In 1999, 61 percent of adult Americans were overweight or obese and around 14 percent of adolescents and children. As the trend towards obesity and overweight continues to rise, policy makers recognize that preventing the disease and disability associated with overweight and obesity must begin now.

Although Americans are living longer than ever due to medical advances, decreased smoking and better health in general, obesity poses a major obstacle to achieving a healthier populace. In fact, public health officials consider obesity a threat of epidemic proportions.

The recently released report entitled The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity asserts that health problems resulting from overweight and obesity could reverse many of the health gains achieved in the U.S. in recent decades. Obesity could soon replace smoking as the number one preventable cause of death.

To discuss the impact of obesity and strategies for state officials to use in combating this major health threat, The Council of State Governments (CSG) held a teleconference with William H. Dietz, M.D., Ph.D., Director of the Division of Nutrition and Physical Activity in the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention (CDC); Robert H. Eckel, M.D., of the University of Colorado Health Sciences Center and Chair of the Council on Nutrition, Physical Activity and Metabolism at The American Heart Association; and Indiana State Representative and Deputy Speaker Pro Tempore Susan R. Crosby.

The Extent of the Problem

Obesity is a major risk factor for heart disease, the leading cause of death in the United States, and a risk factor for many other ailments including high cholesterol, congestive heart failure, some types of cancer, osteoarthritis, sleep apnea, gall bladder disease and more.

According to the Surgeon General’s report, obesity caused at least 300,000 deaths and cost the nation more than $117 billion in 2000. Most of the expenses associated with obesity result from treatment of chronic conditions connected with being overweight. According to a recent report from RAND, obese adults have nearly twice the chronic health problems of smokers, heavy drinkers or the poor. Because medical costs of the chronically ill account for the greatest portion of public healthcare spending, the growing number of obese and overweight adults and children has tremendous implications for our nation’s health spending.

Each year 5 percent of the national health care budget, roughly $50 billion, is spent on private and government-funded insurance plans to pay for health care costs directly attributed to obesity, according to Dr. Dietz. State Medicaid spending is 15–20 percent of state budgets and spending will increase as people with obesity and overweight age.

Underlying Factors

Many factors influence the rise in overweight and obesity in the U.S. “We are going to have to focus on lifestyle modification, improved nutrition, improved levels of physical activities,” said Dr. Dietz. “We are going to have to look hard at policies and environmental changes within states to address those problems.”

Lifestyles differ from those of previous generations. Figures show that only 1 in 4 adult Americans exercised the recommended amount during the 1990s. Most adults hold jobs with limited opportunities for physical activity while at work. Outside of work, many adults do not incorporate exercise into their daily activities, due to overcrowded schedules and competing interests.

Modes of transportation such as the automobile and mass transit have displaced the more active modes of walking or biking. Automation at every part of life, from remote controls to elevators and escalators, means today’s generations are much less active than earlier generations.

Children at Risk

Of particular concern is the growth in childhood obesity. The percentage of overweight and obese children and adolescents has more
than doubled since the early 1970s. Children who remain at an unhealthy weight face a lifetime of obesity-related health problems. Type 2 diabetes, for example, a disease that usually occurs after age 40, now accounts for about half of all new diabetes cases among children and adolescents in some cities. Among overweight children between the ages of 5 and 10, 60% already have at least one cardiovascular disease risk factor, according to CDC data.

Television viewing, a favorite pastime of many children and adolescents, is strongly linked to obesity in children and teenagers. According to the Surgeon General’s Report, 43 percent of students in grades 9 through 12 viewed television more than 2 hours per day.

At a time when more children are sedentary, many schools are cutting back on physical education. “Physical education programs represent one of the last safe opportunities for children to be physically active and we are quite concerned about the reduction in P.E. programs,” stated Dr. Dietz.

Health Disparities in Obesity

Race, ethnicity, gender and socio-economic status also play a role in one’s proneness to overweight and obesity. Low-income individuals and minorities are at greater risk for overweight and obesity.

According to a study based on data from the National Longitudinal Survey of Youth, 22 percent of African-American children, 22 percent of Hispanic children and 12 percent of white children were overweight in 1998 compared to 1986 when 8 percent of African-American children, 10 percent of Hispanic children and 8 percent of white children were overweight. Among African American and Hispanic children, obesity has more than doubled.

Expert Recommendations

According to Dr. Dietz, there are four strategies that need to be implemented to prevent obesity. These include increasing the number of breastfed children, reducing the time children spend watching television, retaining school physical education programs and providing opportunities to increase physical activity for adults and children.

The Surgeon General’s report also outlines scientifically effective strategies designed to enable communities to address the problem of overweight and obesity. These include requiring physical education in schools, providing more healthy food options, and providing safe and accessible recreational opportunities for residents of all ages. The report also states that the effectiveness of the public health response to overweight and obesity requires strong leadership, regular monitoring and commitment from a variety of affected parties — government, industry, private and professional organizations, communities, schools, families and individuals.

The American Heart Association has been very proactive in developing a number of reference materials that can assist Americans in making healthy dietary choices and choices that relate to an active lifestyle. “We were involved in the revision of the dietary guidelines in the fall of last year, which really pointed out obesity as a major nutrition related concern of the American Heart Association and really a concern for the American public,” said Dr. Eckel.

State Initiatives

Table 1 on page three summarizes state legislation that addresses obesity through Medicaid policy, studies of obesity, physical activity and nutrition in schools, safety and promotion of bicycling and walking, and restrictions or taxes on certain types of foods and beverages.

In 2000, Indiana Representative Susan Crosby worked to pass House Bill 1382 to fight obesity. Data gathered from Indiana’s Office of Women’s Health suggested that minorities and the poor lacked access to weight management programs due to their cost. Representative Crosby’s legislation created a model program to target minority and lower income residents. Another portion of the bill allowed Medicaid recipients to have access to weight control treatments.

Representative Crosby, also co-chair of CSG’s Health Capacity Task Force, is sponsoring a resolution to be considered by CSG in 2002 that calls on state and federal governments to make the prevention and treatment of obesity a national priority. The resolution recommends accomplishing this by working collaboratively with federal agencies, educating the general public about ways to prevent and treat obesity.
### Table 1: Survey of Recent Types of Obesity Legislation

<table>
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<tr>
<th>Type of Bill</th>
<th>State</th>
<th>Bill Description</th>
<th>Status</th>
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<tbody>
<tr>
<td>Medicaid</td>
<td>Indiana</td>
<td>Created a model program to target minority and lower income residents; allows Medicaid recipients to have access to weight control treatments</td>
<td>Introduced in 2001</td>
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<tr>
<td>Public School Programs</td>
<td>Nevada</td>
<td>Requires the state board of education to set standards for the sale of candy and soft drinks in public schools; provided training to teachers and other administrators regarding health, physical education and wellness</td>
<td>Defeated</td>
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<td>North Carolina</td>
<td>Establishes a moratorium on the authority of local education boards to enter into contracts for the sale of soft drinks to public school students; appoints a commission to make recommendations as to whether students in public schools should have access to certain foods and soft drinks</td>
<td>Introduced in 2001</td>
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<td>California</td>
<td>Places various prohibitions on the sale of beverages in elementary and middle schools; places nutritional standards on the type of food that may be sold to students during school breaks and through vending machines; increases reimbursement a school receives for free and reduced-price meals; permits schools districts to convene a Child Nutrition and Physical Activity Advisory Committee</td>
<td>Signed by the Governor in 2001</td>
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<td>Texas</td>
<td>Established a process allowing the State Board of Education to require physical activity during every school day through grade six</td>
<td>Signed by the Governor in 2001</td>
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<td>Bicycling/Walkway Safety and Access</td>
<td>Texas</td>
<td>Designed to protect all users of Texas roads with special focus on making cycling safer for children; created a “Safe Routes to Schools” program within the Texas Department of Transportation that coordinates community, local and state government input to create safe ways for children to walk or bike to school</td>
<td>Signed by the Governor in 2001</td>
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<td>Oregon</td>
<td>Established a grant fund for counties and cities wishing to eliminate barriers to creating safe walking and bicycle routes for children going to and from schools</td>
<td>Passed in 2001 as a resolution; funding was eliminated</td>
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<td>Study of Obesity</td>
<td>Louisiana</td>
<td>Directs the state secretary of health and hospitals to study the effect of obesity in adults and children on health complications related to obesity; directs the secretary to make recommendations to improve obesity awareness and suggest treatments, and report the findings of the study to the legislature prior to convening the 1999 Regular Session</td>
<td>Passed in 1999</td>
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<td>Louisiana</td>
<td>Provides for the continuation of the Louisiana Council on Obesity Prevention and Management within the Department of Health and Hospitals. The Council will work toward full implementation of services and programs in the state to increase prevention and management of the disease of obesity in adults and children.</td>
<td>Signed by the Governor in 2001</td>
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<td></td>
<td>Maryland</td>
<td>Requires the State Advisory Council on Heart Disease and Stroke to, among other things, assess heart disease and stroke prevention</td>
<td>Signed by the Governor in 2001</td>
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<td>Tennessee</td>
<td>Requires the State Department of Health to collect data on the treatment of obesity including effectiveness of existing and alternate treatments or prevention methods, costs of treatment and prevention, patient compliance, cooperation, and reduction in diabetes-related problems resulting from obesity treatment or prevention</td>
<td>Passed the House, Deferred in Senate in 2001</td>
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<td>Snack Tax</td>
<td>Nebraska</td>
<td>Applies the sales tax to certain beverages; proceeds would be combined with those from existing taxes on certain prepared and vending machine foods and appropriated to specified environmental funds</td>
<td>Introduced in 2001</td>
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and ensuring obesity-related treatment. The resolution also calls for increasing physical activity and nutrition education in public schools, increasing funding for school and community-based physical activity and nutrition programs and providing incentives for physical activity and obesity prevention in the workplace.

States have also passed legislation to study the prevention and treatment of obesity. Louisiana’s House Concurrent Resolution 11 directed the state secretary of health and hospitals to study the effect of obesity on health complications in adults and children, make recommendations to improve obesity awareness, suggest treatments, and report the findings to the legislature prior to convening the 1999 Regular Session. Resolution 11 was selected to appear in CSG’s 1999 volume of Suggested State Legislation.

Other states have passed legislation aimed at public schools. California’s Senate Bill 19 placed nutritional standards on types of food that may be sold to students and increased reimbursement for free and reduced-price meals. Texas’ Senate Bill 19 allows the State Board of Education to require physical activity during every school day through grade six.

In addition, states have approved legislation improving the access and safety of bicycling and walking for adults and children. Texas’ House Bill 2204, also called the Matthew Brown Act, is designed to protect all users of Texas roads with special focus on making cycling safer for children. House Bill 2204 created a “Safe Routes to Schools” program within the Texas Department of Transportation that coordinates community, local and state government input to create safe ways for children to walk or bike to school.

Some states have proposed sales taxes on snack foods and beverages. Seventeen states already impose sales taxes on convenience or snack foods, according to the American Journal of Public Health. Arkansas uses a portion of its sales tax on soda for Medicaid. In most states, though, this tax money goes into the general fund.

Proposals to tax snack foods, along with legislation that places restrictions on the types of foods served in schools, are probably the most controversial types of legislation aimed at combating obesity. Critics of selective taxes on snack food and restrictions on foods available in schools argue that narrow restrictions on such products do not affect behaviors.

**Conclusion**

State policymakers have taken numerous approaches to help prevent and address the rise of obesity in the United States. A comprehensive approach that encourages good nutrition, physical activity as well as the prevention and treatment of obesity seems to be the prescription to the problem.

“I don’t think we have a science base yet for restricting or targeting the exclusion of a specific food,” said Dr. Dietz. “I think we need to do the necessary studies to determine whether there is a linkage between fast food and obesity or soda and sugar beverage consumption and obesity.”

“Schools can certainly provide choices of foods that are more consistent with lack of prediction of weight gain,” stated Dr. Eckel. “And, we need to work with legislators to provide better opportunities for physical activity in our societies and schools. We need to work on both sides of the equation.”

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**The Council of State Governments**

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