PREVENTING AND REDUCING OBESITY IN THE UNITED STATES AND U.S. TERRITORIES

ASTHO Supports State and Territorial Efforts to Prevent and Reduce Obesity

State and territorial health agencies, along with federal, state, and local governments, can provide the leadership necessary to prevent and reduce obesity and improve the health outcomes and quality of life of all Americans. Strategies such as the National Prevention Strategy,[1] the second edition of the Physical Activity Guidelines for Americans,[2] the State of Obesity 2018: Better Policies for a Healthier America report,[3] and the Active People, Healthy Nation campaign[4] serve as roadmaps for state and territorial health agencies to address healthy eating and active living policies and programs across various sectors. CDC's State Physical Activity and Nutrition Grant Program (1807) supports 15 states to provide funding and infrastructure resources to support efforts to increase access to healthy foods, physical activity, and clinical preventive services.

Summary of Recommendations:

- Support and implement policies, programs, and system changes in accordance with existing national guidelines.
- Support universal obesity prevention and control funding to all states.
- Increase access to healthy foods and beverages and promote adoption of procurement guidelines.
- Support access to breastfeeding-friendly environments.
- Design streets and communities for physical activity.
- Require physical activity in early care and education (ECE).

BACKGROUND

The United States continues to experience an obesity epidemic, which has resulted in more than one-third of the nation's adults having obesity. Among children and adolescents aged 2-19 years, the prevalence of obesity is approximately 18 percent.[5] Having obesity or being overweight increases the risk of developing associated morbidities or chronic diseases such as diabetes, heart disease, osteoarthritis, and cancer, as well as higher all-cause mortality. Obese individuals may also suffer from social stigmatization and discrimination.[6] Obesity imposes a substantial economic burden on the country, with annual medical costs associated with obesity estimated to be about $147 billion. Governments and the private sector bear much of this burden. Approximately 50 percent of obesity-related costs are paid through Medicare and Medicaid.[7] Businesses spend approximately $12.7 billion annually on obesity-related illnesses through paid sick leave, health insurance, and disability.[8] Across all payers, medical spending for adults with obesity was 42 percent higher than spending for adults who are at a healthy weight.[9] Additionally, nearly 1 in 4 young adults are too heavy to serve in our military, which poses a threat to our national security.[10]

Obesity is a complex health issue that can be caused by a number of factors, including poor access to healthy foods, inadequate physical activity, and lack of policy and environmental supports for healthy lifestyles.[11] Social determinants of health, including economic and structural factors, influence the health of populations and contribute to obesity; socially disadvantaged groups are particularly affected.[12] Racial groups disproportionately affected by obesity include Non-Hispanic Black and Hispanic individuals.[13] Health inequities should be specifically addressed in obesity prevention efforts to better tailor actions to reduce disparities, as these disparities result in substantial costs to Americans. The

combined indirect and direct costs of health inequities in the United States amounted to $1.24 trillion between 2003 and 2006. These costs include direct expenses such as provision of medical care, as well as indirect expenses including lost productivity, absenteeism, and leave to handle unavoidable illnesses.[14]

RECOMMENDATIONS AND RATIONALE

To address obesity in the United States and U.S. territories, ASTHO recommends the following actions:

- Support the expansion of federal programs that address obesity, such as CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO), to provide funding to all states and territories and increase access to healthy foods in communities.
- Implement policies, programs, and system changes in accordance with the Dietary Guidelines for Americans and the Physical Activity Guidelines for Americans to ensure that healthy food and physical activity is accessible to all populations.[15]
- Support early and K-12 education policies that improve access to healthy foods and beverages through the Healthy Hunger-Free Kids Act (the National School Lunch Program), the School Breakfast Program, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Supplemental Nutrition Assistance Program (SNAP), the Summer Food Service Program, and the Child and Adult Care Food Program (CACFP).[16]
- Support state child care and K-12 licensing standards for nutrition and wellness guidelines, age-appropriate physical activity time and intensity, limited screen time, meals and snacks that meet nutrition guidelines, and policies that encourage healthy students.
- Support transportation policies that support mixed use, healthy communities to meet the needs of members of all ages and abilities. Support shared-use agreements, safe walking and biking programs, access to public transportation, Safe Routes to Schools programs, Complete Streets policies, and increased use of health impact assessments to analyze policies and programs.[17]
- Support healthcare systems reimbursement of evidence-based nutrition and physical activity counseling, including lactation specialists for breastfeeding and dietitians for nutrition counseling, and develop targeted and culturally appropriate interventions.[18]
- Conduct routine data collection and use public health surveillance systems, including the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System, and the National Health and Nutrition Examination Survey, to identify groups disproportionately affected, recognize jurisdictions' most pressing population-based needs, and target scarce resources efficiently.
- Support the adoption of comprehensive healthy workplace policies, including healthy food procurement policies that apply to all state agencies' food purchases, including those for events and meetings, vending machines, and cafeterias. Support active meetings, conduct health risk assessments, and create other incentives for health improvement.[19]

For additional background information, please see "Obesity and Wellness Resources," available here.

APPROVAL DATES

Prevention Policy Committee Approval: January 25, 2019
Board of Directors Approval: March 14, 2019
Policy Expires: March 2022

For ASTHO policies and additional publications related to this policy statement, visit www.astho.org/Policy-and-Position-Statements.

ASTHO's membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

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