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ESSAYS ON TRENDS, INNOVATIVE IDEAS AND CUTTING-EDGE RESEARCH IN HEALTH CARE

Obesity: An American Public Health Epidemic

Strategies exist to better understand it and change Americans' behaviors

By J. Michael McGinnis, MD, MPP
Counselor to the President, The Robert Wood Johnson Foundation

Obesity does not fit comfortably into our cultural and medical notions of an epidemic. Unlike an infectious disease outbreak that surges suddenly onto the scene, the increasing girth of Americans — and the disability it carries — has gradually accumulated over decades. If we don't act to counter these trends, we run the risk of raising the first generation of children that is sicker and dies younger than their parents.

Obesity is not primarily a matter of personal choice. Personal responsibility, for what we eat and do, enters into the equation. But make no mistake; this epidemic is the product of convenience technology and engineering, food production and marketing patterns, and powerful cultural forces that have shaped our communities, our lifestyles and ultimately our bodies.

Here are the facts: almost two-thirds of American adults are overweight, up from 46% in 1980. Of these, almost a third are obese, meaning they weigh about 30 pounds more than they should. That's a doubling in the obesity rates over 20 years. Among American children, 15% are overweight, nearly tripling the prevalence in two decades.

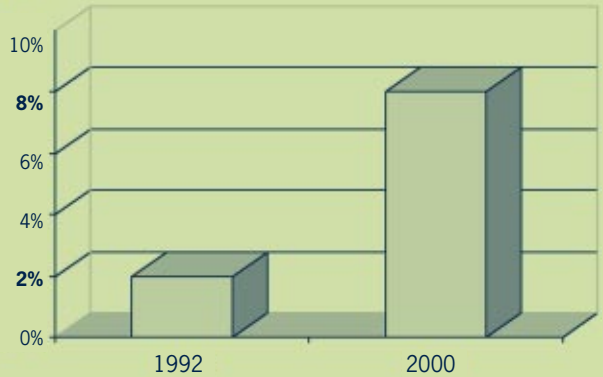
We are fatter because our lives are more sedentary, the meals we choose are bigger, our snacking is more constant, and what we eat — both the food product supply and the choices we make — are higher than they should be in fats and higher than they ever have been in sweets and refined grains. At the same time, our children are spending more time in cars and in front of one sort of video screen or another, and less time walking or playing outside than ever before.

The consequences of these trends are stark. People who are overweight or obese are at increased risk of heart disease, high blood pressure, stroke, certain cancers, diabetes, osteoarthritis, and depression.

And because of the speed in which overweight prevalence has increased in the country, and the long lead time for many of these conditions to develop, the full impact of the obesity epidemic has not yet been documented in our registries of death and disease. Most alarmingly, we are seeing conditions in children once only seen among adults. Previously unknown in children, now as much as 5% of the adolescent population is thought to be hypertensive. Type 2 diabetes — often called "adult-onset" diabetes — is now appearing, at rapidly increasing rates, among children. With obesity now accounting for annual costs well over an estimated $100 billion for medical treatment and lost productivity, the consequences clearly extend beyond the mortality tables.

Clearly, the cultural and societal changes needed to reverse this epidemic will require a strategy that is multifaceted, sustained and comprehensive.

Type II Diabetes as a Percentage of all Diabetes in US Children



*NOTE: Estimates range from 8% to 45%. National data not yet available.
SOURCE: American Diabetes Association and American Obesity Association

Ten Strategies for Change:

Get the message straight and get it out. For most Americans, a healthy diet means: smaller portions (fewer calories), minimal saturated and "trans" fats, few sweets & low fiber-carbohydrates (think desserts and sodas), and more fruits and vegetables. Most people should engage in 30 to 60 minutes a day of modest activity, like walking, or 20 to 30 minutes of more vigorous activity three to four times a week. These straightforward notions ought to be central, integrated features of the nation's three primary policy instruments for nutrition education — the HHS/USDA Dietary Guidelines, the Food Guide Graphic (currently a pyramid), and nutrition labels on foods — and they ought to be reinforced in the marketplaces and traffic centers of our daily lives.

Ensure accurate point-of-choice information. Implementing the message effectively requires its ready accessibility in a practical form at points of decision-making. Food labels, for example, must become better and more user-friendly. Meal establishments must also begin to provide easy-to-

understand nutrition information on their menu choices. Notices at elevators and parking lots could list the calories likely to be expended by using stairwells and walking further. Government policy can provide standards and incentives for such actions, including requirements if necessary to ensure ready access to accurate information.

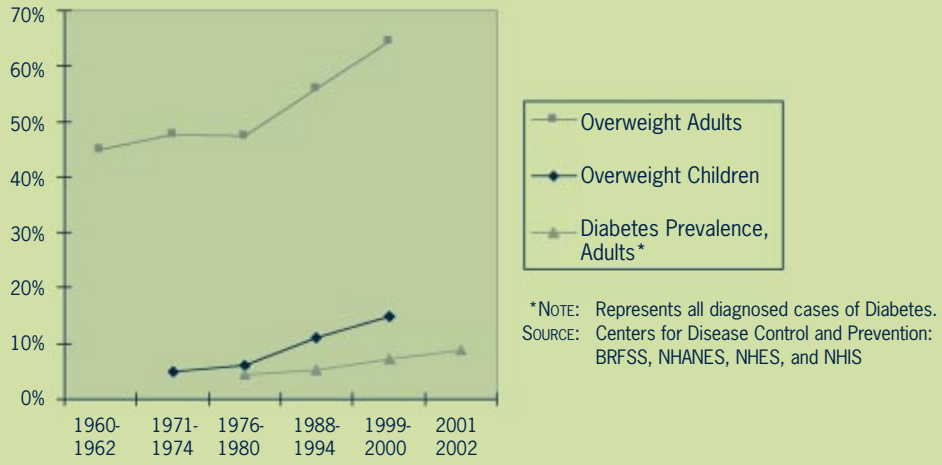
Make sure public investments enhance the public's health. The federal government spends very large sums to purchase food, directly or indirectly for school meals, Food Stamps, and food supplements through the WIC program as well as support crop subsidies, land banking, and commodity purchases. All should be used in a sustained effort to improve the nation's nutritional profile. Mandating set-asides to promote activity-friendly community environments and physical activity in schools should be a basic part of the way we fund transportation, community development, and education. And, when it comes to their evaluation, impact on public health should be a central feature.

Seed local initiatives. A top down solution to the obesity epidemic is not possible. Actions on the changes required, in all their complexity, must arise locally — the foods served in schools, supermarket food stocks and policies, employer efforts to encourage healthier lifestyles, local zoning and building codes to create activity-friendly communities. But they can be promoted at the national level through support, leadership, and technical assistance, and they can be informed by the development of tools — e.g. a "healthy schools" index — to help measure progress.

Enlist doctors and other health providers as full participants. Most physicians feel that they are neither trained nor rewarded well enough to help people lose weight or increase their physical activity. We must systematically begin to improve health providers' competence in nutrition and physical activity. And we must begin to pay them for delivering effective care and services in this area. In particular, Medicaid and Medicare reimbursement should be aligned to engage effectively the diet and activity patterns of their beneficiaries. An indicator of the nation's progress that could be immediately implemented would be the proportion of pediatric visits that include a Body Mass Index (BMI) assessment.

Specify expectations for the key players and hold them accountable. Parents, schools, health care institutions, employers, industry, media, advertising — all are vital in the response to this epidemic. Expectations for the behavior of these various stakeholders must become clear and codes of conduct and goals developed, along with approaches to measuring performance. National leadership organizations, such as the National PTA, America's Health Insurance Plans, the American Association of Advertising Agencies, the National Association of Broadcasters, the Business Roundtable and many others should take it upon themselves to set such goals for their constituencies and to develop measures of progress.

Overweight Prevalence among US Adults and Children, and Diabetes Prevalence among US Adults



*NOTE: Represents all diagnosed cases of Diabetes.
SOURCE: Centers for Disease Control and Prevention: BRFSS, NHANES, NHES, and NHIS

Develop and test models for potential economic incentives. Most human endeavors are shaped by the incentives at play, and economic incentives are among the most powerful. With an epidemic of the gravity of that we face in obesity, contemplating the use of economic incentives — e.g. variable insurance pricing, USDA incentives for school vending and physical education practices, or taxes tailored to portion sizes, nutritional value, and food marketing — is a reasonable agenda item.

Invest in research. Research is the central pillar on which improvement and progress is based. What activities work best to improve diet and activity patterns? How well do various commercial dietary interventions work and under what circumstances? Are there ways to index the nutritional value of foods? What are the variable impacts of the epidemic on various population groups? What impact does healthy food and regular physical activity have on school performance? The National Institutes of Health has recently released its Strategic Plan for NIH Obesity Research to guide its considerable (now over $400 million, and growing) investments in the area.

Monitor the progress. As the saying goes, "What gets measured gets done." We need regular reports of the trends with respect to the problems and the progress. We need regular reports of the eating patterns, activity experiences and BMI profiles by risk group. We need to monitor stakeholder practices on food labeling, sales and marketing, healthy school profiles, employee programs, and provider practices. The annual Surgeon General reports on tobacco have kept the issues in the public eye; a similar emphasis is needed for obesity.

Use the bully pulpit. National leadership appropriate to a national crisis must be engaged. The President, the Surgeon General, the Secretary of Health and Human Services, other key members of the Cabinet and Congress, all must be visible leaders if progress is to be made. Recruiting leadership partners from non-traditional sectors is also important. And getting all to speak with a common voice about the importance of the issue and the central messages is vital. The President should consider the appointment of an expert panel charged with assessing and monitoring our nation's progress against the obesity epidemic.

There can no longer be any question about the seriousness of this challenge. If we are to reverse this epidemic, our level of commitment must be increased. Our children's futures depend on it.

Dr. McGinnis can be reached at: mmcginn@rwjf.org

The views expressed are those of the writer and not necessarily those of The Robert Wood Johnson Foundation.