

Obesity Facts

1- Health Care

- a. Obesity and overweight are among the most common conditions seen in adult primary care, and are increasing in pediatric patients.
 - a. JAMA, 2002 288:1723-1727
- b. Over 4 million years of natural selection have created adaptive mechanisms in humans of innate preference to sweets and a strong pleasure response to dietary fat
 1. Nutrition Review, 1998, 56:205-211
 2. Journal of American Dietetic Ass 1997, 97: S58-62
- c. Many physicians are not well trained to measure BMI and identify weight problems. In a study of office-based physicians, 38% accurately reported their obese patients as being obese, while only 29-43% of overweight or obese adults visiting their provider in the last year are advised to lose weight.
 - i. Archives of Family Medicine, 2000, 9:631-8
 - ii. American Journ Prev Med 1994,10:367-71
- d. Patients are more likely to lose weight when simply told by a physician they are overweight, and trials have shown that physician counseling when supported by written material can help increase physical activity to the same extent they help patients quit smoking.
 - i. Preventive Medicine, 1996,25:225-33
 - ii. Amer Journ Public Health,1998,88:288-91
 - iii. Journal of Family Practice,1988,27:285-90
- e. Low-income patients are more likely to attempt to change their diet and exercise based on their physicians advice
 - i. JAMA, 1997,278:1412-17
- f. Currently in the US, 29% of men and 44% of women are trying to lose weight, the majority by modifying their diet, few using physical activity.
 - i. JAMA, 1999,282:1353-58
- g. Studies have found positive health benefits associated with a 5-15% reduction in current body weight.
 - i. International Jour of Obesity,1989,13:39-46
- h. Small weight losses are known to improve hypertension, hypercholesterolemia, and Type II diabetes
 - i. Archives of Family Med 1999 8:156-167
 - ii.

- i. Physicians report their barriers for weight reduction counseling include:
 - i. Limited training in counseling
 - ii. Lack of confidence in ability to change patients behavior
 - iii. Inadequate time with patient
 - iv. Lack financial reimbursement
 - v. Sense of futility with poor results
 - vi. Safety and efficacy of obesity drugs
 - i. Preventive Medicine, 1995,24:456-52
 - ii. Journal of Family Practice, 1998, 46:377-89
 - iii. Archives Family Medicine, 2000 9;7:631-8
- j. Physicians who receive training in counseling patients have higher rate of success in obesity management
 - i. Obesity Research,1997 5;6:603-12
- k. Physicians who perceive themselves as overweight, were less likely to counsel patients about weight loss or refer them to dieticians and nutritionists, while in national survey, the majority of physicians believed they should be role models by maintaining their normal weight (90%)
 - i. Jour General Inter Med 1985, 1:14-19
 - ii. Jour of Preventive Med 1987 3:339-45
- l. Approximately 4% of all adolescents and 30% of all overweight adolescents meet the criteria for metabolic syndrome
 - i. Arch Ped Adolescent Med 2003 157:821-7
- m. In the last 20 years, the prevalence of overweight has increased 120% in Hispanic and African American youth compared to 50% in White non-hispanic youth.
 - i. Pediatrics, 1998, 101:e12
- n. Poor non-hispanic white adolescents are 2 ½ times more likely to be overweight as those in middle and high income families.
 - i. NHANES III report(National Health and Nutrition Examination Survey), CDC

2- Schools

- a. Overweight children are at risk for obesity, unhealthy development, early onset of Type 2 diabetes, arteriosclerosis, hypertension, and psychological and social problems.
 - i. Journal of Pediatrics, 2000, 136:664-72
 - ii. Journal of Adolescent Health, 1996 18:27-34
 - iii. Obesity Research, 1995 3:479-90
- b. Normal weight children who grow up on junk food and television are likely to encounter weight problems later on in life
 - i. Preventive Medicine, 2002 35:6:563-71
- c. 80% of adolescents who are overweight and have at least one parent that is obese, become obese adults
 - i. Pediatrics, 1998, 101:518-25
- d. Latino children are the most overweight racial/ethnic minority group.
 - i. JAMA 2002 288;1:82-90
- e. One high fructose rich soft drink per day adds a mean .18 points to a child's BMI, 60% greater chance of becoming obese.
 - i. Lancet, 2001, 357:505-8
- f. Children spend more time watching TV, videos, or playing video games than any other activity besides sleeping, while inner-city kids are more likely to spend non-school hours indoors watching TV
 - i. Journ Community Health 2002, 27;3:203-11
 - ii. Annenberg Public Policy Center, 1999
- g. Obesity is highest in children watching over 4 hours of TV/day, and lowest in children watching <1 hour of TV/day
 - i. Arch Ped and Adoles Med 2001 155:360-65
- h. 20% of all 1-2 year olds consume as much as 7 ounces soda/day, 50% of children 6-11 year olds average 15 ounces/day, and 50% of all 12-19 year old boys as much as 28 ounces/day.
 - i. Continuing Survey of Food Intakes, USDA
- i. School lunches are based on the USDA food pyramid, which epidemiologists are questioning its validity more and more.
 - i. Scientific American, 2003, 288:64-71

- j. In Berkeley, CA a non-profit group provides urban schools with a one acre organic garden and a kitchen classroom, while in Santa Monica, a farm-to-school program stocks lunchroom salad bars with fruits and vegetables from local farmers
 - i. www.thefoodtrust.org
 - ii. The Santa Monica-Malibu Unified School District
- k. In 2004, a law will ban the sale of sugar-sweetened beverages in all public elementary schools in the state of California
 - i. Cal ALS 913, 2991 SB 19
- l. **The Cal ALS 913 Bill** recognizes that 1) A physically healthy child is more likely to be academically motivated, 2) 80% of overweight adolescents remain obese adults, 3) 2/3 of all deaths in CA result from obesity-related diseases, 4) healthy eating plays a role in learning and cognitive development and 5) carbonated drinks are the single largest source of refined sugars in the American diet.
- m. In San Antonio, TX vending machine products are labeled “healthier” or “healthiest”, while pricing junk food at a competitive disadvantage influences students to purchase healthier choices.
 - i. www.healthcollaborative.net
 - ii. Amer Jour of Public Health, 2001,91:112-17
- n. Thirty years ago, more than 2/3 of all children walked or biked to school, while currently only about 10% still do.
 - i. Transportation Alternatives:2001 Summary
www.transalt.org
- o. A recent Quality of Life (QOL) survey done on children between 5-18 year olds showed that the QOL score of obese children was virtually that same as children with cancer
 - i. JAMA, 2003 290;14:1813-19

3- **Worksites/Businesses**

- a. Companies in the US spend an estimated quarter of a trillion dollars on health services each year
 - i. Partnerships for a Healthy Workforce, 2002
- b. Recent reviews of the literature conclude that efforts to reduce modifiable risk factors result in lower health care costs and fewer sick days
 - i. Amer Jour Health Prom 2001 15:378-82

- c. Evidence shows dose-response relationships between weight and health care costs, and between exercise and costs
 - i. JAMA 1999 282:2235-39
- d. 85% of business expenditures for diabetes are due obesity, while 46% of costs for hypertension are.
 - i. Amer Jour Health Promot 1998 13:120-7
- e. In a database survey of 47,000 employees, poor exercise habits, former tobacco use, poor nutrition and body weight ranked first, second, third and fourth in worksite prevalence while stress levels, tobacco use and body weight were first, second, and third on the list of annual expenditures.
 - i. Occupational and Environmental Med 2003, 1998, 40:813-54
- f. The Contract for Health and Wellness was introduced by GlaxoSmithKline in 1997 with focus in 5 areas: tobacco use, nutrition, activity, stress management, and preventive health practices. Over 4 years, calculated savings were \$5.5 million, averaging \$613 per employee, \$950 per participating employee
 - i. Jour Occ and Envir Med 2003 45;2:100-17
- g. Citibank introduced their health management program in 1994, and have since estimated a \$5 cost savings for every \$1 invested from reduced absenteeism attributable to significant reductions in health risks
 - i. American Journal Health Promotion 1999 14:31-43
- h. Absenteeism and lost productivity increase as BMI increases. BMI 25-30, 5.1 days missed, BMI 30-35, 5.9 days missed, BMI 35-40, 7.4 days missed, and BMI >40, 8.3 days missed
 - i. Obesity Research 2001 9;1:21-31
- i. Weight reduction and exercise programs also help improve stress, quality of life, and disability days in employees
 - i. Amer Jour Public Health 2002,92;5:834-40