

New Report: Adult Obesity Rates Rise in 37 States, Obesity Rates Now Exceed 25% in More Than Half of States

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Washington, D.C. August 19, 2008 – Adult obesity rates increased in 37 states in the past year, according to the fifth annual *F as in Fat: How Obesity Policies Are Failing in America, 2008* report from the Trust for America’s Health (TFAH) and the Robert Wood Johnson Foundation (RWJF). Rates rose for a second consecutive year in 24 states and for a third consecutive year in 19 states. No state saw a decrease. Though many promising policies have emerged to promote physical activity and good nutrition in communities, the report concludes that they are not being adopted or implemented at levels needed to turn around this health crisis.

More than 25 percent of adults are obese in 28 states, which is an increase from 19 states last year. More than 20 percent of adults are obese in every state except Colorado. In 1991, no state had an obesity rate above 20 percent. In 1980, the national average of obese adults was 15 percent. Now, an estimated two-thirds of American adults are overweight or obese, and an estimated 23 million children are either overweight or obese (the report does not include new state-level data for children this year).

The *F as in Fat* report finds that rates of type 2 diabetes, a disease typically associated with obesity, grew in 26 states last year. Four states now have diabetes rates that are above 10 percent, and all 10 states with the highest rates of diabetes and hypertension are in the South. The report also found a relationship between poverty and obesity levels. Seven of the 10 states with the highest obesity rates are also in the top 10 for highest poverty rates.

“America’s future depends on the health of our country. The obesity epidemic is lowering our productivity and dramatically increasing our health care costs. Our analysis shows that we’re not treating the obesity epidemic with the urgency it deserves,” said Jeff Levi, Ph.D., executive director of TFAH. “Even though communities have started taking action, considering the scope of the problem, the country’s response has been severely limited. For significant change to happen, combating obesity must become a national priority.”

The *F as in Fat* report is a follow-up analysis of the annual Behavioral Risk Factor Surveillance Survey (BRFSS) by the federal Centers for Disease Control and Prevention (CDC). The latest survey results showed Mississippi with the highest rate of obesity and Colorado with the lowest rate. Eleven of the 15 states with the highest obesity rates are in the South. Northeastern and Western states continue to have the lowest obesity rates. *F as in Fat* provides a trend analysis of the BRFSS data using a methodology recommended by the CDC. Rankings are based on three years of data (2005-07) that are averaged for each state’s obesity rate. This methodology reflects a truer representation of the data for comparative purposes in order to rank states and examine changes over time.

The report also provides an annual review of state and federal policies aimed at reducing or preventing obesity in children and adults. It shows that many policies are missing critical components or require a more comprehensive approach to be truly effective. Among the examples highlighted:

- While all 50 states and the District of Columbia have passed laws related to physical education and/or physical activity in schools, only 13 states include enforceability language. Of these states, only four have sanctions or penalties if the laws are not implemented.
- While the Dietary Guidelines for Americans were updated in 2005, the U.S. Department of Agriculture (USDA) school meal program has yet to adopt the recommendations.
- Eighteen states have enacted legislation requiring school meals to exceed USDA nutrition standards. However, only seven of these laws have specific enforcement provisions, and only two state laws include sanctions if its requirements are not met.
- Ten states do not include specific coverage for nutrition assessment and counseling for obese or overweight children in their Medicaid programs (Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits).
- Twenty states explicitly do not cover nutritional assessment and consultation for obese adults under Medicaid.
- Only Georgia and Vermont have specific guidelines for treating obese adults in their Medicaid programs. In Nebraska and South Carolina, the Medicaid programs specifically state that obesity is not an illness and is therefore not covered.
- Forty-five states allow using obesity or health status as a risk factor to deny coverage or raise premiums. Only five states do not allow using obesity or health status to deny coverage or raise premiums.

“Despite widespread acknowledgement that obesity is endangering the health of millions of Americans, the country is still failing to respond clearly or comprehensively,” said Risa Lavizzo-Mourey, M.D., M.B.A., RWJF president and C.E.O. “We must work together, governments, schools and communities, to improve nutrition and increase physical activity for all ages. We must ensure that strong policies are implemented and enforced in every state, not only to help reverse existing obesity rates, but to prevent obesity among our nation’s children – and generations to come.”

“The report shows the serious impact that the obesity crisis is having on our country's health and economic well-being,” said former President Bill Clinton, who co-leads the Alliance for a Healthier Generation, a partnership between the William J. Clinton Foundation and the American Heart Association that works to advance innovative approaches combating childhood obesity and helping children live healthier lives. “We need to continue to work to create a real push towards reversing the obesity epidemic. It is time we make it a national priority,” President Clinton added.

The *F as in Fat* report concludes with a recommendation that the country set a national goal of reversing the childhood obesity epidemic by 2015. To help achieve that goal, the report’s top recommendation calls on the federal government to convene partners from state and local governments, businesses, communities, and schools to create and implement a realistic, comprehensive *National Strategy to Combat Obesity*. Some key policy recommendations include:

- Investing in effective community-based disease-prevention programs that promote increased physical activity and good nutrition;
- Improving the nutritional quality of foods available in schools and childcare programs;
- Increasing the amount and quality of physical education and activity in schools and childcare programs;

- Increasing access to safe, accessible places for physical activity in communities. Examples include creating and maintaining parks, sidewalks and bike lanes and providing incentives for smart growth designs that make communities more livable and walkable;
- Improving access to affordable nutritious foods by providing incentives for grocery stores and farmers' markets to locate in underserved communities;
- Encouraging limits on screen time for children through school-based curricula and media literacy resources;
- Eliminating the marketing of junk food to kids;
- Encouraging employers to provide workplace wellness programs;
- Requiring public and private insurers to provide preventive services, including nutrition counseling for children and adults; and
- Providing people with the information they need about nutrition and activity to make educated decisions, including point-of-purchase information about the nutrition and calorie content of foods.

The full report with state rankings in all categories is available on TFAH's Web site at www.healthymamericans.org and RWJF's Web site at www.rwjf.org. The report was supported by a grant from RWJF.

STATE-BY-STATE ADULT OBESITY RANKINGS

Note: 1 = Highest rate of adult obesity, 51 = lowest rate of adult obesity. Rankings are based on combining three years of data (2005-2007) from the U.S. Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System to "stabilize" data for comparison purposes. This methodology, recommended by the CDC, compensates for any potential anomalies or usual changes due to the specific sample in any given year in any given state. States with statistically significant ($p < 0.05$) increases for one year are noted with an asterisk (), states with statistically significant increases for two years in a row are noted with two asterisks (**), states with statistically significant increases for three years in a row are noted with three asterisks (***). Additional information about methodologies and confidence intervals are available in the report. Individuals with a body mass index (BMI) (a calculation based on weight and height ratios) of 30 or higher are considered obese.*

1. Mississippi*** (31.7%); 2. West Virginia** (30.6%); 3. Alabama (30.1%); 4. Louisiana* (29.5%); 5. South Carolina*** (29.2%); 6. Tennessee** (29%); 7. Kentucky*** (28.4%); 8. (tie) Arkansas* (28.1%) and Oklahoma*** (28.1%); 10. Michigan** (27.7%); 11. (tie) Georgia* (27.5%) and Indiana (27.5%); 13. Missouri*** (27.4%); 14. Alaska (27.3%); 15. Texas* (27.2%); 16. North Carolina*** (27.1%); 17. Ohio (26.9%); 18. Nebraska*** (26.5%); 19. Iowa* (26.3%); 20. South Dakota*** (26.1%); 21. (tie) Delaware*** (25.9%) and North Dakota (25.9%); 23. Kansas** (25.8%); 24. Pennsylvania* (25.7%); 25. Wisconsin (25.5%); 26. Illinois* (25.3%); 27. (tie) Maryland*** (25.2%) and Virginia (25.2%); 29. Oregon*** (25%); 30. Minnesota* (24.8%); 31. Idaho* (24.6%); 32. Washington*** (24.5%); 33. Wyoming*** (24%); 34. Maine (23.7%); 35. (tie) Nevada (23.6%) and New Hampshire*** (23.6%); 37. New York* (23.5%); 38. (tie) Arizona* (23.3%) and Florida (23.3%) and New Mexico*** (23.3%); 41. California (23.1%); 42. New Jersey*** (22.9%); 43. Washington, D.C. (22.1%); 44. Utah (21.8%); 45. Montana* (21.7%); 46. Rhode Island*** (21.4%); 47. Vermont* (21.1%); 48. Massachusetts*** (20.9%); 49. Connecticut*** (20.8%); 50. Hawaii (20.7%); 51. Colorado** (18.4%)

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