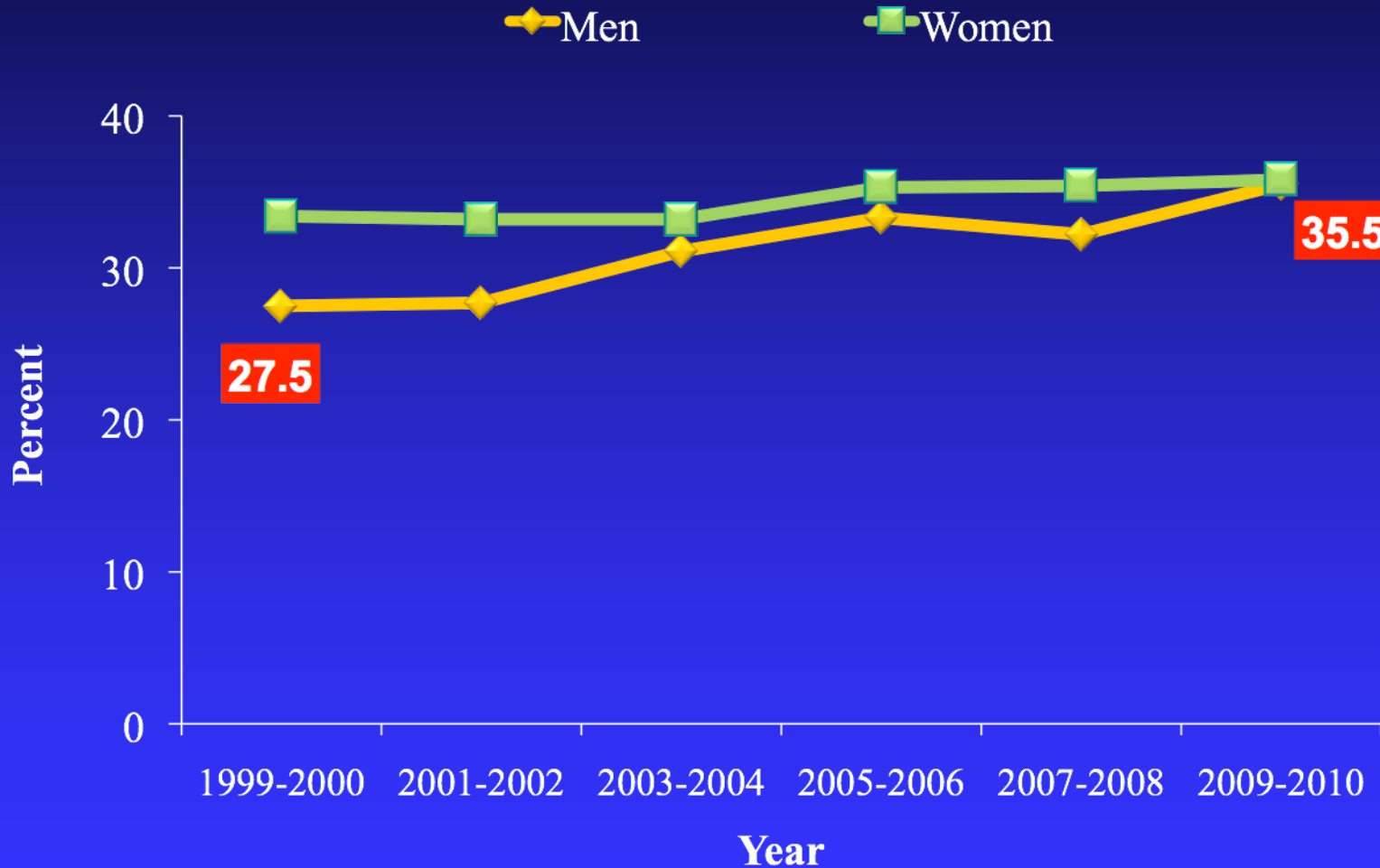


Update on the Current Epidemiology of Obesity in the United States

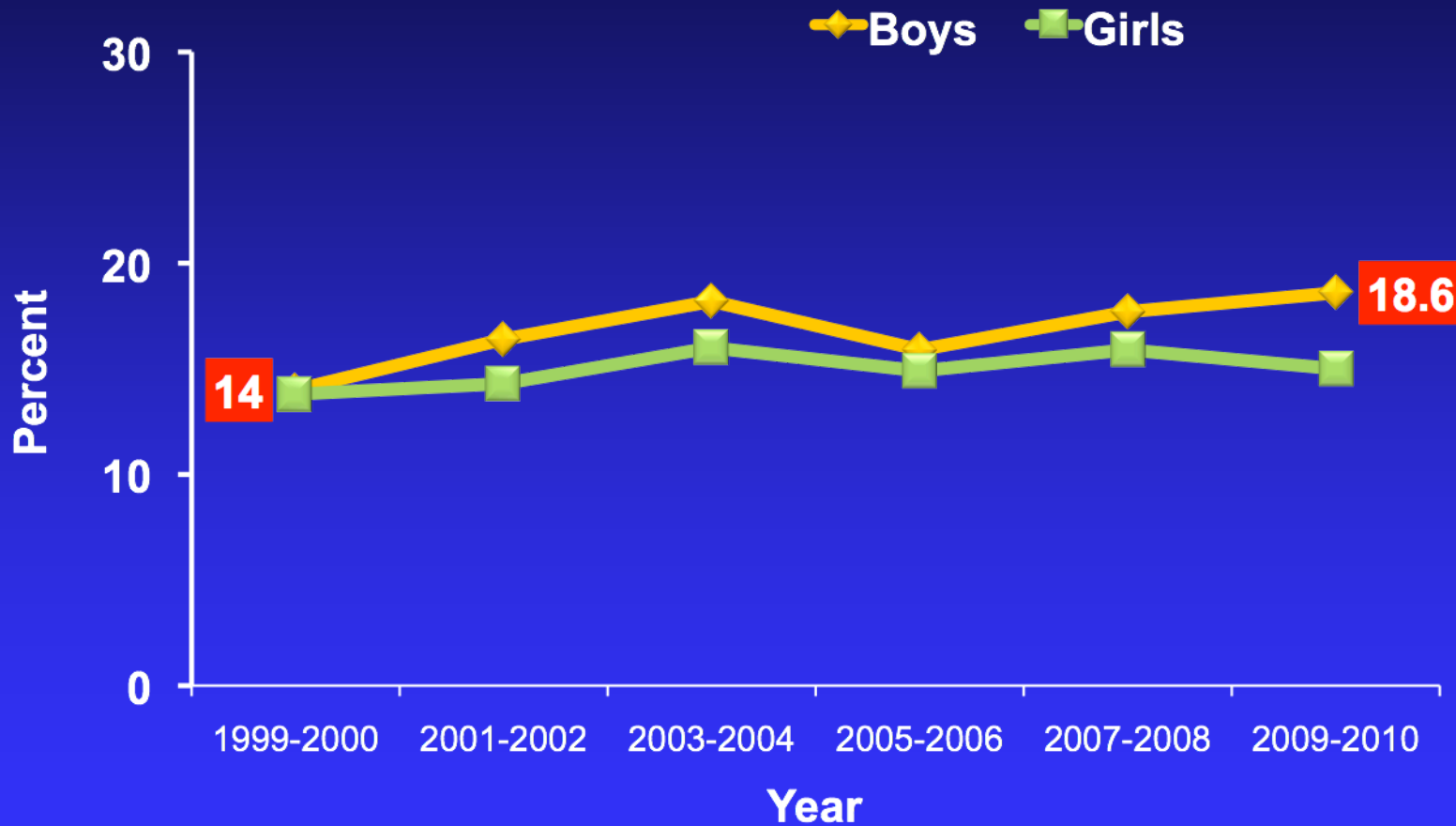
William H. Dietz MD, PhD
Consultant
Institute of Medicine

Obesity Trends in Adults over the Past 12 Years



Fryar CD et al. 2012, NCHS data brief

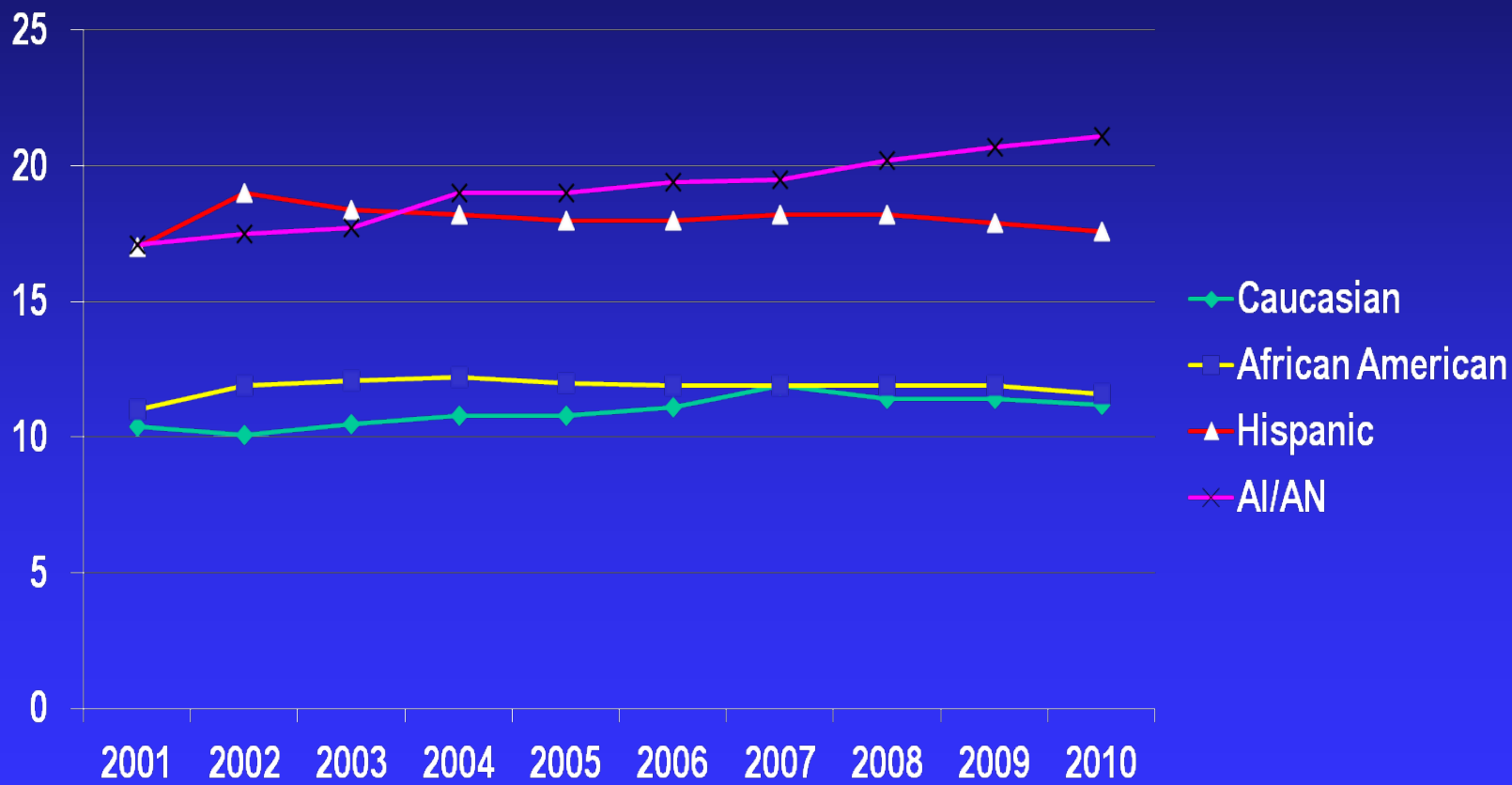
Obesity Trends in 2-19 yo over the Past 12 Years



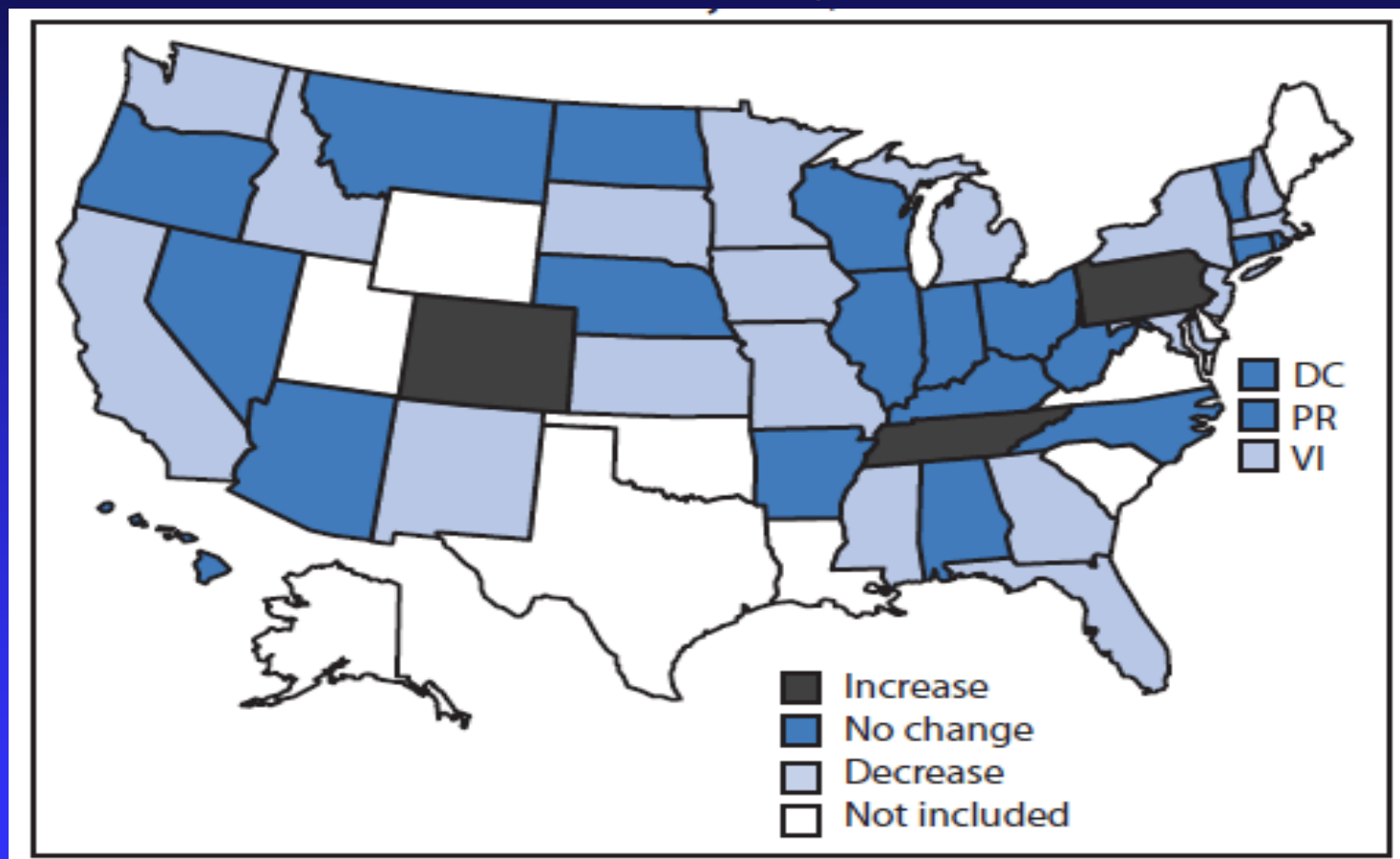
Fryar CD et al. 2012, NCHS data brief

Obesity Trends in Children 2-5yo

Pediatric Nutrition Surveillance System

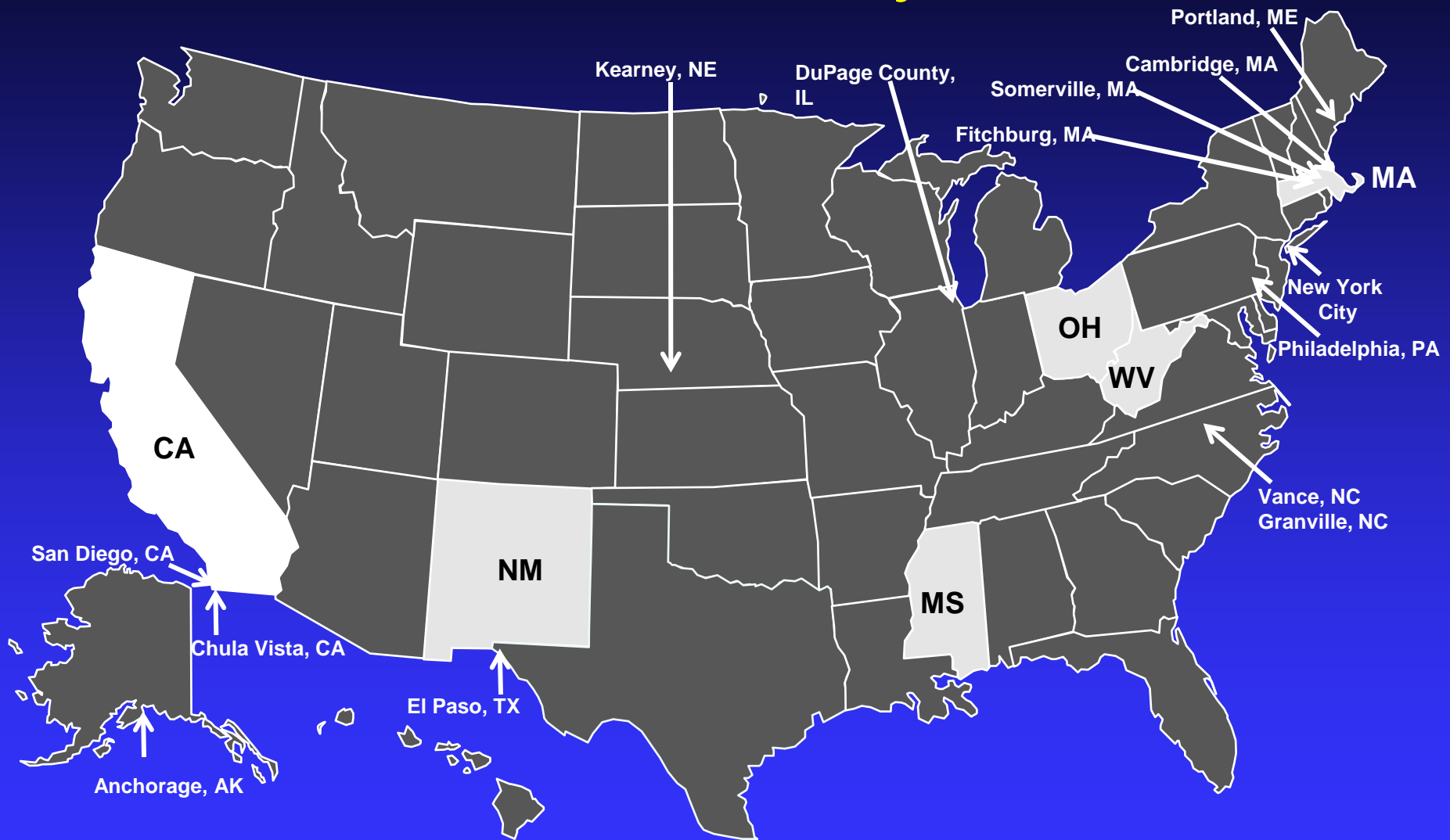


Changes in Obesity Prevalence from 2008 to 2011 among Low-income Preschool-aged children — Pediatric Nutrition Surveillance System

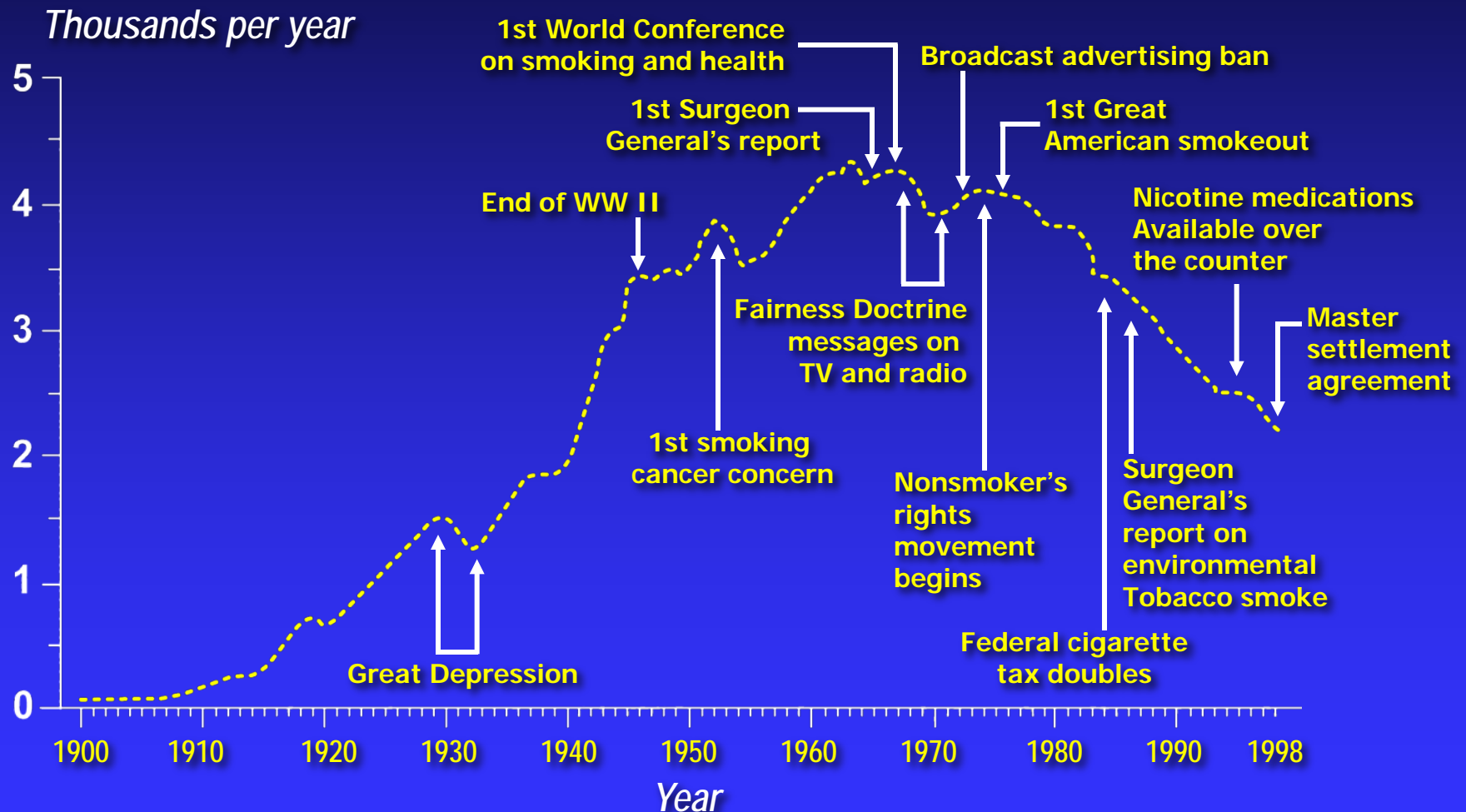


Annual decreases and increases in obesity are statistically significant at $p < 0.05$.

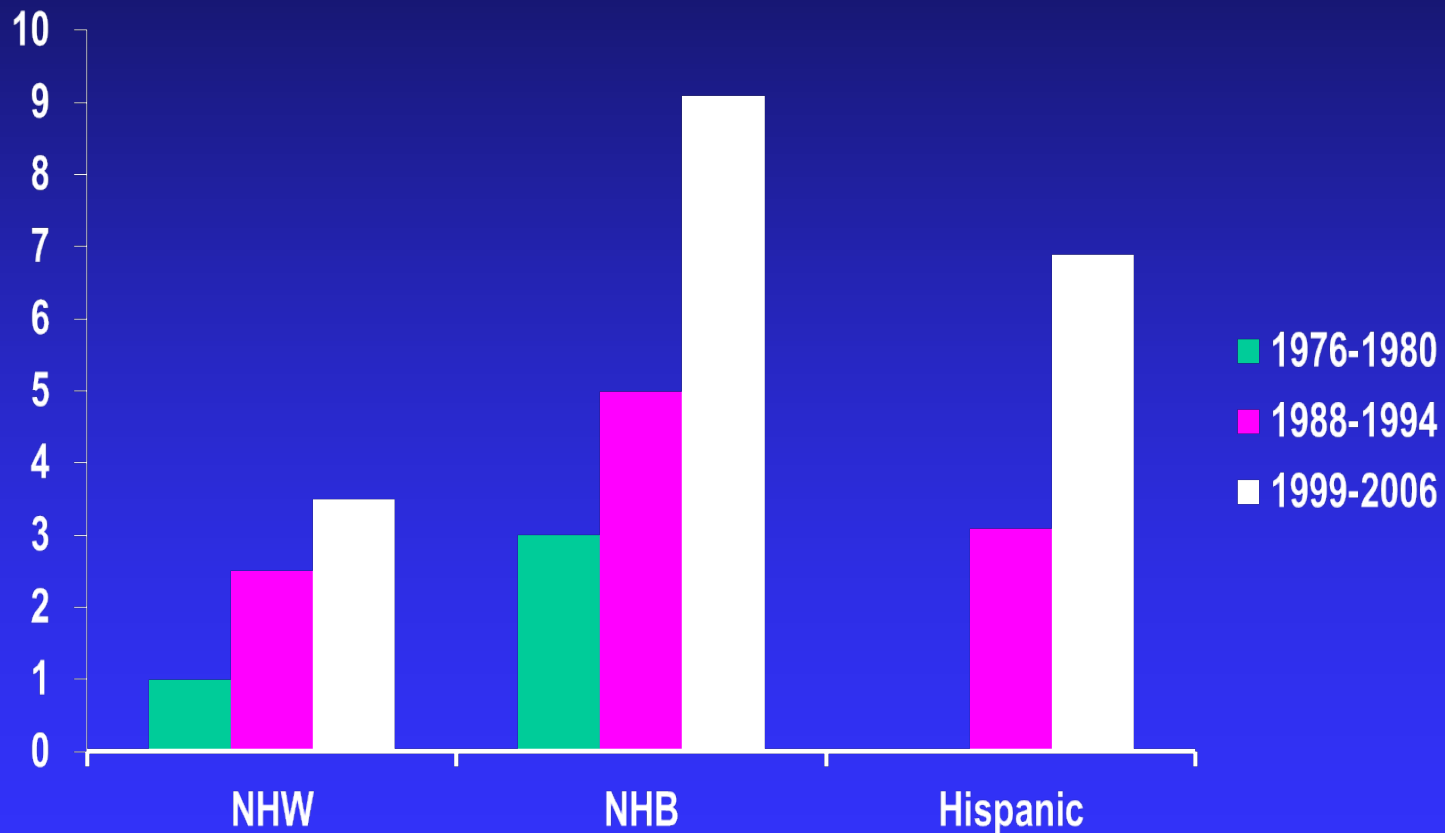
States and Communities Reporting Decreases in the Prevalence of Childhood Obesity



Annual Adult per Capita Cigarette Consumption and Major Smoking and Health Events – US 1900-1998

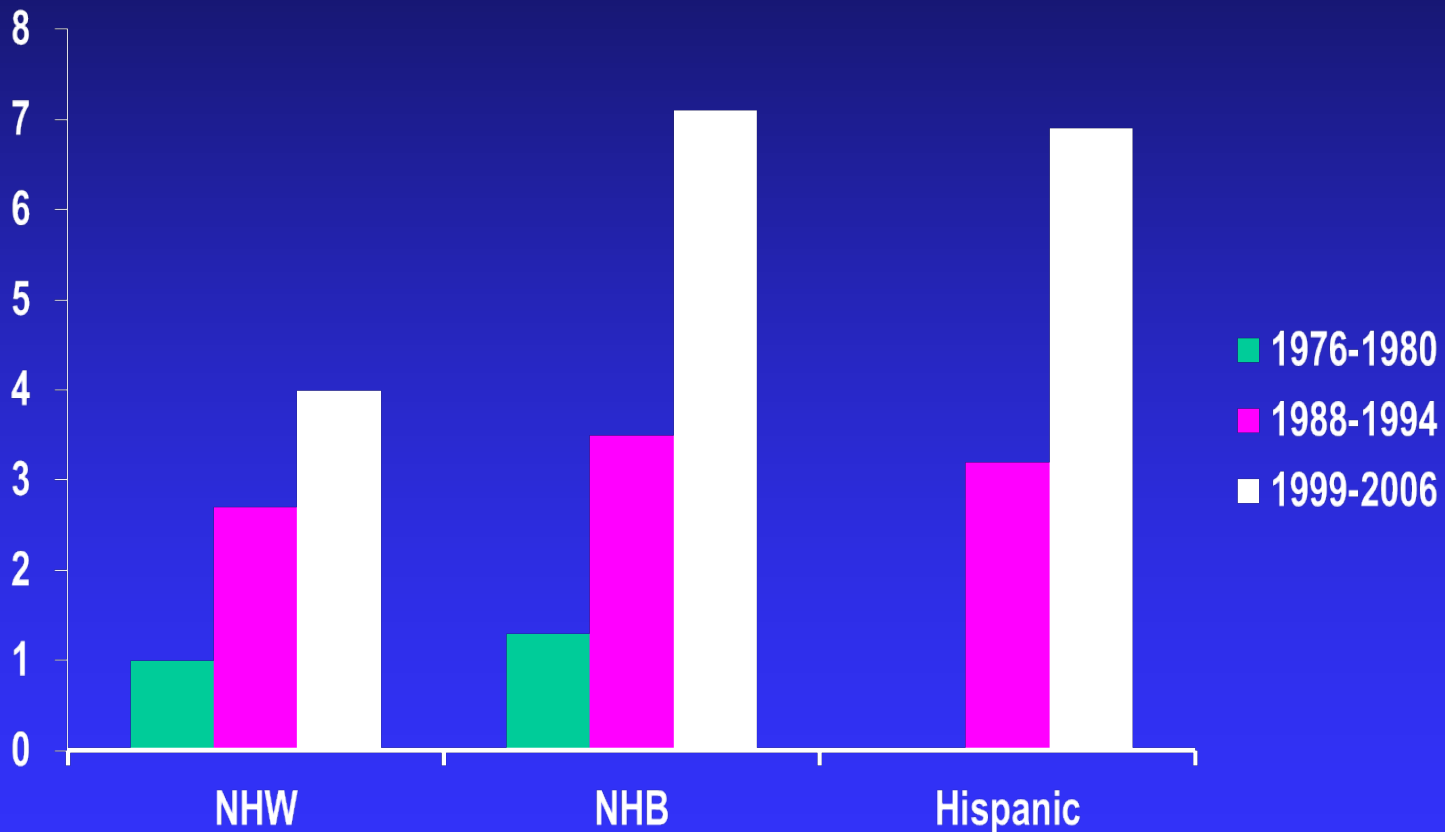


Changes in the Prevalence of Severe Obesity (120% of the 95th %tile) in Girls 1976-2006



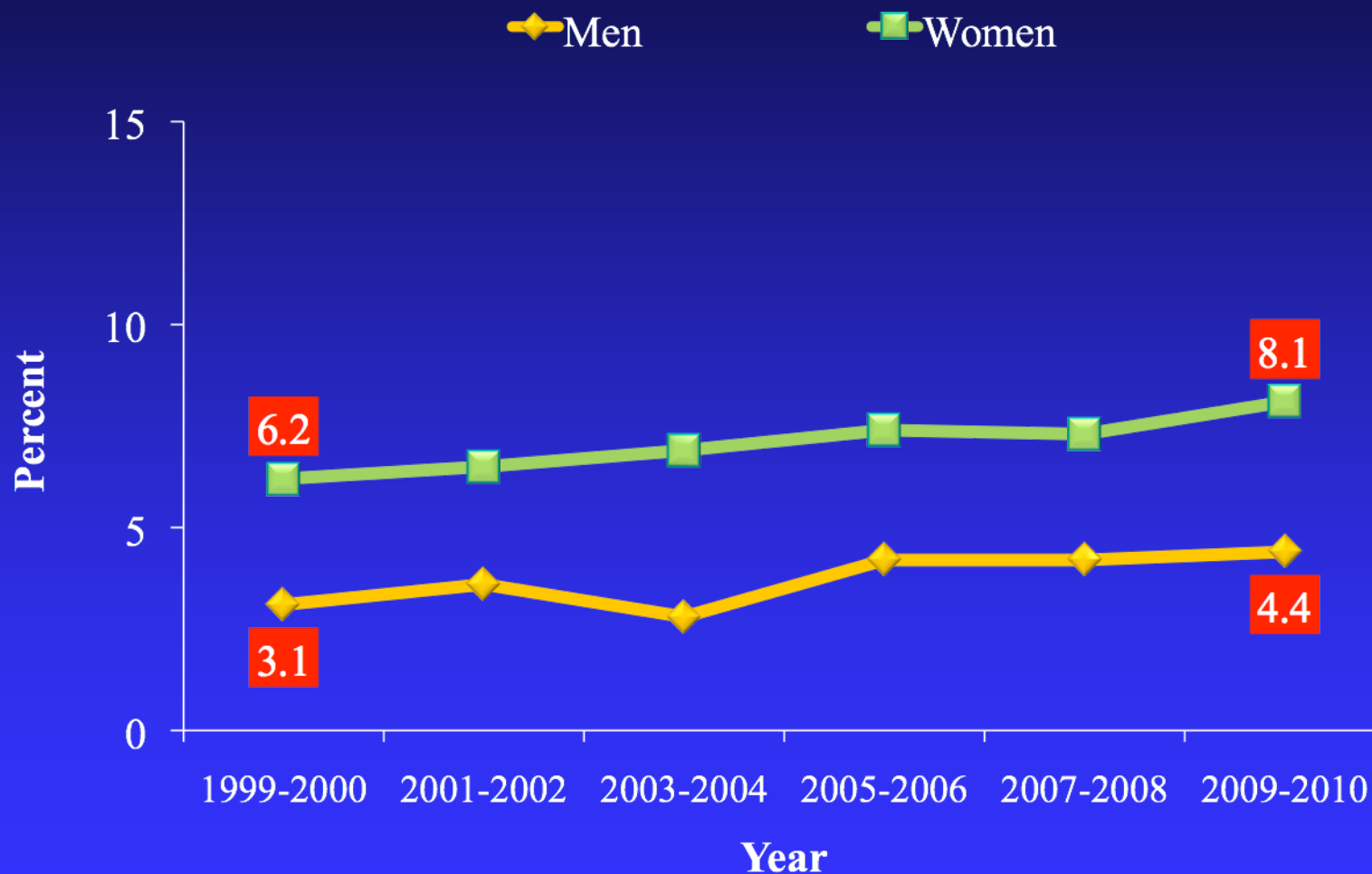
Wang et al. Int J Pediatr Obesity 2010; on line

Changes in the Prevalence of Severe Obesity (120% of the 95th %tile) in Boys 1976-2006



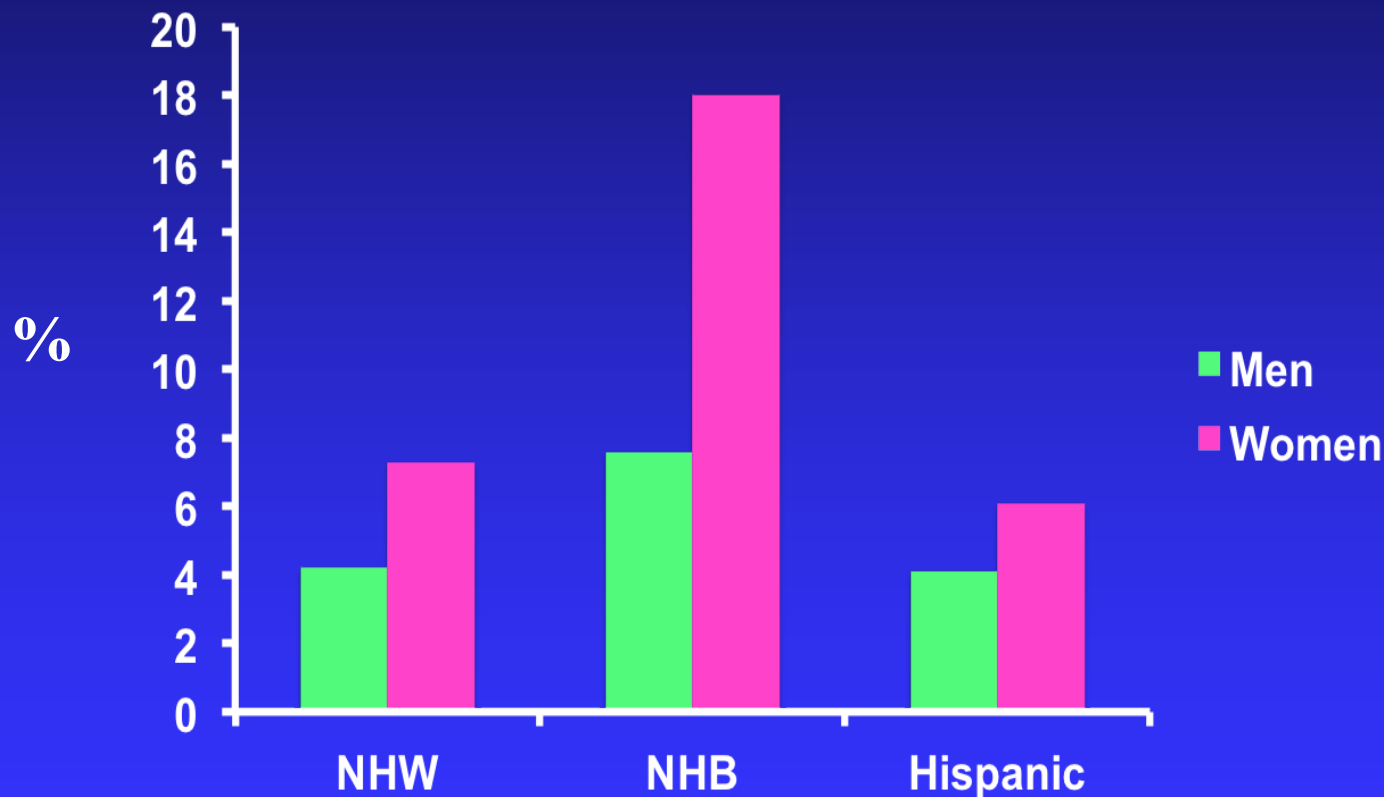
Wang et al. Int J Pediatr Obesity 2010; on line

Severe Obesity Trends in Adults



Fryar CD et al. 2012, NCHS data brief

Prevalence of Severe Obesity (BMI \geq 40) among Adults. NHANES 2009-2010



Flegal KM et al. JAMA 2012;307:491

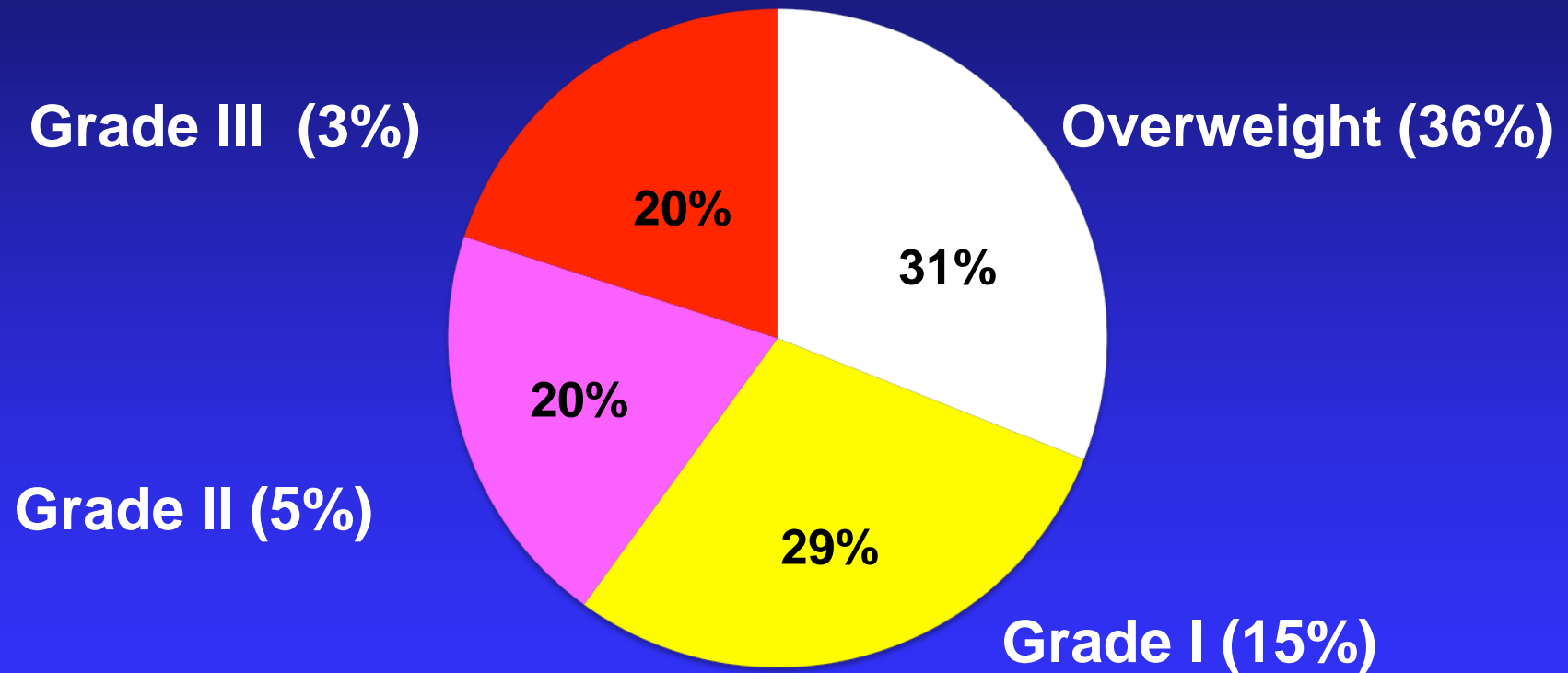
Costs of Obesity – 1998 vs 2008

	<u>1998</u>	<u>2008</u>
Total costs	\$78.5 B/y	\$147 B/y
Medical costs	6.5%	9.1%

Medicare and Medicaid accounted for 42% of these costs

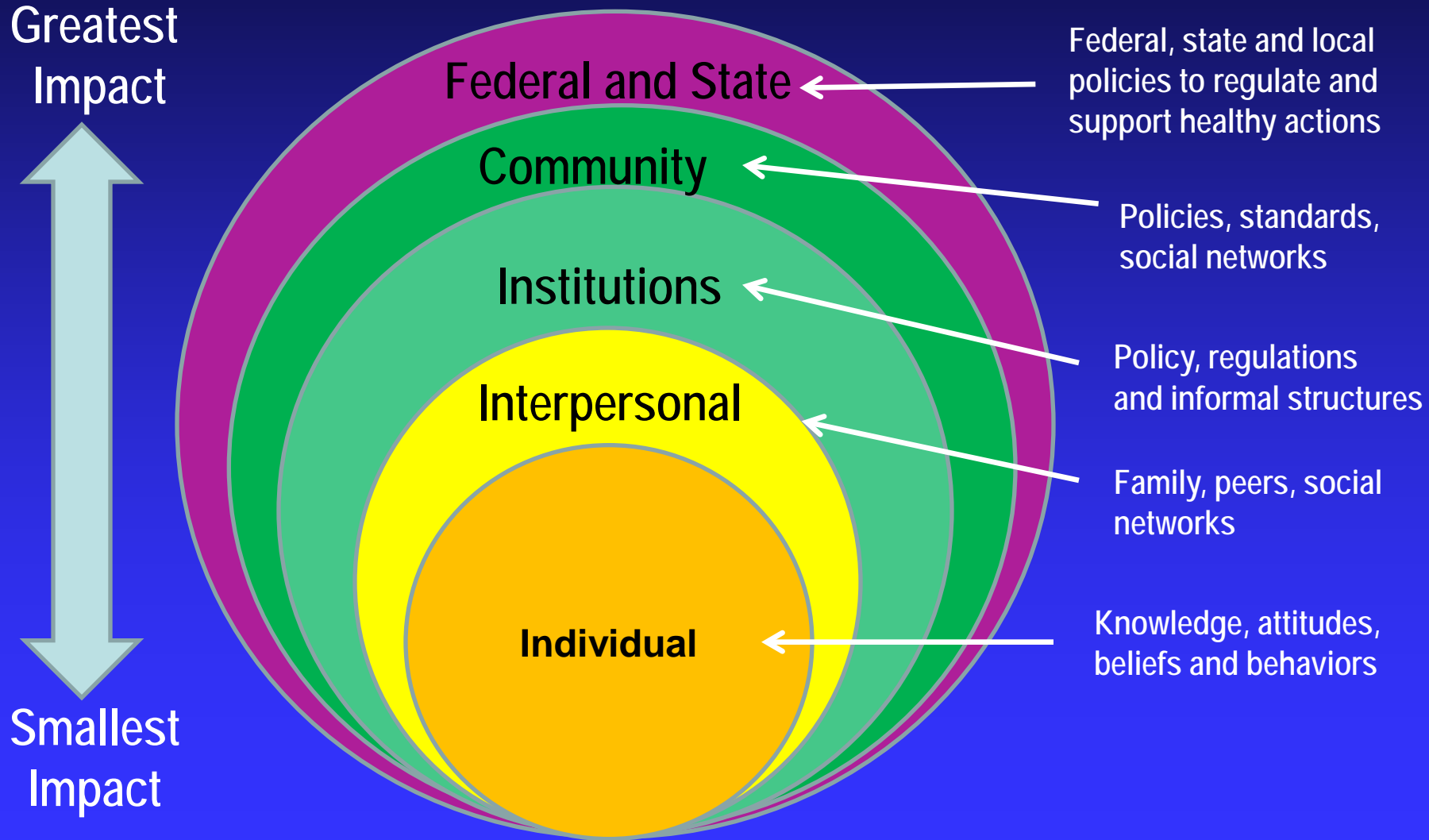
Finkelstein et al. Health Affairs 2009; 28:w822

Percentage of Costs Attributable to Overweight and Obesity (2000 MEPS Sample)



Arterburn DE et al. Int J Obesity 2005;29:334

Social Ecological Model



Energy Deficits Necessary to Achieve the HP 2010 Goal (Prevalence = 5%) by 2020

<u>Age</u>	<u>HP2010</u>
2-5 yo	33 Kcal/d
6-11 yo	149 Kcal/d
12-19 yo	177 Kcal/d

Wang YC et al. Am J Prev Med 2012; 42:437

Principal Targets for Obesity Prevention and Control

Pregnancy: pre-pregnant weight, weight gain,
diabetes, smoking

Sleep

Reduce energy intake

- Decrease high energy dense foods

- Increase low energy dense foods

- Reduce sugar drinks

- Decrease television time

Breastfeeding

Increase daily physical activity

Best Strategies for Reducing Calories*

Foods

- **Apply CA stds to competitive foods – 78 Kcal/d**
- **Eliminate SDs or switch from whole to low fat milk in Early Care and Education Centers – 80 Kcal/d**
- **Decrease fast food consumption – 125 – 310 Kcal/d**

***Wang YC et al. Am J Prev Med 2013;45(2):e3**

Best Strategies for Increasing Physical Activity (Minutes MVPA/d)*

Physical activity

- **Mandatory PE – 23' MVPA**
- **Classroom activity breaks – 19' MVPA**
- **Walk/bike to school 16' MVPA**

*Bassett DR et al. Am J Prev Med 2013;44:108

Cost Benefit of Four Policy Interventions – Childhood Obesity Interventions- Cost Effectiveness (CHOICES)

Intervention	Reach (x10 ⁶)	Total Cost Million US\$	BMI Unit Decrease	Cost/unit BMI Decrease (2 - 19yo)
SD Excise Tax	287	\$147	0.19	\$6.44
Active PE in School (5-11 yo)	16.6	\$54.7	0.02	\$191.00
TV Advertising Change (2-19 yo)	74	\$0.8	0.13	\$0.08
Early Care and Education Policy	3.2	\$6.4	0.42	\$6.07

Settings for the Prevention and Treatment of Obesity

- **Early care & education**
- **Schools**
- **Work Sites**
- **Health care**
- **Communities and states**
- **Federal government**
- **Business and industry**

