Obesity Prevention: A Paradigm Shift
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Obesity in the U.S. - Adults

U.S. Adult Obesity Rate Cartogram, 1990-2012

How would the U.S. look if the size of each state would be rescaled in proportion to its obesity rate?
Secular Trends in Obesity in the U.S.

- Specifically, in the 1970s there was no significant difference in risk for overweight for poor versus non-poor adolescents; however, overweight increased more rapidly among the poor and by early 2000s.
- Gender gap is closing with 35.5% men and 35.5% women obese.
- Racial/Ethnic gap still exists with obesity rates higher among Black and Hispanics as compared to White especially among women.

Obesity in the U.S. – Children and Adolescents

- Seven out of 10 states with obese children are from the south.

The Bottom Line

- Childhood obesity rates stabilizing but still too high (Ogden CL et al. JAMA. 2014).
- More than 12 million (16.9%) children and adolescents who are obese and more than 23 million (31.7%) who are either obese or overweight (Ogden, CL et al. JAMA. 2012).
- Extreme obesity on the rise in adults and children especially among minority populations and has grown over time. (Rangan et al., J. Pediatr Obes. 2014)
Socioeconomics and Obesity in the U.S.

- Thirty-three percent of adults who earn less than $15,000 per year were obese, compared with 25.4 percent of those who earned at least $50,000 per year (Trust for America’s Health and RWJF. F as in Fat, 2013).

Risk factors for adolescent overweight by age and poverty status in the U.S.

- Increased proportion of those in poverty were physically inactive, had greater caloric intake from SSBs and skipped breakfast.

Obesity in Texas Adults, 2009
Ethnic Disparity in Obesity: Texas vs. U.S.

Source: U.S. Centers for Disease Control and Prevention, 2009.

SES Disparity in Obesity: Texas vs. U.S

Source: U.S. Centers for Disease Control and Prevention, 2009.

Let’s Summarize Obesity in Texas

Adults:
- **66% are overweight**, with a Body Mass Index of 25 or greater.
- **28% are obese**, with a Body Mass Index of 30 or greater.

Adolescents:
- **16% are overweight** (≥ 85th and < 95th percentiles for BMI by age and sex, based on reference data)
- **14% are obese** (≥95th percentile BMI by age and sex, based on reference data)
The Need

- Low income children are more likely to be overweight or obese, due to physical, socioeconomic and cultural barriers.
- Annual healthcare costs for an obese child with Medicaid was about $6700 compared to $3700 for an obese child covered by private insurance.
- 16.5% of Texas children under age 18 had no insurance (national average of 10%).
- In 2009, one in eight Texans relied on Medicaid for insurance.

Among Texas’ children aged 2 years to less than 5 years*

- 17% are overweight (85th to < 95th percentile BMI-for-Age).
- 15% are obese (≥ 95th percentile BMI-for-Age).

Health of Houston - Children
Obesity is Expensive

Health care costs estimated to be $39 billion by 2030

The medical costs for people who are obese are $1,429 higher than those of normal weight.
Case study Houston – A Food Desert?

25% of Houston adults and children eat fast food three or more times per week (>30% in low-income areas).

53% of adults and 77% of children do not meet the recommendations for physical activity.

16% do not have access to fresh fruits and vegetables (>20% in low-income areas).

Source: Health of Houston Survey, 2010

Obesity-related health behaviors of Houstonians

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16% do not have access to fresh fruits and vegetables (>20% in low-income areas).

Source: Health of Houston Survey, 2010

Obesity-related health behaviors of Houstonians

23% of children drink 2 or more sugar-sweetened beverages per day.

72% of children watch 2 or more hours of TV/day.

28% of adults and 19% of children regularly miss breakfast.

11% of Houstonians have been diagnosed with diabetes

Source: Health of Houston Survey, 2010
Traditional Approaches and their Limitations

- Individual behavior change – give people a choice and they will make the healthier choice
- Focusing on hiring and training personnel that implement ‘health promotion’.
- Targeting a single component – diet, physical activity
- Providing a ‘prescription’ coming from a ‘controlled’ environment.

A Paradigm Shift – Societal factors

A Paradigm Shift – Targets for Action

- **Environmental factors predominate** – economic growth, modernization, urbanization, globalization of food markets. *Obesogenic* environment prevails.
- **Get a global view** – populations worldwide are consuming diets high in fat and energy
- **Lifestyles are becoming more sedentary** – decreased work-related activity, increased technology, low compensation of sedentary behavior
A Paradigm Shift – Targets for Action

- **Societal-level solutions are critical** – Engage the leadership at the highest level.
- **Policy to direct practice** – help make the healthier choice the easier choice.
- **Challenge the notion of individual free-will.**
- **Increase healthier options and remove barriers** to healthy living among those who are most disadvantaged

CDC CORD projects

Texas CORD
Using best practices to produce a systems change
Texas Childhood Obesity Research Demonstration (Texas CORD) design

Implementing evidence-based strategies to produce behavior change and reduce

CORD Collaborators

• Mobilize the community at each level.
• Target those at highest risk.
• Engage all sectors
  – Private and public sector
  – Medical Community
  – Schools, faith-based organizations, YMCA
• Engage from the beginning – use a community-based participatory approach.
• Monitor and Evaluate

Food for Thought