

(Res. 04-02)

## STATEMENT OF POLICY

### SUPPORTING EFFORTS IN THE PREVENTION AND TREATMENT OF OBESITY AND OVERWEIGHT

#### Policy

The National Association of County and City Health Officials (NACCHO) recognizes obesity and overweight as conditions that can persist from childhood to adulthood, that are associated with chronic disease, and that cause preventable and premature deaths in adults, adolescents and children. NACCHO encourages and supports local public health department leadership in obesity and overweight prevention.

NACCHO also supports:

- Policies and programs that reduce obesity and overweight and improve wellness such as community-wide campaigns, “point-of decision” prompts, school-based physical education, school-based health education, media campaigns, social support programs, individually-adapted health behavior change, improved access to places for physical activity, informational outreach activities, and land use planning and community design.
- A range of public health interventions to address land use, environmental, cultural, socioeconomic, and behavioral factors associated with obesity and overweight.
- The development of policies that address social injustices which contribute to the disproportionate burden of obesity and overweight among underrepresented, low-income, and socially disadvantaged populations.
- Partnerships among local and state health departments, federal agencies, community groups and private organizations in their efforts to reduce obesity and overweight.

Furthermore, NACCHO encourages the federal, state and local government to allocate funding and resources to the prevention and treatment of obesity and overweight.

#### Justification

According to the National Center for Health Statistics, 66 percent of adults 20 years of age and older are overweight and 32 percent are obese.<sup>1</sup> In addition, almost 5 percent of adults are extremely obese.<sup>2</sup> From 1980 to 2004, the prevalence of obesity among adults increased from 15 percent to almost 33 percent.<sup>1</sup> Being either obese or overweight increases an individual’s risk for developing medical conditions including, but not limited to, hypertension, Type 2 diabetes, coronary heart disease, stroke and some cancers.<sup>3</sup> Approximately 17 percent of

children and adolescents (ages 2 to 19) are overweight.<sup>4</sup> Furthermore, the percentage of overweight children 2 to 5 years of age increased from 7 percent to almost 14 percent and the percentage of overweight children 6 to 11 years of age increased from 11 percent to 19 percent between 1994 and 2004.<sup>4</sup> Also during this period, there was an increase in the percentage of overweight adolescents aged 12 to 19 years of age from 11 percent to 17 percent.<sup>4</sup> Overweight children and adolescents are at an increased risk for developing risk factors associated with cardiovascular disease, such as high cholesterol, high blood pressure, asthma, and Type 2 diabetes.<sup>3</sup> In addition, these children and adolescents are at an increased risk for psychosocial problems, such as low self-esteem, due to social discrimination.<sup>3</sup> Obesity and overweight in children and adolescents are strongly correlated with obesity and overweight in adulthood.<sup>3</sup> One study found that approximately 80 percent of children who were overweight at ages 10-15 years old were obese adults at age 25.<sup>3</sup> In 2003 approximately \$75 billion in medical expenditures were attributed to obesity, half of which were financed by Medicare and Medicaid.<sup>5</sup> Certain races and ethnicities are at an increased risk for obesity and overweight. In general, the prevalence of overweight or obesity in Mexican-Americans and non-Hispanic blacks is higher than among non-Hispanics.<sup>2</sup> Among adults, approximately 45 percent of non-Hispanic blacks and 37 percent of Mexican-Americans were obese, as compared to 30 percent of non-Hispanic white adults. Furthermore, in industrialized countries an individual from a low-socioeconomic status (SES) group is more likely to be obese than someone from a high-SES group.<sup>6</sup>

## **Record of Action**

*Proposed by Tobacco and Chronic Disease Committee*

*Adopted by NACCHO Board of Directors*

*February 26, 2004*

*Updated June 18, 2007*

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<sup>1</sup> National Center for Health Statistics (2006). Prevalence of overweight and obesity among adults: United States, 2003-2004. [http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overweight/overwght\\_adult\\_03.htm](http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overweight/overwght_adult_03.htm) [Accessed 2007, June 15]

<sup>2</sup> National Center for Health Statistics (2006). Obesity still a major problem. [http://www.cdc.gov/nchs/pressroom/06facts/obesity03\\_04.htm](http://www.cdc.gov/nchs/pressroom/06facts/obesity03_04.htm) [Accessed 2007, June 15]

<sup>3</sup> Centers for Disease Control & Prevention (2007). Overweight and obesity. <http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm> [Accessed 2007, June 15]

<sup>4</sup> National Center for Health Statistics (2006). Prevalence of overweight among children and adolescents: United States, 2003-2004. [http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overweight/overwght\\_child\\_03.htm](http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overweight/overwght_child_03.htm) [Accessed 2007, June 15]

<sup>5</sup> Eric A. Finkelstein, Ian C. Fiebelkorn, and Guijing Wang. "State-Level Estimates of Annual Medical Expenditures Attributable to Obesity," OBESITY RESEARCH Vol. 12 No. 1 January 2004.

<sup>6</sup> Zhang, Q. & Wang, Y. (2004). Trends in the association between obesity and socioeconomic status in U.S. adults: 1971-2000. *Obesity Research*, 12, 1622-1632.