

# Obesity: The Health Debate and Policy Challenges



## Executive Summary

## Overweight and Obesity: The Weight and Health Debate

There is no doubt that the issue of overweight and obesity is at the forefront of the public agenda. Lesser known, however, is that there is significant debate surrounding the prevalence, measurement, costs, and health implications of overweight and obesity. While experts at the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) consider the issue to be a public health epidemic, there are other researchers who believe that the health risks of overweight and obesity have been greatly exaggerated, and that society's obsession with weight and weight control has caused obesity and overweight to be blamed for diseases and conditions that are actually the result of poor diet and physical inactivity.

### Measurement

Overweight and obesity are measured using body-mass index (BMI), a calculation that captures the relationship between weight and height. BMI is considered to be the easiest, most inexpensive way to assess a person's weight relative to the population; yet there are known problems with BMI as a measure of weight. BMI does not account for differences in sex, age, race, or ethnicity; nor does it take into account variance in bone density, muscle mass, body fat percentage, or body fat distribution. Changes in the population's levels of overweight and obesity as measured by BMI may overstate the population's weight gain.

### Prevalence

During the last twenty years, the rate of overweight and obesity (as measured BMI) among American adults and young people has increased two to three times. While the rate of overweight among adult Ohioans has remained steady since 1990 (35 percent), the rate of obesity has more than doubled. Ohio has the thirteenth highest level of adult obesity in the nation (24.4 percent), the fourth highest overweight high school student level (13.9 percent), and the 33rd highest overweight level for low-income children ages 2 to 5 (11.1 percent). during the 1990's, an average weight gain of 7-10 pounds.

### Causes

While body weight is determined by a combination of genetics, personal behavior, environment, culture, and socioeconomic status, some potential causes for the increased population weight gain include (1) the growth of fast food and full service restaurants; (2) unhealthy food environments (readily-available, inexpensive high-sugar, high-fat foods; larger portion sizes); (3) smoking cessation (former smokers

### Quick Facts About Obesity and Overweight in Ohio

**Prevalence**

- Since 1990, the rate of overweight among adult Ohioans (age 18 and over) has remained fairly steady at about 35%, while the rate of obesity has more than doubled.
- 24% of adult Ohioans are obese—the 13th highest level in the nation.
- 13.9% of Ohio's high school students are overweight—the 4th highest in the nation.
- 11.1% of low-income children ages 2 to 5 are overweight—the 33rd highest in the nation.

**Costs**

- Ohio spends \$3.3 billion per year on obesity-attributable adult medical expenditures—about 6.1% of total medical expenditures in the state.
- Half of obesity-related medical expenditures are financed by taxpayers through Medicare and Medicaid.
- Ohio spends \$289 per person per year on medical costs related to obesity—the 11th highest in the nation.

**Unhealthy Lifestyles**

- 32% of Ohio's high school students report watching three or more hours of television per day on an average school day.
- 25% of adult Ohioans do not participate in any type of leisure-time physical activity.
- Only 41.2% of Ohio's students attended physical education class one or more days during an average school week, compared to 55.7% nationally.
- No city in Ohio ranked in the top two thirds of a survey of America's 125 Most Walkable Cities.
- Ohio ranked 33rd in a recent ranking of *Best States for Raising Healthy Kids* based on 12 fitness and nutrition criteria (e.g., school requirements and recommendations for physical education; nutrition classes; playground safety; youth sports participation; number of fast-food restaurants).

typically gain weight.); (4) technological advances (reduced opportunities for daily exercise); (5) genetics and ethnicity (minority populations—a rapidly growing segment of the population—are believed to be genetically predisposed to obesity); (6) physical inactivity.



## Weight Loss as the Panacea

Several studies have shown that even modest weight loss—10 to 15 percent—can result in positive health benefits. But some experts say that the health benefits of weight loss are overstated and the risks underestimated. Chronic weight loss dieting may lead to yo-yoing, a phenomenon which may have long-term detrimental effects. The majority of people who lose weight by dieting eventually gain it all back. Many Americans turn to over-the-counter diet drugs or herbal supplements, many of which are unregulated by the Federal Drug Administration and have dangerous side effects. Weight loss prescription medications often have unpleasant side effects for only modest weight loss. Weight loss by surgical intervention is effective for producing sustained weight loss and lowering disease risk, but comes with substantial risk of complications.

Research shows that if an overweight or obese individual lives a healthy lifestyle that includes a well-balanced diet and physical activity, he or she can be just as healthy as a slender person. Several studies show that the risks associated with overweight and obesity can be controlled, reduced, or eliminated by changes in lifestyle—better nutrition and exercise—*independent of weight loss*.

## Public Policy’s Role

Despite the weight and health debate, there is agreement that (1) the poor health of Americans—regardless of body weight—results in greater illness and rising medical costs, and (2) a nutritionally-balanced diet and adequate physical activity are virtually universally-accepted methods of improving health across the spectrum of body sizes.

Public polling data suggests that Americans expect and support public policymakers to take a role in promoting policies that encourage healthy eating and physical activity among all citizens, regardless of size or shape. Such policies may go a long way toward preventing, controlling, or eliminating illness.

## Policy Options

States and communities across the nation have considered and/or implemented the following policy options aimed at promoting healthy eating and physical activity. In evaluating these options, policymakers must be careful to consider the potential benefits, costs, and unintended consequences.

### Workplace Incentives:

- Offer tax incentives to employers who establish worksite wellness programs.
- Establish limitations on liability for activity-related injuries that occur in businesses promoting physical activity.

## Costs

National health expenditures attributed to obesity range from 5.5 to 7.0 percent of total expenditures. In Ohio, obesity-attributable adult medical expenditures are estimated to be \$3.3 billion, or 6.1 percent of total medical expenditures, with about half of these expenditures financed by taxpayers through Medicare and Medicaid. Employers bear a significant portion of obesity-related costs through higher costs for health, disability, and life insurance.

## Relationship to Mortality and Disease

Whether overweight and obesity, as measured by BMI, pose a greater mortality risk than normal weight or underweight is a question of great debate. Studies investigating the link between body weight and mortality often fail to control for other factors associated with body weight, such as physical activity, body composition, visceral adiposity, physical fitness, or dietary intake, which might be responsible for some or all of the apparent associations of weight with mortality. In recent years, estimates from the CDC of the number of deaths attributable to overweight and obesity have been as high as 400,000 per year and as low as 26,000 per year.

Overweight and obesity are associated with a higher risk of Type II diabetes, hypertension, high cholesterol, cardiovascular disease, stroke, gall bladder disease, respiratory dysfunction, gout, osteoarthritis, sleep apnea, urinary incontinence, depression, and certain kinds of cancer. Childhood obesity is associated with increased disease risk as well as low self-esteem that impairs academic and social functioning. It also increases the risk of obesity in adulthood.

Yet some studies have found that overweight may be protective against heart disease, premature death, and death by cancer. Also, most studies show significant association and correlation—not causality—between increased risk of disease and overweight.

### School-Based Policies:

- Increase physical education requirements.
- Encourage movement and exercise during the school day.
- Provide more specific requirements for health and nutrition education by grade level.
- Establish school nutritional standards.
- Restrict the sale of competitive foods and beverages.
- Ban or limit the sale of certain items in vending machines.
- Expand the number of healthy food choices in schools.
- Price low-fat snacks lower than high-fat snacks.
- Adopt nutritional requirements for school lunch and breakfast programs that go beyond the minimums set by USDA guidelines.
- Require licensed daycare centers and providers to adhere to a policy that limits the number of hours a child may engage in television or screen time, sets a minimum daily requirement for physical activity, and encourages daily outdoor play, weather permitting.

### Food Industry Policies:

- Place a tax on snack foods, sodas, or fast food to discourage consumption.
- Require restaurants to post nutritional information on menus and menu boards.
- Require restaurants with kids' menus to offer at least one low-fat item.

### Provider Education Requirements:

- Require dietitians, nutritionists, health educators, and primary care physicians to earn continuing education credits for training classes on fitness and nutrition. Such classes would incorporate training on how to communicate the information to patients so that it is easily understood, culturally sensitive, and motivating.

### Health Insurance:

- Mandate health insurance coverage for obesity-related treatments and procedures.
- Require health plans to cover or provide discounts for behavior modification fitness programs or counseling and health club memberships.
- Encourage use of weight-adjusted health insurance premiums.
- Encourage insurers to provide premium discounts to employers that institute worksite wellness initiatives and preventive health activities.

### Community Design:

- Incorporate sidewalks and bike lanes in community design.
- Provide funding for biking and walking in highway projects.
- Implement traffic-calming measures (e.g., crosswalks, speed-bumps, traffic lights, roundabouts).
- Encourage renovation of existing neighborhood schools or the construction of smaller, more centrally located schools.

## Proposed Legislation in Ohio on Fitness and Nutrition

Bill	Status
<b>H.B. 173:</b> To establish the School Physical Fitness and Wellness Advisory Council	Assigned to House Education Committee in April 2005.
<b>H.B. 105:</b> To expand required physical education instruction to each of grades kindergarten through eight	Passed House Education Committee; sent to Senate Education Committee in June 2005.
<b>S.B. 44:</b> To require the State Board of Education to adopt the physical education standards for grades K through 12 developed by the National Association for Sport and Physical Education (NASPE)	Assigned to Senate Education Committee in February 2005.
<b>S.B. 95:</b> To establish nutritional standards for food sold to students in public elementary schools (K through 4), and prohibit the sale of certain beverages to students in all public schools except under specified conditions	Assigned to Senate Education Committee in March 2005.

For additional information on this proposed legislation, please see pages 34-35 of the complete version of *Obesity: The Health Debate and Policy Challenges*.

### Ohio Data And Research In This Publication

Where possible, *Obesity: The Health Debate and Policy Challenges* contains data and research on the issue of overweight and obesity in Ohio. For more on this Ohio-specific information, please refer to the full version of the paper.

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