

# Rate of Obesity Rises in 31 States; No Drop Seen

BY MARY ELLEN SCHNEIDER  
New York Bureau

Adult obesity is on the rise in 31 states, and no states have experienced a drop in obesity, according to a study from Trust for America's Health.

Mississippi topped the list of the fattest states, with the highest adult obesity rates for the third year in a row. More than 30% of the adult population in the state is obese. Colorado was ranked the "leanest" state with an obesity rate of 17.6%. No state has reached the Health and Human Services department goal of reducing the prevalence of adult obesity to 15% in every state by 2010.

The report, "F as in Fat: How Obesity Policies are Failing in America 2007," ranked states by their rate of obesity using 3-year averages of 2004-2006 data from the Centers for Disease Control and Pre-



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DR. MARKS

vention. The study compares the more recent data to 2003-2005 figures. Individuals were considered obese if their body mass index (BMI) was 30 kg/m<sup>2</sup> or above.

This is the fourth annual edition of the report, which was supported by a grant from the Robert Wood Johnson Foundation.

"Despite the increased attention that the obesity epidemic is receiving in the country, obesity is continuing to grow in America," said Jeff Levi, Ph.D., executive director of Trust for America's Health, a nonprofit health advocacy group.

Obesity rates have climbed sharply in recent years, Dr. Levi said. For example, in 1991, no state had an obesity rate that exceeded 20%.

The report's authors also examined rates of overweight among children aged 10-17 based on the results of the 2003-2004 National Survey of Children's Health, conducted by HHS. Children were considered overweight if they were in the 95th percentile of BMI for their age.

Rates of overweight among youth ranged from a high of 22.8% in Washington, D.C., to a low of 8.5% in Utah.

The findings are a "devastating indictment," commented Dr. James S. Marks, a pediatrician and senior vice president and director of the Health Group at the Robert Wood Johnson Foundation. "Unfortunately, we're treating it like a mere inconvenience instead of the emergency that it is," he said.

But despite the severity of the problem, there are proven solutions, Dr. Marks said. For example, evidence shows that 60 minutes of moderate to vigorous physical activity each day helps children maintain a healthy weight.

Also, increasing access to affordable, healthy food in communities has been shown to make a difference. The govern-

ment needs to provide incentives to bring supermarkets back to underserved communities so families can obtain affordable fresh fruits and vegetables, he said.

States have already begun to take some action, Dr. Levi said. For example, 17 states require that school lunches, breakfast, and snacks meet higher nutritional standards than those set by the Department of Agriculture. And two states—California and Illinois—have enacted legislation that requires screening to identify

students at risk for type 2 diabetes.

"While some promising policy efforts are underway, the nation still lacks a comprehensive, effective strategy for addressing this serious health crisis," Dr. Levi said.

In the report, Trust for America's Health calls on federal officials to develop and implement a national strategy to combat obesity along the lines of the administration's government-wide approach to preparation for pandemic flu. The plan should involve every federal agency, define

clear roles for states and local governments, and engage private industry and community groups, Dr. Levi said.

For their part, physicians can help by supporting policy changes that help fight obesity, Dr. Marks said. But the report also recognizes that although the physician's role is important, there are often barriers. The report cites a lack of training in communicating delicately and effectively with patients about weight problems and a lack of reimbursement for obesity services. ■

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