



Position Statement (April 2016): Obesity in Ohio

OPHA Mission Statement: To be an inclusive voice for Public Health and to ensure the optimal health of all Ohioans.

Obesity is a serious Public Health issue with more than one-third (34.9% or 78.6 million) of U.S. adults considered obese¹. According to a report issued by the Robert Wood Johnson Foundation and Trust for America's Health, Ohio ranks 8th in the U.S. with a 2014 adult obesity rate of 32.6%². In the past 14 years, the adult obesity rate for Ohioans has increased by 12%. In adults, overweight is classified as having a body mass index (BMI) between 25 and 30. Obesity is classified as a BMI greater than 30.

Obesity is linked with serious health problems and high medical costs. It can contribute to diseases such as heart disease, stroke, Type 2 diabetes, arthritis, and certain types of cancer¹. The cost of obesity nationwide was \$147 billion in 2008. Obesity is influenced by an array of genetic, behavioral, and environmental factors.

Childhood obesity is also a growing problem. Obesity in children is defined as being at or above the 95th percentile BMI for age and sex. More than one-third of children and adolescents in the U.S. are overweight or obese⁴. In 2013, 13% of Ohio high school students were obese and in 2011, 17.4% of children ages 10-17². Childhood obesity has doubled in children and quadrupled in adolescents in the past 30 years⁴. Children who are obese are more likely to have pre-diabetes, bone and joint problems, sleep apnea, cardiovascular disease risk factors, and psychological and social problems from bullying and poor self-esteem.

There are significant disparities associated with obesity. In Ohio, Blacks have the highest rate of obesity at 38.6%, compared to approximately 30% for both Whites and Latinos². Adults and children in low-income families tend to have higher rates of obesity. Data from 2011 show 12.4% of 2 to 4 year olds from low income families in Ohio are obese³. This can be compared to the national average of 8.4% for all 2 to 5 year olds⁴. Obesity is also associated with education level. Children from families where the head of household completed college are half as likely to be obese as children with a head of household who did not complete high school³. Public

1. CDC, Division of Nutrition, Physical Activity, and Obesity. "Adult Obesity Facts."

<http://www.cdc.gov/obesity/data/adult.html>

2. Robert Wood Johnson Foundation & the Trust for America's Health. The State of Obesity. "The State of Obesity in Ohio." <http://stateofobesity.org/states/oh/>

3. CDC, Division of Nutrition, Physical Activity, and Obesity. "Childhood Obesity Facts."

<http://www.cdc.gov/obesity/data/childhood.html>

4. CDC, Healthy Schools. "Childhood Obesity Facts." <http://www.cdc.gov/healthyschools/obesity/facts.htm>

Health advocates for policies that promote health by considering the impact of all policies through a Health and Equity in All Policies (HEiAP) perspective. Therefore, OPHA supports and advocates for policy-making that systematically takes into account the health and equity implications of those policies, by working collaboratively across all sectors to achieve common health goals. Disparities must be eliminated and the relationship among obesity, mortality, and morbidity must also be addressed.

Preventing and decreasing obesity can reduce the risk of many chronic diseases. Currently, Ohio only has basic Centers for Disease Control and Prevention (CDC) funding aimed at decreasing obesity levels. The CDC recommends healthy eating and physical activity for prevention and treatment of obesity⁴. Schools should play a critical role in helping prevent childhood obesity by offering healthy foods and encouraging physical activity. Encouraging breastfeeding is another prevention method, as children who were breastfed as babies are less likely to be obese⁶. In addition, the CDC recognizes that a healthy lifestyle is influenced by family, communities, the media, and food and beverage industries⁴.

In Ohio the statewide response to obesity, particularly childhood obesity, has mainly been to encourage physical activity and healthy eating⁵. There have also been efforts to make breastfeeding friendly worksites through The Business Case for Breastfeeding⁶. In addition, the Ohio Department of Health and The Ohio State University worked together to provide a “Healthy Meals at Worksite” program⁶.

Recommendations:

1. Increase funding for obesity prevention programs.
2. Support third-party reimbursement for the prevention and treatment of obesity, including services from medical providers and registered dietitians.
3. Encourage policy makers and school districts to designate schools as food advertising-free zones.
4. Enforce legislative mandates to provide a minimum number of hours per week of physical education in schools.
5. Develop guidelines for Early Learning Centers (ages 0-5) for nutrition and physical activity.
6. Support programs to reduce disparities associated with obesity.
7. Promote breastfeeding training and breastfeeding friendly worksites.
8. Support national legislation on menu labeling in restaurants.
9. Promote programming to achieve objectives related to obesity within Healthy People 2020 including increased access to healthier food options at workplaces and schools and improved physical education programs for children⁷.
10. Advocate for including the Health and Equity in All Policies framework in formulating policies to address obesity by public and private entities at the local, regional, and state levels.

5. ODH, “Healthy Lifestyles.” <http://www.healthy.ohio.gov/healthylife/healthylifestyle.aspx>

6. CDC, Overweight and Obesity, “Ohio: State Nutrition, Physical Activity, and Obesity Profile.” September 2012. <http://www.cdc.gov/obesity/stateprograms/fundedstates/pdf/Ohio-State-Profile.pdf>

7. Office of Disease Prevention and Health Promotion, Healthy People 2020. “Nutrition and Weight Status.” <http://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status>