

Obesity, Lifestyle, Chronic Disease and Health Care Cost Facts

	Cass Cty BRFSS 1999-2004	ND BRFSS 2007	Clay Cty	MN BRFSS 2007	U.S. BRFSS 2007
% who reported they did not usually eat five servings of fruits and vegetables/day	80.2	78.5	Not available	76	77.4
% who are overweight or obese	57.0	64.9	59.7	63	62.9
% who are overweight but not obese	37.1	37.9	34.2	38	36.6
% who are obese	19.9	27	24.5	25	26.3
% who reported physical activity level did not meet the recommendation for moderate or vigorous physical activity	52.8	47.3	Not available	49	50.5
% who reported no leisure time activity	19.2	23.7	17.5	24	23.1
Child overweight and obesity rate	Not available	25.7	Not available	23.1	32

In 1990, no state reported obesity rates at or above 20 percent. By 2007, however, 49 states reported obesity rates above 20 percent.

Nationwide the prevalence of obesity in children aged 6 to 19 tripled from 1980 to 2002. 18% of four year olds are obese.

Excess body fat alone is responsible for more than 100,000 cancer cases annually in the U.S., including cancers of the endometrium, esophagus, pancreas, kidney, gallbladder, breast and colon/rectum

The majority of American children do not consume diets that meet the recommendations of the Dietary Guidelines for Americans, nor do they achieve adequate levels of daily physical activity. As a result, more children are overweight today than at any other time in U.S. history.

Youth are now suffering from diseases previously known only among adults. For the first time in two centuries, the current generation of children in America may have shorter life expectancies than their parents.

About 50% of North Dakotans and Minnesotans do not get the recommended weekly physical activity. Fewer than 25% get the minimum recommended five servings of fruits and vegetables each day.

Increasingly unhealthful lifestyle is a predictable consequence of national economic, social, and policy trends of recent decade. The relative cost of commodity-derived products declined markedly between 1982 and 2008. Reflecting these trends, real (inflation adjusted) price decreased by 10% for fats and oils, 15% for sugars and sweets, and 34% for carbonated drinks. In contrast, the real price of fresh fruits and vegetables increased by 50% over the same period.

Recession effects: Economic adversity induces consumers to replace nutritious but relatively expensive produce with less costly, high-calorie, commodity-based products.

Comprehensive workplace health promotion programs result in a \$3 to \$6 return for each dollar invested by the employer. Savings are typically realized in about two to five years.

Poor diet and physical inactivity are predicted to replace smoking as the leading actual cause of death in the near future. Together these two chronic disease risk factors accounted for 400,000 deaths in 2000, up from 300,000 in 1990.

The total cost of obesity in the United States in the year 2000 was estimated to be \$117 billion—\$61 billion for direct medical expenses and \$56 billion for indirect costs.

Health care spending for a person with one chronic condition on average is two and a half times greater than spending for someone without any chronic conditions.

Obesity-related conditions now account for 9.1 percent of all medical spending, up from 6.5 percent in 1998, the study concluded.

For obese vs. normal-weight adults:

- Healthcare costs **36%** higher
- Medication costs **77%** higher
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Per capita energy intake increased by approximately 300 kcal per day from 1985 to 2000, after having remained fairly constant for the previous 75 years.

Parents currently spend more time at work and in commute, leaving less time and inclination to prepare meals at home. Scholastic pressures on children have increased, leaving less time and inclination to engage in recreational physical activity. At the same time, sedentary pursuits linked to obesity, chiefly television viewing and computer use, have increased markedly.

Community design impacts health. The way a community is designed (including homes, schools, workplaces, streets and transportation systems) can have major effects on the physical and mental health of its residents. For example, a lack of accessible sidewalks and bicycle or walking paths can contribute to sedentary habits.

The phrase “**competitive foods**” refers to foods and beverages sold or provided at school, other than through federally-reimbursed programs. They include “à la carte” lines, school stores, vending machines, classroom snacks, classroom celebrations, fundraisers, and concession stands.

Research indicates school-aged children average greater than 150 calories of low-nutrient, energy dense competitive foods per day and that the increase in body weight observed among U.S. children from 1988-2002 could have been prevented by an average reduction in energy intake of 110 to 165 calories per day.

Only two percent of school-aged children meet daily recommendations for all five food groups. Less than one in five eat the recommended number of servings of fruits or vegetables. **Children with unhealthy eating patterns tend to maintain those unhealthy habits into adulthood.**

A 500 percent increase in soft drink consumption over the past 50 years has displaced the consumption of healthier beverages. Adolescents now drink twice as much soda as milk.