Revisiting the Call to Action on Obesity

by Julie Metos, M.P.H.

In the past three decades, the United States has seen a remarkable increase in overweight and obesity. This trend cuts across all ages, both genders and all racial and minority groups. For a majority of individuals, excess weight results from energy imbalance due to excess caloric intake and lack of physical activity. Despite the relative simplicity of energy balance in concept, prevention and treatment of excess weight is a complex issue requiring understanding of genetics, physical metabolism, changes in society which have led to increased food consumption and decreased exercise, approaches to effective public health programs and policy changes in schools, communities and workplaces. The urgency and complexity surrounding obesity was reflected in the decision of the Siciliano Forum Advisory Board to choose “Revisiting the Call to Action on Obesity” as the topic of the eleventh annual research summit on “Considerations on the Status of the American Society”. The research summit was held October 4-5, 2007 at the University of Utah, starting with a keynote address by David Satcher, M.D., Ph.D. and followed by several panel discussions and conference sessions which addressed obesity trends and disparities, the determinants of obesity, intervention strategies and policy approaches. In the following overview of obesity, content and discussions held during this invigorating multidisciplinary forum will be highlighted.

Obesity Trends
The percentage of obese adults nationally has increased 120% from 1989 to 2006. Being overweight (a body mass index or 25 or higher, typically 20-30 pounds overweight) or obese (a body mass index of 30 or greater, typically 30 or more pounds overweight) increases the likelihood of many chronic diseases including diabetes, high blood pressure, stroke, heart disease, asthma, arthritis and cancer. Obesity, when compared to normal weight, has been associated with excess mortality. In Utah, trends towards increasing obesity mirror that of the nation. In 1991-1994, just one local health district had obesity prevalence greater than 15% and by 2004-2006 all but two of the health districts had exceeded that rate, with two having a rate higher than 25%. Both in Utah and the U.S., more men are overweight or obese compared to women, and higher rates are found among American Indian, Black or African American, Pacific Islanders, and Latino/Hispanic Utahns compared to White, Non-Hispanic Utahns.

Among Utah children, between 1994 and 2006, there was a 29% increase in the percentage of students at an unhealthy weight, and among those at an unhealthy weight, the percentage of children who are obese has increased. Currently, 22.5% of all Utah children are overweight or obese. As more children are exposed to the health risks associated with obesity at earlier points in their lives, there become serious implications for life-long health and longevity. According to research presented during the summit, while the death rate from heart disease is declining, the surviving population is more frail due to rising levels of obesity and diabetes. Recent research suggests that obesity is jeopardizing the health of younger generations of Americans and increases, rather than the recent decades of declines in coronary artery disease, are on the horizon.

Determinants of Obesity
The dominant framework for overweight and obesity is one of personal choice. That is, most Americans view weight management as a personal issue that reflects a person’s health behaviors. Interestingly, in an examination of news media coverage on obesity in France compared to the United States, the French were more likely to discuss social-structural contributors to obesity, while the U.S. press was more than twice as likely to hold individuals responsible for weight loss. Certainly personal choice plays a role in weight management, but several alternate explanations play important roles in understanding and preventing obesity. Dr.
David Satcher, the Surgeon General responsible for the “Call to Action on Obesity”, describes these as environmental influences that require changes in our social norms, practices and policies. While individual health behaviors are said to account for forty percent of premature mortality, these choices do not occur in a vacuum. The environment we live in at work, school and home play a role in the decisions we make. This environment has changed in the past three decades to include fewer opportunities to be physically active and more opportunities to eat inexpensive, higher calorie foods. Researchers at the forum discussed the effects of the built environment on individual habits and showed that people may receive more exercise if they live near a TRAX station, open space, a park or a playground. The vicinity of fast food restaurants, placement of unhealthy foods at school and in the worksite and general inconvenience of healthy food choices are also being examined as issues to address on an “environmental” level. This broad-based approach acknowledges the social context of health behaviors and understands that people with fewer resources find it difficult to make healthier choices. The “behavioral justice” perspective argues that it is unjust when disadvantaged communities have little access to the resources needed to engage in healthy behaviors and live in neighborhoods where healthy eating and exercise are unavailable.

The interaction between genetics and the environment is another determinant of obesity. There is a long history of twin studies, adoption studies and family studies that show about 40-60% heritability for traits related to obesity. However, there are many problems inherent in finding obesity genes and identifying the chromosomal regions where genes contributing to obesity may lie. As progress is made in this line of research, the complicated appetite and metabolism control systems involved in the development and maintenance of obesity may be better understood. New information on the role of pregnancy in increasing obesity rates shows that many women are gaining too much weight during pregnancy, which remains after delivery. Women who do not stay within the weight gain recommendations of the Institutes of Medicine have more long term weight gain and are more likely to enter subsequent pregnancies overweight. Obese women are more likely to have complications of pregnancy such as pregnancy induced hypertension, are more likely to have a cesarean section and are less likely to breast feed their child. Interestingly, Utah data show that as a women’s BMI increases, the less likely they were to report being counseled about appropriate weight gain during pregnancy.

Interventions
Complicated situations, such as obesity, require multi-level solutions. There is little disagreement that increasing physical activity and improving dietary quality and quantity are necessary to curb the obesity epidemic. However, there is unlikely to be one “magic wand” that will create energy balance among the U.S. population. Rather, a combination of approaches will likely be effective in unison. Some of the promising strategies include interventions at school, such as the Utah Gold Medal School program, establishing primary care clinic models that help patients with behavioral changes as has been done in the University of Utah clinic system, and development of public-private partnerships such as the Utah Partnership for Healthy Weight which involves communities, families, businesses and government in issues surrounding weight health, hoping to elevate awareness and action. Legislative, regulatory and local policy changes represent an additional critical step in obesity control and political and public will for this type of initiative is gaining.

Identifying the most effective interventions, refining current initiatives and redefining social norms are all urgent matters requiring creative approaches by health care professionals, social and behavioral scientists, individuals and policy makers.

References:
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