



**FACT SHEET**

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**OBESITY IN AMERICA**

**PREVALENCE**

- Obesity is a life-threatening disease affecting 34% of adults in the U.S.; 68% of adults are either overweight or obese<sup>1,2</sup>
- Between 2000 and 2005, obesity (BMI  $\geq 30$ ) increased by 24%, morbid obesity (BMI  $\geq 40$ ) increased by 50% and super obesity (BMI  $\geq 50$ ) increased by 75%<sup>3</sup>
- In 2008, only one state (Colorado) had a prevalence of obesity less than 20%. Thirty-two states had a prevalence equal to or greater than 25%; six of these states (Alabama, Mississippi, Oklahoma, South Carolina, Tennessee and West Virginia) had a prevalence of obesity equal to or greater than 30%<sup>4</sup>

**COSTS ASSOCIATED WITH OBESITY**

- Obesity-related health spending costs the U.S. healthcare system an estimated \$147 billion annually, double what it was a decade ago and amounting to nearly 10% of medical spending<sup>5</sup>
- Obese individuals spend 40% more on health care than individuals of normal weight<sup>6</sup>
- Lost productivity related to obesity among Americans ages 17 to 64 costs \$3.9 billion a year<sup>7</sup>
- Diseases associated with obesity account for 27% of the increases in medical costs since 1987;<sup>8</sup> spending related to diabetes alone totals \$190 billion a year<sup>5</sup>

**OBESITY IN CHILDREN/TEENS**

- As of 2007, 32% of children aged 10-17 in the U.S. are overweight and 16% are obese;<sup>9</sup> childhood obesity has more than tripled in the past 30 years<sup>10</sup>
- As of 2006, 11% of preschoolers ages 2 to 5, 15% of children ages 6 to 11 and 18% of adolescents ages 12 to 19 are overweight;<sup>1</sup> as of 2004, 4% of children age 2-19 are considered severely obese<sup>11</sup>
- Overweight adolescents have a 70% chance of becoming overweight or obese adults. This increases to 80% if a parent is overweight or obese<sup>12</sup>
- One in five American 4-year-olds are considered obese and the rate is higher among American Indian children, with nearly a third of them obese<sup>13</sup>
- A study of 5- to 17-year-olds found that 70% of obese children had at least one risk factor for cardiovascular disease and 39% of obese children had at least two risk factors<sup>8</sup>

**CONTRIBUTING FACTORS TO OBESITY**

- **Genetics:** According to the National Institute of Health, several studies have shown that adopted children have weights closer to their biological parents than to their adoptive parents
- **Metabolism:** The resting metabolic rate (RMR) – the energy needed to keep the body functioning at rest – can vary substantially from one person to another, which may help explain why some people gain weight quicker than others and find it more difficult to lose weight
- **Culture:** Foods specific to certain cultures can contribute to obesity. Research also shows that individuals originally from other countries have difficulty adjusting to the calorie-rich foods offered in the U.S.
- **Illness:** Hypothyroidism, Cushing's Syndrome and Polycystic Ovary Syndrome are a few of the medical conditions that are associated with weight gain
- **Environment:** Lifestyle, dietary habits and physical activity have a particularly strong influence on the likelihood of being or becoming obese
- **Psychological issues:** Many people overeat or binge to suppress emotions or escape from problems

## RISKS ASSOCIATED WITH OBESITY

- Morbid obesity is associated with more than 30 illnesses and medical conditions including: Type 2 diabetes, coronary heart disease, stroke, hypertension and cancer. Other conditions include: asthma, osteoarthritis, joint degeneration, cirrhosis of the liver, venous stasis disease, infertility, pregnancy complications, gastroesophageal reflux disease (GERD), chronic headaches, liver disease, sleep apnea, lower back pain and urinary incontinence
- Obesity is associated with 112,000 excess U.S. deaths each year;<sup>14</sup> obese individuals have a 10 to 50% increased risk of death compared to individuals of healthy weight<sup>7</sup>

## WEIGHT CLASSIFICATIONS FOR ADULTS

- **Body Mass Index (BMI)** is the most common measurement tool to assess body fat, calculated by dividing weight in kilograms by height in meters, squared:  
$$\frac{\text{Weight in kilograms}}{\text{Height in meters}^2}$$
- **Super obese:** A person with a BMI of 50 or more
  - 50,000 adults are super obese in the U.S.
- **Morbidly obese:** A person with a BMI of 40 or more, or a BMI of 35 or more with an obesity-related disease, such as Type 2 diabetes, heart disease or sleep apnea
  - 15 million adults are morbidly obese in the U.S.
- **Obese:** A person with a BMI of 30 – 39.9
  - 64 million adults are obese in the U.S.
- **Overweight:** A person with a BMI of 25 – 29.9
  - 134 million adults are overweight or obese in the U.S.

<sup>1</sup> National Center for Health Statistics. *Health, United States, 2008 With Chartbook* Hyattsville, MD: 2009.

<sup>2</sup> KM Flegal. "Prevalence and Trends in Obesity Among US Adults, 1999-2008." *Journal of the American Medical Association*. 2010. 303(3):235-241. <http://jama.ama-assn.org/cgi/content/full/2009.2014>.

<sup>3</sup> R Sturm. "Increases in Morbid Obesity In the USA: 2000-2005." *Public Health*. Published July 2007. 121(7): 492-6.

<sup>4</sup> Centers for Disease Control and Prevention. U.S. Obesity Trends, 1985-2008. Updated 20 November 2009. [Cited April 2010] Available From: <http://www.cdc.gov/obesity/data/trends.html/>

<sup>5</sup> EA Finkelstein et al. "Annual Medical Spending Attributable To Obesity: Payer-And Service-Specific Estimates." *Health Affairs*. 2009, 29(5):w822-w831. <http://healthaffairs.org/cgi/content/abstract/28/5/w822>

<sup>6</sup> R Sturm. "The Effects of Obesity, Smoking, and Drinking on Medical Problems and Costs." *Health Affairs*. Mar/Apr 2002: 245-253.

<sup>7</sup> Weight-Control Information Network. National Institutes of Health. Statistics Related to Overweight and Obesity. Updated June 2007. [Cited April 2010].

<sup>8</sup> National Center for Chronic Disease Prevention and Health Promotion. Obesity – Halting the Epidemic by Making Health Easier At-A-Glance 2009. [Cited April 2010]. Available from: <http://www.cdc.gov/nccdphp/publications/AAG/pdf/obesity.pdf>.

<sup>9</sup> GK Singh. "Changes in State-Specific Childhood Obesity and Overweight Prevalence in the United States From 2003 to 2007." *Archives of Pediatrics & Adolescent Medicine*. May 2010.

<sup>10</sup> U.S. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. "Childhood Obesity." February 2010. [Cited May 2010]. Available from: <http://www.cdc.gov/HealthyYouth/obesity/>

<sup>11</sup> JA Skelton. "Prevalence and Trends of Severe Obesity Among US Children and Adolescents." *Academic Pediatrics*. September 2009, 9(5):322-329.

<sup>12</sup> U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity. Overweight in Children and Adolescents. Updated January 2007. [Cited April 2010]. [http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact\\_adolescents.htm](http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_adolescents.htm)

<sup>13</sup> DM Seeyave, MBBS et al. "Ability to delay gratification at age 4 years and risk of overweight at age 11 years." *Archives of Pediatric & Adolescent Medicine*. Published 2009. 163(4):303-308.

<sup>14</sup> KM Flegal et al. "Excess Deaths Associated with Underweight, Overweight, and Obesity." *Journal of the American Medical Association*. 2005; 293: 1861-1867.

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