

## OBESITY AND OVERWEIGHT

### AAFP Position

To combat the health risks associated with obesity and being overweight, the American Academy of Family Physicians (AAFP) encourages family physicians to participate in local, state, and national efforts to improve nutrition and encourage physical activity among patients. As a member of the National Alliance for Nutrition and Activity, the AAFP is [committed](#) to reducing the prevalence of overweight and obese individuals across the U.S. The AAFP advocates for universal coverage of obesity screening, counseling, and behavioral interventions and [supports](#) nutrition access and food programs. School meals must meet United States Department of Agriculture (USDA) nutrition standards, provide sufficient choice for students, and replace items of little or no nutritional value with healthy alternatives. The AAFP [supports](#) taxing sugar-sweetened beverages (SSBs) and directing that revenue towards programs that improve the public's health to combat the obesity epidemic.

### Obesity in the United States

According to the World Health Organization, individuals classified as overweight or obese have an "abnormal or excessive fat accumulation that may impair health" and can be measured by an individual's body mass index (BMI). A BMI of greater than 25 is considered overweight or obese.<sup>1</sup> Obesity can be caused by a number of things, including diet, use of certain medications, genetics, or physical ability or level of physical activity, and can even be influenced by factors like education level, food marketing strategies, and lack of access to healthy foods, including food deserts.<sup>2</sup> Obesity is becoming a more common and serious disease in the U.S., increasing from 30.5 percent of the overall U.S. population in 1999 to 42.4 percent in 2018.<sup>3</sup> Common conditions that may be associated with obesity include coronary heart disease, end-stage renal disease, stroke, type 2 diabetes, and cancer, some of which are the leading causes of preventable death.<sup>3</sup> Obesity is also associated with poorer mental health outcomes and reduced quality of life.<sup>2</sup> Obesity disproportionately affects some minority populations, with non-Hispanic Blacks having the highest prevalence of obesity at 49.6 percent.<sup>3</sup>

The economic burden of disease associated with obesity is high; obesity accounts for just over 47 percent of the total cost of chronic diseases nationwide. In 2016, chronic diseases driven by obesity and overweight accounted for \$480.7 billion in direct health care costs, with an additional \$1.24 trillion in indirect costs due to lost economic productivity in the form of lost wages, work not completed, and lower household income.<sup>4</sup> Research has shown that per capita medical spending was \$2,741 higher for obese individuals than for individuals of a healthy weight.<sup>5</sup>

### Federal Action

The federal government first released guidance for primary care physicians on the treatment of overweight and obese adults in 1998 and [recognized](#) the severity of the obesity epidemic in 2001. The [Healthy, Hunger-Free Kids Act of 2010](#) authorized funding and reforms to school lunch and breakfast

<sup>1</sup> Hales CM, Carroll MD, Fryar CD, Ogden CL. (2020). "Prevalence of Obesity and Severe Obesity Among Adults: United States, 2017-2018." *CDC*. Web.

<sup>2</sup> CDC. (2020). "Adult Obesity Causes & Consequences." Web.

<sup>3</sup> CDC. (2020). "Adult Obesity Facts." Web.

<sup>4</sup> Waters H, Graf M. (2018). "America's Obesity Crisis: The Health and Economic Costs of Excess Weight." *Milken Institute*. Web.

<sup>5</sup> Harvard T.H. Chan School of Public Health. (2012). "Obesity Consequences: Economic Costs." Web.

programs, including the Supplemental Nutrition Assistance Program (SNAP), to improve nutrition and food access for millions of children.

Every five years, the U.S. Department of Health and Human Services (HHS) and USDA publish the [Dietary Guidelines for Americans](#), serving as the model of nutrition advice for all Americans. More widespread action has been taken to improve nutrition labeling on packaged foods, include calorie labeling on restaurant menus, and increase access and funding for fresh fruits and vegetables for all populations. Other federal initiatives to combat obesity include the [High Obesity Program](#) at 15 universities to increase access to healthy foods and physical activities in counties with high obesity prevalence and [Racial and Ethnic Approaches to Community Health projects](#) to reduce disparities.

## State Action

### *Weight Discrimination*

Weight-based stigma and discrimination is common, with 19 to 42 percent of adults with obesity experiencing unfair treatment in various settings.<sup>6</sup> [Michigan](#) is the only state with a law prohibiting discrimination against overweight people, where weight is one of 10 protected categories. Weight discrimination laws are pending in [Massachusetts](#) and New York, both of which would prohibit discrimination on the basis of height and weight. Six cities (Binghamton, NY; Madison, WI; San Francisco, CA; Santa Cruz, CA; Urbana, IL; Washington, DC) have protections against weight discrimination, with specifics ranging from protecting weight, height, or personal physical appearance.<sup>7</sup>

### *State Physical Activity and Nutrition Program*

Funded by the CDC, the [State Physical Activity and Nutrition Program](#) (SPAN) is active in 16 states (AK, AR, CA, CO, CT, IL, KY, MN, MO, NY, NC, OH, PA, TX, UT, WA) to implement evidence-based strategies at both state and local levels to improve the community's nutrition and physical activity levels. Recipients are often the state department of health or a related group and can receive up to \$923,000 to carry out these initiatives. [Kentucky](#)'s Cabinet for Health and Family Services received \$856,326 in 2019 to prevent obesity through making healthy eating and active living accessible and affordable.

### *Taxes on Sugar-Sweetened Beverages*

While no state has a statewide SSB tax, eight localities have implemented some version of this excise tax, with four located in California.<sup>8</sup> Taxes can be based on a drink's volume, ranging from 1 cent per ounce in [San Francisco](#), California to 2 cents per ounce in [Boulder, Colorado](#), or be a sales tax as in [Washington, DC](#) which taxes SSB at 8 percent. Due to the contentious nature of SSB and pressure from soft drink manufacturers, several state governments have been [blocked](#) from enacting such taxes or [banned](#) from enacting any future taxes, including California, which passed [legislation](#) in 2018 to ban any new SSB taxes for 12 years. [Cook County, Illinois](#), which includes Chicago, passed a 1 cent per ounce SSB tax in 2016 that was [repealed](#) almost a year later.

### *Minimum Time Requirements for Physical Education*

States have implemented mandatory physical education (PE) and recess in schools to ensure children reach the recommended levels of physical activity in educational settings. Twenty states (AL, AR, CA, FL, GA, HI, IA, LA, MS, MO, MT, NJ, NY, ND, OK, OR, RI, SC, WA, WV) have a PE time requirement for elementary, middle, and/or high schools and six states (CT, FL, MO, RI, VA, WV) require daily recess in elementary schools.<sup>6</sup>

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<sup>6</sup> Spahlholz J, Baer N, Konig HH, Riedel-Heller SG, Luck-Sikorski C. (2016). "Obesity and discrimination – a systematic review and meta-analysis of observational studies." *Obes Rev*. Web.

<sup>7</sup> National Association to Advance Fat Acceptance. (2020). "Equality at Every Size." Web.

<sup>8</sup> Tax Policy Center. (2020). "How do state and local soda taxes work?" Web.