



**Heart Disease and Stroke. You're the Cure.**

## FACTS

### With a Very Heavy Heart

## Obesity and Cardiovascular Disease (CVD)

### OVERVIEW

Once primarily seen as a behavioral and environmental problem, obesity is now viewed as a complex disorder and a major health risk factor linked to increased CVD, cancer, diabetes, and early death.

And more than just a contributing factor, obesity by itself increases the risk of heart disease. Framingham Heart Study researchers found that obese individuals had an incredible 104% increase in the risk of developing heart failure than non-overweight individuals.<sup>1</sup> Those with abdominal obesity are at particularly high risk. An obese person who has a stroke has longer hospital stays and a lower chance of being discharged home.<sup>2</sup>

### AN EPIDEMIC

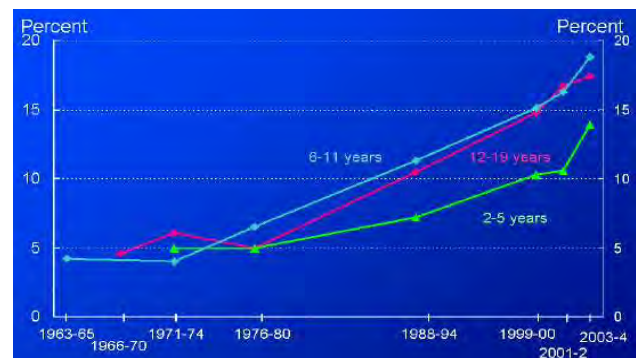
The news is not good. The U.S. is now in the grips of a full-blown obesity epidemic. The prevalence of those who are obese has risen to 31.4%.<sup>3</sup> A 2003 study showed that by age 40, a non-smoking obese woman loses 7.1 years of life expectancy, and a non-smoking obese man loses 5.8 years.<sup>4</sup>

Of deep concern, the obesity epidemic is spreading to our children at an alarming rate. The number of overweight pre-schoolers has jumped by 36% since 1999 - 2000.<sup>3</sup> In 2005, nearly 10 million children and adolescents ages 6-19 were considered overweight.<sup>3</sup> They are taking in too many empty and fat-laden calories and not exercising enough. Overweight adolescents have an overwhelming chance of becoming overweight adults, and they are being sentenced to an early future of CVD and disability.<sup>6</sup>

### COSTS

Beyond the toll in human suffering and death, obesity and its associated diseases have a steep price tag. The estimated annual cost of overweight and obesity in 2002

### Trends in Childhood & Adolescent Overweight



Source: NHANES 1999-2004

dollars is \$132 billion.<sup>3</sup> Obesity is also the prime culprit behind the recent sharp increases in Medicare spending. The number of obese Medicare recipients nearly doubled between 1987 and 2002 and the cost of treating them almost tripled.<sup>7</sup> Left alone, the situation will only worsen with America's public health, economy, and productivity suffering.

### PLAN OF ATTACK

More must be done to understand the relationship between behavioral and environmental causes of obesity and genetic and biological origins. More education is needed and healthy lifestyles must be encouraged and established at an early age. According to the WHO, the number of overweight and obese people worldwide is set to increase to 2.3 billion by 2015 if current trends continue.<sup>3</sup>

### CONTRIBUTING FACTORS TO THE OBESITY EPIDEMIC INCLUDE:

#### AMERICANS OVEREAT AND ARE SEDENTARY

- USDA data indicate that between 1970 and 2003, the amount of calories people eat jumped from 2,234 to 2,757 calories per day. Total per capita consumption of added fats and oils rose by 63 %.

Annual corn sweetener consumption increased to 79 pounds in 2003, up 400% from 1970.<sup>8</sup>

- Of all U.S. deaths from major chronic disease, 23% are linked to sedentary lifestyles. The bottom line: \$5.6 billion in heart disease costs could be saved if one-tenth of Americans began a regular walking program.<sup>9</sup>

**CHILDREN ARE NOT LEARNING HOW TO MAKE HEALTHY CHOICES**

- Only 27% of schools require health education in grade 6, 10% in grade 9, and 2% in grade 12.<sup>10</sup>
- Among students in grades 9–12, only 21.4% of males and 18.7% of females reported eating fruits and vegetables five or more times per day.<sup>3</sup>
- Between 1977–78 and 2000–01, milk consumption decreased by 39% in children ages 6–11, while consumption of carbonated soda rose 137%.<sup>11</sup>
- Only 3.8% of elementary schools, 7.9% of middle schools and 2.1% of high schools provide daily physical education or its equivalent for the entire school year. Twenty-two percent of schools do not require students to take any physical education at all.<sup>12</sup> Physically active transport to and from school has declined; only one third of trips to school  $\leq$ 1 mile and <3% of trips  $\leq$ 2 miles are made by walking or biking. Even recess has been reduced or eliminated in some elementary schools.<sup>13</sup>
- 61.5% of children ages 9 –13 do not participate in any organized physical activity during their non-school hours.<sup>3</sup>
- Only small changes in behavior, such as walking an additional 2000 steps/day and eliminating 100 kcal/day from the diet, can lead to lower BMI in families.<sup>14</sup>

**WORKSITE WELLNESS HELPS**

Employer spending on health promotion and chronic disease prevention is a good investment. Programs have achieved a savings ranging from \$3 to \$15 for each dollar invested and these savings are realized within the first 12 to 18 months.<sup>15</sup> The return on investment comes through reduced sick leave absenteeism, a reduction in health care costs, and an average reduction in workers’ compensation and disability management claims costs.

**AMERICAN HEART ASSOCIATION ACTION PLAN FOR OBESITY**

The American Heart Association has a goal of halting the annual rate of increase in obesity and overweight by 2010. To help achieve that goal, the AHA advocates for the passage of legislation that increases physical activity and improves the health status of all Americans:

- Fitness Integrated with Teaching Kids Act (HR3257/S2173) to increase quality physical education and health education in schools.
- Child Nutrition Promotion and School Lunch Protection Act (HR1363/S771) to update nutritional standards for foods consumed in the school environment.
- Healthy Workforce Act (S.1753) to increase physical activity opportunities in the workplace.
- Screening and treatment of overweight and obesity in children and adults.

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