Executive Summary

An Ounce of Prevention:
What Can Policymakers Do About the Obesity Epidemic?
Overweight and obesity is a major problem. The percentage of the population that is overweight or obese continues to increase. Overweight and obesity are key factors in many diseases. The financial and social cost is huge. Yet, to date the response from public and private policymakers has been relatively small and uncoordinated. The good news is that should policymakers want to take action, a number of policy options are available.

The federal Centers for Disease Control and Prevention reports that in 2001:

- 37% of Wisconsin adults were overweight.
- An additional 22% were obese.
- 15% of children aged 6 to 19 were overweight.

Wisconsin’s numbers are similar to the national prevalence of overweight and obesity. Because the number and percentage of people who are overweight or obese nationwide is so large, experts on these conditions now say there is an obesity epidemic.

Being overweight or obese increases a person’s risk of developing many medical conditions including hypertension, high cholesterol, diabetes, heart disease, heart failure, and stroke.\(^1\)

Researchers estimate that the cost of treating obesity is between 5.5% and 7.0% of all national healthcare expenditures.\(^2\) The federal Centers for Medicare and Medicaid Services reports that healthcare costs totaled $1.4 trillion in 2001.\(^3\) If 5.5% of this cost is attributable to obesity, the national cost of obesity is $77 billion per year. Wisconsin’s per capita share is $1.4 billion.

Reducing the number of people who are overweight and obese will greatly reduce medical costs. In spite of the potential savings to public and private payers, obesity is often overlooked in the policy arena. Consequently, comprehensive policy and program efforts to reduce overweight and obesity are lacking.

Both governmental and private sector actors have begun efforts to combat the obesity epidemic. However, many of these efforts lack urgency because obesity is a low priority. In addition, these efforts are not linked together or part of a systematic public/private partnership to tackle the problem of excess weight.

The challenge facing policymakers, public and private, is not only to increase efforts to combat the obesity epidemic, but to do so in a way that sends a consistent message to kids and adults in school, the workplace and the community. Some pieces of this puzzle are already in place. Others will need to be built from the ground up.

Possible areas of action include:

- **Implement the state health plan.** The Department of Health and Family Services has written a state health plan and a companion piece with implementation strategies. One of the health priorities identified by the plan is to reduce the incidence of overweight and obesity. Implementation will require leadership and fiscal resources from both public and private policymakers.
• **Restrict or eliminate junk foods in schools.** States have wide latitude to control the sale of food in schools. Wisconsin has not done so at the state level. Appleton Central Alternative High School eliminated junk food; teachers and administrators swear that students act and learn better after the change.

• **Improve access to healthy foods in schools.** Only 51% of Wisconsin middle and high schools offer healthy foods for sale.

• **Improve health education curricula to provide information on nutrition.** Wisconsin does not require classroom instruction in nutrition. Only 71% of middle and 76% of high schools do offer such instruction.

• **Link school food policies with nutrition curricula.** Only 35% of Wisconsin middle schools and 44% of high schools meet the dual standard of teaching about and making available healthy foods.

• **Increase physical education instruction in schools.** Wisconsin’s physical education requirements fall short of those recommended by the National Association of State Boards of Education. The NASBE recommends daily physical activity – 150 minutes per week for elementary grades and 225 minutes per week for middle and high school grades.

• **Improve health education classes.** Only 47% of Wisconsin middle schools and 59% of high schools require both physical education and classroom instruction in physical activity. The National Association of State Boards of Education recommends that health classes provide the knowledge and skills necessary for a lifetime of physical activity, including how to assess fitness levels, set activity goals and monitor progress to those goals.

• **Eliminate sales tax exemptions on unhealthy foods and dedicate the money to health programs.** Seventeen states and the District of Columbia have enacted laws taxing soft drinks and/or snack foods.

• **Promote policies that encourage walking and bicycling in everyday life.** Examples include community designs that provide sidewalks and bike lanes, transportation funding for biking and walking in highway projects, and safe routes for walking to school.

• **Maximize state receipt of federal money.** Numerous federal programs provide money to states for efforts to increase physical activity.

• **Improve workplace wellness programs.** Public and private sector employers can reduce healthcare costs by helping individuals become aware of the need for physical activity and by establishing financial and other incentives to make individuals responsible for their own health.

• **Improve counseling by medical professionals on diet and physical activity.** A surprisingly large number of people, including those who are overweight and obese, do not receive counseling on diet and the need for regular physical activity. HMOs can implement clinical practices to increase the number of people who receive such counseling.

Without concerted, coordinated, and immediate action on the part of state and local governments, educators, insurers and medical providers, and private companies, the number of people who are overweight and obese will continue to grow. It is an epidemic with enormous financial costs that has been too long neglected and the potential savings of prevention can no longer be deferred. These costs are avoidable, but only if we act.
Notes


The full text of this paper is available on our website.
The address is http://www.medsch.wisc.edu/pophealth/State Forums/