



facts: About Healthy hio

The State of Living Well.

Office of Healthy Ohio Overweight and Obesity Fact Sheet

The staggering rise of obesity rates in the past three decades is contributing to the increase in costly chronic diseases such as heart disease and diabetes, along with an unsustainable growth in health care costs. Many experts agree that the generation of children growing up today will live shorter lives than their parents.

The Office of Healthy Ohio Mission:

Healthy Ohio is a key component of Gov. Ted Strickland's comprehensive health care reform initiative and is located at the Ohio Department of Health. Healthy Ohio's goal is to improve the health of all Ohioans to create a better quality of life, assure a more productive workforce and equip students for learning, while also contributing to the more efficient and cost-effective use of medical services.

Facts

Adults

- ▼ Ohio ranks sixth in the nation with 28 percent of adults classified as obese and an additional 35 percent as overweight, totaling almost two-thirds of the adult population.
- ▼ Seventy-seven percent of Ohio adults report not eating the recommended number of fruits and vegetables, and 24.5 percent get no leisure time physical activity.

Children

- ▼ Nearly 19 percent of Ohio third graders are obese and 17 percent are overweight.¹
- ▼ Low-income children in Ohio are more likely to be overweight or obese than children from other income groups. Children living in Appalachian counties are more likely to be obese than children living in non-Appalachian counties.¹
- ▼ Among low-income, preschool-age children, Hispanics have the greatest prevalence of overweight and obesity. The prevalence in 2006 was 33.9 percent for Hispanic children, 25.3 percent for black children and 27.2 percent for white children.²
- ▼ Only 16 percent of Ohio teens report eating fruits and vegetables five or more times per day while 30 percent report drinking soda (excluding diet soda) one or more times per day.³

¹ A report on body mass index of Ohio's third graders completed by the Ohio Department of Health, Division of Family and Community Health Services, School and Adolescent Health Section.

² Ohio Pediatric Nutrition Surveillance System (PedNSS), 2007.

³ Youth Risk Behavior Survey-Ohio 2007.

Health Impact

- ▼ Based on current overweight and obesity trends, one-third of children today will develop diabetes over their lifetime.⁴
- ▼ Sixty percent of overweight 5- to 10-year-olds have at least one cardiovascular disease risk factor such as high blood pressure or high cholesterol.

- ▼ Obesity and physical inactivity are associated with several types of cancer, heart disease, diabetes, arthritis and psychosocial consequences.
- ▼ An investment of \$10 per person in primary prevention could result in a return in Ohio of over \$6.00 for every \$1.00 spent within five years.⁵

The Economic Impact

- ▼ Ohio spends \$3.3 billion per year on adult medical expenditures attributable to diabetes, about 6.1 percent of total medical expenditures in the state.⁶
- ▼ Half of obesity-related medical expenditures are financed by taxpayers through Medicare and Medicaid, both locally and nationally.
- ▼ Ohio spends \$289 per person per year on medical costs related to obesity, the 11th highest in the nation.⁷
- ▼ The cost to business of obesity-related health care in the U.S. is estimated to total \$15.4 billion. This does not include lost productivity or increased absenteeism.⁸
- ▼ The average annual health care costs for obese adults in the U.S. are 36 percent higher than for normal weight individuals.⁹
- ▼ A recent ranking of *Best States for Raising Healthy Kids* placed Ohio 33rd.¹⁰

⁴ Narayan KM, Boyle JP, Thompson TJ, Sorensen SW, Williamson DF. Lifetime risk for diabetes mellitus in the United States. *JAMA* 2003;290(14):1884-1890.

⁵ Trust for America's Health; Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities.

⁶ Finkelstein, E., Fiebelkorn, I., and Wang, G. (2004). "State-Level Estimates of Annual Medical Expenditures Attributable to Obesity" *Obesity Research* Vol. 12 No. 1 January 2004 18-24.

⁷ Health Policy Institute of Ohio, The. (2005). *Obesity: The Health Debate and Policy Challenges*. Columbus, OH: Goldberg, Janet.

⁸ Thompson D, Edelsberg J, Kinsey KL, Oster G. Estimated economic costs of obesity to U.S. business. *Am J Health Promot* 1998;13:120-127.

⁹ Thompson D, Brown JB, Nichols GA, Elmer PJ, Oster G. Body mass index and future healthcare costs: A retrospective cohort study. *Obes Res* 2001;9:210-218.35.

¹⁰ Cicero, K. (2005). "Best States for Raising Healthy Kids." *Child Magazine*, April 2005. (A panel of health, fitness and nutrition experts determined the rankings based on 12 criteria including school requirements and recommendations for physical education and nutrition classes, playground safety, youth sports participation and the number of fast-food restaurants.)

Healthy Ohio's Obesity Prevention Initiatives

- ▼ Hosting a statewide childhood obesity prevention forum to raise awareness and issue a call for action.
- ▼ Creating a public-private task force to develop a comprehensive plan to reduce obesity rates.
- ▼ Administering a community grant program to support local efforts to reduce obesity.
- ▼ Implementing a social marketing campaign to prevent obesity.
- ▼ Initiating regional meetings to discuss local needs for preventing chronic disease.
- ▼ Hiring a full-time obesity prevention coordinator.

