A Call to Action:

What Congress can do to address the obesity epidemic in 2008 and beyond

CAMPAIGN TO
END OBESITY

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The Campaign to End Obesity

would like to thank the following organizations for their guidance and support in developing this Call to Action.

The listed organizations do not necessarily support all of the reccomendations included in this report.

American Cancer Society Cancer Action Network

American College of Gastroenterology

American Diabetes Association

American Dietetic Association

American Heart Association

Center for Science in the Public Interest

First Focus

Healthcare Leadership Council

International Health Racquet and Sportsclub Association

National Association of Chronic Disease Directors

National Association for Sport and Physical Education

National Coalition for Promoting Physical Activity

Shaping America's Health

Sporting Good Manufacturers Assdociation

Trust for America's Health

YMCA of the USA

May 16, 2008

According to projections, 73 percent of American adults could suffer from excess weight or obesity by the time the 111th Congress gets underway.[1] Almost 20% of children already suffer from overweight and obesity and the numbers are growing. In addition, according to the Department of Health and Human Services, the total cost of obesity in the U.S. is already over $117 billion each year.[2] If Congress does not take advantage of every opportunity to combat this devastating trend, then any other healthcare change will be dwarfed by the rising physical, emotional, and economic costs of this epidemic.

Not only does the rise in obesity threaten our nation's health and economic security, but it also threatens our national security. In his recent testimony to the Senate Armed Services Personnel Subcommittee, Undersecretary of Defense David S.C. Chu stated that one of the challenges with maintaining sufficient troop levels is that there is an increasingly limited pool of youth from which to recruit to the military, "It is an unfortunate fact that many of the contemporary youth population are currently ineligible to serve. About 35% are medically disqualified (with obesity a large contributing factor), 18% abuse drugs and alcohol, 5% have conduct/criminal issues, 6% have dependents, and 9% are in the lowest aptitude category.[3]"

Obesity is a complex problem rooted in a matrix of individual, interpersonal, organizational, community, and societal factors. There is no all powerful villain and no magic bullet solution. Going from a society of scarcity to one of excess with limited means to treat or manage the health outcomes is the result of years of societal evolution and technological advancement. Reversing the current trend will require significant dedication to untangling the web of challenges by developing solutions that work against the back drop of modern society – step by step.

While longer term solutions need to be developed, there are meaningful actions that Congress can take right now to impact the current obesity trend. Not only must we expand our traditional public heath response but we must look for opportunities across the policy landscape for promoting better health. In the short term, every major piece of legislation from Medicare to Transportation to Farm Policy to Appropriations provides an opportunity to improve our approach to obesity prevention, management, and treatment.

The following report builds on the agenda set by the delegates at the **National Summit on Obesity Policy** in 2007 (see http://obesitycampaign.org/obesity_summit.asp) by highlighting the many specific opportunities for action: the policy changes needed, the major vehicles that could be leveraged, and the need for increased appropriations investment in quality programs. It then highlights specific legislation that has already been introduced and should be considered in the remainder of this Congress.

Now is the time for Congress to make a substantial commitment to reversing the Obesity epidemic. Combating this epidemic will require a significant investment, but the cost of action pales in comparison to the cost of inaction.

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Opportunities for Intervention:

Addressing the whole problem requires addressing the whole policy environment

Obesity is the result of a combination of biological, environmental, and cultural factors all coming together in our current world. Reversing the current trend is not as simple as telling people to eat less and exercise more as people can neither 'eat healthy foods' when they can not access or afford them nor can they 'become more active' when they have no safe place, time, or resources to do that. Likewise, people suffering from obesity generally need far more intensive treatment than simple advice to effectively manage and treat their condition, but they often have no access to or insurance coverage for the services they need. Thus, it is time for the government to take a more comprehensive policy approach to the problem – to look holistically at factors that influence obesity and to look for ways to support people in preventing, managing, and treating the disease.

Although there are opportunities for every department in government to play a meaningful role in addressing the obesity epidemic, the following pages focus on those areas where the policy is currently most developed and ready for Congressional action. Specifically, it describes opportunities to improve key elements of the world in which people live – their education, healthcare, finances, worksites, and communities. The report is not an exhaustive exploration of all of the policy changes that are needed, but it serves as roadmap for steps that Congress can take in the short run to reverse the current growth trends.

AMERICA'S OBESITY EPIDEMIC:

- **The percentage of U.S. adults classified as having obesity doubled between 1980 and 2000, from 15% to 31%.**[18]
- **According to projections, 73 percent of American adults could suffer from overweight or obesity by 2008.**[19]
- **The prevalence of childhood obesity has tripled since 1980 and now almost 20% of children suffer from excess weight or obesity.**
- **Obesity is the second leading cause of preventable death in the U.S.**[20]

The Federal government has taken several steps to lay the groundwork for addressing obesity via the education environment. The Local School Wellness Policy requirement (http://www.fns.usda.gov/tn/healthy/wellnesspolicy.html) that passed as part of the 2004 Child Nutrition Act reauthorization has led many school districts and states to improve their school environments. Similarly, the fruit and vegetable snack program which provides free fruit and vegetable snacks to children in low income schools has been shown to improve children's diets and their food choices – even outside of the school environment[4]. In addition, tying the reimbursable school meal to the US Dietary Guidelines ensures that meal standards will keep up with nutrition science. But there is much more that Congress can do both to improve the nutrition environment in schools and to encourage and support increased physical activity and the provision of quality health education and physical education in schools.

Although most school districts have developed a wellness policy, there remains great variation in the quality, implementation, and impact of these policies. While most of them do address the school nutrition environment, they set widely different nutrition standards which have lead to great variety in the quality of the policies that exist.[5] The realities are similar on the physical activity side of the equation. A School Nutrition Association survey of the 100 largest districts revealed that only 51% of the policies address a recess requirement for even elementary schools and only 78% address physical activity requirements in any manner at all[6]. Meanwhile, very few districts have addressed meaningful improvements to the curricular areas of physical education and health education via their wellness policies. Thus, the wellness policy requirement is a valuable first step in getting schools to address their health environment and curriculum but stronger action such as providing nutrition, physical activity, physical education, and health education standards, offering implementation and evaluation guidance, and increasing accountability is needed.

Many opportunities exist either in the current Farm bill (still being debated at press) or the next Child Nutrition Act reauthorization to strengthen the nutrition environment in schools. The fruit and vegetable snack program still only serves 25 schools in each of 14 states and 3 Tribal Organizations - or approximately 425 out of almost 125,000 schools nationally. Congress should dramatically increase their investment in this program so that high risk students in all states can have access to this valuable program.

Only 35.8% of high school students are physically active 60 minutes or more, 5 days a week[23]

In addition, the only Federal regulation of the competitive food environment (vending, schools stores, snack bars, etc.) in schools is the restriction of "Foods of Minimal Nutrition Value" during meal times where school lunch or breakfast is sold. This is an antiquated regulation based on 1970's education environments and nutrition science. A broad coalition of public health, industry, and advocacy groups have come together to advocate for setting national nutrition standards for all foods sold on school campuses during the school day. It is time that all of Congress joins current Congressional champions for this issue in working to put updated national standards into law.

In terms of physical activity, children need at least 60 minutes of moderate to vigorous physical activity per day[7], and yet national surveillance data tells us that only 35.8% of high school students are meeting this recommendation.[23] Data from the 2006 School Health Policies and Programs Study demonstrates that only 3.8% of elementary schools, 7.9% of middle schools, and 2.1% of high schools provide daily physical education[8]. And only 67.8% of elementary schools offer daily recess in all grades. Meanwhile, fewer children are getting physical activity in the activities of getting to and from school. Whereas in 1969 50% of all students walked or bicycled, today only 15% of these students walk or bicycle to or from schools[9].

The reauthorization of "No Child Left Behind" provides a tremendous opportunity to address many of these physical education and physical activity issues in schools. Specific recommendations include

- **Require schools to report on the quantity and quality of physical education offered to students on school district and state report cards**
- **Provide incentives for schools that meet national standards for physical education**
- **Support professional development for teachers and principals to promote healthy lifestyles and physical activity**
- **Fund a nonpartisan study to evaluate the most effective means of increasing both physical activity and academic outcomes in schools.**
- **Improve the after school environment by amending the allowable activities funded under the 21st Century Community Learning Centers to include physical activity.**
- **Amend the Safe and Drug-Free Schools and Communities Act to allow for the promotion of safe routes to schools.**
- **Reauthorize the Carol M. White Physical Education Program – the only Federal funds supporting physical education.**

The Child Nutrition Reauthorization also provides an opportunity to promote physical education. Whereas the current Local Wellness Policy language only requires that schools address physical activity, Congress should also require the policies to address quality physical education.

In order to be successful in improving the school environment, the Federal government must increase our investment in many nutrition, physical activity, physical education, and health education programs that are chronically unfunded and underfunded via the appropriations process. All too often quality programs are developed and approved in the authorization process but are never fully implemented due to lack of funding. For instance, the 2004 reauthorization of the Child Nutrition Act authorized a Team Nutrition Network that would help states build capacity for improved quality nutrition education but it has never come to fruition due to lack of appropriations. Another example is The Carol M. White Physical Education for Progress (PEP) grants administered by the Department of Education's Safe and Drug Free Schools. These grants are the only Federal dollars that directly support schools and communities in providing physical education and each year the program receives thousands more applicants than can be funded. Yet despite the increased need and urgency for this type of support, PEP appropriations have been flat since 2005. Similarly, the Center for Disease Control and Prevention's Division of Adolescent and School Health supports states in implementing Coordinated School Health Programs but only 22 states and 1 tribal government receive funding. All of these programs should be expanded to meet the needs of more states and communities.

The prevalence of childhood obesity has tripled since 1980 and now almost 20% of children suffer from excess weight or obesity.[20]

Top Education Priorities

- ✓ Plan to strengthen the Local Wellness Policy Requirement to include nutrition, physical activity, physical education, and health education standards, implementation and evaluation guidance, and increased accountability requirements.
- ✓ Increase their investment in the USDA Fruit and Vegetable Program so that vulnerable students in all states can have access to this valuable program.
- ✓ Set national nutrition standards for all foods and beverages sold on school campuses throughout the school day.
- ✓ Require schools to report on the quantity and quality of physical education offered to students on school district and state report cards
- ✓ Provide incentives for schools that meet national standards for physical education
- ✓ Support professional development for teachers and principals to promote healthy lifestyles and physical activity
- ✓ Fund a nonpartisan study to evaluate the most effective means of increasing both physical activity and academic outcomes in schools.
- ✓ Improve the after school environment by amending the allowable activities funded under the 21st Century Community Learning Centers to include physical activity.
- ✓ Amend the Safe and Drug-Free Schools and Communities Act to allow for the promotion of safe routes to schools.
- ✓ Reauthorize the Carol M. White Physical Education Program.
- ✓ Increase the national investment in critical education programs such as
  - ■ Team Nutrition (USDA Food and Nutrition Services)
  - ■ Team Nutrition Network (USDA Food and Nutrition Services)
  - ■ The Carol M. White Physical Education for Progress (PEP) (Department of Education Office of Safe and Drug Free Schools)
  - ■ Coordinated School Health Program grants (CDC's Division of Adolescent and School Health)

"Spending on health care in the United States has grown substantially over the past four decades. In 1965, that spending amounted to $187 billion (in 2005 dollars). It more than tripled in real (inflation-adjusted) terms over 20 years, reaching $666 billion in 1985. Over the next 20 years, spending nearly tripled again, reaching roughly $1.9 trillion in 2005.

Spending has also risen rapidly on a per capita basis, with growth averaging around 4.9 percent per year in real terms over the past four decades. By contrast, per capita GDP grew, on average, by only 2.1 percent per year during that period. As a result, health care spending is now a much larger proportion of GDP nearly 15 percent in 2005 compared with 5 percent in 1965…

Obesity raises an individual's risk of serious illnesses such as cardiovascular disease and diabetes, and obese persons incur greater health care costs. In 2001, for example, spending for health care per person of normal weight was $2,783, compared with $3,737 per obese person and $4,725 per morbidly obese person. A rise in the prevalence of obesity is therefore a likely contributor to the growth of health care spending."

Statement of Peter R. Orszag, Director,
Growth in Health Care Costs,
Congressional Budget Office Committee
on Senate Budget -- January 31, 2008

The Federal government should be a leader in modeling the best care for people at risk for and suffering from obesity. Today, people with obesity are not only at greater risk for a host of diseases and complications but recent studies have shown that they are less likely to be screened for and in some cases more likely to die from these diseases than other populations[10,11]. Currently, obesity is largely an unreimbursable diagnosis in medical care. Even relatively low cost interventions such as Medical Nutrition Therapy or prescribed physical activity are generally unreimbursed by Medicare and other federally funded programs unless patients have already been diagnosed with severe co-morbidities such as Type 2 Diabetes or renal disease. This lack of reimbursement for screening, management and treatment of the disease not only handicaps patients from seeking care but also discourages practitioners from addressing weight concerns when patients are seen.

The lack of coverage also perpetuates a culture where obesity is not considered a medical condition and thus, practitioners are not adequately trained in addressing it, research dollars are not sufficiently invested in improving strategies for preventing, managing, and treating it, and Americans spend greater than $40 billion per year on largely ineffective weight loss products in an effort to self-manage it.

Truly addressing the obesity epidemic requires focusing on prevention and management of the disease within the healthcare setting as is standard with all other chronic illnesses. The current system only manages and treats the complications of obesity – diabetes, heart disease, cancer, arthritis, gastro esophageal reflux disease (GERD), depression, etc. – rather than treating obesity itself and preventing many of these costly complications. Despite our vast progress in treating conditions such as heart disease, evidence indicates that the net improvement in morbidity and mortality may be minimal if we do not begin to reverse the obesity trend itself.[12]

The Center for Medicare and Medicaid Services decision to add obesity screening to the 2009 Healthcare Effectiveness Data and Information Set (HEDIS®) Medicare Health Outcomes Survey is a positive step toward encouraging practitioners to monitor Body Mass Index. However, practitioners still have no means of being compensated for their time spent focusing on obesity management or treatment if unhealthy BMI changes are noted. They also may be discouraged from treating patients with obesity as current outcome measures and reimbursement formulas do not risk adjust for the added time and complexities it takes to work with someone who has obesity secondary to the multitude of complications associated with the disease.

As Congress considers a Medicare package this year, it is a prime opportunity to address the gaps in current policy. Including well vetted and widely supported provisions such as increased coverage for Medical Nutrition Therapy into Medicare could have a dramatic impact on people's access to the care they need to reduce their risk for and complications of obesity. Likewise, including a pilot or demonstration project that reimburses providers for evidence based treatment of overweight and obesity such as the coverage offered by Blue Cross Blue Shield of North Carolina which includes coverage for medical visits, nutrition therapy, and pharmaceutical interventions, would help set the stage for future expansion of the program to include these and other valuable services for all patients needing them. Congress should also consider risk adjusting reimbursement formulas to aknowledge the added complexities of obesity and support practitioners in providing the needed care to patients suffering from the disease.

The Children's Health Insurance Reauthorization of 2007 included an obesity demonstration program intended to create a model for addressing obesity in pediatric populations. Given the President's veto of this legislation, Congress has the opportunity to readdress the issue when reconsidering children's health insurance reauthorization. Including such a demonstration project would be a first step in addressing the issue in this population. However, given the severe risk and rapid growth of obesity in the populations most served by SCHIP, we encourage Congress to go one step further and authorize coverage for services to treat this population with the medical care they require. In 2007 The American Academy of Pediatrics, the American Medical Association, the Centers for Disease Control and Prevention and more than 15 other practitioner and public health organizations released new consensus Pediatric Obesity Assessment, Prevention, and Treatment guidelines that should serve as a model for a benefits package offered to children.[13]

Medicaid provides care to many of the most at risk populations in the country and thus, is a critical program in which to address obesity screening, prevention, management, and treatment. Some states have recognized the importance of addressing this disabling disease by providing benefits that cover it .[14] However, in lieu of Federal guidance, the majority of states offer no coverage for patients at risk for or suffering from obesity until they present with other diseases such as diabetes or heart disease. This approach is not only bad medicine but it is bad economics as states end up paying for interventions as significant as surgery and hospitalization when progression of the disease could have been prevented with much less expensive interventions. Any Medicaid package considered should begin to address the disparities in care for obesity by supporting states in providing comprehensive treatments for patients at risk for and suffering from obesity such as offering nutrition and exercise therapies as interventions and moving obesity pharmaceuticals from an optional benefit to a mandatory benefit.

The Center for Disease Control and Prevention (CDC) administers Preventive Health and Health Services Block Grants that are often used to fill gaps in the state public health infrastructure including obesity prevention and intervention programs. Although the use of these funds varies in accordance with the needs of the 61 recipients – all 50 states, the District of Columbia, 2 Native American Tribes, and eight U.S. territories – in all cases the funds are critical to building a strong public health system that can help address the growing challenges of obesity. Thus, Congress must continue to invest in our public health system maintaining adequate funding to these grants via annual appropriations.

Top Healthcare and Public Health Priorities

- ✔ Expand coverage for Medical Nutrition Therapy to patients at risk for and suffering from obesity.
- ✔ Pilot reimbursement for managing and treating obesity.
- ✔ Consider risk adjusting reimbursement for treatment of patients with obesity.
- ✔ Authorize coverage for services to manage and treat pediatric obesity via SCHIP.
- ✔ Eliminate barriers within Medicare and Medicaid for prescription drug coverage for the treatment of obesity.
- ✔ Continue to invest in Preventive and Health and health Services Block Grants.

Evidence clearly demonstrates that cost is a significant barrier to healthy living for many individuals. People at the lowest socioeconomic levels are at the greatest risk for most chronic health conditions including obesity and even those at moderate income levels may forgo prevention or intervention practices in light of other seemingly more pressing financial needs. One way for the government to help promote healthier practices that will both help to prevent and reduce the side effects of obesity is to provide financial assistance or incentives to families to help and encourage them to engage in healthier behavior. Examples of such assistance includes providing supplemental food stamp assistance for purchasing fruits and vegetables via the Farm bill and reducing co-payments for preventative services via Medicare, Medicaid, and SCHIP. In addition, Congress has a valuable opportunity to impact both people's access to healthier options and their belief in their value by changing the tax code to encourage and support healthy behaviors.

For instance, one provision that has already received strong support is making expenses incurred in order to engage in physical activity a deductable medical expense. Just as corrective lenses purchased to treat poor vision is a necessary medical expense, so too are the costs incurred in engaging in physical activity in order to prevent or manage obesity. Yet whereas glasses can be deducted as a medical expense, physical activity expenses can not. Allowing these expenses to be deducted would both ease the financial burden of engaging in those activities and send a message that physical activity is medically necessary – a belief that is not standard in current culture given that 70% of American adults get less than 20 minutes of regular physical activity per day and almost 30% report getting no leisure time physical activity per day[15]. Since lower income populations are unlikely to benefit from a tax deduction, Congress should also provide a refundable tax credit for low income families to help them overcome their financial barriers to physical activity.

According to Health Affairs Journal and RAND, 83 cents of every health care dollar in America is spent on a patient that is overweight or obese

Top Financial Priorities

- ✔ Increase assistance via Federal food programs such as food stamps for purchasing fruits and vegetables.
- ✔ Reduce or eliminate co-payments for screening and other prevention services via Medicare, Medicaid, SCHIP, and FEHBP.
- ✔ Allow physical activity expenses to be deducted as medical expenses.
- ✔ Provide a tax credit for physical activity participation to low income families.

Work Environment

A 2008 report by the Conference Board concluded that obesity is costing U.S. companies as much as $45 billion a year in medical expenditures and work loss[16]. As a result, many employers are already working to help employees improve their health via worksite wellness or incentive programs. The Center for Disease Control's (CDC) Community Guide recommends multi-component nutrition and physical activity interventions as one way of effectively intervening in the worksite setting, but a much greater investment in this type of research is necessary to identify what types of interventions, incentives, and promotion programs are most effective – both in terms of cost and health impact. Congress should invest adequate resources into The Task Force on Community Preventive Services' review of evidence on other worksite obesity prevention and intervention strategies so as to develop comprehensive guidance for worksite health promotion policies and programs.

Congress can also support employers directly in their efforts to improve employee health by offering tax incentives that encourage investment in employee wellness. Small changes such as eliminating the tax on employee fitness incentives and other wellness benefits or allowing bicycle commuting expenses as qualified transportation fringe benefits could provide meaningful incentives to both employers and employees - particularly those associated with small businesses that can not afford to build onsite health and wellness facilities but who would like to provide reimbursement for employees seeking these services offsite.

Obesity is associated with 39 million lost work days; 239 million restricted activity days; 90 million bed days; and 63 million physician visits.[21]

Top Work Environment Priorities

✔ Appropriate funds to the Task Force on Community Preventive Service's review of evidence on worksite obesity prevention and intervention strategies so they can develop and publish evidence based community guide.

✔ Reduce financial barriers to worksite obesity prevention and intervention initiatives by amending the IRS code to

- Exclude offsite health club or gym benefits from taxable income
- Provide employers with a tax credit for the costs of qualified wellness programs.
- Provide employees with a tax credit for participating in qualified wellness programs.
- Include bicycle commuting allowances as a qualified transportation fringe benefit.

People's daily behavior is strongly influenced by the environment in which they live, work, learn, play, and travel from one location to another. Thus, federal policy must encourage the growth and development of healthy communities and effective community interventions. Adequately addressing this issue means increasing support for programs that help communities improve their environments and evaluating policies not traditionally focused on health such as transportation and land use.

The CDC administers many programs that are targeting specific needs and demonstrating meaningful outcomes, but they all require increased financial support. The Racial and Ethnic Approaches to Community Health Across the United States (REACH U.S.) program has produced improvements in health and reductions in health disparities in communities that face serious community health problems such as obesity. CDC's Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases currently works with 28 states to build lasting and comprehensive efforts to address obesity and other chronic diseases through a variety of nutrition and physical activity strategies. Communities supported through CDC's Steps Program and ACHIEVE initiative are taking local action to reverse trends in risk factors for obesity and chronic disease. In addition, the CDC is collaborating with the YMCA on Pioneering Healthier Communities which is also showing progress in organizing, evaluating, and changing communities in order to promote healthier living. Continued Federal support of these programs is crucial to helping needy communities make positive changes.

In addition to these programs, Congress should also invest in safe places for children and adults to play and recreate. Congress can encourage more opportunities for play by offering grants and developing tools to help communities in this arena. Congress should increase their support the Land and Water Conservation Fund which provides valuable matching funds for the maintenance and development of local and state parks, recreation facilities, trails, and athletic fields, and other valuable recreation areas. Congress should also restore funding to the Urban Park and Recreation Recovery Act (UPARR) which provides matching grants to urban cities and counties to rehabilitate aging and unsafe parks and recreational facilities. UPARR has not received any funding since 2002.

The Community Development Block Grants Program is another critical source of funding for communities looking to improve or develop safe places for recreation and increased non-vehicular transportation. These funds are administered by the U.S. Department of Housing and Urban Development and can be used to renovate parks, build sidewalks, and other projects that make activity an option for people living in low to moderate income communities.

Congress has a unique opportunity to effectively address two growing concerns when they consider Climate Change legislation in the months ahead. While the primary focus of the legislation is the reduction of carbon emissions in order to reduce global warming, a secondary benefit of the legislation could be a reduction in obesity secondary to increased walking and bicycling in communities across the United States. Environmental scientists generally agree that reducing vehicular miles traveled (VMT) is one key to reducing carbon emissions in the U.S. But health scientists also agree that increasing the amount of activity people get in their activities of daily living such as going to and from work, school, parks, and stores could have a significant impact on their total daily activity and thus, on their risk of overweight and obesity. It is critical that any legislation addressing climate change supports such initiatives as Complete Streets and Safe Routes to School that have been shown to be effective in increasing physical activity and reducing people's automobile use.

In 2005, Congress passed the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) that is due to expire at the end of 2009. The 2005 act included small amounts of funding for many initiatives that can be used to support non-vehicular transportation such as Safe Routes to School, Recreational Trails, and Congestion Mitigation and Air Quality Programs. Given both the burgeoning environmental and health concerns associated with increased vehicular transportation, these programs should be expanded in the next reauthorization as they have been proven to be effective and yet represent only a tiny fraction of transportation expenditures. In addition, Congress should take innovative action such as requiring "complete streets" or ensuring that future transportation investments create appropriate and safe access for all users including motorists, transit vehicles and riders, bicyclists, and pedestrians of all ages and abilities.

Another key role that Congress can play in promoting health is helping people get access to the information they need to make healthy decisions. Data from USDA's food intake surveys show that food consumed outside of the home accounted for an average of 32 percent of total calories consumed in 1994-96, up from 18 percent in 1977-78. Increasing evidence also suggests that when eating out, people either eat more or eat higher calorie foods–or both-than when they eat at home[17]. Unfortunately, most people have no idea how many calories they are consuming when eating in restaurants or cafeterias. Whereas packaged foods are required to disclose nutrition information to consumers, food service establishments are not. Congress should help consumers get the information they need to make informed decisions by requiring restaurants and other food service establishments to disclose nutrition information to customers, such as including calories on menus or menu boards.

Congress can also play additional roles in supporting healthier communities. Investing in research to identify best practices, creating evaluation and guidance tools that help communities identify needs, opportunities, and best practices for interventions, and dissemination of quality guidance on building healthier communities are all important supports that Congress should authorize and support.

People with obesity have higher health care utilization rates:

- 36 % higher inpatient and outpatient spending
- 77% higher medication spending
- 45% more inpatient days
- 48% more expenditures over $5,000
- 11% higher annual health care costs [22]

Top Community Priorities

- ✓ Invest in building healthy communities via CDC programs including
  - The Racial and Ethnic Approaches to Community health Across the United States (REACH U.S.) program.
  - Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases.
  - Steps and ACHIEVE
  - Pioneering Healthier Communities
- ✓ Take leadership role in encouraging new spaces to play via research and communication of best practices
- ✓ Invest in building infrastructure that can increase opportunities for physical activity such as
  - Land and Water Conservation Fund
  - Urban Park and Recreation Recovery Act (UPARR)
- ✓ Include provisions encouraging and dedicate funds toward non-vehicular transportation via initiatives such as Complete Streets and Safe Routes to School in any Climate Change legislation.
- ✓ Plan to increase investments in non-vehicular transportation such as Safe Routes to School, Recreational Trails, and Congestion Mitigation and Air Quality Programs via the next transportation bill.
- ✓ Require restaurants and other away-from-home eateries and food service establishments to disclose nutrition information to customers.
- ✓ Allow the FTC to regulate the marketing of unhealthy behaviors including poor eating and activity habits to children.

Research and Continued Federal Leadership

Although many steps can be taken right now to address the obesity epidemic, much is still not known about how best to combat this devastating trend. Significant research is needed in order to determine what strategies are most effective in preventing, managing, and treating obesity. The complexity of obesity requires a comprehensive research agenda that explores interventions at the individual, family, community, state, and Federal level. Congress should increase their investment in the departments and agencies responsible for this research – the National Institute of Health, the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, the Agriculture Research Service, the Cooperative State Research, Education, and Extension Service, and the Economic Research Service – and the specific initiatives focused on preventing, managing, and treating obesity across the lifespan.

Congress should also call on the next administration to unite the Federal government in a coordinated national strategy to combat obesity. The strategies outlined in this report are only the beginning of what can and should be done to prevent, manage, and treat obesity. Ultimately, progress will be faster and more effective if work is coordinated across departments such that research findings are more quickly disseminated and integrated into each department's programs and interventions. Several Congressional leaders have introduced legislation that looks at the issue across departments and we encourage greater discussion of that cross-departmental approach both by Congress and the President.

Effectively addressing obesity will require strong federal, state, and local leadership. The Campaign to End Obesity calls on Congress to take an important step toward tackling this complex issue by integrating meaningful policy changes such as those described above and introduced in the highlighted legislation into the work at hand. Education, health, finance, agriculture, climate change, transportation, and appropriations policy all have a critical impact on obesity. The time has come for Congress to insure that this impact is one that will support the end and not the growth of the obesity epidemic.

Top Research and Leadership Priorities

✔ **Significantly increase investment in obesity prevention, management, and treatment research via**

- **the National Institute of Health**
- **the Centers for Disease Control and Prevention,**
- **the Agency for Healthcare Research and Quality,**
- **the Agriculture Research Service,**
- **the Cooperative State Research, Education, and Extension Service,**
- **the Economic Research Service**

✔ **Call on the next Administration to unite the Federal Government in a coordinated national strategy to address obesity.**

End Notes

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[3]

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