FACTS

With a Very Heavy Heart
Obesity and Cardiovascular Disease (CVD)

OVERVIEW
Obesity is a complex disorder and a major health risk factor linked to increased cardiovascular disease (CVD), stroke, cancer, hypertension, diabetes, and early death.1 Research shows that obese individuals have an incredible 104% increase in the risk of developing heart failure compared to non-overweight individuals.2 Those with abdominal obesity are at particularly high risk for CVD, diabetes, and all-cause mortality.3 An obese person who has a stroke has a higher risk of mortality.4

OBESITY AS AN EPIDEMIC
More than 35% of U.S. adults are obese.5 In 2013, no state had an obesity rate of less than 20%, 42 states had a prevalence equal to or greater than 25%, and 20 states had a prevalence equal to or greater than 30%.6 It is estimated that obesity rates for adults could reach or exceed 44% in every state by 2030.6

This has negative consequences for the nation’s health. Persons with a body mass index (BMI) of >30 have a reduced life expectancy of 2–4 years compared to healthy weight adults; adults with severe obesity (BMI >40) lose 8-10 years of life expectancy, comparable to the effects of smoking.7 Of greatest concern, 17% (or 12.6 million) of children ages 2-19 are obese, and 31.8% are considered overweight or obese.8 Research has shown that an obese child’s arteries resemble those of a middle-aged adult.9

These children are being sentenced to a future of CVD and disability and early death. Obese children have a 16-fold increased risk of becoming severely obese adults,10 and researchers project the current adolescent obesity prevalence in the U.S. will result in 1.5 million life-years lost.11

THE COSTS OF OBESITY
Obesity is costly. In 2010, the estimated nationwide cost for obesity was $355.8 billion, and adult obesity is estimated to raise annual medical care costs by $3,508 per obese individual.12 If current trends continue, the costs of obesity could reach 16% to 18% of U.S. health expenditures by 2030.13 Among adolescents, the total excess cost related to the current prevalence of adolescent overweight and obesity is estimated to be $254 billion – $208 billion in lost productivity and $46 billion in direct medical costs.14

The per capita percentage increase in annual costs attributable to obesity is estimated to be 36% for Medicare ($1723 in additional spending per beneficiary); 47% for Medicaid ($1021); and 58% for private payers ($1140).15 Research shows that obesity increases annual employer medical spending by 27.4%.16 Morbidly obese (BMI > 40) employees cost more than double the amount in employer spending (covered medical claims, sick days, short-term disability, and workers' compensation claims) as compared to normal weight employees.17

The number of children who take medication for chronic diseases has jumped dramatically since 2002, which raises costs further.18 Left alone, the situation will only worsen with America’s public health, economy, and productivity suffering.

WHY ARE AMERICANS OBESE?

AMERICANS OBER AT AND ARE SEDENTARY
• The U.S. Department of Agriculture (USDA) indicates that between 1970 and 2010, calories consumed per day increased from 2,169 to 2,614. 42% of the increase was due to added fats and oils. Annual high fructose corn sweetener, one type of added sugar in the food supply, increased to 28.7 pounds per capita, up from .3 pounds per capita in 1970.19
• Sedentary behavior is associated with a 147% increase in the risk of CVD, 90% increase in the risk of CVD mortality, and a 49% increase in the risk of all-cause mortality.20
• $5.6 billion in heart disease costs could be saved if one-tenth of Americans began a regular walking program.21

CHILDREN ARE NOT LEARNING HOW TO MAKE HEALTHY CHOICES
• Only 10.9% of elementary schools, 30.4% of middle schools, and 38.4% of high schools require health education in 15 recommended health topics.22
• Children are not eating enough fruits and vegetables. Only of 7-8% of children consume recommended daily servings of fruit, and less than 2% meet daily vegetable intake.8
• Children are replacing healthy drinks with sugar-sweetened beverages (SSBs) that have poor nutritional value: a 2010 CDC survey found that most kids drank one or more SSBs each day: regular soda (25%), sports drink (16%) or other SSBs (17%).

• The U.S. Department of Health and Human Services recommends that children participate in at least 60 minutes of physical activity daily. In 2013, only 27.1% percent of high school students met this standard, and 15.2% had not participated in any physical activity during the seven days prior to the survey. Only 25% of US children age 6-15 meet daily physical activity recommendations.

• Physically active transport to and from school has declined: in 2009, 12.7% of K-8 students usually walked or biked to school, compared with 47.7% in 1969.

• Only 3.8% of elementary, 7.9% of middle, and 2.1% of high schools provide daily physical education or its equivalent for the entire school year; more than one-fifth of schools do not require any physical education at all.

• Simple changes in behavior such as walking an additional 2000 steps and eliminating 100 calories per day from the diet may lead to lower BMI.

WORKPLACE HEALTH HELPS

Employer spending on wellness and disease prevention is a good investment. Research shows that measured worksite wellness programs decreased total medical costs of workers by 18% over two years. Plus, the investment results in reduced sick leave, absenteeism, health care costs, and workers’ compensation and disability management claims costs.

THE ASSOCIATION ADVOCATES

The American Heart Association has set an ambitious goal for 2020 to improve the overall cardiovascular health of all Americans and reduce death and disability from CVD and stroke by 20%. The association advocates for policies that increase physical activity, improve nutrition, and improves the health status of all Americans, including:

• Work to pass Fitness Integrated with Teaching (FIT) Kids Act to increase quality and quantity physical and health education in schools; support strong physical education standards in the Elementary and Secondary Education Act reauthorization.

• Protect the Prevention and Public Health Fund, maintaining the Fund at funding levels designated through the Affordable Care Act.

• Support and protect Million Hearts, a national initiative to prevent one million heart attacks and strokes by 2017.

• Implement robust nutrition standards for meals and other foods available in the school environment.

• Increase the implementation of comprehensive workplace health programs.

• Promote demonstration projects that test new strategies for reducing overweight and obesity among children and adults.

• Work to pass legislation that requires the Physical Activity Guidelines for Americans be regularly updated every ten years with a five year review.

• Support robust active transportation opportunities in the transportation reauthorization legislation.

• Implement strong nutrition standards as authorized by the farm bill.

• Promote strong nutrition and physical activity standards in universal early education proposals.


27. CDC School Health Policies and Programs Study (SHPPS) 2006. Journal of School Health. 2007; 77(8).

