



Address the Overweight/Obesity Epidemic with Evidence-based Practices and Preventive Services

Position Statements:

- Promoting worksite strategies that address several health issues (e.g., smoking cessation, stress management, cholesterol reduction) as well as healthy weight management issues.
- Strengthening the school's nutrition and physical activity policies while implementing a high-quality health promotion program for school staff.
- Support third party reimbursement for the treatment of overweight and obesity including services from a medical provider and registered dietitian.
- Endorsing health promotion initiatives that target populations early and often, focusing on **very young children** and **pregnant women**. Promoting prenatal maternal health by providing pregnant women with access to quality care that includes anticipatory guidance about appropriate weight gain and physical activity guidelines to ensure a healthy pregnancy and delivery and a healthy start for their infants.
- Encouraging professional development by training child care providers on establishing culturally sensitive, positive nutrition practices and integrating activities that increase children's exposure to moderate to vigorous physical activity during their time in care.
- Requiring the SD Department of Transportation to establish or adopt acceptable pedestrian and bike route standards that will be used in any state funded highway/street project and promoted for use in all highway/street projects.

Background:

Healthy People 2010 identified overweight and obesity as 1 of 10 leading health indicators and called for a reduction in the proportion of children and adolescents who are overweight or obese, but the United States has made little progress toward the target goal. Obesity is defined as a body mass index (BMI) of 30 or greater. BMI is calculated from a person's weight and height and provides a reasonable indicator of body fatness and weight categories that may lead to health problems.

The number of obese and overweight individuals is an epidemic in South Dakota. Obesity and inactivity exact a toll on individuals and society. The impact is significant and measurable in increasing health care costs, lost workplace productivity, and years of life lost. The latest figures from July 1, 2009, show that South Dakota has the 20th highest rate of adult obesity in the nation, at 26.9 percent and the 38th highest of overweight youths (ages 10-17) at 28.4 percent, according to a new report by Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF). The rate of obese adults increased in the state for the third year in a row.

Overview:

In 2008, the CDC's Behavioral Risk Factor Surveillance System (BRFSS) states that 27.5% of South Dakotans are obese. Overweight and obesity have been shown to increase the likelihood of certain diseases and other health problems, and are important concerns for adults, children, and adolescents in the United States. In addition, obesity-related illnesses disproportionately affect African-American, Latino, Native American, Asian American and Pacific Islander children living in low-income communities. If the current trend continues by 2018, South Dakota will have approximately 50.4% of the adult population classified as obese.

South Dakota's most recent height and weight survey found that overweight and obesity have risen among the state's children. For the 2008-09 school year, according to the South Dakota Department of Education reported, 33.6 percent of South Dakota students were overweight or obese: The survey defines obese as above the 95th percentile body mass index-for-age when compared to children of the same age and gender. Overweight is between the 85th and 94th percentiles.

The national & state estimates of the impact of obesity on health care costs indicated that South Dakota spent \$220 million in 2008, will spend approximately \$398 million in 2013 and may spend \$1,008 million in 2018 for care related to obesity issues if the current trends continue. Or putting it another way, South Dakota has spent \$390 in 2008, and projects spending \$698 in 2013, and \$1.729 in 2018 for each adult on obesity-attributable health care. If you could maintain the obesity rates at the 2008 level through 2018, the savings could be \$116 million in 2013 and \$626 million in 2018 (2009, Thorpe, K. *The Future costs of Obesity: National & State Estimates of the Impact of Obesity on Direct Healthy Care Expenses*).