

## The Truth About Obesity

### Epidemic or Hype?

It is certainly true that obesity has increased dramatically in the last 20-30 years, more than doubling from 1976 to 2004. Prevalence of overweight in adolescents aged 12-19 has tripled in the past 20 years.

### Is being very overweight really *dangerous*?

Overweight and obesity is associated with increased risk of diabetes, heart disease, stroke, cancer and other illnesses. It is associated with poor mental health, increased hospital and emergency department visits and much more. It is believed that overweight/obesity has now surpassed smoking as the leading preventable cause of death, responsible for about 1/6 of all deaths each year.

### Cost

\$117 billion per year to treat obesity and its complications, and that's just the dollars. What about the cost in lost time dealing with illness? Reduced quality of life? Feeling worse? Getting less done. It's not just the mortality risk. Obesity is a drain on resources of all kinds, and no community can afford to take that kind of hit.

### Who is at high risk for obesity?

Wrong question. Basically, everyone is at high risk. Epidemiologists tend to focus on identifying the highest risk groups where 3/4 of adults are overweight or obese. Does that mean groups with *only* 55% are "low-risk" groups? Perhaps there are "very high risk" groups and "even higher risk" groups. Overweight/obesity is pervasive. When I did my study on obesity for the state of Ohio, one thing that struck me was how the rates were so high for virtually every subgroup we looked at: low income, high income, low education, high education, insured or uninsured, race/ethnicity. We are beyond the stage of targeting interventions for the highest risk groups.

### Fitness vs. Fatness

There has been ongoing debate over which is more important - fitness or fatness. While the focus has been on body mass index (based on weight and height), some advocate for shifting the focus to fitness. The truth is they both have value. Weight is easy to measure both for the purpose of national or regional surveillance, but it is also easy for people to measure to see if they are making progress. On the

other hand, the impact of body type ,makes it very difficult for some obese people to lose a lot of weight. For these people, the focus on weight is discouraging and may lead them to give up exercising or healthy diet when in fact they may be getting enormous benefit. Studies have shown that people who are overweight but fit have lower risk than normal weight people who are not fit - for some factors. Weight still matters, but fitness is a key component, and the benefits are not totally dependent upon getting to an ideal weight. Fitness is something that is more completely in a person's control, and can be a more positive approach than weight reduction.

### **Has anything helped?**

Workplace-based interventions have been particularly effective. Makes sense - for most of the week, who do you spend more of your waking hours with, your coworkers or your family? School-based interventions have had mixed results. We are influenced by our friends, family, coworkers, teachers, community, media....A narrowly focused, short-term intervention is going to meet with limited success.

### **Is there a solution?**

We need interventions on a grand scale - an all out frontal attack. Changing society's norms to one where "normal" is eating healthy and exercising - this is a tall order. It is a necessary order, but it is indeed a great challenge. We need to confront it every way we can, utilizing whatever avenues we have to efficiently reach people and leverage existing community relationships to influence groups of people. Interventions cannot be aimed only at one segment of a person's life. We also have to define our goals clearly. For kids, the goal really isn't so much about what they eat now - the benefits are long-term, so it's the attitude and habits that matter most. That requires sustained interventions over time, multi-pronged. Rather than focus on kids, focus on families. If you change a kid's attitude, but not his food supply, how long will the change last? Why not bring into play the synagogue and the Jewish Community Center and Jewish day schools and any place where Jews connect with each other?

**Health promotion within the Jewish community is only part of a solution, but it's a part that we have control over. That's why the Jewish Community Health Initiative was started.**

To learn more, check us out at [www.JewHealth.org](http://www.JewHealth.org), or e-mail [JCHI@case.edu](mailto:JCHI@case.edu). Or call 216-368-1951.