

# The Surgeon General's Vision for a Healthy and Fit Nation 2010



U.S. Department of Health and Human Services

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
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# MESSAGE FROM THE SURGEON GENERAL

Our nation stands at a crossroads. Today's epidemic of overweight and obesity threatens the historic progress we have made in increasing American's quality and years of healthy life. Two-third of adults<sup>1</sup> and nearly one in three children are overweight or obese.<sup>2</sup> In addition, many racial and ethnic groups and geographic regions of the United States are disproportionately affected.<sup>3</sup> The sobering impact of these numbers is reflected in the nation's concurrent epidemics of diabetes, heart disease, and other chronic diseases. If we do not reverse these trends, researchers warn that many of our children—our most precious resource—will be seriously afflicted in early adulthood with medical conditions such as diabetes and heart disease. This future is unacceptable. I ask you to join me in combating this crisis.

Every one of us has an important role to play in the prevention and control of obesity. Mothers, fathers, teachers, business executives, child care professionals, clinicians, politicians, and government and community leaders—we must all commit to changes that promote the health and wellness of our families and communities. As a nation, we must create neighborhood communities that are focused on healthy nutrition and regular physical activity, where the healthiest choices are accessible for all citizens. Children should be having fun and playing in environments that provide parks, recreational facilities, community centers, and walking and bike paths. Healthy foods should be affordable and accessible. Increased consumer knowledge and awareness about healthy nutrition and physical activity will foster a growing demand for healthy food products and exercise options, dramatically influencing marketing trends.

Hospitals, work sites, and communities should make it easy for mothers to initiate and sustain breastfeeding as this practice has been shown to prevent childhood obesity. Working together, we will create an environment that promotes and facilitates healthy choices for all Americans. And we will live longer and healthier lives.



In the 2001 *Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*, former Surgeon General David Satcher, MD, PhD, warned us of the negative effects of the increasing weight of our citizens and outlined a public health response to reverse the trend.<sup>4</sup> I plan to strengthen and expand this blueprint for action created by my predecessor. Although we have made some strides since 2001, the prevalence of obesity, obesity-related diseases, and premature death remains too high.

I am calling on all Americans to join me in a national grassroots effort to reverse this trend. My plan includes showing people how to choose nutritious food, add more physical activity to their daily lives, and manage the stress that so often derails their best efforts at developing healthy habits. I envision men, women, and children who are mentally and physically fit to live their lives to the fullest. The real goal is not just a number on a scale, but optimal health for all Americans at every stage of life. To achieve this goal, we must all work together to share resources, educate our citizens, and partner with business and government leaders to find creative solutions in our neighborhoods, towns, and cities from coast to coast. Together, we can become a nation committed to become healthy and fit.

Regina M. Benjamin, MD, MBA  
VADM, USPHS  
Surgeon General

# Background on Obesity

Obesity poses a major public health challenge. Each year, obesity contributes to an estimated 112,000 preventable deaths.<sup>5</sup> Obese adults are at increased risk for many serious health conditions, including high blood pressure, high cholesterol, type 2 diabetes and its complications, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, and respiratory problems, as well as endometrial, breast, prostate, and colon cancers.<sup>6</sup> Children with a high body mass index (BMI), an indicator of excess body weight, are more likely than those with a normal BMI to have insulin resistance<sup>7</sup> (which can lead to diabetes), high blood pressure, and unhealthy levels of fats and other lipids. Furthermore, obese children often become obese adults; some studies have found that even 2- to 5-year-olds with a high BMI are likely to become obese adults.<sup>8</sup> Besides suffering from physical illnesses, obese adults and children also may experience social stigmatization and discrimination, as well as psychological problems.

In recent decades, the prevalence of obesity has increased dramatically in the United States, tripling among children and doubling among adults.<sup>1-2,9-10</sup> This epidemic increase is the result of specific changes in our environment and behaviors in susceptible people. High-calorie, good-tasting, and inexpensive foods have become widely available and are heavily advertised. Portion sizes have increased,<sup>11</sup> and we are eating out more frequently.<sup>12</sup> Our children drink more sugar-sweetened beverages than they did in the past, and they are drinking fewer beverages such as water or low or non-fat milk<sup>13</sup> that are healthier for growing minds and bodies.

However, dietary changes are not completely responsible for the epidemic.

Widespread adoption of multiple technological innovations in the home, workplace, and schools has reduced our daily physical activity. Similarly, the car-dependent design of our communities has made it much harder for our children to walk to school—and much harder for us to shop and do other errands entirely on foot or by bicycle. On top of these changes, many of our nation's schools have cut back or eliminated recess and physical education programs.<sup>14</sup>

This document highlights the trends, health consequences, and causes related to the obesity epidemic. Given the multiple social changes behind the epidemic, this brief also proposes health-promoting actions that can be taken by multiple sectors of society.

## Trends

The prevalence of obesity changed relatively little during the 1960s and 1970s, but it increased sharply over the ensuing decades—from 13.4% in 1980 to 34.3% in 2008 among adults and from 5% to 17% among children during the same period.<sup>1-2,9-10</sup> The prevalence of extreme obesity also increased during 1976–1980 and 2007–2008, and approximately 6% of U.S. adults now have a BMI of 40 kg/m<sup>2</sup> or higher.<sup>15</sup>

The United States is not alone in experiencing an obesity epidemic. Similar increases in the prevalence of obesity have been reported in developed countries such as England and in countries where obesity was formerly rare.<sup>16-17</sup> For example, the prevalence in China among preschool-aged children living in urban areas has increased eightfold—from 1.5% in 1989 to 12.6% in 1997.<sup>18</sup>

## Disparities

The burden of obesity is disproportionately borne by some racial and ethnic groups. For example, among 40- to 59-year-old women, about 52% of non-Hispanic blacks and 47% of Hispanics are obese; for non-Hispanic whites, the prevalence is 36%.<sup>19</sup> These differences also are seen among children and teenagers. For example, obesity is

much more common among non-Hispanic black teenagers (29%) than among Hispanic teenagers (17.5%) or non-Hispanic white teenagers (14.5%).<sup>19</sup>

The burden of obesity and the severity of related health conditions vary among different population groups. While obesity is a public health crisis within the general population, it is even more prevalent in persons with mental illness<sup>20-21</sup> with some reports indicating 83% of people with serious mental illness being overweight or obese.<sup>22</sup> This puts people with mental disorders in double jeopardy. Not only are they dealing with a mental disorder that often leads to social isolation, a sedentary lifestyle and physical inactivity – all risk factors for obesity – but they are also vulnerable to the chronic diseases associated with being overweight, mood instability and low self-esteem.<sup>23</sup> People with serious mental illness have shortened life-spans, on average living only until 53 years of age.<sup>24</sup> Their deaths are not brought on by their mental illness, but rather from other chronic health conditions, including obesity. Many people are not aware that rapid weight gain is one of the most common and alarming side effects of psychiatric medications for both children and adults.<sup>25</sup> Youth aged 4 to 19 being treated with antipsychotic medications gained more than 7% of their total body weight in 12 weeks.<sup>26</sup> Clearly persons with mental illness are a vulnerable population at high-risk for obesity and obesity-related disorders.

### Measuring Overweight and Obesity

Obesity is generally defined as excess body fat. However, since excess body fat is difficult to measure directly, obesity is often defined as excess body weight as measured by BMI. BMI, which is calculated as weight in kilograms divided by height in meters squared, is used to express weight adjusted for height. Although BMI has limitations as a measure,<sup>27</sup> it has been a useful indicator of overweight and obesity. For example, several studies have found that adults with a high BMI are at increased risk for various diseases<sup>6</sup>

### Figure 1. Adult BMI Classification

<b>Underweight</b>	≤ 18.5
<b>Healthy Weight</b>	18.5-24.9
<b>Overweight</b>	25-29.9
<b>Obese</b>	≥ 30

### Figure 2. Children BMI Classification

<b>Underweight</b>	≤ 5 <sup>th</sup> percentile
<b>Healthy Weight</b>	5 <sup>th</sup> to the 85 <sup>th</sup> percentile
<b>Overweight</b>	85 <sup>th</sup> to the 95 <sup>th</sup> percentile
<b>Obese</b>	≥ 95 <sup>th</sup> percentile

\*BMI for Age Percentile [Age 2-19]

and children who have a high BMI are likely to have relatively high levels of body fatness.<sup>28</sup> Adults who have a BMI of 25.0 to 29.9 are considered to be overweight, those with a BMI ≥ 30 are considered obese, and those with a BMI ≥ 40 are considered extremely obese.<sup>6,29</sup>

In overweight and obese adults and children, other health risk factors (such as blood pressure, blood sugar, and blood fats) should be assessed, as recommended by published guidelines. Because excess body fatness in the abdomen can be a marker for increased health risk even at a lower BMI, measurement of waist circumference is recommended in overweight and obese adults.<sup>30</sup> BMI does not distinguish between lean tissue and body fat, and some growing children or athletic children and adults will have a BMI in the overweight or obese range without having an excess of body fat.<sup>31</sup> However, most children and adults with a BMI in the range considered obese will also have excess body fat.

Assessing if a child is at a healthy weight is complex. While BMI is often utilized, clinical assessment and other markers should be considered when determining a child's overall health and development. Among children, the marked BMI changes that occur with growth and development make it necessary to specify a high

BMI relative to children of the same sex and age. The 2000 CDC growth charts are<sup>32</sup> used for this purpose in the United States. Children and adolescents with a BMI at or above the sex-and age-specific 95th percentile of this reference population are often considered obese, and those with a BMI between the 85th and 94th percentiles are often considered overweight.<sup>33</sup> Although these cut points are not diagnostic criteria, elevated BMI among children most often indicates increased risk for future adverse health outcomes and/or development of disease.

### **Health Consequences**

Obesity in early life has been found to increase the risk for various diseases in adulthood, including diabetes and heart disease, in part because obese children are likely to become obese adults.<sup>34-35</sup> Several studies also have found short-term effects of excess weight during childhood—for example, high BMI levels among children and teenagers are associated with childhood development of atherosclerosis.<sup>36-38</sup>

The growing U.S. obesity epidemic is reflected in the tripling, since 1980, of the number of Americans who have diabetes.<sup>39</sup> Approximately 8% of U.S. adults have type 2 diabetes,<sup>40</sup> a disease that increases the risk for cardiovascular disease, stroke, kidney disease, blindness, lower-limb amputation and other problems. Obesity is the most important risk factor for type 2 diabetes.<sup>41</sup> Although type 2 diabetes has traditionally been viewed as developing among middle-aged (or older) adults, type 2 diabetes is now occurring in early life.<sup>42</sup> Although the rate of type 2 diabetes in children has increased, it is very low<sup>42</sup> (one quarter of 1 percent), but more than 75% of children and adolescents with type 2 diabetes are obese.<sup>43-44</sup> The poor glycemic control of many adolescents with type 2 diabetes,<sup>45</sup> along with the increased duration of diabetes diagnosed in early life, may increase the risk of subsequent complications.

### **Causes of Obesity**

In addition to consuming too many calories and not getting enough physical activity, genes,

metabolism, behavior, environment, and culture can also play a role in causing people to be overweight and obese. Identifying determinants of and supporting changes in behaviors and in the environment are likely to be the most effective actions to combat obesity. Key modifiable risk factors are physical activity, sedentary behavior and diet. Physical activity plays several important roles in the prevention and control of obesity, and it is essential for health at any weight. Increased physical activity and decreased sedentary behavior are associated with lower rates of obesity, and it reduces the risk for many of the diseases associated with obesity, such as diabetes and heart disease.

A healthy diet is also important. Beginning early in life, breastfeeding is a relatively short-term intervention which has significant long-term potential for maintaining a lower BMI.<sup>46</sup> At any stage of life, increased consumption of excess calories from fats and added sugars in foods that are energy dense, such as fast food, is associated with obesity. These foods are relatively higher in calories than nutrients that are needed for health. Sugar-sweetened beverages, such as soda, contribute to excess calorie intake from added sugars or displace more nutritious foods in the diet. Some evidence suggests that the body may not compensate for the calories consumed with these beverages.<sup>47</sup> In contrast, consumption of fruits and vegetables in place of high calorie foods may reduce the risk for obesity and help sustain weight loss because the body's sense of fullness at meals is partly regulated by volume. Fruits and vegetables contain few calories and are bulky foods, so they have a low caloric density and are more filling than fast foods.

The amount of time spent watching television is another association with obesity in both children and adults. The association with obesity may be mediated in part by the effects of television time on food consumption. The more time children spend watching television, the more likely they are to eat while doing so and the more likely they are to eat the high-calorie foods that are heavily advertised on television.<sup>48</sup>

Stress is another contributing factor to overweight and obesity. Studies have shown chronic stress adversely affects blood pressure and cholesterol and may lead persons to increase their caloric intake.<sup>49</sup> Furthermore stress may limit people's motivation and ability to adopt positive weight-related behaviors.<sup>50</sup>

## Opportunities for Prevention

Interventions to prevent obesity should focus not only on personal behaviors and biological traits, but also on characteristics of the social and physical environments that offer or limit opportunities for positive health outcomes. Critical opportunities for interventions can occur in multiple settings: home, child care, school, work place, health care, and community.

### Individual Healthy Choices and Healthy Home Environments

As a society, we have to begin to change our habits one healthy choice at a time. Change starts with the individual choices we as Americans make each day for ourselves and those around us. Balancing good nutrition and physical activity while managing daily stressors is always a challenge, but one that can be achieved. Finding time to shop for and prepare healthy meals after work and between family activities requires planning. Stress and a lack of available healthy and affordable foods are some of the reasons why many people turn to fast food as a regular source for meals. Eating excess calories contributes to obesity, but so does watching too much television<sup>48</sup> and sitting for hours in front of a computer.

This fact is especially true for children and teenagers. Technological advancements have made our lives more convenient—but also more sedentary. Research shows that leading an inactive life not only increases the risk of becoming overweight or obese, but also

contributes to an increased risk for disease and disability.<sup>51</sup>

The good news is that we can overcome these challenges—and the reward is the creation of a healthy and fit nation. Healthy choices include:<sup>51-53</sup>

- Reducing consumption of sodas and juices with added sugars.
- Reducing consumption of energy dense foods that primarily contain added sugars or solid fats.
- Eating more fruits, vegetables, whole grains, and lean proteins.
- Controlling your portions.
- Drinking more water.
- Choosing low-fat or non-fat dairy products.
- Limiting television viewing time and consider keeping televisions out of children's rooms.
- Becoming more physically active throughout the day.
- Breastfeeding exclusively to 6 months.

### Creating a Healthy Home Environment

As adults, we need to help our children get off to a good start. The earliest risks for childhood obesity begin during pregnancy. Excess weight gain, diabetes, and smoking during pregnancy are not just health risks for the mother—they also put children at risk for obesity early in life. Keeping pregnancy weight gain within recommended limits will help prevent diabetes in the mother. Stopping cigarette smoking and abstaining from alcohol and drug use will protect the health of the mother and the baby.

The earliest decisions regarding food, activity, and television viewing occur in the home. Parents and other caregivers play a key role in making good choices for themselves and their loved one. Children and teenagers look to their mothers and fathers and other caregivers to model healthy lifestyle habits, and adults need to teach by example. In some households, several generations may live together or have responsibility for children at different times

during the day. This sharing of duties requires coordination and consistency in activities and habits related to food shopping and preparation, access to physical activity, and limits on television and computer use.

Both young children and teenagers learn from the choices they see adults make. One way to help children learn is to involve all family members in family-based physical activities and in planning, shopping for, and preparing meals. These activities provide both an education in healthy nutrition and exercise, as well as a critical foundation for how to make healthy lifestyle choices.

### ***Healthy Food Choices***

The first decision that parents make about what to feed their child occurs during pregnancy. After the baby is born, mothers should breastfeed whenever possible because it provides the highest quality of nutrition and helps to prevent early childhood obesity.<sup>46</sup> By age 2, children should be drinking low-fat or non-fat milk. As parents, we are in charge of the foods we provide to our children. Creativity with food preparation can often solve the problems presented by picky eaters. Adults also should offer children small portions and show them how to eat slowly and enjoy their meal.

### ***Healthy Teenagers***

The teenage years present unique challenges. Adolescence is a time of vulnerability to the development of psychiatric disorders, including eating disorders, depression, drug and alcohol abuse. Adolescent boys and girls are subjected to significant peer pressure related to eating and exercise, and most school systems provide limited opportunities for physical activity. Teenagers often drink more carbonated and caffeinated beverages and eat more fast foods. These multiple stresses and unhealthy habits make teenagers particularly vulnerable to becoming sedentary, overweight, and obese. An obese teenager has a greater than 70% risk of becoming an obese adult.<sup>34</sup> Parents should guide

their teenagers to become fit and healthy adults while being cautious not to trigger unhealthy eating behaviors or eating disorders.

### ***Physical Activity***

Scheduling time for the recommended levels of physical activity is essential to overall health. Physical activity can help control weight, reduce risk for many diseases (heart disease and some cancers), strengthen your bones and muscles, improve your mental health, and increase your chances of living longer.<sup>51</sup>

Adults should do at least 150 minutes of moderate-intensity physical activity per week.<sup>51</sup> Aerobic activity such as brisk walking or general gardening should be done in episodes of at least 10 minutes and preferably should be spread throughout the week. For children and teenagers, the recommendation is for 1 hour of daily physical activity that includes vigorous activities and activities that strengthen their bones.<sup>51</sup>

Making physical activities fun can affect how children and teenagers respond to changes in their routine. Programmed, repetitious exercise may work for adults, but it rarely works for children. Look for ways to add physical activity throughout the day. When possible, parents should walk with children to and from school, and children should have scheduled time to play. Because safety is a real concern in many neighborhoods, citizens should talk with their local elected officials and members of law enforcement to find ways to improve safety so everyone can walk or play outdoors.

### ***Television and Computer Use***

In recent years, we have witnessed an explosion of technological advances in televisions, home entertainment centers, computers, and video game players. A new report released in 2010<sup>54</sup> found that nearly two-thirds of kids aged 8 - 18 say the TV is usually on during meals and nearly half report the TV is left on "most of the time" in their home. Seven in ten young people have a TV in their bedroom and 50% also have a

console video game player in their room. Overall, 8-18 year-olds spend over 7 hours per day using entertainment media (TV, video games, computers) amounting to more than 53 hours a week.

The hours that adults, teenagers, and children are spending in front of a television or computer screen contribute to their sedentary lifestyle and increase their risk for obesity. In particular, the more time children spend watching television, the more likely they are to eat while doing so and the more likely they are to eat the high-calorie food that are heavily advertised to both adults and children.<sup>55</sup>

Most parents either do not set limitations on screen time or don't enforce them. Studies have shown that when parents establish rules and implement them, screen time declines by 2 hours per day, leaving opportunities for more physical activity. Parents need to be role models by limiting their own television time and spending more time with their children.

### Creating Healthy Child Care Settings

Early childhood settings, including child care and early childhood education programs, affect the lives of millions of U.S. children. In 2005, 61% of children aged 0–6 years who were not yet in kindergarten (about 12 million children) received some form of child care on a regular basis from someone other than their parents.<sup>56</sup> Child care programs should identify and implement approaches that reflect expert recommendations on physical activity, screen time limitations, good nutrition, and healthy sleep practices. Early childhood providers, like parents, should model healthy lifestyle behaviors and teach children how to make healthy choices. They also should reach out to parents to encourage them to practice and promote healthy habits at home.

To choose a healthy child care environment, parents should:

- Ask childcare providers about their approach to promoting healthy lifestyles for children.

- Visit the setting to see how childcare providers model and teach physical activity, good nutrition, and healthy sleep practices.
- Ask childcare providers how they keep parents informed about what they can do at home to support their child's physical activity, good nutrition, and healthy sleep practices.
- Ask childcare providers about their support of breastfeeding, breast milk storage and handling.

Child care providers should:

- Identify and use resources that recommend effective approaches to promoting physical activity, good nutrition, and healthy sleep in early childhood settings.
- Establish and post policies, procedures, and practices that support these approaches in ways that respect local communities and cultures.
- Stay current in these approaches through required regular training.
- Educate and involve parents in trainings and other activities.

State regulations regarding physical activity, nutrition, and screen time vary greatly among child care settings by state and type (e.g., Head Start, center-based child care, family-based child care). Standardized national goals for early child care—especially ones related to healthy weight—would improve the quality of early childhood settings and give childcare providers and parents a foundation to improve their knowledge and skills to support these goals.

For example, recommended policies that can help child care programs support healthy weight for young children include the following:

- Require 60 minutes of a mix of structured and unstructured daily physical activity.
- Establish nutrition requirements in child care by using national recommendations such as the *Dietary Guidelines for Americans*.

- Use a structured approach to training child care providers how to promote physical activity and good nutrition and how to educate and involve parents in these activities.
- Give parents materials that reinforce the practices of child care settings that promote physical activity and good nutrition and limit screen time.

### **Creating Healthy Schools**

Schools play a pivotal role in preventing obesity among children and teenagers. Each school day provides multiple opportunities for students to learn about health and practice healthy behaviors that affect weight, including physical activity and good nutrition. Well-designed school programs can promote physical activity and healthy eating, reduce the rate of overweight and obesity among children and teenagers, and improve academic achievement.<sup>57-64</sup>

To ensure that nutrition and physical activity programs are effective, school administrations need physical education specialists, health education specialists, and certified food service staff. Schools should encourage and reinforce healthy dietary behaviors by providing nutritious and appealing foods and beverages in all venues accessible to students, including the cafeteria, vending machines, school stores, and concession stands. A substantial percentage of students' recommended physical activity can be provided through a comprehensive school-based physical activity program that includes high-quality physical education, recess and other physical activity breaks, intramurals and physical activity clubs, interscholastic sports, and walk- and bike-to-school initiatives.<sup>65-66</sup>

High-quality physical education gives young people a chance to learn the skills needed to establish and maintain physically active lifestyles throughout their lives. States and local school districts set requirements for physical activity levels.

In 2006, few schools provided daily physical education or its equivalent for the entire school year to all students.<sup>67</sup> Nationwide, only 30% of high school students attended physical education classes 5 days in an average school week, compared with 42% in 1991.<sup>68</sup>

To help students develop healthy habits, schools should have comprehensive wellness plans that include:

- An active school health council to guide health-related policy decisions.
- A planned and sequential health education curriculum for pre-kindergarten through grade 12. This curriculum should be based on national standards and address a clear set of behavioral outcomes that empower students to make healthy dietary choices and meet physical activity recommendations.
- A school and school workplace wellness policy that includes teachers and other school employees to model healthy behaviors.
- A comprehensive professional development and credentialing program for staff that addresses health education, physical education, food service, and health services.
- Partnerships with parent-teacher organizations, families, and community members to support healthy eating and physical activity policies and programs.

To promote healthy nutrition, schools should:

- Establish nutrition standards that promote healthy nutritious foods.
- Ensure availability of appealing, healthy food options that enable students to comply with recommendations in the U.S. Dietary Guidelines for Americans, including fresh fruits and vegetables, whole grains, and lean proteins.
- Use presentation, marketing, and education techniques to encourage

students to eat more fruits and vegetables, whole grains, and lean proteins and to drink more water and low-fat or non-fat beverages.

- Make sure water is available throughout the school setting.
- Limit amounts of high calorie snack options, including beverages in vending machines.

To promote physical activity, school systems should:

- Require daily physical education for students in pre-kindergarten through grade 12, allowing 150 minutes per week for elementary schools and 225 minutes per week for secondary schools.
- Require and implement a planned and sequential physical education curriculum for pre-kindergarten through grade 12 that is based on national standards.
- Require at least 20 minutes daily recess for all students in elementary schools.
- Offer students opportunities to participate in intramural physical activity programs during after-school hours.
- Implement and promote walk- and bike-to-school programs.
- Establish joint use agreements with local government agencies to allow use of school facilities for physical activity programs offered by the school or community-based organizations outside of school hours.

### Creating Healthy Work Sites

The majority of the 140 million men and women who are employed in the United States spend a significant amount of time each week at their work site. Wellness programs in the workplace are an effective way to support people's efforts to achieve and maintain a healthy weight.<sup>69</sup> Because obesity reduces worker productivity<sup>70-71</sup> and increases health care costs, employers are becoming more aware of the need to address risk factors for poor nutrition and physical inactivity through workplace initiatives.

Research has shown that health promotion programs in the workplace can be cost effective and well worth the ongoing costs of implementing these programs.<sup>72-75</sup> Because the health and productivity of an employer's workforce is affected by the vitality of the communities in which employees reside, businesses will benefit from being actively involved in health promotion efforts within their communities.<sup>76</sup>

To create healthy work sites, employers can:

- Establish and promote creative work site wellness programs, ask employees to be wellness champions, and set up ongoing employee challenges.
- Support employees who want to breastfeed by providing written policies and designated private, clean spaces for breastfeeding or expressing milk.
- Create a culture of wellness by integrating messages about the benefits of physical activity and healthy eating into the workplace.
- Provide opportunities and incentives for physical activity through onsite facilities, group classes or personal training, outdoor exercise areas, walking paths, and stairwell programs.
- Make healthy food and beverage available and affordable in the workplace.
- Become active partners in the health promotion efforts of local community groups, such as community coalitions and task forces.
- Sponsor community health events.
- Help develop government policy and legislative initiatives that support employee wellness programs.
- Provide health benefits that offer employees and their dependents coverage for obesity-related services and programs.

### **Mobilizing the Medical Community**

In 2002, Americans made an estimated 166 million visits to medical offices.<sup>77</sup> People access the health care system through multiple channels, and medical care settings are an important avenue for preventing and controlling overweight and obesity. Clinicians are often the most trusted source of health information and can be powerful role models for healthy lifestyle habits.

Clinicians should make it a priority to teach their patients about the importance of achieving and maintaining a healthier body weight, becoming more physically active, selecting healthier food options and managing stress. They should provide comprehensive resources to help patients make healthy lifestyle choices. These resources should include in-office access or referrals to registered dietitians, health educators, counselors, psychologists, and fitness professionals, as well as to links to community resources.<sup>78</sup>

To help their patients make healthy lifestyle choices, clinicians should:

- Measure patients' BMI and explain the connection between BMI and increased risk for disease and disability.
- Record patients' physical activity levels and stress the importance of consistent exercise and daily physical activity.
- Assess and record information on patients' dietary patterns.
- Use terms that are appropriate for families and children to define healthy weight and BMI and explain how to achieve this goal.
- Work as a team to provide a comprehensive assessment and learning experience for each patient.
- Ensure that patients are referred to resources (both internal and external) that will help them meet their psychological, nutritional, and physical activity needs

- Promote awareness about the connection between mental and addiction disorders and obesity.
- For treatment of people with severe mental illness who are at risk for overweight or obesity, consider medications that are more weight neutral.

To support clinicians and their staff, the health care system should:

- Encourage clinicians and their staff to practice healthy lifestyle behaviors and be role models for their patients.
- Use best practice guidelines to teach health professional students and clinicians how to counsel patients on effective ways to achieve and maintain healthy lifestyle habits.
- Promote effective prenatal counseling about maternal weight gain, breastfeeding, the relationship between obesity and diabetes, and the need to avoid alcohol, tobacco, and drug use during pregnancy.
- Help clinicians and their staff advocate for community strategies that improve nutrition and physical activity resources for their patients.
- Promote innovative ways that clinicians and their staff can advocate for policy changes at local, state, and federal levels that will make it easier for their patients to adopt and sustain healthy habits.

### **Improving Our Communities**

Americans need to live and work in environments that help them practice healthy behaviors. The social, cultural, physical, and economic foundations of a community are important factors in its ability to support a healthy lifestyle for its citizens. For example, government and private organizations should pool their resources to increase access to healthy foods—such as ensuring that all neighborhoods, especially in low-income areas, have full-service

and safe options for physical activities, such as walking and bike paths, sidewalks, and parks.

To reverse the obesity epidemic, every neighborhood and community should become actively involved in grassroots efforts to create healthier environments for all citizens, from infants to older adults. Individuals and groups of private citizens should work closely with community leaders to make the changes needed to support healthy lifestyles.

To help lead our nation toward healthy eating and active living, The Centers for Disease Control and Prevention has recommended the following strategies:<sup>79</sup>

- Increase availability of healthy, affordable food and beverage choices in public service venues.
- Improve geographic availability of supermarkets in underserved areas.
- Improve access to fresh fruits and vegetables by providing incentives for the production, distribution, and procurement of foods from local farms.
- Limit advertisements of less-healthy foods and beverages.
- Increase support for breastfeeding.
- Promote exclusive breastfeeding and worksite accommodations to express human milk.

- Improve access to outdoor recreational facilities.
- Build or enhance infrastructures to support more walking and bicycling.
- Support locating schools within easy walking distance of residential areas.
- Improve access to public transportation.
- Support mixed-use development.
- Enhance personal and traffic safety in areas where people are or could be physically active.
- Participate in community coalitions or partnerships to address obesity.

Community coalitions across the United States are working with their leaders, advocating for change, and seeing real results. All communities across the country should have community coalitions that focus on the health and wellness of their citizens. The most effective coalitions include representation from all sectors—businesses, clinicians, schools, academia, government, and the faith community. These groups work together to assess the physical and social community, develop a plan when change is needed, and take action. History has shown that grassroots movements can make positive changes in their communities.

## Closing Statement and Charge from the Surgeon General

To stop the obesity epidemic in this country, we must remember that Americans will be more likely to change their behavior if they have a meaningful reward—something more than just reaching a certain weight or BMI measurement. The real reward has to be something that people can feel and enjoy and celebrate. That reward is invigorating, energizing, joyous health. It is a level of health that allows people to embrace each day and live their lives to the fullest—without disease, disability, or lost productivity.

Good nutrition, regular physical activity, and stress management significantly contribute to achieving optimal health. By practicing these healthy lifestyle behaviors, excess weight is prevented, weight loss is sustained, and strength and endurance are achieved. This is the reward we need to communicate to the American public. We must help our communities make the important and life-saving connection between being healthy, fit and living well.

We are indeed at a crossroads. The “old normal” was to stress the importance of attaining recommended numbers for weight and BMI. Although these numbers are important measures of disease and disability, the total picture is much bigger. It involves the creation of a “new normal”—an emphasis on achieving an optimal level of health and well-being. People want to live long and live well, and they are making their voices heard across this nation. Today’s obesity epidemic calls for committed, compassionate citizens to mobilize and demand the health and well-being they so richly deserve. I have heard this call to arms, and I am honored to do everything in my power to help Americans live long and live well.

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