

NUTRITION, PHYSICAL ACTIVITY & OBESITY FY 2022 APPROPRIATIONS FACT SHEET CENTERS FOR DISEASE CONTROL AND PREVENTION

FY 2020	FY 2021	FY 2022 President's	FY 2022 Request
		Budget	
\$56,920,000	\$56,920,000	\$56,920,000	\$110,000,000
(+\$15,000,000 for	(+\$15,000,000 for	(+\$15,000,000 for	(+\$15,000,000 for
high rate counties)	high rate counties)	high rate counties)	high rate counties)

Currently, only 16 states receive funding to support physical activity and healthy eating through state-based public health programs. Public health programming per capita expenditure is approximately \$0.25, far below the estimated \$1,429 per capita cost of obesity-related medical care. A sustained and sufficient level of investment in nutrition and physical activity interventions through state-based public health programs can improve health outcomes, quality of life, and help individuals maintain optimal health at every age. CDC's Nutrition, Physical Activity, and Obesity activities help the entire country—not just those living with chronic disease. The CDC directs funding to evidence-based interventions that promote nutrition and physical activity access and outreach, designing communities that support safe and easy places for people to walk, improving nutrition and increasing physical activity in the Early Care and Education (ECE) settings, and improving support for mothers who choose to breastfeed.

An increase in funding in FY 2022 for the Division of Nutrition, Physical Activity, and Obesity (DNPAO) will continue efforts to improve nutrition and increase physical activity across the lifespan, with a special focus on young children ages 0-5 years. CDC also will continue to monitor and report health risk behaviors and health outcomes and integrate the best science into state, tribal, local, and territorial initiatives for optimal reach and impact. At \$110 million, DNPAO and states will:

- Increase the proportion of infants that are breastfed at 6 months
- Increase the contribution of vegetables to the diets of the population ages 2 years and older (cup equivalents per 1,000 calories)
- Increase the proportion of adults (age 18 and older) that engage in physical activity
- Reduce the age-adjusted proportion of adults (age 20 years and older) who are obese
- Reduce the proportion of children and adolescents (ages 2 through 19) who are obese
- Increase in the number of states with nutrition standards for foods and beverages provided in early care and education centers
- Increase the number of states with physical education standards that require children in early care and education centers to engage in vigorous or moderate-intensity physical activity

Basic Facts about Nutrition, Physical Activity, and Obesity

- The 2019 CDC Adult Obesity Prevalence Maps show that obesity remains high 12 states now have an adult obesity prevalence at or above 35 percent: Alabama, Arkansas, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Oklahoma, South Carolina, Tennessee, and West Virginia. This is up from nine states in 2018.
- Despite the proven health benefits of physical activity, only half of American adults and about a quarter of adolescents get enough aerobic physical activity to maintain good health and avoid disease.
- Almost half (45%) of children who became obese between the ages of 5 and 14 years were overweight when they entered kindergarten.
- Seventy-six (76%) of Americans one year and older do not consume recommended amounts of fruit and 87% do not consume the recommended amount of vegetables.

The Cost of Obesity

- Obesity costs the U.S. healthcare system \$147 billion a year.
- Obesity and related chronic diseases cost employers up to \$93 billion per year in health insurance claims.
- Nearly 1 in 4 young adults are too heavy to serve in our military.
- Persons with obesity are at higher risk for hypertension, high cholesterol, type 2 diabetes, heart disease, certain cancers, and early death. Obesity also negatively impacts our nation's businesses, economy, and military readiness.

Excess Weight and COVID-19 Pandemic

- Having obesity increases the risk of severe illness from COVID-19. People who are overweight also may be at increased risk.
- Having obesity may triple the risk of hospitalization due to a COVID-19 infection.
- Obesity is linked to impaired immune function.
- Obesity decreases lung capacity and reserve and can make ventilation more difficult.
- As BMI increases, the risk of death from COVID-19 increases.
- Studies have demonstrated that obesity may be linked to lower vaccine responses for numerous diseases (influenza, Hepatitis B, tetanus).
- Hispanic and non-Hispanic Black adults have a higher prevalence of obesity and are more likely to suffer worse outcomes from COVID-19. Racial and ethnic minority groups historically have not had broad opportunities for economic, physical, and emotional health, and these inequities have increased the risk of getting sick and dying from COVID-19 for some groups. Many of these same factors are contributing to the higher level of obesity in some racial and ethnic minority groups.

Obesity Disproportionately Impacts Some Racial and Ethnic Minority Groups

Combined data from 2017-2019 show notable racial and ethnic disparities:

- Non-Hispanic Black adults had the highest prevalence of self-reported obesity (39.8%), followed by Hispanic adults (33.8%), and non-Hispanic white adults (29.9%).
- 6 states had an obesity prevalence of 35% or higher among non-Hispanic white adults.
- 15 states had an obesity prevalence of 35% or higher among Hispanic adults.
- 34 states and the District of Columbia (D.C.) had an obesity prevalence of 35% or higher among non-Hispanic Black adults.

The Benefits of Physical Activity

Physical activity saves lives, saves money, and protects health. If Americans met the recommended physical activity levels, one in 10 premature deaths could be prevented. In addition, meeting physical activity recommendations could prevent:

- \$117B in annual healthcare expenditures
- 1 in 8 cases of breast and colorectal cancers
- 1 in 15 cases of heart disease

For more information visit <u>www.cdc.gov/obesity</u>

Contact: Amy Souders, Cornerstone Government Affairs, (202) 488-9500 or asouders@cgagroup.com