



**NUTRITION, PHYSICAL ACTIVITY & OBESITY
FY 2023 APPROPRIATIONS FACT SHEET
CENTERS FOR DISEASE CONTROL AND PREVENTION**

FY 2021	FY 2022	FY 2023 President's Budget	FY 2023 Request
\$56,920,000 (+\$15,000,000 for high-rate counties)	\$58,420,000 (+\$16,500,000 for high-rate counties)	\$56,920,000	\$125,000,000 (including \$15,000,000 for 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, physical activity, and obesity prevention, including increasing access to healthy food and beverages, increasing 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 2023 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 \$125 million, DNPAO and states will:

- Increase the proportion of infants that are breastfed at six months
- Increase the contribution of vegetables to the diets of the population aged 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 have obesity
- Reduce the proportion of children and adolescents (ages 2 through 19) who have obesity
- Increase 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 2020 CDC Adult Obesity Prevalence Maps show that obesity remains high – 16 states now have an adult obesity prevalence at or above 35%: Alabama, Arkansas, Delaware, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Ohio, Oklahoma, South Carolina, Tennessee, Texas, and West Virginia. This is up from twelve states in 2019.
- Over the last two decades, obesity rates for adults over 60 have been steadily increasing, from 24% in 1988-1994 to almost 43% in 2017-2018.
- Despite the proven health benefits of physical activity, only a quarter of American adults and a fifth of adolescents get enough aerobic physical activity to maintain good health and avoid disease.
- Almost 40% of Americans over 65 reported both reduced physical activity and less daily time spent on their feet since the start of the COVID-19 pandemic. Those factors were associated with worsened physical conditioning and mobility.

- Increasing physical activity creates significant benefits for elderly people, including reducing the risk of falling, improving joint mobility, delaying the onset of cognitive decline, and preventing weak bones and muscle loss.
- Rates of physical inactivity among Hispanic, Black, and Native adults are higher than that of white adults; barriers such as lack of safe spaces (limited parks, unsafe streets with high-speed traffic, and no sidewalks), lack of time, and lack of social supports contribute to ongoing disparities.
- Almost half (45%) of children who became obese between the ages of 5 and 14 years were overweight when they entered kindergarten.
- Fewer than one in 10 US children and adults eat the recommended daily amount of vegetables.

The Cost of Obesity

- Obesity costs the U.S. healthcare system \$190.2 billion a year, nearly 21% of the country's annual medical spending.
- Obesity and related chronic diseases cost employers up to \$93 billion yearly in health insurance claims.
- Nearly one in four 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 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 experience worse outcomes from COVID-19. Racial and ethnic minority groups have historically lacked 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 2018-2020 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%).
- Seven states had an obesity prevalence of 35% or higher among non-Hispanic White adults.
- 22 states had an obesity prevalence of 35% or higher among Hispanic adults.
- 35 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:

- \$117 billion in annual healthcare expenditures
- One in eight cases of breast and colorectal cancers
- One in 15 cases of heart disease
- One in 12 cases of diabetes

For more information visit www.cdc.gov/obesity

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