**NUTRITION, PHYSICAL ACTIVITY & OBESITY**

**FY 2024 FACT SHEET**

**Background**

The Centers for Disease Control and Prevention’s (CDC) Division of Nutrition, Physical Activity, and Obesity (DNPAO) improves nutrition and increases physical activity across the lifespan, with a special focus on young children ages 0-5 years. DNPAO supports evidence-based interventions that promote nutrition, physical activity, and obesity prevention. These activities include: increasing access to healthy food and beverages, increasing physical activity access and outreach across all ages and ability levels, 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 caregivers who choose to breastfeed.

**The current funding level of $58.4 million only allows DNPAO to fund 16 states to support physical activity and healthy eating through state-based public health programs.** This funding allowed states to:

* Reduce the number of adults, adolescents, and children who have obesity.
* Increase the amount of vegetables in Americans’ diet.
* Increase the proportion of adults who engage in physical activity.
* Increase the number of states with nutrition and physical activity standards for ECE centers.
* Support breastfeeding.
* Implement food services guidelines to promote safe and healthy food choices.

At its current level, 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 across all states can improve health outcomes, quality of life, and help individuals maintain optimal health at every age.**

**Basic Facts about Nutrition, Physical Activity, and Obesity**

* The [2021 CDC Adult Obesity Prevalence Maps](https://www.cdc.gov/obesity/data/prevalence-maps.html) show that obesity remains high – nineteen states have at least 35% of residents with adult obesity – more than doubling the number of states with a high obesity prevalence since 2018. These states include: Alabama, Arkansas, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, and West Virginia.
* 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%).
* 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.
* Creating the social, physical, and economic environments that promote attaining the full potential for health and well-being for all are critical in addressing physical activity and other health behaviors.
* In 2020, only a quarter of American adults and a fifth of adolescents get enough aerobic physical activity to maintain good health and avoid disease.
* Rates of physical inactivity among Hispanic, Black, and American Indian/Alaska 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.
* 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.
* Fewer than 1 in 10 U.S. children and adults eat the recommended daily amount of vegetables.

**The Cost of Hunger, Physical Inactivity, and 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.
* Only 2 in 5 young adults are weight-eligible and physically prepared for military basic training.
* Persons with obesity are at higher risk for hypertension, high cholesterol, type 2 diabetes, heart disease, certain cancers, and early death.
* Poor health negatively impacts our nation’s businesses, economy, and military readiness.

**The Benefits of Physical Activity**

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

* $117 billion in annual healthcare expenditures.
* 1 in 8 cases of breast and colorectal cancers.
* 1 in 15 cases of heart disease.
* 1 in 12 cases of diabetes.

**Impact of COVID-19 Pandemic**

* 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.
* People who do little or no physical activity are more likely to get very sick from COVID-19 than those who are physically active.
* [Having obesity increases the risk of severe illness from COVID-19. People who are overweight may also be at increased risk](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#obesity).
* Some populations, including those with low socioeconomic status and certain racial and ethnic groups, including African American, Hispanic, and Native American, have a disproportionate burden of chronic disease. These populations are also at a higher risk of contracting COVID-19, being hospitalized, and dying from the disease.