STOP Obesity Alliance Task Force on Women
Statement of Agreement
July 2010

The Strategies to Overcome and Prevent (STOP) Obesity Alliance Task Force on Women is a collaborative effort to highlight innovative and practical strategies to address obesity in women. The Alliance, launched in 2007, is a cross-section of more than 40 consumer, provider, government, labor, business, health insurers and quality-of-care organizations working to identify systemic and cultural barriers in order to change the way America approaches obesity and weight-related health risks, including diabetes and heart disease.

With more than 65 million American women considered overweight or obese, the central purpose of the Task Force on Women is to promote discussion and advance understanding among decision makers about the unique and disproportionate impact obesity and weight-related conditions have on women's health. The Task Force will also highlight strategies that can be implemented by various stakeholders, such as individuals, employers, health care providers and policymakers, and applied in ways that will improve the health and quality of life of women and their families.

The following statement about women and obesity in America stems from a literature review conducted by the STOP Obesity Alliance research team at The George Washington University Department of Health Policy and is agreed upon by the Task Force on Women:

> There is an information gap and a general lack of understanding of obesity's unique and disproportionate impact on women in the United States. Obesity in women must be addressed at the federal, state, community and individual levels in order to help them overcome weight and chronic disease issues and improve their overall health. Because women play such an influential role in American families, addressing this issue now may reap significant and immediate benefits in reducing the risks and consequences of obesity for the health and well being of women and their families.
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> The STOP Obesity Alliance Task Force on Women has identified and agreed to focus on four areas, each of which has a significant impact on weight and obesity in women:
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> - The physiological, psychological, cultural and socioeconomic factors of obesity that disproportionately affect women as well as the unique impact of overweight and obesity in women at various points in their lives, including but not limited to puberty, pregnancy and menopause.
> - Pervasive racial and ethnic disparities in obesity prevalence and health outcomes among minority women, particularly African-American, Hispanic and Native American women.
> - Systemic, gender-based biases portrayed in the media and encountered in educational, workplace, social and health care environments, including a focus on redefining and maintaining healthy weight goals based on health rather than societal norms or unrealistic body image ideals.

- Expectations for women as caretakers and the role they play in influencing and shaping the health behaviors and decisions of their families, especially their children.

The Alliance and the Task Force on Women will highlight practical initiatives and culturally, gender and age-appropriate, community- and family-centered approaches that can improve obesity and chronic disease prevention and intervention for women throughout their life spans.

The Task Force is comprised of the following members:

- American Association of Diabetes Educators
- American College of Sports Medicine
- American Diabetes Association
- America's Health Insurance Plans
- American Heart Association
- American Medical Women's Association
- American Sleep Apnea Association
- Binge Eating Disorder Association
- Black Women's Health Imperative
- Canyon Ranch Institute
- Health Resources and Services Administration Office of Women's Health
- HealthyWomen
- National Association of Social Workers
- National Black Nurses Association
- National Council of La Raza
- National Indian Health Board
- Society for Women's Health Research
- WomenHeart: The National Coalition for Women with Heart Disease

STOP OBESITY ALLIANCE
STRATEGIES TO OVERCOME & PREVENT

Research Rationale for Focus Areas

The physiological, psychological, cultural and socioeconomic factors of obesity that disproportionately affect women as well as the unique impact of overweight and obesity in women at various points in their lives, including but not limited to puberty, pregnancy and menopause.

- More than one-third (35.5 percent) of adult women are obese, compared to 32.2 percent of adult men.[1]
- Women are seven times more likely than men to experience excess quality-adjusted life years lost to being overweight.[2]
- In general, the relationship between BMI and type 2 diabetes and coronary heart disease is stronger for women than men.[3]
- The prevalence of depression is twice as high among obese women (BMI>30) than among women with BMI<30.[4]
- For all racial and ethnic groups, women of lower socioeconomic status (income < 130 percent of poverty) are approximately 50 percent more likely to be obese than women of higher socioeconomic status (income > 130 percent of poverty). In contrast, men are about equally likely to be obese whether they are in a low or high socioeconomic group.[5,6]
- Childhood obesity is associated with earlier menarche in girls but not early maturation in boys. [7]
- Maternal overweight and obesity are associated with both maternal complications (including hypertension, diabetes and asthma)[8] and adverse pregnancy outcomes (including congenital malformations[9], preterm births[10] and long-term adolescent complications[11]).
- Maternal obesity in early pregnancy more than doubles the risk of childhood obesity at 2 to 4 years of age.[12]
- Accelerated weight gain during women's menopausal and postmenopausal years frequently leads to increased obesity-related risk factors, such as increases in total cholesterol and insulin levels.[13]

Pervasive racial and ethnic disparities in obesity prevalence and health outcomes among minority women, particularly African-American, Hispanic and Native American women.

- Data indicate the rise in obesity rates in women has been greatest in African-American women, followed by Hispanic women, then white women.[14]

- Mexican-American women and girls are at increased risk of obesity, compared to non-Hispanic white women and girls. Also, Mexican-American teenage girls are more likely to have high BMIs, compared to their white counterparts.[15]

- American Indian or Alaska Native women (29.4 percent) were more likely then white women (20.3 percent) and Asian women (5.8 percent) to be obese but less likely than black women (36.6 percent)[16]

- Research indicates the effect of a high BMI on later expression of multiple risk factors, such as insulin resistant syndrome[17], diabetes[18,19] and hypertension[20,21], is greater in minority women than in white women.

Systemic, gender-based biases portrayed in the media and encountered in educational, workplace, social and health care environments, including a focus on redefining and maintaining healthy weight goals based on health rather than societal norms or unrealistic body image ideals.

- Overweight characters, especially females, are significantly underrepresented in the media, while underweight characters are overrepresented and more likely to be ascribed desirable attributes.[22]

- The current standard of attractiveness portrayed on television and in magazines is thinner for women than for men, and the recent standard for women portrayed in magazines and in movies is thinner than it was in the past.[23]

- Weight bias among educators may influence obese students' academic performance, beginning as early as elementary school.[24]

- Several studies from as early as the 1960s and 1970s have found evidence of weight-related discrimination in the workplace.[25] In general, such weight-related bias—past and present—seems to be more pronounced against women than men.[26]

- Research demonstrates even mildly obese women earn significantly less than their non-obese counterparts. No similar wage penalty has been observed between mildly obese and healthy-weight men.[27]

- Obese individuals, particularly obese women, appear to confront weight bias and negative stereotypes in a range of interpersonal relationships.[28]

- Weight bias among physicians and health care providers against women is highly prevalent[29] and often leads to delayed or avoided physician appointments and preventive services.[30,31]

- Many studies have shown that obese women delay or forgo preventive services, such as screenings for breast and cervical cancer, due to weight-related barriers, weight bias and embarrassment or discomfort.[32]

Expectations for women as caretakers and the role they play in influencing and shaping the health behaviors and decisions of their families, especially their children.

- A mother's BMI predicts the evolution of her child's BMI through puberty.[33]
- Children of working mothers of higher socioeconomic status are found to be at higher risk of becoming overweight.[34]
- Children of physically active mothers were twice as likely to be active as children of inactive mothers.[35]
- Mothers are commonly viewed as role models for eating behaviors and serve as the primary gatekeepers for food.[36]
- At an early age, children eat what their mothers eat.[37]
- Women are the predominant purchasers of food used by the household.[38]
- Children's food preferences, especially daughters, are more strongly correlated with the mother than the father.[39]

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America's Health Insurance Plans (AHIP) is the national association that represents nearly 1,300 member companies and provides health insurance coverage to more than 200 million Americans. AHIP's member companies offer medical insurance, long-term care insurance, disability income insurance, dental insurance, supplemental insurance, stop-loss insurance and reinsurance to consumers, employers and public purchasers.

AHIP's longstanding Obesity Initiative supports and advances the efforts of member health insurance plans through an ongoing series of educational forums, webinars and roundtables to bring key stakeholders together to discuss the challenges of overweight and obesity, review the evidence, develop effective strategies and share promising practices. Recent work has included the release of a white paper, "Facing the Challenge of Unhealthy Weight: Recommendations for the Healthcare Community," which offers several recommendations and examines promising programs that health insurance plans and clinicians have developed in collaboration with community partners to encourage body mass index (BMI) screening and address the obesity epidemic. The AHIP Innovations in Prevention and Wellness monograph highlights innovative initiatives that capture health insurance plans' commitment to improving the health of their members and their communities and includes several programs targeting obesity.

For more information on America's Health Insurance Plans or to view the above mentioned reports, visit www.ahip.org.

Current Situation:

- *Increased prevalence of overweight and obesity among adults with diagnosed diabetes.* During 1999-2002, the prevalence of overweight or obesity was more than 85 percent, and the prevalence of obesity was nearly 55 percent. One-in-four Medicare beneficiaries was classified as obese. The rates are often even higher among Medicaid recipients. Growth in obesity rates and diabetes prevalence are yet to be controlled.
- *Obesity continues to impose an economic burden on both public and private payers.* Across all payers, per capita medical spending for the obese is $1,429 higher per year, or roughly 42 percent higher, than for someone of normal weight.
- *There is significant impact of obesity and cardiometabolic risk factors on both expenditures and productivity in the United States.* Normal weight individuals with diabetes had significantly greater medical expenditures than those without diabetes and obesity significantly exacerbates this effect. In addition, diabetes results in greater missed work days and greater lost productivity; obesity significantly exacerbates the deleterious effect on work days and lost productivity. In addition, medical expenditures rose for increasing weight category and number of risk factors.
- *It is essential to address health disparities related to diabetes and obesity.* Non-Hispanic blacks had the greatest prevalence of obesity (36 percent), followed by Hispanics (29 percent), and non-Hispanic whites (24 percent). These differences were consistent across all census regions and greater among women than men. Non-Hispanic black women had the greatest prevalence (39 percent), followed by non-Hispanic black men (32 percent), Hispanic women (29 percent), Hispanic men (28 percent), non-Hispanic white men (25 percent), and non-Hispanic white women (22 percent). Among the four U.S. census regions, greater prevalence of obesity for non-Hispanic blacks was found in the South (37 percent) and Midwest (36 percent) than in the West (33 percent) and Northeast (32 percent). Greater prevalence of obesity for non-Hispanic whites was found in the Midwest (25 percent) and South (24 percent) than in the Northeast (23 percent) and West (21 percent). Among Hispanics, smaller prevalence was observed in the Northeast (27 percent) than in the Midwest (30 percent), South (30 percent), or West (29 percent).

The Role of Diabetes Educators in Addressing Obesity:

- *Diabetes educators hold a key position as part of the health care team to address obesity* in people with diabetes or at risk for diabetes such as individuals with the diagnosis of pre-diabetes. These educators teach behavior change and lifestyle modifications for weight management that can prevent diabetes and improve quality of life and decrease morbidity and mortality in patients with diabetes.
- *Educating patients to achieve and maintain a healthy weight should be a priority for all diabetes-care programs.* Diabetes educators address obesity as primary prevention in pre-diabetes and co-morbidity in diabetes management, because obesity is associated with an increased risk for chronic conditions such as cardiovascular disease and diabetes.
- *It is within the scope of the certified diabetes educator's clinical practice and goal attainment for the American Association of Diabetes Educators (AADE) to address obesity* as a component of diabetes self-management.
- *Diabetes educators play an important role by integrating recommended strategies for obesity prevention* in each of the following categories: 1) strategies to promote the availability of affordable, healthy food and beverages; 2) strategies to support healthy food and beverage choices; 3) a strategy to encourage breastfeeding; 4) strategies to encourage physical activity or limit sedentary activity among children and youth; 5) strategies to create safe communities that support physical activity; and, 6) a strategy to encourage communities to organize for change.

For more information on the American Association of Diabetes Educators, visit www.diabeteseducator.org.

The American Diabetes Association is leading the fight to stop diabetes and its deadly consequences and fighting for those affected by diabetes. The Association funds research to prevent, cure and manage diabetes; delivers services to hundreds of communities; provides objective and credible information; and, gives voice to those denied their rights because of diabetes. Founded in 1940, our mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

For more information on the American Diabetes Association please call 1-800-DIABETES (1-800-342-2383) or visit www.diabetes.org. Information from both these sources is available in English and Spanish.

Population-Based Prevention of Obesity. The Need for Comprehensive Promotion of Healthful Eating, Physical Activity, and Energy Balance

A Scientific Statement From American Heart Association Council on Epidemiology and Prevention, Interdisciplinary Committee for Prevention (Formerly the Expert Panel on Population and Prevention Science)

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Abstract

Obesity is a major influence on the development and course of cardiovascular diseases and affects physical and social functioning and quality of life. The importance of effective interventions to reduce obesity and related health risks has increased in recent decades because the number of adults and children who are obese has reached epidemic proportions. To prevent the development of overweight and obesity throughout the life course, population-based strategies that improve social and physical environmental contexts for healthful eating and physical activity are essential. Population-based approaches to obesity prevention are complementary to clinical preventive strategies and also to treatment programs for those who are already obese. This American Heart Association scientific statement aims: 1) to raise awareness of the importance of undertaking population-based initiatives specifically geared to the prevention of excess weight gain in adults and children; 2) to describe considerations for undertaking obesity prevention overall and in key risk subgroups; 3) to differentiate environmental and policy approaches to obesity prevention from those used in clinical prevention and obesity treatment; 4) to identify potential targets of environmental and policy change using an ecological model that includes multiple layers of influences on eating and physical activity across multiple societal sectors; and 5) to highlight the spectrum of potentially relevant interventions and the nature of evidence needed to inform population-based approaches. The evidence-based experience for population-wide approaches to obesity prevention is highlighted. (*Circulation*. 2008;118:000-000.)

For more information on the American Heart Association, visit www.heart.org.

The Vision and Voice of Women in Medicine

Position Paper on Principals of Obesity and Overweight in the U.S.

The American Medical Women's Association is a professional organization of women physicians and medical students with a core mission to improve women's health. Excess body weight is not only an important women's health problem, it is a health problem for all Americans, and is addressed as such in this paper. Women have a unique role, because in addition to improving their own health by addressing this problem, they are most often responsible for providing nutrition for families, and therefore can assist in addressing this problem in men and children.

Obesity and Overweight Are Serious Medical Problems

In the United States, the numbers of obese and overweight adults and children have increased dramatically in the last 20 years. The Surgeon General has reported that in 1999 61 percent of U.S. adults and 13 percent of children were overweight or obese. Dr. David Satcher stated that obesity in adults has doubled in the last 20 years and overweight in adolescents has tripled.(1) Obesity and overweight are calculated using a formula relating weight and height that yields a single number called the Body Mass Index (BMI). In adults, overweight is defined as a BMI of 25-29.9 kg/m2, and obesity is a BMI 30 kg/m2 and over.(2) Although many people believe that obesity and overweight simply affect personal appearance, these conditions are serious medical problems that can lead to chronic debilitating diseases. Excess body weight increases the risk for coronary heart disease, high blood pressure, diabetes mellitus, osteoarthritis, and cancers of the breast, uterus, prostate and colon, as well as many other serious medical conditions. An estimated 300,000 deaths per year are associated with obesity and overweight. This compares ominously with the 400,000 deaths associated with cigarette smoking, the other major preventable cause of death in the U.S. The successes in treating obesity related health problems could be nullified by this epidemic of obesity.(2)

Causes of Obesity and Overweight in the United States

There are many reasons for increasing body weight in the population of this country. These include genetic predisposition, social environment and customs, ignorance of nutritional values of foods, excessive portion size of purchased meals, and declining rates of exercise. For children, loss of regular gym classes and increased sedentary past times like computer use or TV viewing, are special contributors. Only one-third of Americans exercise at least 30 minutes, three days per week, the recommended minimum. Forty percent of adults do not participate in any leisure-time physical activity.(1) The increase in obese and overweight children has serious portents. Obesity at age 6 confers a 25 percent chance of becoming an obese adult, and obesity at age 12 yields a 75 percent chance of obesity in adulthood.(3) In women there are times of life that are particularly associated with excessive weight gain: menarche, pregnancy and menopause.(4)

Preventing Obesity and Overweight

Because of the difficulty in treating obesity and overweight once they have developed, prevention is the most desirable strategy. Prevention requires family education about nutrition and implementation of healthy eating plans in the home that can lead to permanent healthy eating patterns and choices. Food available on school campuses should also be of good nutritional value. Prevention also involves introducing and maintaining a schedule of regular physical exercise from an early age. The Surgeon General recommends daily, quality physical education for all school

grades, as well as increasing work site and community venues for physical activity.(1) Adults can build moderate activity into their daytime routines by simple measures like climbing stairs instead of using elevators, walking for part or all of their commute to work, and doing household maintenance and gardening.(2) Physicians and other health care providers can participate in prevention by being aware of helpful practices and vulnerable life stages, when the risk of permanent weight gain is high. This is particularly true in women at menarche, pregnancy and menopause. Providers can encourage women to breastfeed, which has been shown to decrease the incidence of becoming overweight as adolescents in those breastfed babies.(5)

Treating Obesity and Overweight

The National Institutes of Health and the North American Association for the Study of Obesity have published a well-researched Guide for the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. The stepwise approach to treatment starts with dietary therapy, physical activity and behavioral therapy. In eligible high-risk patients, pharmacotherapy or surgical therapy may be recommended. The goal is to reduce the risk and severity of obesity-related diseases.

American Medical Women's Association Recommendations

AMWA believes in:

- Public education: Nutrition classes should be taught at all levels; school meals should reflect a well-balanced diet; and, regular and consistent physical activity should be mandatory in all grades.
- The community: Existing facilities should be available for recreation and safe pedestrian pathways should be maintained; and, future community planning should allow for adjacent commercial and residential areas to encourage less dependence on automobiles.

AMWA encourages:

- Physicians and other health care providers to view overweight and obesity as a lifetime health issue that needs continuing attention because of its high health risks;
- Health care providers to learn and actively use the current prevention and treatment recommendations; and,
- Health care providers to refer patients to specialists in obesity management for further assistance, if necessary.

AMWA recommends:

- Funding for research on the causes, prevention and treatment of this critical American health problem be given high priority and that this research also includes children;
- The FDA mandate easy-to-understand nutritional labeling become a standard for all food labels;
- A national media campaign to reverse the trend of sedentary lifestyles and excessive food consumption should be designed, similar in scope to smoking cessation campaigns; and,
- Federal support for better screening and treatment of childhood obesity.

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For more information on the American Medical Women's Association, visit www.amwa-doc.org.

Obstructive sleep apnea (OSA) is a chronic disorder commonly associated with obesity. The prevalence of the condition varies with menopausal status: 10.8 percent premenopausal, 18.4 percent perimenopausal, 27 percent peri-postmenopausal and 29.1 percent postmenopausal (Young T et al. AJRCCM 2003;167:1181.). It is estimated that 18 million adults in the United States have the condition and the majority remain undiagnosed (93 percent of women and 82 percent of men) (Young T et al. NEJM 1997; 20:705.).

Historically, and still, OSA is seen as a problem in men more than women. Sleep apnea is recognized by "typical" features including snoring, witnessed apnea, restless sleep and daytime sleepiness. Women with OSA, in contrast, are more likely to note fatigue rather than sleepiness, morning headaches and insomnia complaints with difficulty falling asleep, not the restless sleep. They are less likely to be reported to snore or have witnessed apnea compared to their male counterparts (Ambrogetti A et al. Aust NZ JMed; 1991; 21:863.). Women with sleep apnea are also more likely to be concerned about how their symptoms impact their interpersonal (marital, family, social and professional) relationships. The differences in presentation further contribute to the under-recognition of the disorder in women.

In addition to the impact on quality of life, untreated sleep apnea may increase the risk of hypertension, diabetes (and metabolic syndrome), cardiovascular disease, arrhythmias and stroke. The higher mortality with the untreated disorder is typically associated with cardiovascular mortality. Treatment has been shown to positively impact the premature mortality of sleep apnea. Effective treatment is available including weight loss, behavioral measures, devices (continuous positive airway pressure, CPAP; oral appliances) and surgery.

While weight gain may increase the risk for developing sleep apnea, people with sleep apnea have greater difficulty controlling and losing weight. People with fatigue and sleepiness are less likely to exercise, and may resort to snacking (often high in carbohydrates) to offset the perception of fatigue. Untreated sleep apnea also impacts leptin and ghrelin, two hormones known to affect weight control and metabolism. These complex mechanisms thus perpetuate a cycle of obesity and sleep apnea.

The American Sleep Apnea Association (ASAA) is a non-profit organization dedicated to the education and empowerment of people with sleep apnea. The efforts are directed at each gender and all races, ethnicities and age groups. The organization has many sources for outreach to the community including a well-trafficked website, online forum, numerous educational bulletins, a nationwide support network (A.W.A.K.E.) and collaborative efforts with other interest groups (e.g., diabetes educators, trucking community). The Board of the ASAA is composed of both patient representatives and sleep professionals. Board members contribute broadly to medical literature, medical meetings, the sleep research field and the public domain in support of the ASAA mission. This collaboration around the epidemic of obesity in women is well-matched to the ongoing goals and activities of the ASAA.

For more information on the American Sleep Apnea Association, visit www.sleepapnea.org.

Binge Eating Disorder Association (BEDA) is the national organization focused on increased prevention, diagnosis and treatment for binge eating disorder. BEDA is committed to facilitating awareness, excellence in care, and recovery for those who live and work with binge eating disorder through outreach, support, education and resources.

The pathways to overweight and obesity are varied and complex, and for some include binge eating or other forms of disordered eating. BEDA bridges the eating disorder and obesity communities to draw attention to the mental health conditions and stigma associated with both and advocates for a comprehensive approach to prevention and treatment.

BEDA is dedicated to supporting women and the important role they play in the family and society through efforts to educate the general public and health care professionals on signs of and treatment for binge eating disorder (BED). It is also committed to reducing weight bias and the stigma associated with eating disorders, both of which are shown to affect women's careers and compensation more adversely than their male counterparts. BED affects the greatest number of women with an eating disorder and is highly associated with obesity.

For more information on the Binge Eating Disorder Association, visit www.bedaonline.com.

Established in 1983 as the National Black Women's Health Project, the Black Women's Health Imperative is a national non-profit organization committed to advocating for and contributing to the health and well-being of the nation's 19.5 million Black women and girls.

The Imperative is committed to supporting lifestyle change, promoting better nutrition, increasing physical activity and enhancing emotional health for Black women and their families at risk for obesity and obesity-related diseases.

Since its founding, the Imperative has maintained a singular focus on promoting the health of Black women as a top priority for the community, policy makers and researchers. With a principal office in the District of Columbia, the Imperative coordinates the efforts of a network of 40 affiliates and field sites across the country. This expansive network includes a rich blend of national and grassroots organizations that share a vision for the improved health of Black women in the community. Working together, these affiliate and partner organizations collaborate with the Imperative in the formulation of policies and programs that promote and support the health of Black women and women of color.

For more information on the Black Women's Health Imperative, visit www.blackwomenshealth.org.

CANYONRANCH *Institute*™

THE POWER & POSSIBILITY OF A HEALTHY WORLD

Canyon Ranch Institute (CRI) and our partners engage in health literate programs to prevent disease, eliminate health disparities, and translate the best available science in order to enable people and communities to be healthier. As a 501(c)3 non-profit organization, CRI catalyzes the possibility of optimal health for all people by translating the best practices of Canyon Ranch and our partners to help educate, inspire, and empower every person to prevent disease and embrace a life of wellness.

Our emphasis on preventing disease is led by CRI President Richard H. Carmona, M.D., M.P.H., FACS, 17th Surgeon General of the United States (2002-2006). The growth of chronic disease worldwide is placing an unsustainable economic and disease burden on individuals, families, communities, and nations. Chronic diseases such as obesity, asthma, diabetes, heart disease, stroke, and some cancers are surging, and those chronic diseases disproportionately impact underserved communities and ethnic minorities, who often have higher disability and mortality rates, lower life expectancies and lower health literacy than other communities. To become a healthier world, we must transform our fundamental approach to health, moving away from the current system focused primarily on treating disease after it occurs to one focused on embracing optimal wellness through prevention.

At the forefront of any discussion of disease prevention and health promotion is overweight and obesity, which is not only a chronic condition but an accelerator of other chronic diseases. The role of women in the discussion of potential solutions is crucial because women direct the majority of health-related decisions in their families. According to the National Women's Resource Center, women make the health care decisions in 71 percent of households. The U.S. Department of Labor states, "Working women are likely to be the primary decision maker for the family as well as the care giver when a family member falls ill. Therefore, women need adequate knowledge and tools to satisfy their multiple roles as decision makers and consumers of health care."

Attention to the principles of health literacy is required to ensure the success of programs to address overweight and obesity. Health literacy is not just a skill that some people may or may not have. Being health literate enables users to find, understand, evaluate, communicate and use information.

As a leader within the Partnership to Fight Chronic Disease, which includes the STOP Obesity Alliance, CRI also supports the content of Recommendations On Reversing Obesity Trends with Health Reform. Although this document was directed to policy makers prior to the passage of the 2010 health care bill, its recommendations provide effective and meaningful guidelines for all obesity-related initiatives and actions.

CRI addresses overweight and obesity through numerous programs, including the CRI Life Enhancement Program (CRI LEP). CRI partners in the South Bronx, NY; Sullivan County, MO; Cleveland, OH, and Oro Valley, AZ are engaged in offering the CRI LEP for their communities. Using an integrative health approach, the CRI LEP focuses on self-discovery, preventive care, and positive lifestyle habits, so that people can make a personal connection to their health and wellness. CRI LEP content is consistent with the STOP Obesity Alliance's focus on 5 to 10 percent weight loss to improve health. The CRI LEP also recognizes the importance of providing solutions for individual health concerns (i.e. one size does not fit all), adapting program content to the culture of each community in which it is offered, and engaging people in activities related to all aspects of healthy living — including food selection and preparation, physical activity, sense of purpose, stress reduction, and social support.

CRI's position is that by collaborating with our community and policy partners to take action to create healthy lifestyles overall, we will identify solutions to obesity and all health challenges.

For more information about Canyon Ranch Institute, visit www.canyonranchinstitute.org.

HealthyWomen believes that the looming health crisis of obesity and weight-related health conditions provides unique opportunities for consumer-focused health information campaigns. With more than one-third of the adult population being obese, including 35 percent of women, HealthyWomen believes now is the time to craft and deliver effective health information that educates women about obesity-related health risks and provides actionable, achievable steps to address these conditions.

HealthyWomen works to provide all women with free, evidence-based information on health and wellness issues to help them make informed decisions. In the next decade, women will confront increasing health-related consequences of obesity for themselves and their family members, including stoke, coronary heart disease, some forms of cancer and type 2 diabetes. Women now face, and will continue to shoulder, the major caregiving responsibilities these chronic conditions impose.

HealthyWomen recognizes the critical role that health care providers play in reducing the obesity epidemic in our country. We develop and support communications tools to encourage more open and productive dialogue between women and their health care providers in addressing obesity.

As part of our mission to provide women with comprehensive health information, we believe it is imperative to create information about obesity, weight management, nutrition and physical activity that is accessible, and preferably free, for women. As the gatekeepers for their family's health, women need the best practices and evidence-based interventions that can reduce obesity and promote healthy lifestyles.

For more information on HealthyWomen, visit www.healthywomen.org.

NCLR

The National Council of La Raza (NCLR), the largest national Hispanic civil rights and advocacy organization in the United States, works to improve opportunities for Hispanic Americans. With regional offices in Chicago, Los Angeles, New York, Phoenix and San Antonio, NCLR serves all Hispanic sub-groups in every region of the country. Through its network of nearly 300 affiliated community-based organizations (CBOs), NCLR reaches millions of Hispanics each year in 41 states, Puerto Rico and the District of Columbia. To achieve its mission, NCLR conducts applied research, policy analysis and advocacy, providing a Latino perspective in five key areas—assets/investments, civil rights/immigration, education, employment and economic status and health.

NCLR's health programs are housed in the Institute for Hispanic Health (IHH). IHH is dedicated to reducing the incidence, burden and impact of health problems in the Hispanic community by designing, supporting, evaluating and testing science-based health interventions that are culturally competent and linguistically appropriate. IHH works closely with Affiliates, government partners, private funders and other Hispanic-serving organizations to design, develop and deliver these quality health interventions. IHH's work focuses on improving access to and utilization of quality health care. IHH also oversees health promotion and disease prevention programs, and is dedicated to working extensively in the area of obesity prevention among Hispanic women and children.

In April, NCLR President and CEO Janet Murguía was named to the board of directors of the Partnership for a Healthier America. The Partnership is working with First Lady Michelle Obama's "Let's Move!" campaign to mobilize the private sector, thought leaders, media and local communities to curb childhood obesity and raise a healthier generation of children.

"Childhood obesity is an epidemic that has the potential to rob young America of its future," said Murguía. "As a nation, we cannot allow an entire generation of children to live shorter lives than their parents. I am certain that by harnessing the power of all sectors of our society, we'll make great strides in reversing the obesity epidemic and give all American children the full opportunity to succeed."

"Obesity is increasingly linked to health complications, chronic disease and poor achievement in school which in turn have profound implications for a child's quality of life," continued Murguía. "Furthermore, the rate of obesity among Latino children continues to be disproportionately high compared to that of other American children, affecting at least one in three Latinos into adulthood."

For more information on the National Council of La Raza, visit www.nclr.org. Also follow NCLR via: www.facebook.com/nationalcounciloflaraza, www.myspace.com/nclr2008, http://twitter.com/nclr.

National Indian Health Board

Position Paper: Childhood Obesity Prevention Initiative

Since its establishment in 1972, the National Indian Health Board (NIHB) serves federally Recognized American Indian/Alaska Native tribal governments by advocating for the improvement of health care delivery to American Indian/Alaska Natives. The NIHB ensures that the Federal government upholds its treaty obligations to American Indian and Alaska Native populations in the provision and facilitation of quality health care to our people.

Obesity is one of the most critical public health challenges that tribal communities face. Obesity is a major risk factor for developing a variety of diseases and disorders, and obesity rates of American Indian and Alaska Native youth are growing at a faster rate than any other race or ethnic group (Centers for Disease Control and Prevention (CDC), 2009). Evidence of this can be found in a 2009 study which stated that 31.2 percent of AI/AN four-year-olds are obese; a rate higher than any other racial or ethnic group studied and almost double the rate among white four-year-olds (Anderson & Whitaker, 2009). These alarming statistics are associated with an increased risk of type 2 diabetes, high blood pressure, cardiovascular disease, asthma, sleep apnea, low self-esteem, depression and social discrimination (CDC, 2008). And the top ten leading causes of death in the AI/AN population are heart disease, cancer, unintentional injury, diabetes, chronic liver disease and cirrhosis, stroke, chronic lower respiratory disease, suicide, nephritis and influenza (National Center for Health Statistics, 2006), all of which are exacerbated by obesity.

Childhood obesity is not a new issue for NIHB or our Native People. What is new is the fact that the Nation is focusing so much attention on this subject. We are grateful for this and want to ensure that our American Indian and Alaska Native governments and communities are included in the discussion and policy decision making arenas as full partners. The goal of the National Indian Health Board is to raise the profile of the obesity epidemic in American Indian and Alaska Native communities. The National Indian Health Board is engaged with policy makers to ensure American Indian and Alaska Native communities can utilize programs in a culturally appropriate manner to reduce obesity.

There are a few reliable predictors of increased childhood obesity rates: One of the predictors is the role of money. Low cost foods that are high in calories but low in nutritional content have all been linked to rising obesity prevalence among children and youth. Fats and sweets cost only 30 percent more than they did 20 years ago, while the cost of fresh produce has increased more than 100 percent. Lower cost foods, logically, make up a higher proportion of the diet of lower income individuals. Second is the idea of location. Children living in high-poverty areas are more likely to be obese as adults and have higher rates of diabetes. This is after controlling for education, occupation and income. Our tribal communities, as disadvantaged areas lacking a truly built environment may contribute significantly to childhood obesity. Lastly, there is an issue of the poverty of time. The change in our employment environment has contributed to the loss of manufacturing jobs and the increase in a service economy and more women in the work force and is being associated with a real shift in the way families eat.

The National Indian Health Board has been working diligently for the 564 Federally Recognized tribes and with members in Congress to develop legislation to address childhood obesity. House Resolution No. 996 has been introduced highlighting this epidemic, citing that 39 percent of American Indian children ages 2-5 are obese. Additionally, the NIHB is working to develop innovative recommendations and solutions to address the impact of obesity and motivate our partners to make a difference at the tribal, local, regional and national levels. In collaboration with the Indian Health Service, the NIHB began a national survey in October 2009 entitled *Overweight/Obesity Programs in Indian Country Survey*. From this data we have gained a much better understanding of the types of services, funding sources, the median age of participants and the evaluation process of the interventions. Additionally, the National Indian Heath Board convened a meeting in December of 2009 entitled "Obesity Prevention and Strategies in Native Youth" to start the lengthy discussion on childhood obesity prevention and the development of potential workgroups and partnerships.

The NIHB has also demonstrated expertise in prevention strategies through community level policy intervention, trainings and program delivery. Through various private and federal funding sources, and upon direct request from our affiliate tribes, the NIHB has worked on healthy living initiatives, including publication of successful implementation of coordinated community specific programs under the Healthy Indian Country Initiative.

For more information on the National Indian Health Board, visit www.nihb.org.

SOCIETY FOR
WOMEN'S HEALTH RESEARCH

The Society for Women's Health Research (SWHR), a national non-profit organization based in Washington D.C., is widely recognized as the thought leader in research on sex differences and is dedicated to improving women's health through advocacy, education and research.

Many women, and even physicians, are not aware that defining obesity and diagnosis, progression, and treatment of diseases may be different for women versus men. For example, studies reported in April 2010 link adulthood weight gain to an increased risk for post-menopausal breast cancer in women. Additionally, weight gain puts added stress on hip and knee joints, where there are established sex-based differences in the prevalence, risk and treatment of osteoarthritis.

Sex is a crucial biological variable that should be considered when designing and analyzing research in all areas and on all levels of biomedical and health related research. Gender is another key variable, with female occupations, diet, economic situations, environmental exposures, societal roles and relationships all potentially impacting health and wellness (including obesity), and morbidity and mortality subsequent to obesity.

Recognizing the importance of addressing obesity, SWHR is a part of the Strategies to Overcome & Prevent (STOP) Obesity Alliance—a group united to drive innovative and practical strategies that combat obesity.

For more information on the Society for Women's Health Research, visit www.womenshealthresearch.org.

The National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the world, with 150,000 members. NASW was founded in 1955; the association has more than 50 chapters, located in every state, the District of Columbia and three U.S. territories.

NASW works to enhance the professional growth and development of its members, to create and maintain standards for the social work profession, and to advance sound social policies that contribute to the health and well-being of all Americans.

Social workers help people overcome some of life's most difficult challenges, with a unique perspective that addresses the person in the context of family and community. In a variety of settings, social workers help prevent crises and counsel individuals, families and communities to cope more effectively with the stresses of everyday life.

Our nation's obesity epidemic is taking a severe toll on the physical and mental health of many Americans. Social workers are responding to this crisis with creative and effective solutions that address the prevention, treatment, research and policy aspects of this complicated public health issue.

For more information on the National Association of Social Workers, visit www.socialworkers.org.

WomenHeart: The National Coalition for Women with Heart Disease is the nation's only patient advocacy organization serving the 42 million American women living with or at risk for heart disease – the number one killer of women. WomenHeart is solely devoted to advancing women's heart health through advocacy, community education, and the nation's only patient support network for women living with heart disease. WomenHeart is both a coalition and a community of thousands of members nationwide, including women heart patients and their families, physicians, and health advocates, all committed to helping women live longer, healthier lives.

Obesity

- There are 68.6 million overweight and obese adult women, representing 61 percent of the women in the U.S.
- 38 million women are obese, representing 34 percent of women with a BMI equal or greater than 30.
- 57.5 percent of Caucasian women are overweight and obese and 31.3 percent are obese.
- 79.6 percent of African-American women are overweight and obese and 53.2 percent are obese.
- 74.1 percent of Mexican-American women are overweight and obese and 41.8 percent are obese.
- Within 30 years, the percent of obese adult women has more than doubled:
    - 1976-1980; 17.1 percent obese
    - 2003-2006; 35.2 percent obese

Heart Disease

- More than 42 million women are currently living with some form of cardiovascular disease. More than 8 million women have a history of heart attack and/or angina.
- Five and a half million women will suffer angina.
- Heart disease is the leading cause of death of American women, killing more than a third of them.
- More women than men die of heart disease each year.

The Risks

- Relative risk for cardiovascular disease increases by 20 percent in women who are overweight and by 64 percent in women who are obese.
- Between 1971 and 2004 total energy consumption for adult women has increased by 22 percent from 1542 to 1886 calories per day.
- 47.9 percent of adult women have total cholesterol of at least 200mg/dL.
- 50 percent of Caucasian women, 64 percent of African-American women, 60 percent of Hispanic women, and 53 percent of Asian/Pacific Islander women are sedentary and get no leisure time physical activity.

For more information on WomenHeart: The National Coalition for Women with Heart Disease, visit www.womenheart.org.