

NOT SIMPLY A CHOICE

Obesity is a complex disease with many contributing factors.



of adults in Clark County

have obesity.



36.1%

of adults in Clark County have overweight.



16.5%

of high school students in Clark County have obesity.

17.7%

of high school students in Clark County have overweight.



30.2%

of kindergarteners in Nevada have obesity or overweight.

Data Source: 2021 BRFSS, 2021 YRBS, 2020-2021 Nevada Kindergarten Health Survey

BACKGROUND

The prevalence of obesity has tripled in the past 50 years.¹ Today, 74 percent of American adults have overweight or obesity.¹ The rate of unhealthy bodyweight among children and adolescents has more than doubled since the 1970s.²

It is well known that **obesity is associated with a variety of negative health effects**, such as diabetes, heart disease, high blood pressure, and certain types of cancer.³ In fact, one in three American children born in the year 2000 will develop diabetes in their lifetime because of the increase in overweight and obesity.⁴ Weight stigma and obesity bias for those living with obesity can have devastating social, psychological, and physical effects.

CAUSES

Obesity is a complex disease resulting from a combination of factors including behavioral, genetic, and environmental factors. Many risk factors for obesity and overweight are physical and social determinants of health and include availability of healthy, affordable housing, community design, built environment, poverty, availability of nutritious food, access to health care, transportation and others. Risk factors for obesity often overlap and/or influence one another and can lead to weight gain and increasing levels of obesity. Obesity should not be stigmatized simply as the result of personal choices but as a complex, multi-factorial, chronic disease.

SOLUTION:

Everyone should have a fair and just opportunity to be healthy. Inequities in obesity prevalence among population groups underscore the need to comprehensively address obesity, including prevention and treatment, to improve health equity. **Comprehensive, evidence-based obesity prevention and treatment approaches** are not the responsibility of one single organization, community, or individual. To be effective, all sectors of the community need to work together to create environments where health can be achieved at any size.



Partners for a Healthy Nevada's (PHN) Position:

OBESITY IS A SIGNIFICANT PUBLIC HEALTH ISSUE THAT REQUIRES ACTION AT ALL LEVELS.

Specifically, we support and encourage the following evidence-based strategies and positions:

Strengthening school wellness policies to increase access to healthy foods; limit/restrict access to unhealthy foods and increase opportunities for physical activity.

Making school meals free for all students and increasing the quality, frequency, and duration of physical education classes.

Increasing access to healthier food and beverage options (including water) at schools, restaurants, vending, concessions, and other locations that provide food and beverages.

Improving the **availability of healthy foods and beverages and physical activity opportunities in community settings** including childcare facilities, afterschool settings, worksites, health care facilities, food pantries, and places of faith.

Expanding availability of **evidence-based healthy weight management programs** and treatments as covered benefits of insurance and health plans.

Obesity surveillance efforts to monitor obesity prevalence and **use data to direct resources** to communities at greatest risk.

Dedication of sustainable funding to support obesity prevention and treatment efforts statewide.

Nutrition incentive programs that make healthy foods, particularly fruits and vegetables, more affordable and accessible.

Healthy community design approaches to increase opportunities for physical activity, active transit, and make physical activity safe and accessible for all.

ABOUT PHN:

Officially established in 2006, Partners for a Healthy Nevada is Southern Nevada's community obesity prevention coalition. Our members are committed to the PHN mission and vision:

VISION: All residents in Southern Nevada have a healthy weight.

MISSION: To promote and support members' efforts to promote health equity, decrease stigma, and reduce the impact of weight-related disease through evidence-based prevention and treatment programs, policies, systems, and environmental change strategies.

QUESTIONS ABOUT PHN CAN BE SENT TO: Nicole Bungum, MS, CHES – PHN Facilitator bungum@snhd.org

 Fryar CD, Carroll MD, Ogden CL. Prevalence of overweight, obesity, and severe obesity among children and adolescents aged 2-19 years: United States, 1963-1965 through 2015-2016. National Center for Health Statistics Health E-Stats. September 2018. Available from https://www.cdc.gov/nchs/data/hestat/obesity_child_15_16/obesity_child_15_16.htm Prospective Studies Collaboration. Body-mass index and causespecific mortality in 900,000 adults: collaborative analysis of 57 prospective studies. Lancet. 2009 Mar 28; 373(9669):1083-96.

Fryar CD, Carroll MD, Afful J. Prevalence of overweight, obesity, and severe obesity among adults aged 20 and over: United States, 1960–1962 through 2017–2018. NCHS Health E-Stats. 2020. Available from https://www.cdc.gov/nchs/data/hestat/obesityadult-17-18/obesity-adult.htm

^{4.} Narayan KM, Boyle JP, Thompson TJ, Sorensen SW, Williamson DF. Lifetime risk for diabetes mellitus in the United States. JAMA. 2003 Oct 8; 290(14):1884-90.