

NOT SIMPLY A CHOICE

Obesity is a complex, chronic disease with many contributing factors.

BACKGROUND

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

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.



34.3% of adults in Clark County have obesity.



32.6% of adults in Clark County



15.5% of high school students in Clark County have obesity.

have overweight.



17.3% of high school students in Clark County have overweight.



33.2%

of kindergarteners in Nevada have obesity or overweight.

Data Source: 2022 BRFSS, 2023 YRBS, 2022-2023 Nevada Kindergarten Health Survey

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 strategies, to improve health equity. Comprehensive, evidence-based obesity prevention and treatment approaches are needed 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:

Strengthen school wellness policies to increase access to healthier foods; limit/restrict access to less healthy foods and increase opportunities for physical activity.

Make healthier school meals free for all students.

Increase the quality, frequency, and duration of physical education classes and integrate opportunities for physical activity throughout the school day.

Increase accessibility of healthier foods and beverage options (including water) at schools, restaurants, vending, concessions, and other locations.

Improve the availability of healthier foods and beverages and physical activity opportunities in community settings including early care and education centers, afterschool settings, worksites, healthcare facilities, food pantries, and places of faith.

Expand availability of evidence-based healthy weight management programs and make pharmacotherapies more accessible.

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

Dedicate sustainable funding to support obesity prevention and treatment efforts statewide.

Nutrition incentive programs that make healthier 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:

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^{1.} 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/obesity-adult-17-18/obesity-adult-17-18/obesity-adult-18-

Fryar CD, Carroll MD, Afful J. Prevalence of overweight, obesity, and severe obesity among children and adolescents aged 2–19 years: United States, 1963–1965 through 2017–2018. NCHS Health E-Stats. 2020. Available from https://www.cdc.gov/nchs/ data/hestat/obesity-child-17-18/obesity-child.htm#Suggested%20

GBD 2015 Obesity Collaborators. Health effects of overweight and obesity in 195 countries over 25 years. New England journal of medicine. 2017 Jul 6;377(1):13-27.

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.