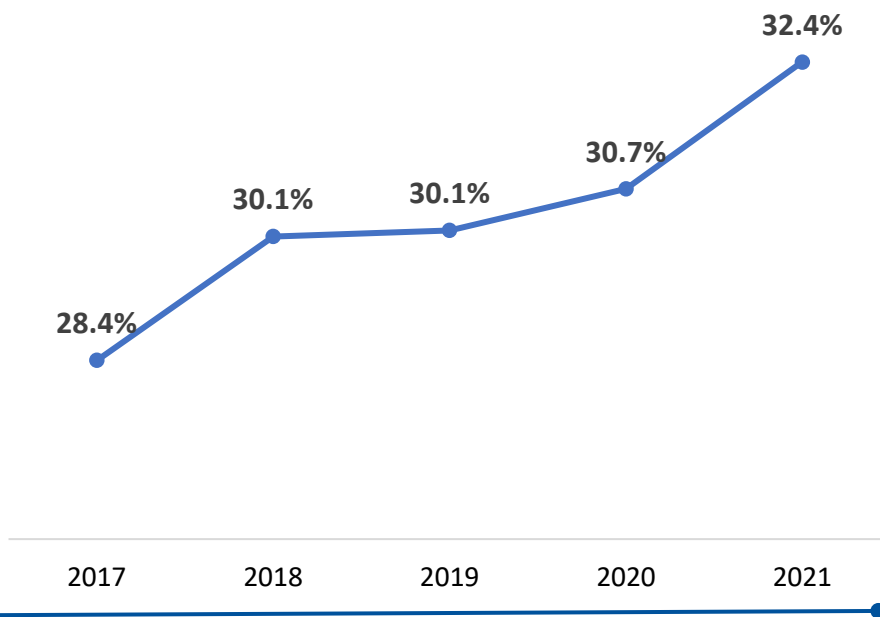


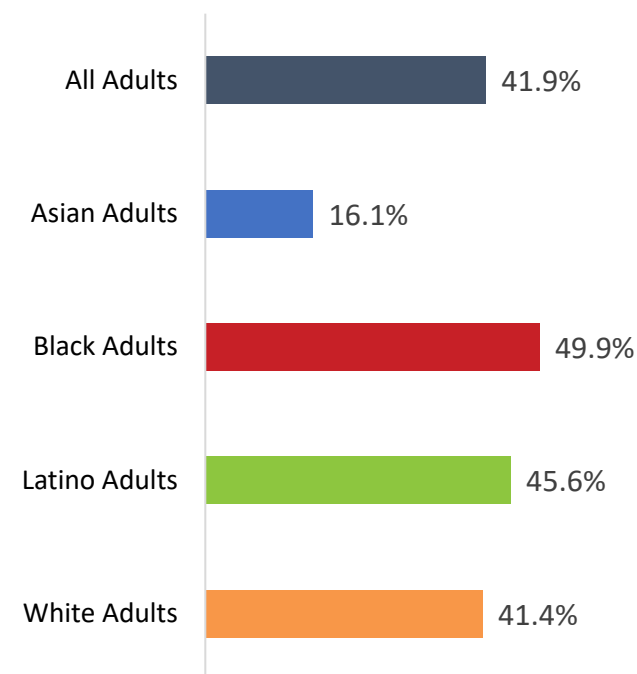
The State of Obesity 2022: Better Policies for a Healthier America

Special Feature: Food and Nutrition Insecurity Among Youth and Families

Minnesota Obesity Rates Over Time, 2017—2021



US Obesity Rates by Ethnic and Racial Group, 2021



Key Report Takeaways

- ✓ Nationwide, the adult obesity rate is 41.9 percent.
- ✓ Continuous increases in obesity rates across population groups underscores that obesity is caused by a combination of factors, including societal, biological, genetic, and environmental, which are often beyond personal choice.
- ✓ 19 states have adult obesity rates over 35 percent, but in 2011 zero states were in this category.
- ✓ Factors such as structural racism, discrimination, poverty, food insecurity, housing instability, and lack of access to quality healthcare are key drivers of the differences in obesity rates across racial and ethnic groups.
- ✓ Obesity rates are also increasing among children and adolescents with nearly 20 percent of U.S. children ages 2 to 19 having obesity.
- ✓ Children who are Black or Latino, boys, and those living in households with lower incomes are more likely to live with obesity.

Why do we use BMI?

- ✓ Body-mass index (BMI) is a method often used as a proxy for body fat and cardiometabolic risk. It is widely used because it is simple and affordable—no invasive tests, special equipment, or prior diagnoses required. However, it has several important limitations and, while useful to track community level rates of obesity, should not be the only tool to diagnose obesity.

For the full report, go to:

<https://www.tfah.org/report-details/state-of-obesity-2022/>

Policy Recommendations



Support community-based efforts to prevent obesity and related chronic diseases by increasing funding for the CDC's National Center for Chronic Disease Prevention and Health Promotion, including the Racial and Ethnic Approaches to Community Health (REACH) and Healthy Tribes programs.



Improve students' nutrition by making healthy school meals for all a permanent policy, extending COVID-19 flexibilities that expand nutrition access for students and their families, and increasing reimbursement rates for school meals.



Expand public health efforts to address structural drivers of chronic disease, like access to transportation and healthy food, by passing the Improving Social Determinants of Health Act.



Decrease food insecurity for children, infants, and parents by passing the Healthy Meals, Healthy Kids Act and a Farm Bill that will increase benefit levels for the Supplemental Nutrition Assistance Program (SNAP).



Change tax law to end unhealthy food marketing to children by closing loopholes and eliminating business cost deductions related to the advertising of unhealthy food and beverages to young people.



Impose national excise taxes on sugary drinks and devote the revenue to chronic disease prevention, nutrition security policies, and other programs that are proven to reduce health disparities.



Expand support for maternal and child health and increase rates of breastfeeding by increasing funding for the CDC's State Physical Activity and Nutrition (SPAN) program and the Title V Maternal and Child Health (MCH) Block Grant Program.



State and local governments should use new federal dollars to fund active transportation projects like pedestrian and biking paths and safe places to be physically active.



Broaden access to affordable healthcare by further extending the ACA Marketplace tax credits, ensuring all states expand Medicaid, and requiring coverage with no cost sharing for U.S. Preventive Services Task Force recommended obesity prevention programs under all insurance types.