Investing in Obesity Prevention Pays Off: Funding CDC’s Division of Nutrition, Physical Activity, and Obesity Will Benefit Health, the Economy, and National Security

The Problem

- Over the last 30 years, obesity rates have doubled in adults\(^1\) and tripled in kids.\(^2,3\)
- Nearly 70% of Americans are overweight or obese.\(^4\) Half of black, four of ten Hispanic, and one-third of white adults are obese.\(^5\)
- One in four young Americans are too overweight to join the military.\(^6\) Weight is the number one medical reason people are ineligible for the service.\(^7\)
- For the first time in history, the current generation of children has a shorter life expectancy than their parents—as a result of obesity.\(^8\)
- Physical inactivity, poor nutrition, and obesity-related diseases—heart disease, stroke, cancer, type 2 diabetes, osteoporosis, osteoarthritis, depression—contribute to one-third of the premature deaths in the U.S.,\(^9\) and significantly to disabilities, such as blindness, kidney failure, and limb amputation, as well as to absenteeism and lost productivity.\(^10\)
- Driven in large part by obesity, rates of diabetes have increased by 176% over the last 30 years.\(^11\) Today, over 26 million Americans (over 8%) have diabetes.\(^12\) Of those adults, 95% have type 2 diabetes, and of those, 80% are overweight or obese.\(^13\)
- Annual health care costs from obesity are at least $190 billion—\(^14\) or 21% percent of total health care spending —and are expected to rise by $48-66 billion a year by 2030.\(^15\) Medicare and Medicaid, funded by tax dollars, pay for more than 40% of obesity-related health costs.\(^16\)
- Healthcare costs for an obese person are almost $1,500 more per year than for a healthy weight person; an obese Medicare beneficiary costs over $1,700 more.\(^17\)
- Average healthcare costs for a person with diabetes are over $13,000 a year—over twice as much as for a person without diabetes.\(^18\) Direct medical costs of diabetes are $176 billion a year, with government insurance covering over 60% of those costs\(^19\) and a third of Medicare dollars spent on people with diabetes.\(^20\)

Obesity costs $270 billion a year.\(^23\)

Investing in obesity prevention makes long-term sense for America’s economy, productivity, national security, and citizens’ quality of life.
DNPAO Helps Address the Problem

DNPAO promotes healthful eating, breastfeeding, and physical activity to reduce chronic diseases and conditions through monitoring nutritional, physical activity, and disease status, funding applied research and translating findings into practice, and supporting state and local programs.

DNPAO-supported state efforts include:

- Encouraging healthier kids’ menus in Georgia
- Connecting local farmers and their produce to workplaces in Texas
- Promoting play and healthier food options in New Hampshire preschools
- Improving walkability through urban design and transportation planning in New York
- Increasing biking opportunities by developing bike trails in New Mexico
- Encouraging healthy vending options in Tennessee
- Expanding the smart meal restaurant program in Colorado
- Providing healthier food and beverages in state agencies in Massachusetts
- Distributing a nutrition curriculum to over 45,000 students and supporting breastfeeding in South Carolina
- Deploying mobile cooking schools in West Virginia

Obesity Prevention Funding Is Not Commensurate with the Scope of the Problem

- In FY15, funding for DNPAO is only 0.69% of CDC’s $6.9 billion budget and 4% of the agency’s $1.2 billion allocation for preventing chronic diseases. In contrast, NIH gets more than $3.4 billion for research on obesity, nutrition, and diabetes.21
- Despite demand, 18 states and the District of Columbia do not receive enhanced funding from CDC to prevent and control chronic diseases.
- Investing $10 per person per year in obesity and smoking prevention could save $16 billion annually within 5 years.22

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4 Fryar CD, supra.


7 Id.


10 Id.


12 CDC, supra at endnote 9.


17 Id.


19 Id.


