



**NUTRITION, PHYSICAL ACTIVITY & OBESITY
FY 2015 APPROPRIATIONS FACT SHEET
CENTERS FOR DISEASE CONTROL AND PREVENTION**

FY 2014	President's Budget	FY 2015 Suggested
\$40,092,000	\$40,092,000	\$56,092,000 + \$5,000,000 high rate counties

Additional resources will allow for the expansion of nutrition, physical activity, and obesity prevention programs in more states and localities. CDC will continue building toward a national coordinated and comprehensive program for improving nutrition, increasing physical activity and preventing obesity through child care centers, schools, communities, worksites, and medical care facilities.

Basic Facts about Nutrition, Physical Activity, and Obesity

- Encouraging signs of success are emerging as a result of CDC and its partners' efforts to curb obesity. Nationally, between 2003-2004 and 2011-2012, obesity rates significantly decreased from 13.9% to 8.4% for children aged 2 to 5 years. From 2008 to 2011, in 19 states/territories, obesity decreased significantly for low income children aged 2-4 years participating in the WIC program. Further, after several decades of increases, there were no significant changes in obesity between the 2003-2004 and 2011-2012 surveys for children aged 6-19 years and adults aged 20-59 years.
- Despite these successes, obesity rates are still too high. In 2011-2012, 16.9% of children aged 2-19 years, and 34.9% of adults aged 20 years and older were obese.
- Despite the proven benefits of physical activity, in 2011, 31.7% of U.S. adults report engaging in no leisure-time physical activity.
- Research shows that good nutrition can help to lower people's risk for many chronic diseases, including heart disease, stroke, some cancers and osteoporosis. However, a large gap remains between healthy dietary patterns and what Americans actually eat.
- In 2011, 22.6% of U.S. adults reported they ate vegetables less than one time daily and 37.7% reported they ate fruit less than one time daily.
- It is estimated that overweight and obesity cost the U.S. approximately \$270 billion per year.

How Reducing the Number of Overweight and Obese Americans Can Prevent Chronic Diseases

- Much of the chronic disease burden is preventable.
- In 2010, poor diet and physical inactivity contributed to many of the leading causes of death in the United States including heart disease, cancer, stroke, and diabetes.
- The prolonged illness and disability associated with obesity and many other chronic diseases also decreases the quality of life for millions of Americans.

- People who are obese are at increased risk for heart disease, high blood pressure, diabetes, arthritis- and non-arthritis related disabilities, and some cancers.

CDC's Nutrition, Physical Activity, and Obesity Program

Currently, states receive minimal funding to support physical activity and healthy eating through state-based public health programs. Public health programming per capita expenditure is approximately \$0.25, far below the estimated \$1,429 per capita cost of obesity-related medical care. A sustained and sufficient level of investment in state-based public health programs to promote active living and healthy eating can help individuals sustain healthy behaviors at every age. Examples include permitting access to public service venues to increase physical activity; improving maternity care practices to promote breastfeeding; and, promoting access to healthy foods and beverages in federal facilities, child care centers and schools. CDC and state programs are responding to the urgent threat posed by obesity, poor diet and physical inactivity by educating providers and the public about healthful behaviors; providing training and technical assistance to state-based practitioners; conducting surveillance, research and evaluation on health indicators and interventions; and implementing enhanced prevention strategies.

An increase in funding in FY15 for the Division of Nutrition, Physical Activity, and Obesity (DNPAO) will help expand the number of jurisdictions implementing public health programs to reduce the population-level burden of poor nutrition and physical inactivity. At \$54 million, DNPAO could:

- Provide additional funding to significantly strengthen capacity and effectiveness of state and territorial public health programs;
- Substantially enhance prevention, surveillance and evaluation efforts;
- Scale and enhance efforts to improve maternity care practices and increase the time infants are breastfed as a means to reduce obesity and other chronic diseases;
- Promote comprehensive and sustainable public health programs in medical care settings and child care centers as well as support complimentary programs in schools, communities, and workplaces
- Enhance state public health capacity to implement and evaluate nutrition, physical activity and obesity related programs;
- Build social awareness and support for measurable regional and statewide improvements in physical activity and nutrition behaviors, as well as declining obesity prevalence rates.

Recognizing that this program addresses the health risk factors second only to tobacco in causing chronic disease, the NACDD Goal for this area is \$100 million. The recommendation for a \$20 million increase for 2015 is the first step in reaching that goal.

For more information visit www.cdc.gov/obesity

Contact: Amy Souders, Cornerstone Government Affairs. (202) 488-9500 or asouders@cgagroup.com