



**NUTRITION, PHYSICAL ACTIVITY & OBESITY
FY 2016 APPROPRIATIONS FACT SHEET
CENTERS FOR DISEASE CONTROL AND PREVENTION**

FY 2015	FY 2016 President's Budget	FY 2016 Suggested
\$59,600,000	\$52,092,000	\$72,092,000 (+ \$7,500,000 high rate counties)

With a suggested budget of \$79,592,000, CDC will be able to sustain and expand important public health interventions that address primary prevention of obesity, heart disease, diabetes and some cancers in high obesity counties, early care and education centers, hospitals, communities and through state health departments . Funding will allow for the expansion of nutrition, physical activity, and obesity primary prevention programs under the coordinated state public health approaches cooperative agreement. Currently, primary prevention is funded at significantly lower levels than the strategies to address populations with existing risk factors.

Encouraging signs of success are emerging as a result of CDC and its partners' efforts to prevent obesity. Recent U.S. data shows decreases in obesity among preschool aged children and between 2003-2004 and 2011-2012, national obesity rates decreased from 13.9% to 7.4% for children aged 2 to 5 years. Obesity decreased significantly from 2008 to 2011 for low-income children aged 2 to 4 participating in nutrition feeding programs across 19 states/territories. Adequate funding is imperative to harnessing these positive trends and continuing efforts to control and reduce obesity rates.

Basic Facts about Nutrition, Physical Activity, and Obesity

- After several decades of increases, there were no significant changes in obesity from 2003-2004 and 2011-2012 among 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 had obesity.
- Despite the proven health benefits of physical activity, only 49.3% of U.S. adults met the recommendations for aerobic physical activity in 2013.
- In 2011, 23% of U.S. adults reported they ate vegetables less than one time daily and 38% reported they ate fruit less than one time daily.
- From 2003 to 2010 the amount of whole fruit children ate increased by 67%; vegetable consumption did not increase, and consumption of both fruits and vegetables remain well below health recommendations.

The Cost of Obesity

- The Society of Actuaries estimated that the cost of obesity in the U.S. was approximately \$270 billion per year in 2009.
- 23% of applicants to the military are rejected for service due to excessive weight and/or body fat; now the most common reason applicants are rejected for enlistment.
- Low rates of breastfeeding cost an estimated \$2.2 billion in direct medical expenses every year.

- From 2006-2011, an estimated \$117 billion of annual health care expenditures were associated with inadequate physical activity.
- People with obesity are at increased risk for heart disease, high blood pressure, diabetes, arthritis- and non-arthritis related disabilities, and some cancers. People with obesity experience social and workplace stigma and discrimination, diminished productivity, and decreased quality of life.

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 \$0.246; far below the estimated \$1,429 per capita cost of obesity-related medical care. A sustained and sufficient level of investment in nutrition and physical activity interventions through state-based public health programs and setting specific interventions can improve health outcomes, quality of life, and help individuals maintain optimal health at every age. Examples include: improving maternity care practices to promote breastfeeding; promoting access to healthy foods and beverages in federal and state government facilities, child care centers and schools; and permitting access to public facilities (e.g., schools, gyms) to increase physical activity.

An increase in funding in FY16 for the Division of Nutrition, Physical Activity, and Obesity (DNPAO) will help expand the number of jurisdictions implementing public health primary prevention programs to reduce the burden of poor nutrition and physical inactivity. At \$79.6 million, DNPAO will:

- Conduct research, surveillance and evaluation to provide measurable impact and reach of primary prevention programs;
- Enhance efforts to improve maternity care practices and increase the time infants are breastfed as a means to improve infant and maternal health outcomes including the incidence of SIDS, preventing weight gain, eliminating infections and reducing risk for chronic diseases;
- Enhance state public health capacity to implement and evaluate nutrition, physical activity and obesity related prevention programs; and
- Educate and 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 goals for this area are restoration of base authority to sufficient operational levels and an eventual total budget authority of \$100 million. The recommendation for a \$20 million increase for FY 2016 is a step towards reaching these ultimate goals.

For more information visit www.cdc.gov/obesity

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