



**NUTRITION, PHYSICAL ACTIVITY & OBESITY
FY 2017 APPROPRIATIONS FACT SHEET
CENTERS FOR DISEASE CONTROL AND PREVENTION**

FY 2016	FY 2017 President's Budget	FY 2017 Suggested
\$49,920,000	\$49,920,000	\$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 in, early care and education centers, hospitals, communities and through state health departments. Additional funds, will allow for the expansion of nutrition, physical activity, and obesity primary prevention programs under the State Public Health Actions (1305) cooperative agreement. Currently, primary prevention is funded at significantly lower levels than the strategies to address populations with existing risk factors for heart disease and diabetes.

CDC investments contributed to the leveling of obesity rates among youth after decades of unprecedented increases. Also, with the support of CDC investments and assistance, the proportion of adults who engage in leisure-time physical activity increased from 63.8% in FY 2008 to 70% in FY 2014. However, significant work remains to improve nutrition, increase physical activity, and prevent obesity. Continued progress in these areas will reduce future chronic disease rates, improve worker productivity, reduce healthcare costs, and contribute to the elimination of health disparities.

Basic Facts about Nutrition, Physical Activity, and Obesity

- After several decades of increasing rates, recent data show a plateau in obesity rates among youth. Between 2003 – 2004 and 2013 – 2014, no change in prevalence was seen among youth.
- Despite these successes, obesity rates are still too high. In FY 2014, 37.7% of adults were obese and 17.2% of all children and adolescents (ages two to 19 years).
- Despite the proven health benefits of physical activity, only half of American adults and a quarter of adolescents get enough aerobic physical activity to maintain good health and avoid disease.
- Only 49.3% of U.S. adults and 27.1% of adolescents met the recommendations for aerobic physical activity in 2014.
- Fifty (50%) of children who became obese between the ages of 5 and 14 years were overweight when they entered kindergarten.
- Seventy-six (76%) of Americans one year and older do not consume recommended amounts of fruit and 87% do not consume the recommended amount of vegetables.

The Cost of Obesity

- In 2009, the cost of obesity in the U.S. was approximately \$270 billion per year.
- Obesity and related chronic diseases cost employers up to \$93 billion per year in health insurance claims.
- Over a quarter (27%) of all Americans 17 to 24 years—more than nine million men and women—are too heavy to join the military.
- Low rates of breastfeeding cost an estimated \$2.2 billion in direct medical expenses every year.

- Persons with obesity are at higher risk for hypertension, high cholesterol, type 2 diabetes, heart disease, certain cancers, and early death. Obesity also negatively impacts our nation's businesses, economy, and military readiness.

The Benefits of Physical Activity

Physical activity saves lives, saves money and protects health. If Americans met the recommended physical activity levels, one in nine premature deaths could be prevented. In addition, meeting physical activity recommendations could prevent:

- \$117B in annual healthcare expenditures
- 1 in 8 cases of breast and colorectal cancers
- 1 in 15 heart attacks

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 nutrition and physical activity interventions through state-based public health programs can improve health outcomes, quality of life, and help individuals maintain optimal health at every age. CDC's Nutrition, Physical Activity, and Obesity activities help the entire country—not just those living with chronic disease—to eat healthy, be more active, and avoid obesity. In FY 2015, CDC directed an estimated \$17,000,000 to evidence-based interventions that promote nutrition and physical activity, and obesity prevention, including increasing access to healthy food and beverages, increasing physical activity access and outreach, designing communities that support safe and easy places for people to walk, improving nutrition and increasing physical activity in the Early Care and Education (ECE) settings, and improving support for mothers who choose to breastfeed.

An increase in funding in FY2017 for the Division of Nutrition, Physical Activity, and Obesity (DNPAO) will continue efforts to improve nutrition and increase physical activity across the lifespan, with a special focus on young children ages 0-5 years. CDC will also continue to monitor and report health risk behaviors and health outcomes and integrate the best science into state, tribal, local, and territorial initiatives for optimal reach and impact. At \$79.6 million, DNPAO will:

- Increase the proportion of infants that are breastfed at 6 months
- Increase the contribution of vegetables to the diets of the population aged 2 years and older (cup equivalents per 1,000 calories)
- Increase the proportion of adults (age 18 and older) that engage in leisure-time physical activity
- Reduce the age-adjusted proportion of adults (age 20 years and older) who are obese
- Reduce the proportion of children and adolescents (ages 2 through 19) who are obese
- Increase in the number of states with nutrition standards for foods and beverages provided in early care and education centers
- Increase the number of states with physical education standards that require children in early care and education centers to engage in vigorous- or moderate-intensity physical activity

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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