

# AMERICA

## Why Are Americans Obese?

To understand the true size of the American obesity epidemic, we first need to understand what it really means to be overweight. Generally, doctors and nutritionists classify people as either underweight, healthy weight, overweight, or obese. These different classifications are determined by body mass index (BMI), or a measure of body fat based on your height and weight. To get a basic idea, this chart from the CDC approximates what that means for someone who is 5'9" tall. As for what is driving America's chronic weight problem, there are no definite answers. Scientific studies often reach conflicting conclusions, meaning many theories are out there, but the preponderance of evidence points to the two causes most people already suspect: too much food and too little exercise.

### **Adult Obesity In The United States**

Updated September 1, 2016: according to the most recent data, adult obesity rates now exceed 35 percent in four states, 30 percent in 25 states and are above 20 percent in all states. Louisiana has the highest adult obesity rate at 36.2 Percent and Colorado has the lowest at 20.2 Percent. U.S. Adult obesity rates decreased in four states (Minnesota, Montana, New York and Ohio), increased in two (Kansas and Kentucky) and remained stable in the rest, between 2014 and 2015. This marks the first time in the past decade that any states have experienced decreases — aside from a decline in Washington, D.C. In 2010.

### **Bigger Portions**

The U.S. Department of Agriculture (USDA) reports that the average American ate almost 20% more calories in the year 2000 than they did in 1983, thanks, in part, to a boom in meat consumption. Today, each American puts away an average of 195lbs of meat every year, compared to just 138lbs in the 1950's. Consumption of added fats also shot up by around two thirds over the same period, and grain consumption rose 45% since 1970.

Research published by the World Health Organization found that a rise in fast food sales correlated to a rise in body mass index, and Americans are notorious for their fast-food consumption such food makes up about 11% of the average American diet. Another study demonstrates the full effect added sugars from soda and energy drinks are wreaking havoc on American waistlines. So it is not just how much we eat, but what we eat.

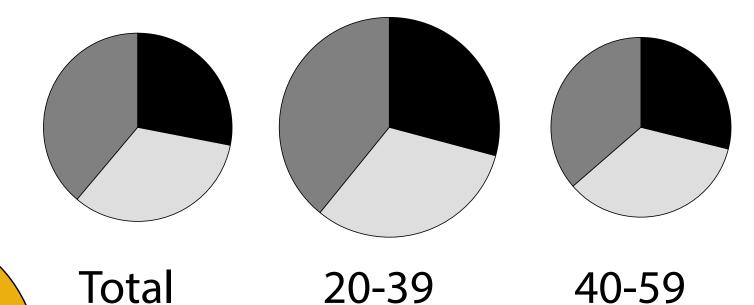
# Confusing "Diet" for "Nutrition"

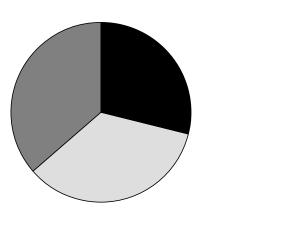
The role of diet in the U.S. obesity epidemic is obviously major, but it's also complex. Consumers are sent wildly mixed messages when it comes to what to eat and how much. One one hand, larger portions, processed packaged food, and drive-thru meals are branded as almost classically American — fast, cheap, filling and delicious. On the other hand, we spend over \$20 billion annually on weight loss schemes, from diet books and pills all the way up to last-resort surgeries like lap-bands and liposuction. It's no wonder we're looking for fast food and fast weight loss options, we spend more time at work and less time in our homes and kitchens than our parents did. Sometimes you only have time to pack a leftover pizza slice and a slim-fast for lunch, irony be damned.

This schizophrenic relationship with food is easy to explain in terms of marketing schemes. As decades of soda and tv dinners caught up with our waistlines, the U.S. diet industry grew bigger, faster and smarter. Since the 1970s, popular nutrition wisdom and fad diets have flamed in and out just as quickly as the Arch Deluxe or the McRib. In the 1990s, our big enemy was fat. Low-fat and fat-free products flew off supermarket shelves. It took us decades to learn that when something is fat-free and full-flavored, it's probably too good to be true.

As it turns out, most food companies were just swapping hydrogenated oils and sugar in for the animal fats they removed from low-fat products. Hydrogenated oils are restructured vegetable oils that carry high levels of trans-fats, an amazingly evil type of fat that can raise your bad cholesterol, lower your good cholesterol and increase your risks of developing heart disease, stroke and diabetes. While somewhat less sinister, added sugar can also wreak major damage on a diet. Technically low in calories, highquantities of sugar disrupts our metabolisms, causing surges in insulin and







60+

### Who Is Affected?

While rates of obesity are rising across all demographics, certain demographic groups are more affected than others. The greatest disparity is racial, with Asian adults far less likely to be obese, and black and Hispanic adults slightly heavier on average than white adults. Reasons behind these disparities are subject to debate and often controversial, but diet, exercise, and environment likely play a role, as evidenced by disparities in habits like fast food consumption. One CDC report shows African Americans consume up to 33% more fast food than Caucasians.

In general, however, the poor are more likely to be overweight or obese than the rich. Again, nobody is certain why, but studies suggest lower-income individuals consume higher amounts of calories through fast foods and sodas that are high in sugar, fat, and calories. Quite simply, in the United States today, eating healthy food can cost more than eating junk.

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Other demographic research has focused on actual access to healthy food, most notably, the "food desert" hypothesis, which suggests poor, urban areas don't have enough nearby restaurants and grocery stores that sell healthy food. The theory is popular, but there is some skepticism surrounding it. Recent research found no correlation between the type of food sold in neighborhoods and obesity rates.

As of now, the forces driving higher obesity rates in certain demographics aren't fully understood. It's easy to say that weight control is a choice, but it's also a choice that's easier to make when you have the time and money to make it. One the community level, the obesity problem is a complex function of a community's level of access to affordable, nutritious food, healthcare and healthcare education, and recreational and fitness facilities.

	Obese Class 1	Obese Class 2	Obese Class 3
	(BMI 30 – <35)	(BMI 35 – <40)	(BMI 40+)
All Adults	16.9%	6.0%	3.5%
Black	20.8%	8.8%	6.0%
Hispanic	17.9%	6.3%	3.4%
White	16.4%	5.6%	3.1%
Asian	7.6%	2.1%	1.0%

