

Stanley Student

ENGL 102

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The Obesity Epidemic in America

Have you ever heard of the “Freshman 15” or the phrase that fast foods are no friend to the waistline? Many first year college students put on extra weight due to their high calorie intake. Furthermore, fast foods are known to pack on the pounds, and with more calories consumed than burned, weight gain occurs. Poor diet and lifestyles with little physical activity create many concerns about America’s weight debate and an obesity epidemic crisis. The term “epidemic” refers to the outbreak or extensive development of growth, usually of something unpleasant, as in the eruption and unfolding of obesity in today’s society. The obesity epidemic is growing around the world and should be taken seriously since it is associated with negative health conditions and increased mortality.

An astounding 64% of Americans are considered overweight or obese (Spake, 2004/2007). Obesity is an epidemic in America, with more than 50% of United States adults overweight: a body mass index (BMI) of 25 kg/m² or more (Koplan & Deitz, 1999/2007). In addition, 22% adults in the United States are obese based on 30 kg/m², which is about 30 pounds overweight. As these statistics indicate, obesity is a major problem, and it is a serious health concern for children and adults.

Obesity is also a worldwide phenomenon, and its seriousness poses serious health issues for children and adults. Children have potential health risks associated with being overweight that can become chronic diseases as adults (Koplan & Dietz, 1999/2007).

Diseases such as diabetes, high blood cholesterol levels, heart disease or osteoarthritis occur in 80% of obese adults, and 40 percent have two or more these conditions (Spake, 2004/2007). In fact, the surgeon general has declared childhood obesity an epidemic, since the number has doubled in the past 30 years, with 25% of all Americans under the age of 19 now considered overweight (Critser, 2001/2007). With the rise of obesity in children, nearly 60 percent of overweight children between the ages of five and ten have one related biochemical or cardiovascular risk factor, and 25 percent have two or more (Koplan & Dietz 1999/2007). These increasing rates raise concern because of the implications for Americans' health now and in the future.

Overall, there are a number of factors that play a role in obesity. Dr. Leibel, director of the division of molecular genetics at Columbia University College of Physicians and Surgeons, reports that genetic factors play a role in obesity (as cited in Spake, 2004/2007). He further explains that a range of genes interact with environmental influences to raise the individual's chance of becoming obese. Based on his studies of adult twins, BMI, body composition, and other measures of fatness appear to be 20 to 70 percent inherited. So at least some of a person's obesity is genetic, but not all of it. People's genetics today are very similar to their parents and grandparents, but we are more obese today – by a high percentage – than those generations. Without a doubt, snack foods and fast food chains contribute to the cause. Other contributing factors include people watching more television on a daily basis, lack of physical exercise in schools, machines replacing human labor at the workplace and home, and the automobile replacing walking and biking (Koplan & Dietz, 1999/2007). So there isn't just one cause

for increasing obesity; it's a combination of factors that can be different for each individual.

Although the national health objective has been to reduce obesity, studies indicate that the situation is worsening rather than improving. Among United States adults, the prevalence of obesity increased to 20.9 percent in 2001, which is a 5.6 percent increase in one year and a 74 percent increase since 1991 (Prevalence, 2002/2007). Directly connected to these increased rates of obesity are the 325,000 deaths each year linked to obesity (Spake, 2004/2007). There is a definite need to focus on children and adults who suffer excess weight and sedentary lifestyle to prevent illness and premature death from obesity and obesity related health issues (Koplan & Dietz, 1999/2007). As a society, we need to help people understand and identify effective programs to prevent obesity.

Obesity and overweight comes from consuming more food calories than are expended in physical activity. Likewise, food supply in many countries is overproduced, causing us to have more food than we actually need (Nestle, 2003/2007). Food supply in the United States provides 3,800 kilo-calories per person every day, which is twice as much as is required by adults. When people are constantly surrounded by easy to find and cheap to purchase calories, they will consume them. One of the key elements of fighting obesity is getting people to not only more nutritious meals, but also to simply eat less. 4000 calories are 4000 calories, even if they are totally organic and locally grown. Until people stop over-consuming, they will continue to be overweight.

People who look to lose weight are often willing to try almost anything. However, whether it is diet pills, liquid diets, high-protein diets, or other diet programs, people are generally unsuccessful in keeping the weight off. Good eating habits, weight

management, and physical exercise are necessary behavior changes in the campaign against obesity. But people don't want to have to work to lose weight; they want a magic solution. Researchers and pharmaceutical companies are constantly seeking a pill that will help treat obesity because they know that it will be a goldmine (Gawande, 2001/2007). As a public health issue, the fight against obesity is often compared to the decades-long fight to cigarette smoking. But, the solutions are not as straightforward as they were in the fight against tobacco (Koplan & Dietz, 1999/2007). Tobacco users can choose not to smoke, whereas the "don't eat" approach is not as realistic, since food and nutrition are essential. The medical establishment is still trying to figure out ways to help people make better food decisions and learn how to consume more nutritious food in smaller quantities to help control obesity and improve health.

One of the more popular ways to control how much a person consumes is surgery. After many unsuccessful attempts at dieting and exercising, a growing number of people rely on gastric-bypass surgery as a treatment for their obesity. In 1999, approximately forty-five thousand patients underwent obesity surgery, and that number was expected to double by 2003 (Gawande, 2001/2007). Now, there are ten times as many candidates for obesity surgery as there are for heart-bypass surgery in a year. Studies confirm that patients who undergo weight-loss surgery lose at least two-thirds of their excess weight (generally more than a hundred pounds) in the first year. Follow-up studies find patients regain approximately ten to twenty pounds in ten years. The success of these surgeries and weight loss brings health benefits of fewer heart attacks, asthma, arthritis, and fewer cases of diabetes. So while these surgeries are potentially dangerous, they do help many people control their food consumption and lose weight.

According to a recent study in the United States, obesity costs accounted for approximately ten percent of the national health care budget (Koplan & Dietz, 1999/2007). Healthcare costs for illnesses related to obesity have exceeded those associated to both smoking and drinking (Spake, 2004/2007). With approximately 29 percent of men and 44 percent of women trying to lose weight, many of these Americans would be happy to accept medically supervised treatment if it were offered by their health insurance. Instead, Americans spend \$33 billion each year trying to lose weight. In addition, we are spending \$75 billion annually in obesity related medical expenses, with type II diabetes, heart disease hypertension, and high cholesterol at the top of the list. America has a weight problem, and with health care costs continually rising, the nation can no longer ignore obesity.

Thus, the time has come to incorporate a national comprehensive obesity prevention strategy. According to Marion Nestle (2003/2007), professor in the Department of Nutrition and Food Services of New York University, “The politics of obesity demand that we revisit campaign contribution laws and advocate for a government agency – independent of industry – with clear responsibility for matters pertaining to food, nutrition, and health”(p.389). The poor health choices, such as being physically inactive and eating unhealthy, have led to a tremendous obesity epidemic. By understanding and providing educational strategies, advocating for better nutrition information and products, and promoting physical activity solutions, we can provide promising directions for a healthier society. It is time to control the obesity epidemic.

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