

The current face of obesity prevention and a look into the future

Editorial

The Centers for Disease Control and Prevention recently released the map showing the 2013 adult obesity prevalence. The map shows a marked increase in the number of states with adult obesity prevalence rates at or above 30 percent compared to 2010. Specifically, in 2010, 12 states have obesity prevalence rates at or above 30 percent while three years later, 20 states have obesity prevalence as the aforementioned rate.

Obesity still affects people regardless of race/ethnicity, gender, age, and socioeconomic status. Successful prevention efforts can help lower health care spending and diminished disease burden. Obesity prevention efforts targeted at changing behavior related to healthy eating and physical activity have not provided ample evidence to show effectiveness.¹ We have spent an inordinate amount of funding on demonstration programs, community transformation grants, communities putting prevention to work programs, state programs and even interventions designed for employers, schools, health care and the general community level targeted to specific populations. We do not have a lot to show for the dollars invested.

The findings from evaluating obesity prevention programs have spurred great discussion about the kinds of efforts that may or have a chance of working. Recently, the U.S. has begun examining the feasibility and potential outcomes of policy and environmental-based interventions as a means to control obesity. We have also worked to create environmental programs to improve health determinants, such as enhancing transportation systems and reducing food deserts and food swamps. Other interventions include taxing sugar-sweetened beverages, and creating policies pertaining to school lunch programs and vending machine use in schools. The results of these types of policy and environmental-related efforts remain to be seen; they are believed to be the best hope of making lasting change.

In public health, where many of these efforts originate, we tend to be concerned about composition of the intervention. As we continue our search for effective mechanisms for reducing obesity prevalence, we are just beginning to look at the role of infrastructure and environmental factors play in obesity prevention efforts to see how these elements impact the intervention itself. On a larger scale, the Institute of Medicine recommends using a systems approach that adds structural factors, as well as cost, quality and sustainability, with proposed changes to structural factors being the most commonly recommended to reduce obesity. Donabedian-based conceptual frameworks show the relationship between infrastructure elements, such as jurisdiction size and boundaries, statutory authority, characteristics of the top agency, and governance, and delivery of care/intervention.

Recent research employs the IOM-recommended approach or at least examines structural factors as it relates to obesity prevention on the local level. For example, Erwin et al.,² performed a retrospective study that examines resource levels with changes in health outcomes. Zhang et al.,³ studied the relationship between BMI status and delivery of population-based obesity prevention efforts. Pomeranz et

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al.,⁴ looked at rule-making authority of local health departments as it pertains to obesity prevention. Stamatakis et al.,⁵ examined the role of local health departments in delivering obesity prevention services. Luo et al.,⁶ analyzed the local health departments' involvement in performing obesity prevention services from 2005-2008. These studies represent a small, but burgeoning area of research.

In Texas, much work is going into better understanding obesity across the state and in different geographic segments. A systematic review of the obesity research performed by Texas academic and government researchers with Texas-based samples will be used to create a state directory of obesity researchers. Once developed, a key health non-profit organization, the Texas Health Institute, and leading obesity researchers will meet to develop a profile of obesity across the state, identify gaps in the literature and perform additional studies.

There is an inordinate amount of work done in the area of obesity prevention, not to mention clinical and pharmaceutical organizations that are actively studying endocrine disruptors, metabolism issues, and other physiological functions. Let us work individually, in our communities, jurisdictions, states and provinces to truly understand obesity in our geography to make headway into solving problems that affect so many and are associated with debilitating disease and death. At some point, something has to give.

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Conflict of interest

The author declares no conflict of interest.

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