

# STUCK IN THE MIDDLE



WHAT BELLY FAT IS DOING  
TO YOUR HEALTH



*NCBA does not endorse or recommend any practice, product, or procedure for weight management and fat loss. This information is collected from reputable, expert sources in medicine, science, nutrition, economics, public policy, and fitness and is provided only to inform the reader of the risks of obesity and possible options for weight management and fat loss. NCBA encourages all readers to consult their healthcare professionals before adopting or undergoing any treatment for weight loss, obesity or related conditions and diseases, including dietary changes and exercise regimens.*

## NOT SO PLEASINGLY PLUMP

There can be any number of reasons for being overweight: eating habits and food choices; irregular, ineffective, or nonexistent exercise; hormonal changes; hereditary factors; stress; medications; illness; aging; or any combination thereof. The lack of access to healthier foods in some communities, the popularity of fast foods, stress, and additives in processed foods only aggravate the situation.

Maybe you're okay with those extra pounds. But your vital organs—the ones that keep you alive and well—may not be so content. In fact, they may be in danger.

Given our druthers, most of us would rather not lug around extra pounds, and we turn to the scales to tell us how we're doing in the quest to lose weight for the sake of looking and feeling better.

But that number on the scales tells only part of the story.

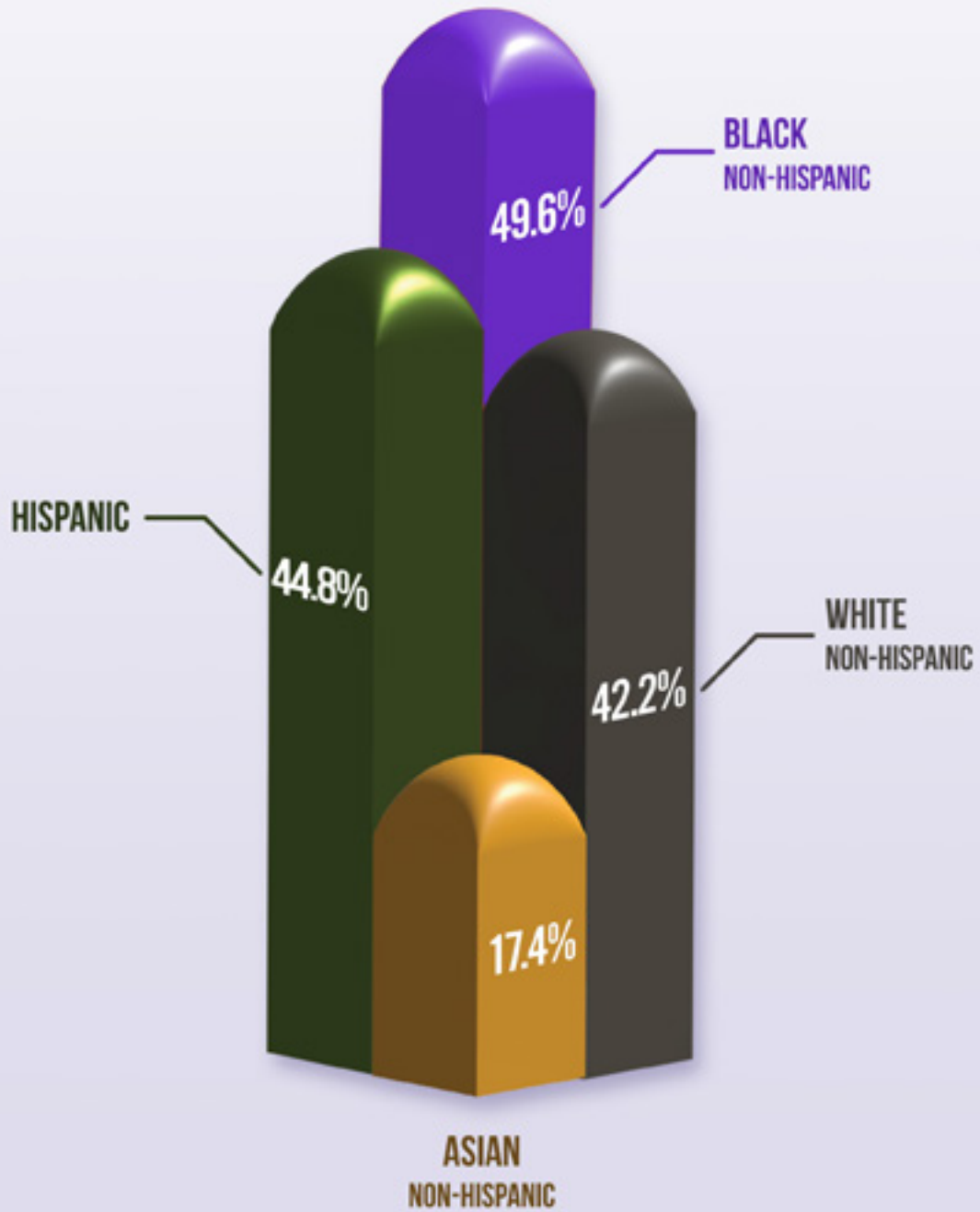
It cannot tell us what accounts for that weight—that is, how much is muscle (the heaviest component), how much is bone, and how much is adipose tissue, commonly known as “fat.” Those are the numbers that matter when it comes to our health.

For decades, healthcare professionals and policymakers have used the Body Mass Index (BMI) to appraise body fat proportions. BMI is calculated by measuring a person's height and weight and plugging those numbers into a simple formula. The resulting percentage is then applied to one of these categories:

WEIGHT CLASS	BMI
Underweight	Less than 18.5
Normal/Healthy	18.5-24.9
Overweight	25-29.9
Obesity Class I (Low risk)	30-35
Obesity Class II (Medium risk)	35-40
Obesity Class III (High risk)	40 or Higher

*Source: United States Centers for Disease Control and Prevention (CDC)*

## ADULT OBESITY IN THE U.S. BY RACE



Source: U.S. Centers for Disease Control and Prevention (CDC)

## A WORSENING HEALTH CRISIS

“Obesity” is a dreaded word, loaded with worrisome connotations and stigma. But it is not definitive. It is not who we are; it’s a disease that we have, and a complex one at that.

Based on BMI, the incidence of overweight or obesity in the U.S. is among the highest in the world. The rate for African American men and women is the highest of any racial or ethnic group.<sup>1</sup>

Nearly half of Black adult bodies—a staggering 49.6 percent—have a BMI in the obesity range, compared to 42% of Whites, 46% of Hispanics, and 18% of Asians. And Black women have the highest obesity rate of any cohort: 59.6%.<sup>2</sup>

But BMI is a notoriously imperfect tool. Since it cannot distinguish between muscle, bone, and fat, BMI is most useful as a screening tool that approximates body composition.

For instance, the BMI calculation does not make any allowances for physiological differences among racial and ethnic groups. Nor does it take into account body type and age.

Nonetheless, insurance actuaries, physicians, and U.S. government agencies routinely use BMI to assess body fat, even as research shows the tool’s best use is as a “heads-up” that our bodies may be in trouble. It takes tests more sophisticated than the BMI formula to determine how much belly fat we have, but for most people who are overweight or have obesity, the protruding, overhanging belly and worsening health are often proof enough that we are carrying more fat than our bodies can safely handle.



## THE INFLUENCE OF CULTURE AND HERITAGE

In many African societies, full, fleshy figures and physiques signal prosperity, fertility, strength, and good health. Across the Diaspora, many Black people reflect this mindset by exalting “thickness”—the full-figured, curvaceous body—over the “thinness” widely celebrated in the U.S. and Europe as ideal.

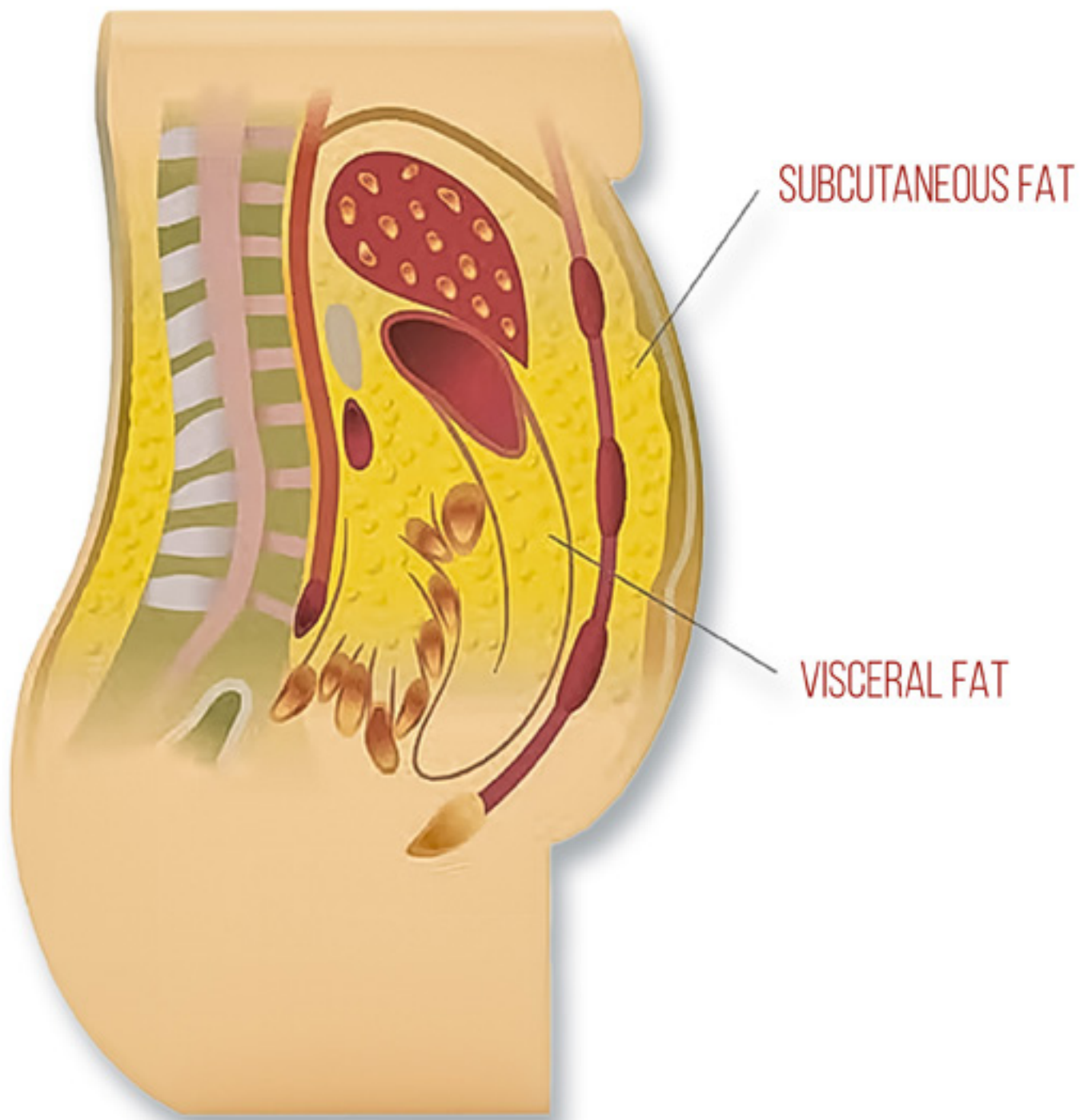
Thickness has more than a cultural foundation; it also has a physiological one. Black body composition is proportioned differently than that of White, Hispanic, or Asian. Male or female, the typical African American body has greater bone mineral density, less visceral fat, and more lean mass (muscle) than those of other races.<sup>3</sup>

But In 1972, when American epidemiologist Ancel Keys took a 130-year-old study of 9,000 white Belgians and used it to create the BMI model, that critical distinction was not factored in.

Nor was it adjusted 20 years later when a major study published in the *Journal of the American Medical Association* found that Black women don't reach the point of mortal risk until their BMI is two to five points higher than the “severe” obesity mark for White women.<sup>4</sup>

Fortunately, there are ways to get a more accurate estimate of fat content. A simple one involves **measuring the circumference of your waist**. The Centers for Disease Control and Prevention (CDC) says men whose waists are more than 40 inches around and women whose waists measure more than 35 inches are at high risk for obesity-related health problems.

Another reliable measurement is the **waist-to-hip ratio**, whereby you divide the circumference of your waist by the circumference of your hips. According to the World Health Organization, anything over 1.0 is universally unhealthy.





## LOCATION, LOCATION, LOCATION

Everyone needs some amount of fat to store energy, provide insulation against cold, and protect bones, muscles, and vital organs from injury. There are two types of fat, and too much of either can cause debilitating health problems, depending on where they appear.

**Subcutaneous fat.** This is the fat that gives us “batwings” on our triceps, “love handles” at our waists, and “saddlebags” on our thighs. This kind of fat may appear anywhere on the body. We don’t want to get rid of it altogether; some is necessary for keeping us warm, cushioning our bones and muscles against injury, and storing energy.

However, excess subcutaneous fat around the midsection almost always signals an overabundance of the more dangerous type of adipose tissue: **visceral fat.**

You can’t see or touch visceral fat because it sits behind the abdominal muscles. Buried behind this wall of muscle, visceral fat surrounds the vital organs—heart, liver, kidneys, pancreas, intestines—and bombards them with damaging fatty acids and chemicals or interferes with the production of beneficial hormones.

Even people who appear thin may have unhealthy amounts of fat tissue inside their bodies. This is so-called “skinny obesity,” which would be paradoxical except that the obesity alarm is not really about weight per se; it’s all about fat content.



## A GATEWAY DISEASE

Visceral fat's effects on the body are wide-ranging. Its assault on our organs can cause them to weaken, malfunction or fail, leading to serious, life-altering or life-threatening diseases.

Here is the CDC's list of conditions and diseases linked to obesity:

- **All causes of death (mortality)**
- **High blood pressure\***
- **High LDL cholesterol, low HDL cholesterol, or high levels of triglycerides**
- **Type 2 diabetes\***
- **Coronary heart disease\***
- **Stroke\***
- **Gallbladder disease**
- **Osteoarthritis (a breakdown of cartilage and bone within a joint)\***
- **Sleep apnea and breathing problems\***
- **Many types of cancer\***
- **Low quality of life**
- **Mental illness such as clinical depression, anxiety, and other mental disorders**
- **Body pain and difficulty with physical functioning**

*\*African Americans are at higher risk than Whites.*

In addition, some research suggests that excess visceral fat may put us at higher risk of dementia by releasing inflammatory substances that travel to the brain, gradually impairing it. According to the Alzheimer's Association, older Black Americans are twice as likely as older White Americans to develop Alzheimer's or other forms of dementia.



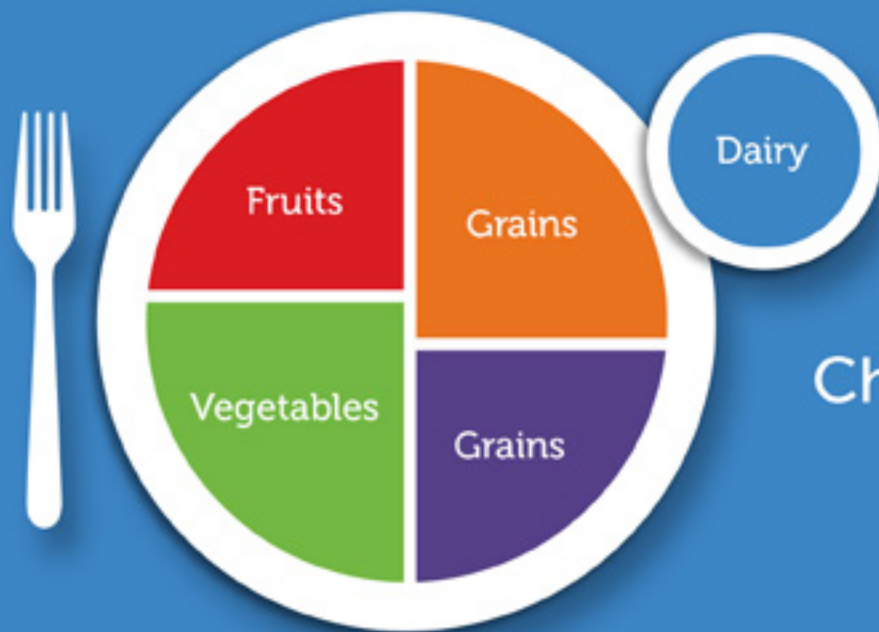
## THE WEIGHT LOSS PAYOFF

The weight loss quest can be daunting, but here's the good news: Research has shown that people who are overweight or have obesity need lose only 5-10% of their starting weight to reap significant improvements to their health.

That means that, for a person weighing 300 pounds, losing even 15 to 30 pounds can yield healthful reductions in:

- **A1C.** This is a tri-monthly measurement of your blood glucose (sugar) level. An A1C of 6.5 or more indicates diabetes.
- **Insulin resistance.** With this malady, muscle, fat, and liver cells stop using glucose for energy, causing them to misfire. Instead, glucose lingers in the bloodstream, leading to diabetes and weight gain.
- **Triglycerides.** These fat deposits in the bloodstream can clog arteries, resulting in hardening of the arteries, thickening of the artery walls, and inflammation of the pancreas.
- **LDL (the "bad" cholesterol).** Too much of this lipoprotein can interfere with normal blood circulation, risking cardiovascular problems.
- **High blood pressure.** Excess weight strains the heart and blood vessels, raising the possibility of blood clots that cause strokes and heart attacks.
- **Inflammation.** Abdominal fat cells are notorious for producing inflammatory substances that interfere with the normal functions of organs and blood vessels.

So, don't be discouraged if your healthy weight goal seems far off. When it comes to the benefits of weight loss, a little goes a long way. Even if friends and family don't notice the difference, your body will.



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## WHAT WE CAN DO FOR OURSELVES

### **Exercise: Burns fat, builds muscle, increases strength and flexibility<sup>6</sup>**

Fitness experts recommend at least 30 minutes of exercise five times a week. Combining strength training exercises, resistance bands or weights, and cardio exercises, such as walking, running, dancing, and swimming, yields the best results.

### **Nutritional Diet: Eliminates foods that increase fat and inflammation<sup>7</sup>**

**Good:** Fresh fruits and vegetables, fish, legumes, nuts, seeds, whole grains such as brown rice and oatmeal.

**Bad:** Foods with added oils, butter, and sugar; fatty red or processed meats; pastries; white bread; processed foods.

### **Lots of Water: Aids with digestion, helps reduce hunger, hydrates the body<sup>8</sup>**

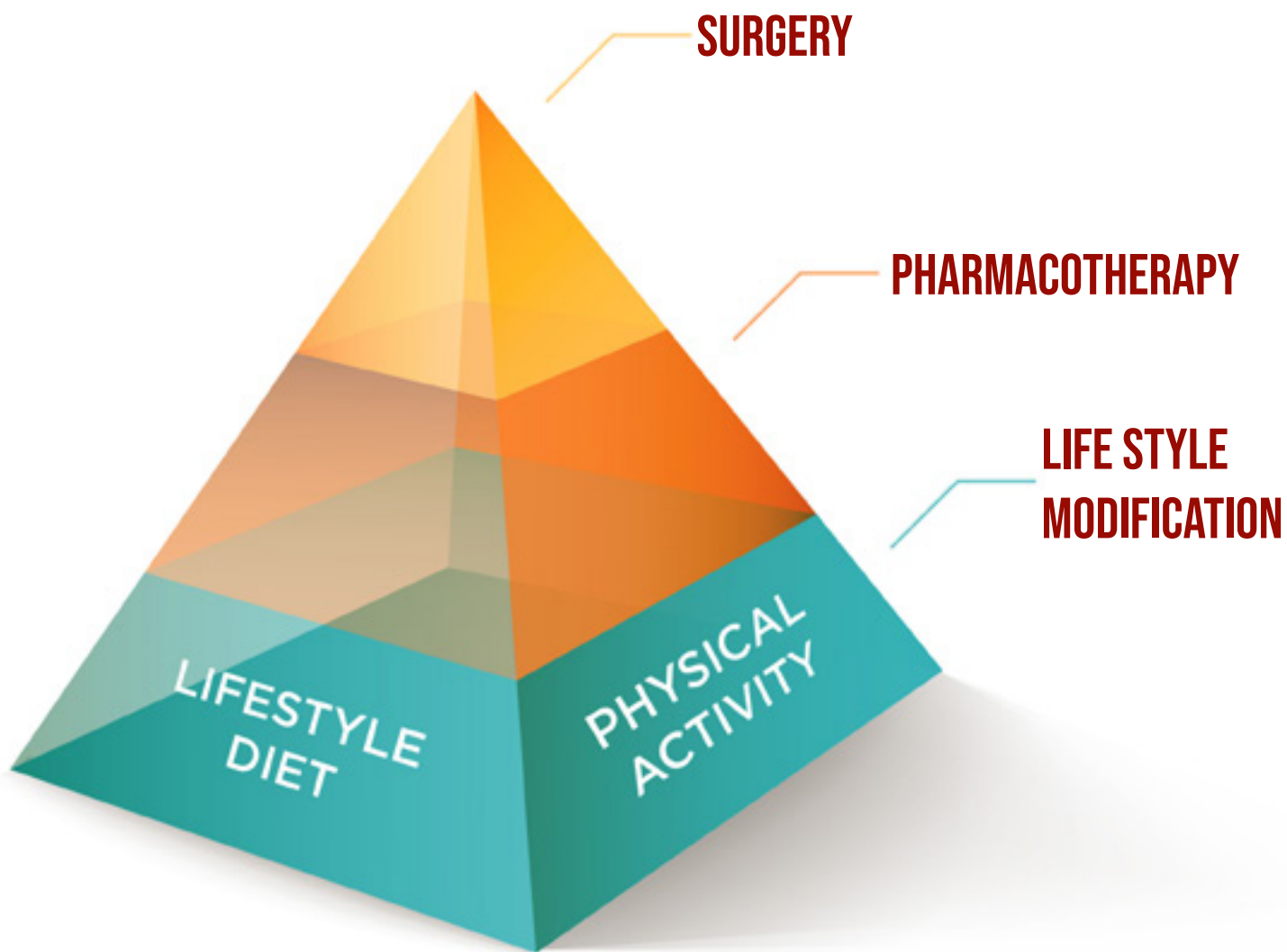
The U.S. National Academies of Sciences, Engineering, and Medicine recommends 16 cups of water daily for men and 12 cups for women. Other sources suggest that men and women divide their weight in half to determine how many ounces of water to drink daily. (Ex: Weight = 210 lbs. ÷ 2 = 105 oz. of water a day.)

### **Stress reduction: Controls the hormone that stores fat<sup>9</sup>**

Stress triggers the release of cortisol, a hormone that directs the body to hold onto fat for the energy it needs in distress. The Mayo Clinic recommends guided meditation, deep breathing, exercise, and good nutrition, limited social media, and connecting with other people to manage stress.

### **Sleep: Keeps cortisol low and maintains proper insulin levels<sup>10</sup>**

Recent studies find that sleep deprivation triggers cortisol spikes and increases insulin insensitivity, interfering with fat processing. Seven to nine hours of uninterrupted sleep is recommended for adults trying to manage or lose weight.





Medical Options for Measuring and Reducing Dangerous Fat:

### **Advanced Methods for Measuring Muscle, Fat, and Bone Composition**

- **CT Scan:** Non-invasive composite of high-level X-ray
- **DEXA Scan** (Dual-energy X-ray Absorptiometry): Non-invasive imaging
- **MRI:** Non-invasive magnetic resonance imaging
- **Ultrasound:** Non-invasive sonography-produced imagery

### **U.S. FDA-approved Prescription Medications for Treating Obesity<sup>11</sup>**

- **Contrave** (*Naltrexone-Bupropion*): Oral for Adults
- **Qsymia** (*Phentermine-Topiramate*): Oral for Adults, Children ages 12 and up
- **Saxenda** (*Liraglutide*): Daily injection for Adults, Children ages 12 and up
- **Wegovy** (*Semaglutide*): Weekly injection for Adults, Children ages 12 and up
- **Xenical** (*Orlistat*): Oral for Adults, Children ages 12 and up.
- **Zepbound** (*Tirzepatide*): Weekly injection for Adults

### **Surgical Treatments**

- **Bariatric Surgery**
  - **Gastric Balloon:** Inserting silicone balloon filled with saline in stomach to reduce space for food.
  - **Gastric Band (or Gastric Stapling):** Reversible separation of the stomach into two parts using an adjustable band or surgical staples.
  - **Gastric Sleeve:** Endoscopic suturing to reduce stomach size.

### **Non-Surgical Treatments**

- **Intensive Behavioral Therapy:** Counseling for sustained weight loss by changing eating and exercise habits and other lifestyle practices.



## THE GLOBE'S EXPANDING WAISTLINE

In 1997, the World Health Organization (WHO) convened a Consultation on Obesity in Geneva, Switzerland. In its final report, that group of health experts from 25 countries found that “obesity’s impact is so diverse and extreme that it should now be regarded as one of the greatest neglected public health problems of our time with an impact on health which may well prove to be as great as that of smoking.”

The report’s findings led WHO to formally recognize obesity as a global epidemic, affecting an estimated 200 million adults and 18 million children at that time.

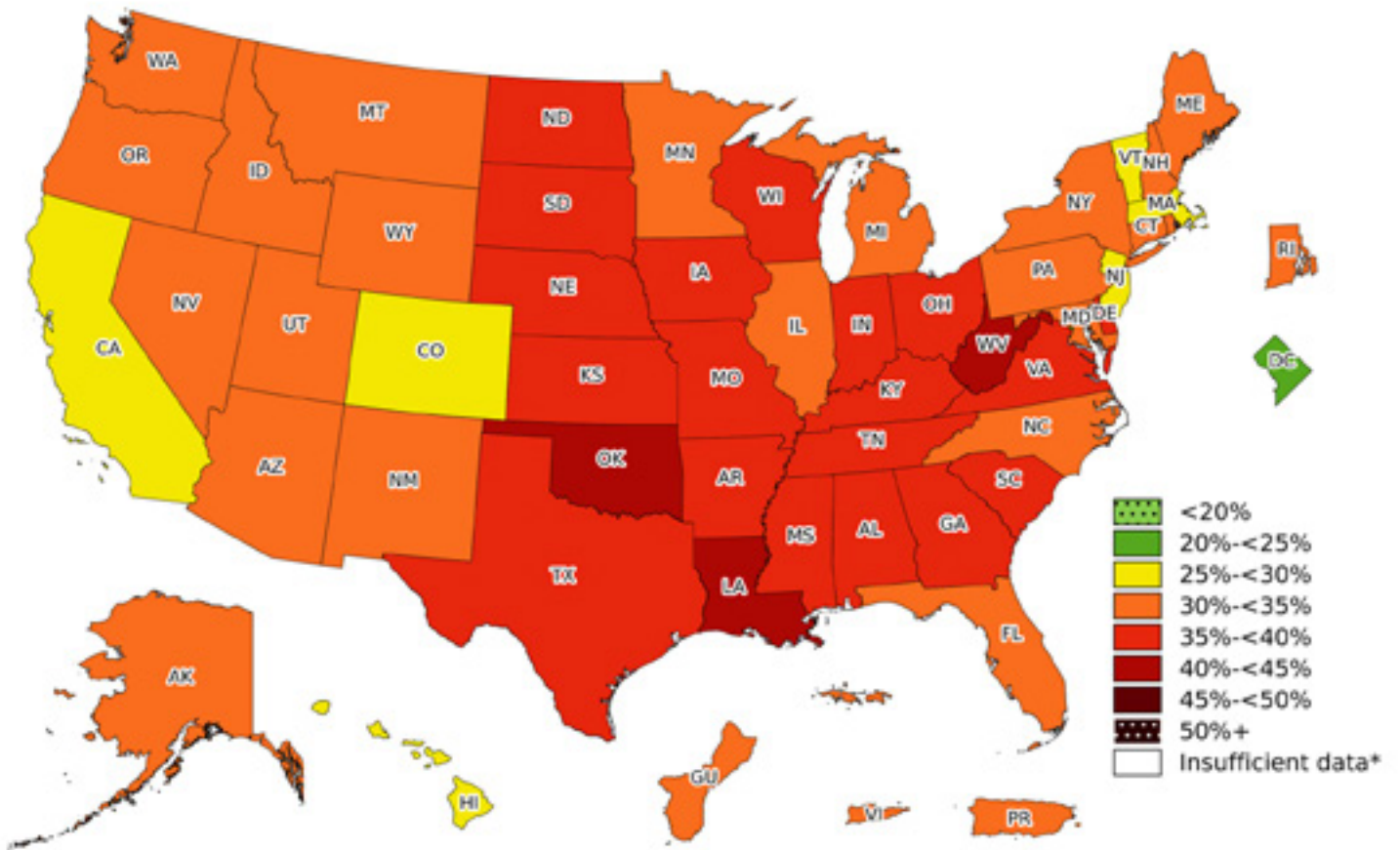
Nearly three decades later, the “globesity,” as WHO calls it, has ballooned to include 650 million adults and 39 million children. More than 100 million of those adults and nearly 15 million of the children are American.<sup>12</sup>

The U.S. is one of the world’s most obesity-ridden countries. At 36%, U.S. adult and childhood obesity ranks 10th globally but is first among industrialized nations.<sup>13</sup>

Obesity’s expansion shows no signs of slowing down. The World Obesity Federation estimates that, by 2030, one billion people across the globe will have obesity—one in five women and one in seven men.<sup>14</sup>

Experts predict that if current trends continue, the American obesity rate will approach 50% by 2030. For 29 states, the rate could be even higher.<sup>15</sup>

# OBESEITY IN THE UNITED STATES



Source: U.S. Centers for Disease Control and Prevention (CDC)

## AN AMERICAN EPIDEMIC

In the early 1960s, the U.S. obesity rate stood at 13%, with fewer than 1% of the population having severe obesity. Today, nearly 43% of American adults have obesity, and about 10% have the most severe level—a BMI of 40 or higher.<sup>15</sup>

Considering the country's high ranking on the obesity chart, it should be no wonder that obesity has been declared a public health crisis in the U.S.

According to the Centers for Disease Control and Prevention (CDC), 22 states have obesity rates of at least 35%—a jolting turn in the trend of only a decade ago, when not even one state had an adult obesity rate that high.

What has not changed are the demographics. The CDC's *2023 State of Obesity* report found that, per usual, the highest incidences of obesity occur in rural communities, in mid-South and southern states, and among Black and Latino Americans.

Researchers attribute the dramatic rise in U.S. obesity to several shifts in the American lifestyle, beginning with what, how much, and how often we eat.

“High-calorie, good-tasting, and inexpensive foods have become widely available and are heavily advertised,” notes the National Center for Biotechnology Information. “Portion sizes have increased, and we are eating out more frequently.”<sup>16</sup>

A significant reduction in physical activity also contributes to the obesity epidemic. Walking or biking to work and school are things of the past. For many Americans, outdoor activities have been replaced with television viewing, browsing the internet, playing video games, cell phone texting, and engaging in social media. This lack of physical exertion, bad eating habits and food choices, and increased stress might be considered the unholy triad of obesity.



## LESSONS FROM COVID-19

When COVID-19 first emerged in the United States, the possibility that excess body weight might pose a significant risk of infection was not widely considered, especially when it came to young patients.<sup>18</sup>

But a pattern soon developed to establish an ineluctable correlation between excess body weight and susceptibility to the coronavirus, regardless of age.

People with obesity have less of a natural defense against the predatory virus because the excess fat impairs their internal organs' ability to function optimally and it weakens the immune system—just the type of vulnerability the virus thrives on.

Additionally, abdominal fat interferes with airflow by pushing up on the diaphragm and restricting breathing. The fat also raises the risk of blood clots that can invade the lungs.

These factors—the effects of obesity—help explain why both adults and children with obesity are three times more likely to be hospitalized for COVID-19, than are people with healthy weights. The risk of severe illness and hospitalization for people younger than 18 was likewise triple that of their lighter-weight peers.<sup>19</sup>

More than 900,000 adults in the U.S. were hospitalized with COVID infections in the first year of the pandemic. Research shows that more than 30 percent of them had conditions tied to being overweight or having obesity.<sup>20</sup> One study of nearly 17,000 patients hospitalized with COVID found that 48% had obesity.<sup>21</sup>

Because of underlying conditions due to the inaccessibility and unaffordability of healthcare, medical bias, mistrust of the healthcare system and widespread obesity, the African American infection rate was three times the rate for Whites before vaccines arrived.



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## WHAT OBESITY COSTS US

Obesity is an expensive problem for the United States, for both the healthcare system and the individuals it serves.

The CDC estimates healthcare for obesity-related illnesses costs \$173 billion a year. Some economists say the tab is much higher, closer to \$250-300 billion. Business and productivity losses due to obesity-related employee absences tack an additional \$29 billion onto the toll.<sup>22</sup> The average employee with obesity misses three more days of work than their colleagues who do not have obesity.

Statistically, an older adult who has obesity will spend \$2,000 to \$4,000 more a year on medical care than one who does not.

“The lifetime costs of obesity for a 65-year-old adult are \$22,670,” said Dr. Anand Parekh, chief medical advisor to the not-for-profit Bipartisan Policy Center based in Washington, D.C.<sup>23</sup>

Dr. Donald Hensrud, director of the Mayo Clinic’s Healthy Living Program has warned that runaway health care spending will affect the society as a whole.

“(H)ealth care costs are going to continue to rise, and our quality of life and other things are going to continue to deteriorate,” he said.<sup>24</sup>

# PROGRAMS SUPPORTED BY CDC'S DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY (DNPAO)

## Partnering For a Healthier America

DNPAO partners with national, state, and local groups to advance the following programs and priorities:



### [Early Childcare and Educational \(ECE\)](#)

We partner with states to incorporate obesity prevention standards and practices in their ECE systems. We also support a selected group of ECE providers to make facility-wide improvements using a learning collaborative. These activities support breastfeeding, healthy eating, and physical activity.



### [Childhood Obesity Research Demonstration \(CORD\)](#)

We focus on improving community-clinical collaborations to help prevent and manage childhood obesity in families with low incomes. We test a model that increases obesity screening and counseling services for eligible children in selected communities and refers them to local family healthy weight programs.



### [Clinical and Community Data Initiative \(CODI\)](#)

We work with the Task Force for Global Health to understand how well child obesity prevention and treatment strategies work by linking researchers, program analysts, and specialists.



### [High Obesity Program \(HQP\)](#)

We fund 15 land grant universities in states with county obesity rates greater than 40%. Grantees work with local cooperative extensions to help increase the availability of healthy foods and safe, convenient places to be active.



### [Racial and Ethnic Approaches to Community Health \(REACH\)](#)

We fund and support local groups in developing culturally-tailored community programs to assure good nutrition and physical activity are attainable for all people. The program empowers community organizations to identify their unique needs, assets, and opportunities to reduce chronic diseases and risk behaviors.



### [State Physical Activity and Nutrition \(SPAN\)](#)

We fund and support state health departments in using evidence-based approaches to help people achieve good health. Together, we explore and implement strategies to increase access to healthy foods and promote safe places to be physically active.

Even as the U.S. obesity rate surged in the late 1970s, throughout the 1980s, and into the 1990s, the healthcare industry, government agencies, and public opinion held fast to the notion that excess weight was primarily a behavioral or lifestyle problem—the consequence of poor choices, a lack of discipline, and lazy habits. “Obesity is not an illness,” declared the Healthcare Financing Administration, which later became the Centers for Medicare and Medicaid Services (CMS.)

It was not until 1998 that the first crack appeared in that mindset. In its guidelines for identifying and treating adults who were overweight or had obesity, the National Institutes of Health declared obesity to be “a complex, multifactorial chronic disease.”<sup>25</sup>

In 1999, the CDC created the Division of Nutrition, Physical Activity, and Obesity (DNPAO), reflecting a new ethos about obesity. In 2001, Surgeon General David Satcher issued a “Call to Action to Prevent and Decrease Overweight and Obesity,” the first public-facing federal initiative identifying obesity as a national health priority. And for the first time, the Department of Health and Human Services listed tackling obesity as a priority goal in its decennial *Healthy People* guide.

In 2013, the American Medical Association (AMA) officially recognized obesity as a chronic disease, triggering an explosion in government programs, nonprofit interest groups, and medical procedures to deal with the ever-alarming rise in obesity. With funding from the DNPAO, cities and states across the country now provide special programs and events aimed at curbing childhood and adult obesity. Meanwhile, Medicaid coverage for obesity still varies from state to state.

In late 2023, the AMA called on the country’s insurers to cover the cost of anti-obesity medications “without exclusions or additional carve-outs.” An AMA trustee said the move was necessary “to demonstrate a commitment to the health and well-being of our patients.”<sup>26</sup>

## LEGISLATIVE RESPONSE

Targeting the country's obesity crisis, the **Treat and Reduce Obesity Act (TROA)** has been introduced in the U.S. Congress continually since 2013. Each time, both Democrat and Republican U.S. representatives and senators have co-sponsored the measure.

Notably, the 2023 version calls for Medicare to cover the cost of a new line of effective anti-obesity medications as well as intensive behavioral therapy for obesity.

“There is a clear need to address obesity,” said Sen. Bill Cassidy (R-LA), a gastroenterologist. “Expanding Medicare coverage to the treatments patients need enables them to improve their health and benefits us all.”

Although initial outlays will increase, economists say that by reducing the incidence of obesity—thereby reducing the incidence of related diseases—Medicare would save \$175 billion to \$200 billion over ten years if TROA were enacted.<sup>27</sup>

In addition to the American Medical Association, an array of major medical, health, consumer and social service organizations have endorsed TROA, strongly urging passage.

Ninety-eight such groups sent a letter to two House committees, maintaining that “without treatment, Medicare beneficiaries with overweight or obesity risk further health deterioration and an increased likelihood in the onset of related comorbid conditions....”

“Updating Medicare’s coverage,” read the letter, “is critical for both older Americans and our country.”

The signatories included community health groups, state and national medical societies and health councils, patient advocacy groups, foundations, the National Council on Aging, and the National Consumers League.

## THE OBESITY BILL OF RIGHTS

Established by the National Consumers League and National Council on Aging and a team of health leaders and obesity specialists<sup>28</sup>

### 1. **The Right to Accurate, Clear, Trusted and Accessible Information.**

All people have the right to accurate, science-based, accessible and patient-informed information on obesity as a treatable chronic disease.

### 2. **The Right to Respect.**

All people with overweight and obesity have the right to receive timely, effective obesity screening, counseling and treatment delivered by all members of the integrated care team in a manner that is considerate and respectful of their health and lifestyle goals.

### 3. **The Right to Make Treatment Decisions.**

All people with overweight and obesity have the right to make decisions about their health goals and obesity care in consultation with trusted providers.

### 4. **The Right to Treatment from Qualified Health Providers.**

All people with overweight and obesity have the right to receive counseling and treatment from health providers with expertise in obesity care.

### 5. **The Right to Person-Centered Care.**

All people with overweight and obesity have the right to receive obesity care that is personalized, reflects their cultural beliefs, meets their specific health goals and considers their whole health and not just their weight status.

### 6. **The Right to Accessible Obesity Care and Services from Health Systems.**

All people living with obesity have the right to receive obesity care in health systems that are equipped and accessible for larger body sizes.

### 7. **The Right for Older Adults to Receive Quality Obesity Care.**

People aged 60 and over living with overweight and obesity are heterogeneous and deserve respect and a comprehensive care approach consistent with their personalized medical needs.

### 8. **The Right to Coverage for Treatment.**

All people living with obesity have the right to the full continuum of treatment options for their disease as prescribed by their health providers through health insurance that is widely available, comprehensive and affordable.



## LEARN MORE

*Click on a link or enter the URL in your computer's browser*

### ***Truth about Weight***

[www.truthaboutweight.global/](http://www.truthaboutweight.global/)

### ***Prescription Weight-Loss Drugs: Pros and Cons of Medicines to Treat Obesity***

<https://www.mayoclinic.org/healthy-lifestyle/weight-loss/in-depth/weight-loss-drugs/art-20044832>

***Eight Ways to Lose Belly Fat and Live a Healthier Life*** <https://www.hopkinsmedicine.org/health/wellness-and-prevention/8-ways-to-lose-belly-fat-and-live-a-healthier-life>

### ***Top Exercises for Belly Fat***

<https://www.webmd.com/fitness-exercise/top-exercises-belly-fat>

### ***7-Day Meal Plan to Help Lose Belly Fat***

<https://www.eatingwell.com/article/290676/7-day-flat-belly-meal-plan/>

***Green v. Traditional Mediterranean Diet: Which Is Better for Losing Visceral Fat?*** <https://www.medicalnewstoday.com/articles/green-vs-traditional-mediterranean-diet-which-is-best-for-losing-visceral-fat>

### ***The Racist Roots of Fighting Obesity***

<https://www.scientificamerican.com/article/the-racist-roots-of-fighting-obesity2/>

### ***Types of Weight-Loss Surgery***

<https://www.niddk.nih.gov/health-information/weight-management/bariatric-surgery/types>

***Prescription Medications to Treat Overweight and Obesity*** <https://www.niddk.nih.gov/health-information/weight-management/prescription-medications-treat-overweight-obesity>

### ***Rising Obesity in an Aging America: Policy and Program Implications***

<https://www.prb.org/resources/tra-rising-obesity-in-an-aging-america/>

### ***National Diabetes Prevention Program***

<https://www.cdc.gov/diabetes/prevention/index.html>

### ***Obesity Prevalence & Comorbidity Map***

<https://obesitymap.norc.org/>





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- **Investigate** the availability and cost of various methodologies that can accurately measure your body fat. If feasible, urge your doctor to use one of these tools rather than BMI so you can get a better picture of your risk status.
- **Urge** your U.S. representative and senators to support the Treat and Reduce Obesity Act, mandating Medicare to cover anti-obesity medications and other therapies that are otherwise cost-prohibitive. These options should be available to everyone.
- **Advocate** for healthy foods and physical education programs in your local schools.
- **Pressure** local officials and business leaders to cure food deserts in your community so that every neighborhood has access to a variety of affordable, fresh, healthy foods.
- **Share** this booklet with family, friends, and colleagues, even if they do not have obesity.



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