

WORKING SESSION 1A: DIABETES AND OBESITY: THE EPIDEMIC CONTINUES—SUMMARY ARTICLES

DIABETES, OBESITY, AND THE POLITICS OF HEALTH: WHAT ARE THE REAL CAUSES OF THIS EPIDEMIC? WHAT IS ITS IMPACT? WHAT WILL IT TAKE TO TURN THE TIDE?

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INTRODUCTION

While warning that the epidemic of diabetes and obesity continues to worsen, Dr. Frank Vinicor provided hope that the nation can “turn the tide” by publicizing the problem, enacting new health policies, and using “politics” to give citizens better food choices.

“The problem of diabetes and obesity is bad, it’s been getting bad, and it’s going to get worse,” Dr. Vinicor stated. He showed trend data confirming that the number of states where more than 6% of the adult population has been diagnosed with diabetes grew from 4 states in 1990 to 41 states only a decade later. (Behavioral Risk Factor Surveillance Survey, 1990, 1997–1998, and 2000)

The same pattern of increase holds true for American Indians and Alaska Natives. The number of states where more than 18% of the over-20 population in these 2 ethnic groups has been diagnosed with diabetes grew from 4 states in 1993 to 18 states in 2001.

DIABETES ON THE RISE

“The prevalence of diabetes is rising and the rate of increase is accelerating, too,” Dr. Vinicor said, giving 3 reasons why this is happening:

1. We are collecting better data.
2. The demographics are changing. There are more people in the United States, including more older people and more groups that are at risk for diabetes.
3. People’s behaviors are contributing to higher rates of obesity than ever before.

Using data for women 5 feet 4 inches in height, Dr. Vinicor showed that women in this category are more than 20 pounds overweight in almost half of the states in the United States. “Fifteen percent of African-American women are 100 pounds overweight,” he said.

Dr. Vinicor dismissed the notion that genetics alone accounts for the rise in obesity. “There is a genetic factor, but the tremendous increase in obesity has happened in the last 10 years. A decade is not long enough for genetics to be the only culprit,” he said. “Genetics may load the canon, but human behavior pulls the trigger.”

Physical activity is one of the factors associated with obesity, but the level of Americans’ leisure-time activity remained about the same between 1990 and 1998. “It isn’t that we are less active, it’s that we are not getting more active to counterbalance the trend toward overeating and eating the wrong foods,” Dr. Vinicor said. Only 2 or 3 states require physical activity in the schools, the speaker pointed out.

WHAT CAN BE DONE?

What can be done to solve the problem of diabetes and obesity? What can primary care professionals do to limit how high the curve becomes and to shorten the time it takes to reverse the trend?

Dr. Vinicor offered 3 “P’s” for getting the job done: Problem, Policies, and Politics.

“Scientists and the general public need to recognize that there is a problem,” Dr. Vinicor said. To illustrate growing public awareness of the problem, he cited recent articles in news media such as *The New York Times* and *USA Today* focusing on obesity in children and adults. He mentioned 2 books—*Fast Food Nation* by Eric Schlosser and *The Hungry Gene: The Science of Fat and the Future of Thin* by Ellen Ruppel Shell—as contributing to the public’s knowledge about healthy eating.

In the policy realm, Dr. Vinicor called for more clinical and public health prevention and treatment programs as well as improvements to help health systems deal with chronic diseases such as diabetes.

Dr. Vinicor sees increased activity among governmental agencies at the national, state, and local levels. National leaders

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have called on the food and beverage industries to help Americans combat obesity. In October 2002, Health and Human Services Secretary Tommy Thompson and Department of Agriculture Secretary Ann M. Veneman met with officials from the National Restaurant Association and the National Council of Chain Restaurants to begin the dialogue about obesity.

“Overweight and obesity are at an all-time high in America and the public health consequences are enormous,” Secretary Thompson said. “At HHS, we aim to lead by example. We must act now, and act together, in order to improve the health of our country’s adults and children.”

The meeting with industry leaders marks the beginning of a long-term collaboration seeking to deliver healthy food choices to the American public by providing easy-to-understand nutritional information, integrating healthiness into mass market-

ing strategies, and offering an increased variety of healthy meals.

In the State of Tennessee, Senate Bill 2821 established grants to provide health services for improved nutrition, increased physical activity, and obesity prevention.

USE ANTI-TOBACCO AS A MODEL

Dr. Vinicor urged primary care professionals and others to apply the anti-tobacco measures of the past century to the war on obesity. “Our efforts to combat obesity are at the stage now where the anti-tobacco efforts were in the 1960s,” he said. “Many of the same actions—laws, tax incentives, etc—will be needed to combat obesity.”

Dr. Vinicor said the main question is, “What can we learn from the cigarette industry that we can apply to the food industry?” He says the same types of lawsuits for health liability are being filed against food producers as were filed against tobacco companies. “The food companies are aware of the groundswell that is building for better nutrition and hopefully will take additional action in the future to give their customers good food at good prices.”

According to Dr. Vinicor, much attention is being paid to nutrition in the public schools. He cited that the cities of Oakland, California, and El Paso, Texas, have turned down lucrative contracts from soft drink companies wanting to place their products in schools. “We control our schools and we can make decisions that affect the health of our children,” he said.