In the United States, more than one-third of adults and nearly 17 percent of children were obese in 2009–2010. Being obese increases the risk of developing chronic health problems like heart disease, stroke, diabetes, and certain cancers.

This brochure is designed to help public health program planners, community advocates, educators, and policymakers find proven intervention strategies—including programs, services, and policies—to reverse the U.S. obesity epidemic. It can help decision makers in both public and private sectors make choices about what intervention strategies are best for their communities. This brochure summarizes information in The Guide to Community Preventive Services (The Community Guide), an essential resource for people who want to know what works in public health.

Use the information in this brochure to help select intervention strategies you can adapt for your community to:

- Decrease the amount of time people spend in front of a computer or television screen.
- Use electronic or mobile technology to support coaching or counseling for weight loss or maintenance.
- Develop worksite programs for weight loss.

The Community Guide provides evidence-based findings and recommendations from the Community Preventive Services Task Force (Task Force) about community preventive services, programs, and policies to improve health. Learn more about The Community Guide and what works to prevent and control obesity by visiting www.thecommunityguide.org/obesity.

The Centers for Disease Control and Prevention provides administrative, research, and technical support for the Community Preventive Services Task Force.
THE PUBLIC HEALTH CHALLENGE

Obesity is common, serious, and costly

- About 36% of adults and 17% of children and adolescents are obese.¹
- Obesity has increased across all income and education levels.³
- Obesity affects all race/ethnicity groups, with higher rates among African-American and Hispanic children and adults.⁴,⁵
- 1 in 7 low-income preschoolers is obese, with higher rates among American Indians/Alaska Natives and Hispanics.⁶

Obesity increases the risk of health conditions such as:²

- Stroke
- Sleep apnea
- Respiratory problems
- Heart disease
- Type 2 diabetes
- Arthritis
- Endometrial, prostate, breast, and colon cancers

Prevalence of Self-Reported Obesity Among U.S. Adults

Source: Behavioral Risk Factor Surveillance System (BRFSS), 2011

- In 2000, no U.S. state had an adult obesity rate of 30% or more; in 2011, 12 states did.⁷
- Approximately 300,000 deaths each year are attributed to obesity.⁸
- In 2008, medical costs associated with obesity were estimated at $147 billion.⁹

For more information on obesity in the United States, including state-by-state data, see www.cdc.gov/obesity/data.

EVALUATING THE EVIDENCE

- The Task Force findings and recommendations for intervention strategies that prevent or control obesity are based on systematic reviews of the available evidence.
- The systematic reviews look at the results of research and evaluation studies published in peer-reviewed journals and other sources.
- Each systematic review looks at each intervention strategy’s effectiveness and how it works in different populations and settings. If found effective, cost and return on investment are also reviewed when available.
- For each intervention strategy, a summary of the systematic review, evidence gaps, and journal publications can be found on the Obesity Prevention and Control section of the website at www.thecommunityguide.org/obesity.

The Guide to Community Preventive Services (The Community Guide) is an essential resource for people who want to know what works in public health. It provides evidence-based findings and recommendations about public health interventions and policies to improve health and promote safety. The Community Preventive Services Task Force (Task Force)—an independent, nonfederal, unpaid panel of public health and prevention experts—bases its findings and recommendations on systematic reviews of the scientific literature. With oversight from the Task Force, scientists and subject matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners.

More information about how the Task Force conducts its reviews is available at www.thecommunityguide.org/about/methods.html.
SUMMARIZING THE FINDINGS ON OBESITY

All Task Force findings and recommendations on preventing and controlling obesity are available online at www.thecommunityguide.org/obesity. Some of the Task Force recommendations related to obesity are below.

✓ **Interventions to reduce screen time.** Spending less time watching TV, video, or DVDs, playing video or computer games, and surfing the Internet can help people lose weight. Behavioral interventions—classes aimed at improving knowledge, attitudes, or skills—can reduce screen time by more than 36 minutes a day and result in modest weight loss among children and adolescents. These classes may include skills building, goal setting, and reinforcement techniques; encourage family support; or encourage “turnoff challenges” to get participants to avoid watching TV for a certain number of days.

✓ **Technology-supported coaching or counseling interventions.** Using technology in coaching or counseling interventions can help people to eat less, lose weight, and maintain the weight loss for 12 to 18 months. Technology-supported components include computer-based interfaces (such as computer kiosks, software programs, email, or the Internet), video conferencing, personal digital assistants, pagers, pedometers that “sync” with computers, and computerized telephone system interventions.

✓ **Interventions in specific settings.** Worksite nutrition and physical activity programs can help employees lose weight by improving their dietary and physical activity habits. These programs can include one or more approaches to support behavior changes, ranging from informational and educational (such as lectures or written materials) to behavioral and social (such as skills building and developing support systems), as well as to policy and environmental strategies (such as improving access to healthy foods on-site and offering more opportunities for physical activity). In randomized controlled trials, employees participating in worksite programs lost an average of 2.8 pounds. Cost-effectiveness ranged from $1.44 to $4.16 per pound of body weight lost.

PUTTING THE TASK FORCE FINDINGS TO WORK

As a public health decision maker, practitioner, community leader, or someone who can influence the health of your community, you can use The Community Guide to create a blueprint for success.

✓ Identify your community’s needs. Review the intervention strategies recommended by the Task Force and determine which ones best match your needs. Adopt, adapt, or develop evidence-based programs, services, and policies that support individual weight loss efforts and create environments to help maintain a healthy weight.


✓ Use tools and resources from CDC’s state and community programs at www.cdc.gov/obesity/stateprograms/fundedstates.html to implement an effective local obesity prevention and control program.

✓ Explore Cancer Control P.L.A.N.E.T.’s Research-tested Intervention Programs (RTIPs), community-based and clinical programs that have been evaluated, found to be effective, and published in a peer-reviewed journal. Look for the National Cancer Institute’s Cancer Control P.L.A.N.E.T. icon on The Community Guide website or visit rtips.cancer.gov/rtips to read about real-world programs that might be adaptable to your needs. You can learn more about RTIPs at www.thecommunityguide.org/cancer/screening/client-oriented/rtips.html.

✓ Consult Partnership for Prevention’s worksite health resources at www.prevent.org/Topics/Worksite-Health.aspx to find evidence-based practices for promoting health in the workplace.
Worksite Wellness to Control Overweight and Obesity

The Dow Chemical Company (Dow) often uses findings and recommendations in The Community Guide to develop its worksite wellness programs. For example, to help control overweight and obesity among its 52,000 employees, Dow focuses on interventions to improve access to healthy foods. One strategy the company has implemented is to color code serving utensils in the cafeteria salad bar to help diners make healthier food choices. A green label indicates a food is a highly nutritious “go,” a yellow label cautions moderation, and a red label warns diners to “stop” before eating too much of a high-fat food. As one component in a comprehensive worksite health strategy, interventions like this have helped Dow save millions in healthcare costs.

Mobilizing Funding Support to Battle Overweight and Obesity

The Western Maryland Health System (WMHS) took aim at the increasing rates of adult and childhood obesity in its community through a comprehensive action plan focused on behavioral, social, and environmental change. WMHS used evidence-based findings and recommendations in The Community Guide to secure partnerships and funding for local activities, including a television “turn off challenge” and two walking groups. WMHS has found that using a combination of interventions and involving partners from different sectors of the community increases the likelihood that messages will take hold.

Read more on these and other stories in The Community Guide in Action series at www.thecommunityguide.org/CG-in-Action.