



U.S. Department of
Health and Human
Services



National Institutes
of Health



National Heart, Lung,
and Blood Institute

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Coordinator, NHLBI Obesity Education Initiative

Overweight and Obesity

Educational Efforts of the NHLBI Obesity Education Initiative



Alarming Trends in Health of the U.S.



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ARTICLE PREVIEW

Aug. 25, 2003

Obesity Goes Global

Children around the world are eating more like Americans-- and getting dangerously fat as a result

By [J. MADELEINE NASH/HELSINKI](#)

Eight-year-old Hannah McGoey lives in an upstairs apartment on a busy thoroughfare in London. She has no yard to play in, and her school holds physical-education classes just two days a week. Her busy parents tried to be careful about nutrition, giving up their Friday fish-and-chips, for example. But over the years, Hannah has no longer fit her. "I began to change when she was eight," her mother Julia remembers. "I began to change when she was eight."

September 8, 2003

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Weighty Concerns
AHA Says Teenage Obesity on the Rise

By [Ned Potter](#)
[abcNEWS.com](#)

Jan. 2 — Thirty years ago, when Dr. Gerald Hass began treating children in Boston, his

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Prevalence of Overweight In Adults and Children

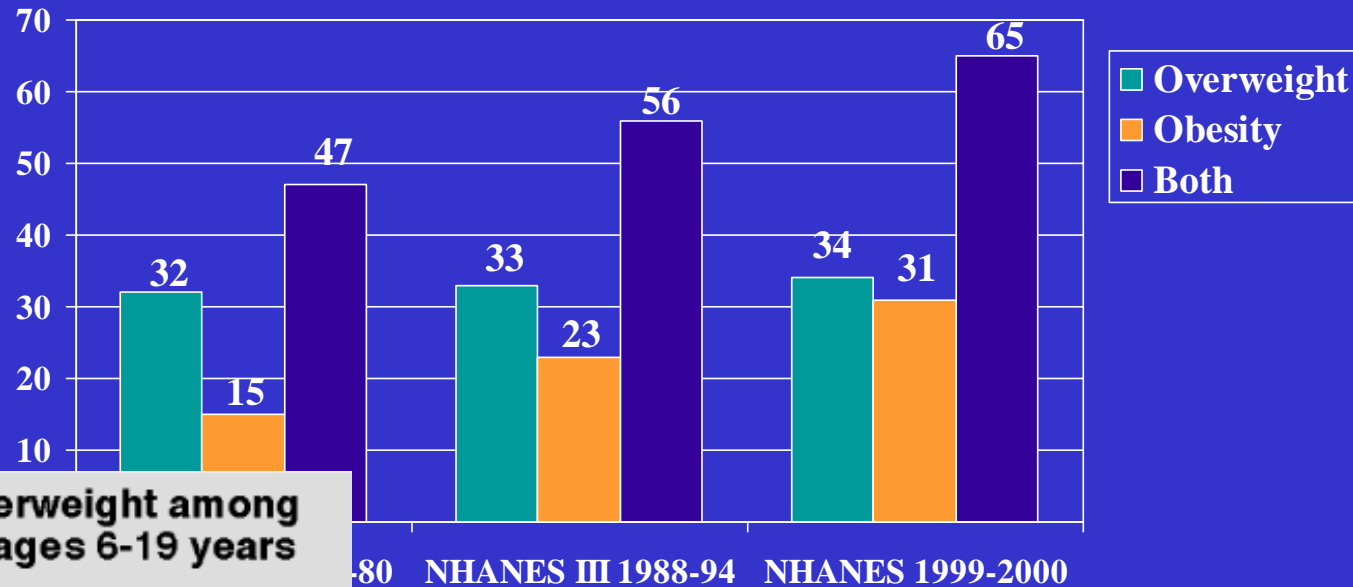
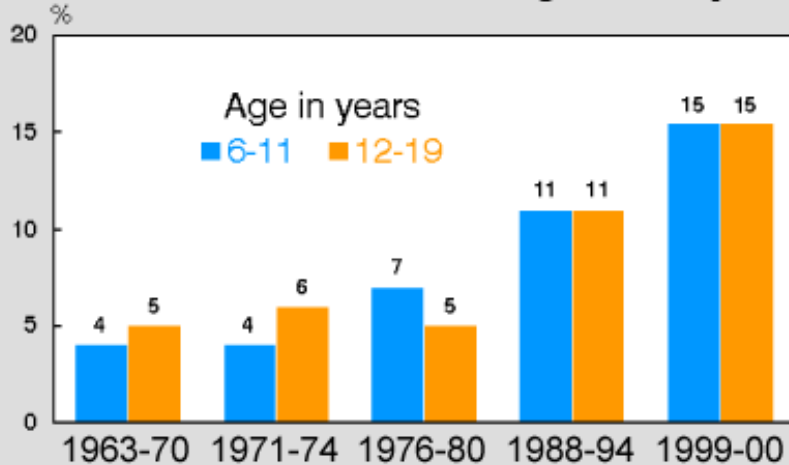


Figure 1. Prevalence of overweight among children and adolescents ages 6-19 years



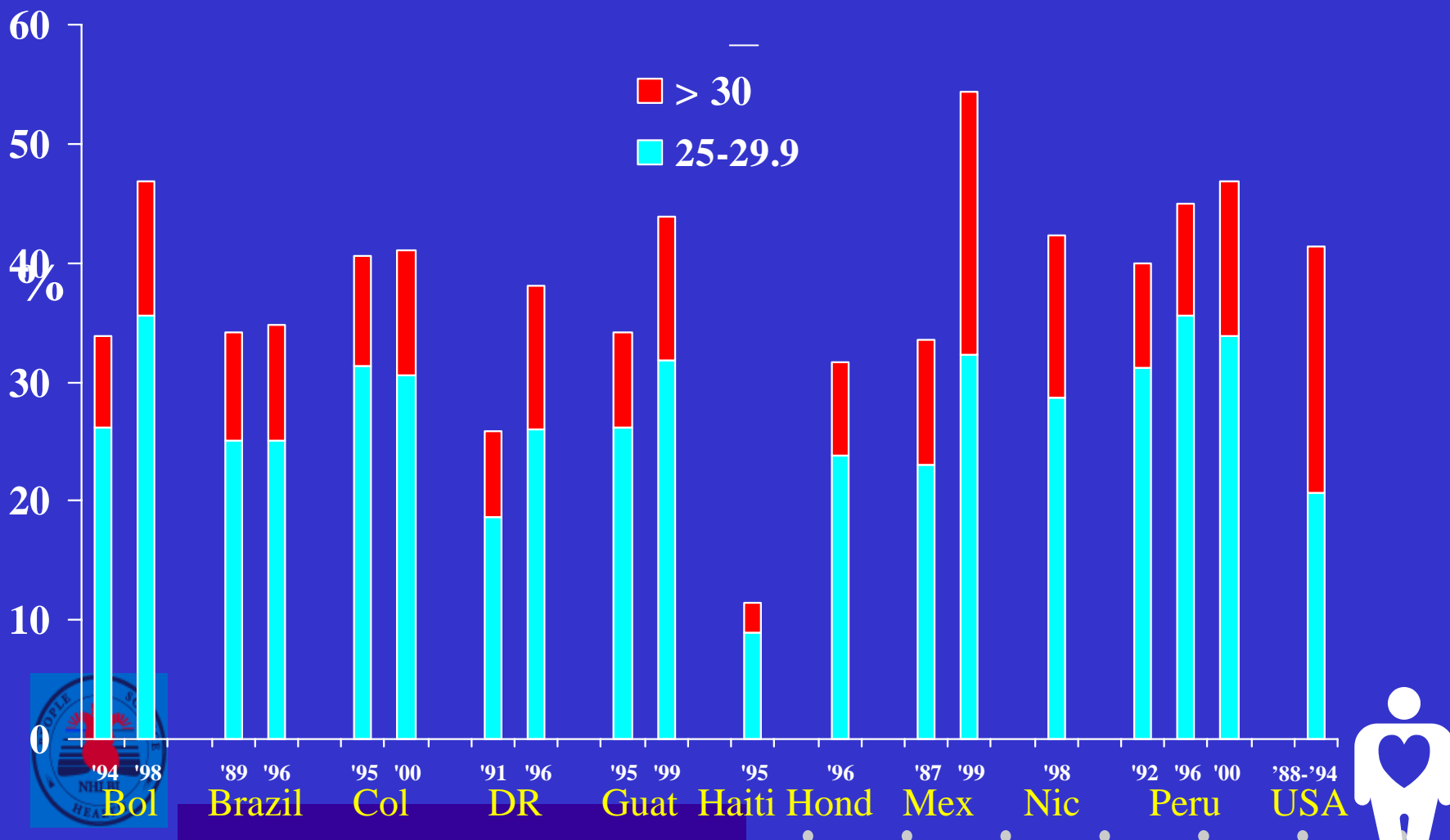
NOTES: Excludes pregnant women starting with 1971-74. Pregnancy status not available for 1963-65 and 1966-70. Data for 1963-65 are for children 6-11 years of age; data for 1966-70 are for adolescents 12-17 years of age, not 12-19 years.

SOURCE: CDC/NCHS, NHES and NHANES.

JAMA, October 9, 2002; vol 288, no.14



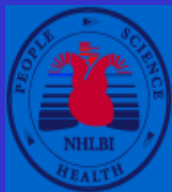
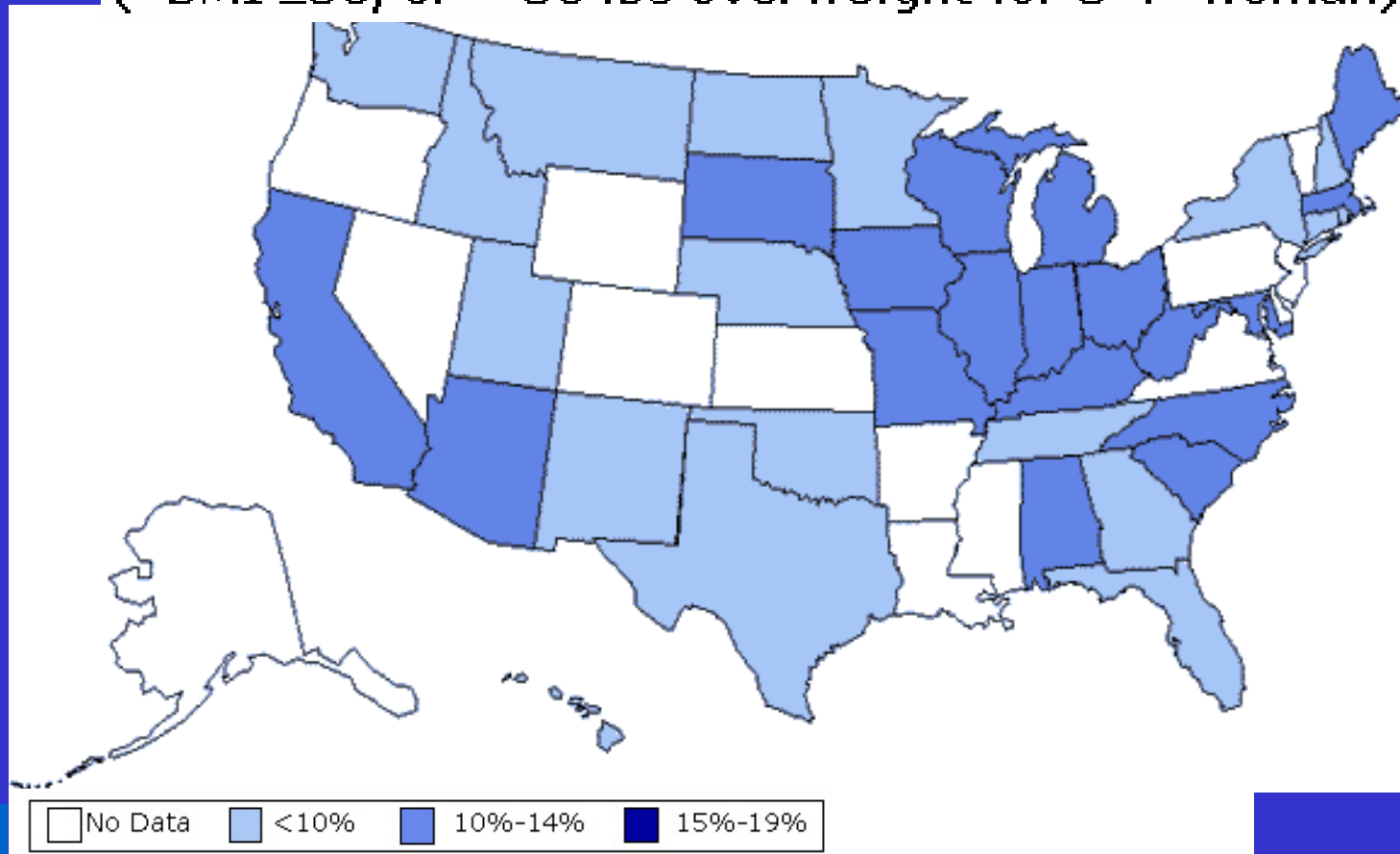
Percent overweight (25-29.9) and obese (≥ 30 BMI) in Latin American women, 15-49 years



Source: Martorell, et al, European Journal of Clinical Nutrition, 2000

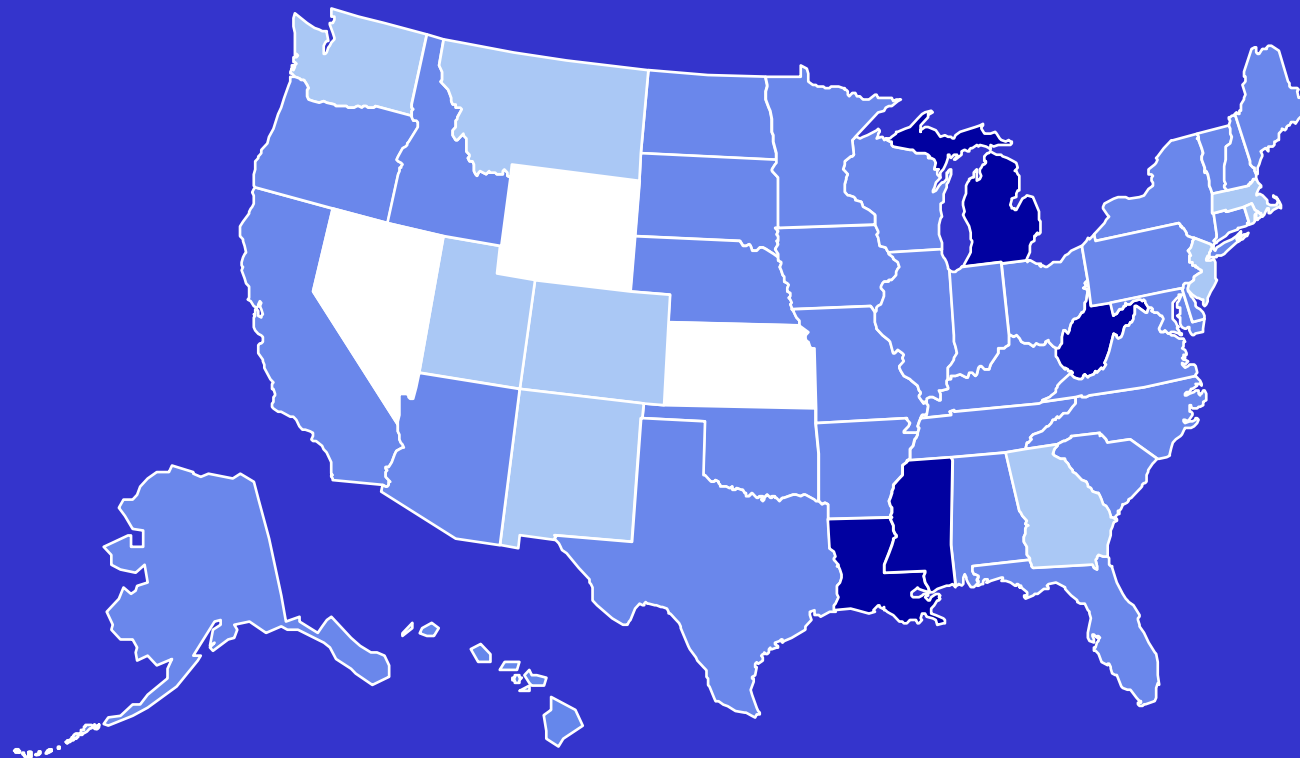
Obesity Trends* among U.S. Adults BRFSS 1988

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5'4" woman)



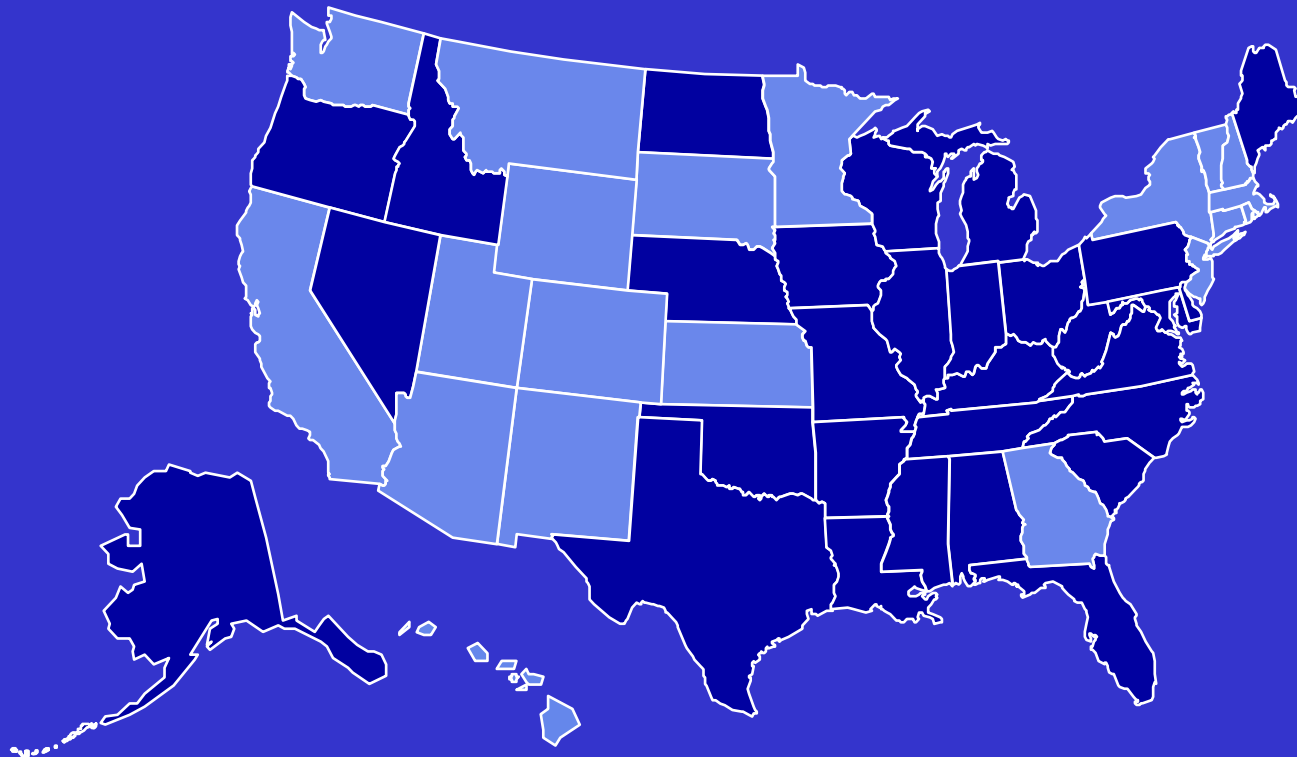
Obesity Trends* Among U.S. Adults BRFSS, 1991

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5' 4" woman)



Obesity Trends* Among U.S. Adults BRFSS, 1996

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5' 4" woman)



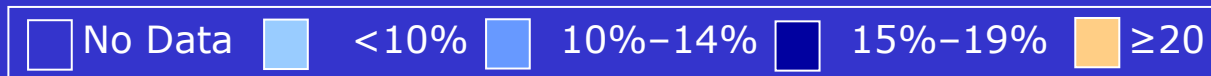
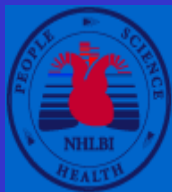
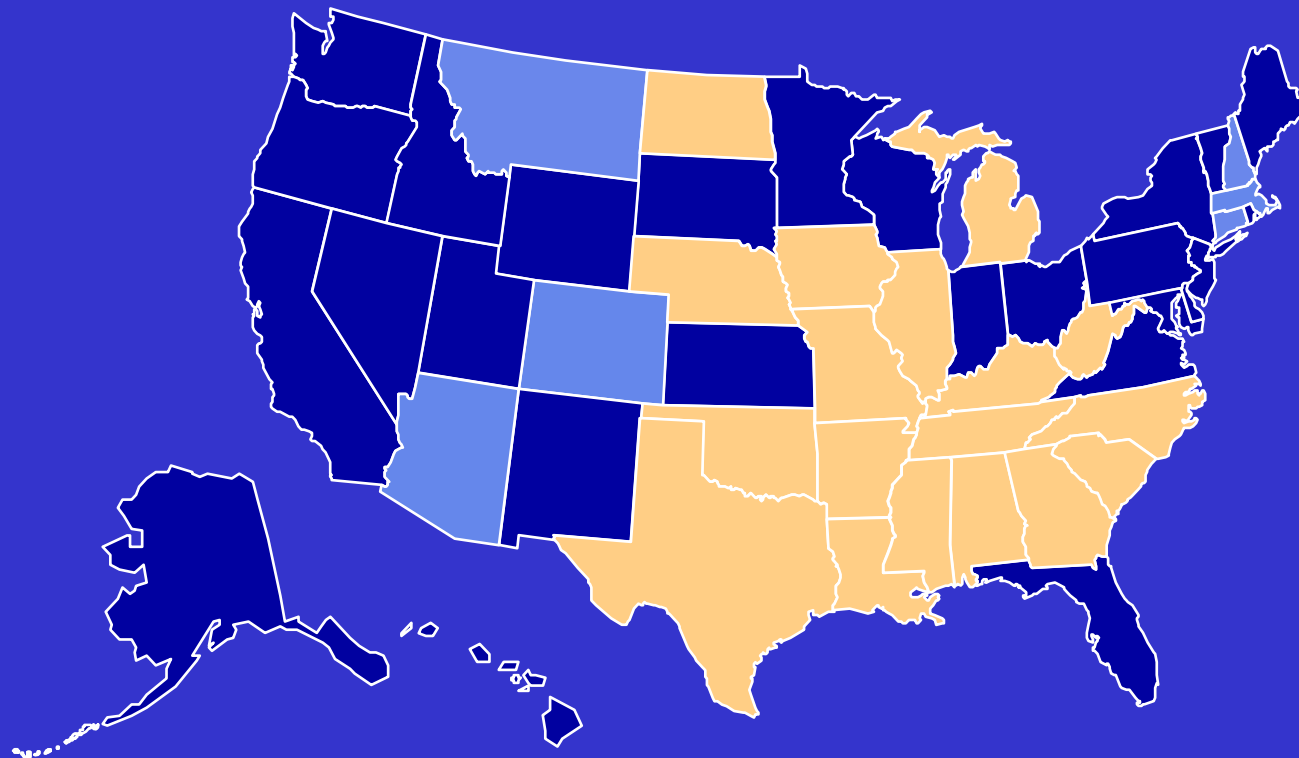
Legend: No Data <10% 10%-14% 15%-19%

Source: Mokdad A H, et al. *J Am Med Assoc* 1999;282:16,2001; 286:10.



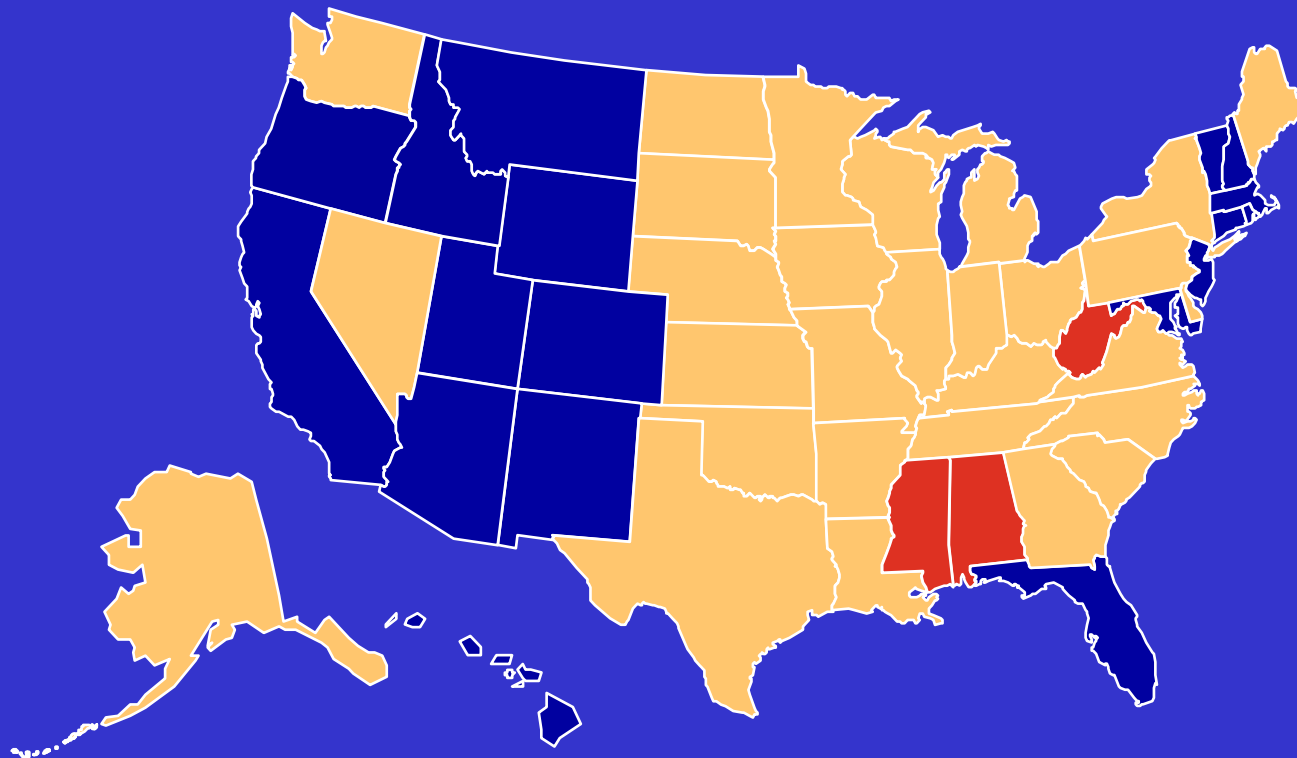
Obesity Trends* Among U.S. Adults BRFSS, 1999

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5' 4" woman)



Obesity Trends* Among U.S. Adults BRFSS, 2002

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5' 4" woman)



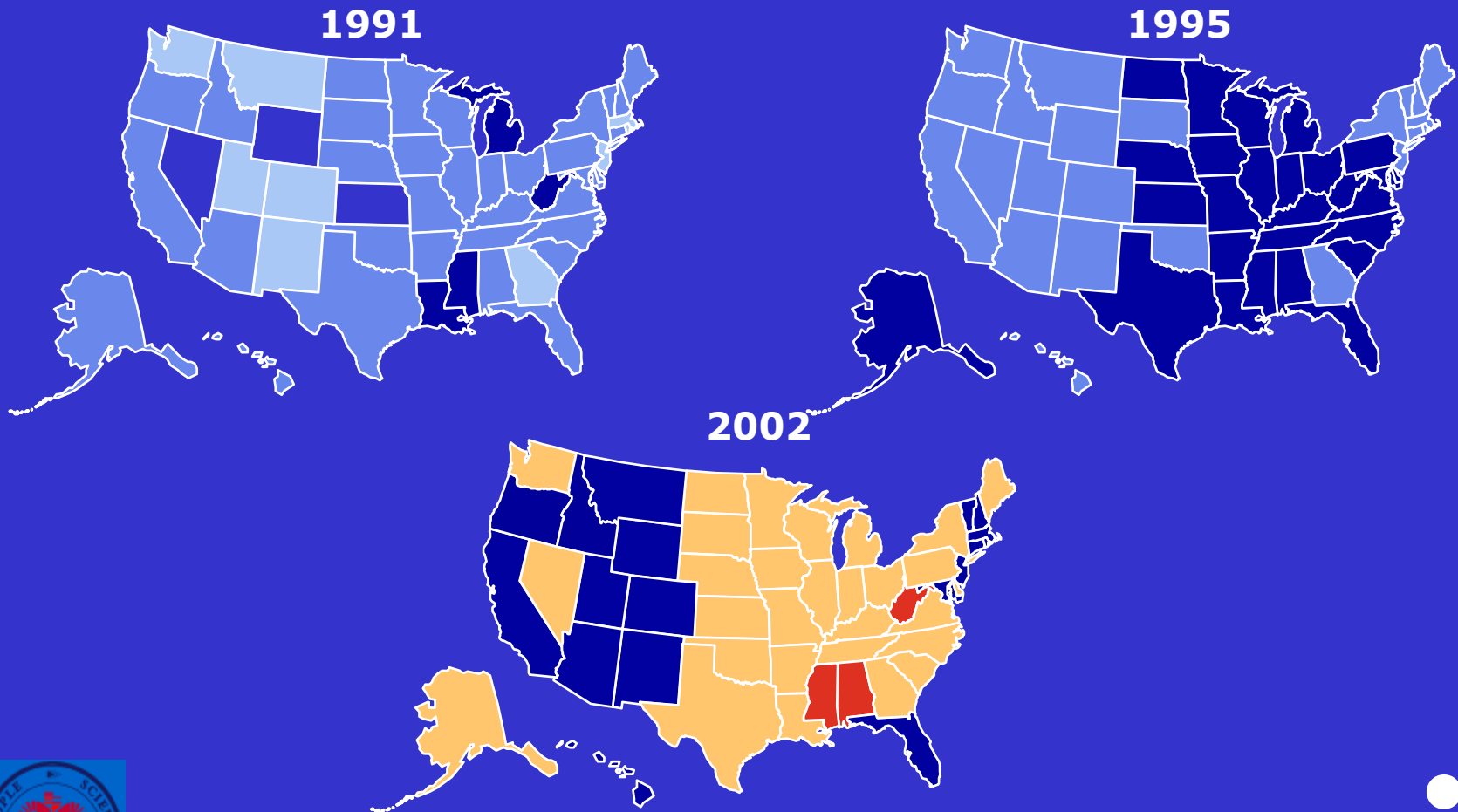
Legend for obesity prevalence among U.S. adults in 2002:

- No Data
- <10%
- 10%-14%
- 15%-19%
- 20%-24%
- $\geq 25\%$



Obesity Trends* Among U.S. Adults BRFSS, 1991-2002

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5' 4" woman)



No Data

<10%

10%–14%

15%–19%

20%–24%

$\geq 25\%$



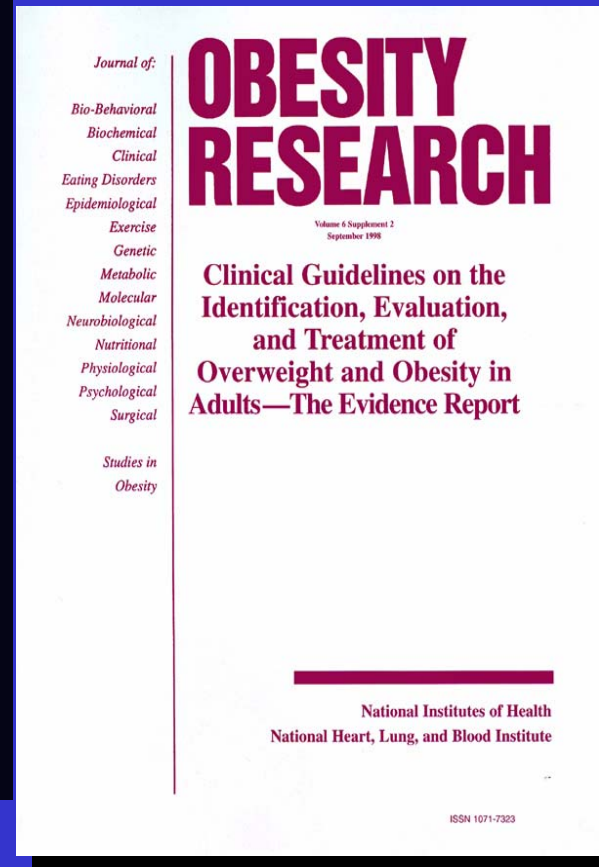
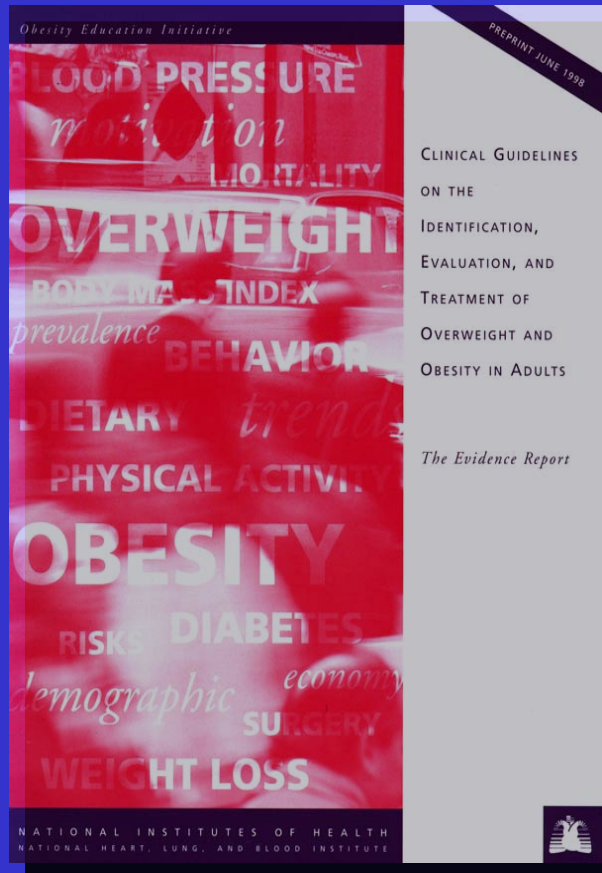


NHLBI Obesity Education Initiative

- Two pronged strategy:
 - **High-risk strategy:** targets individuals experiencing or at high risk for adverse health effects and medical complications with overweight/obesity
 - **Population-based strategy:** focuses on the prevention of overweight/obesity and physical inactivity



The Clinical Guidelines



Assessment of Overweight and Obesity

- **Body Mass Index (BMI):**

$$\frac{\text{weight (lbs)} \times 703}{\text{height (inches}^2\text{)}}$$

- Overweight = 25 - 29.9 kg/m²

- Obesity = \geq 30 kg/m²

- **Waist Circumference**

- High risk:

- Men >102 cm (40 in)

- Women >88 cm (35 in)

- **Other risk factors**

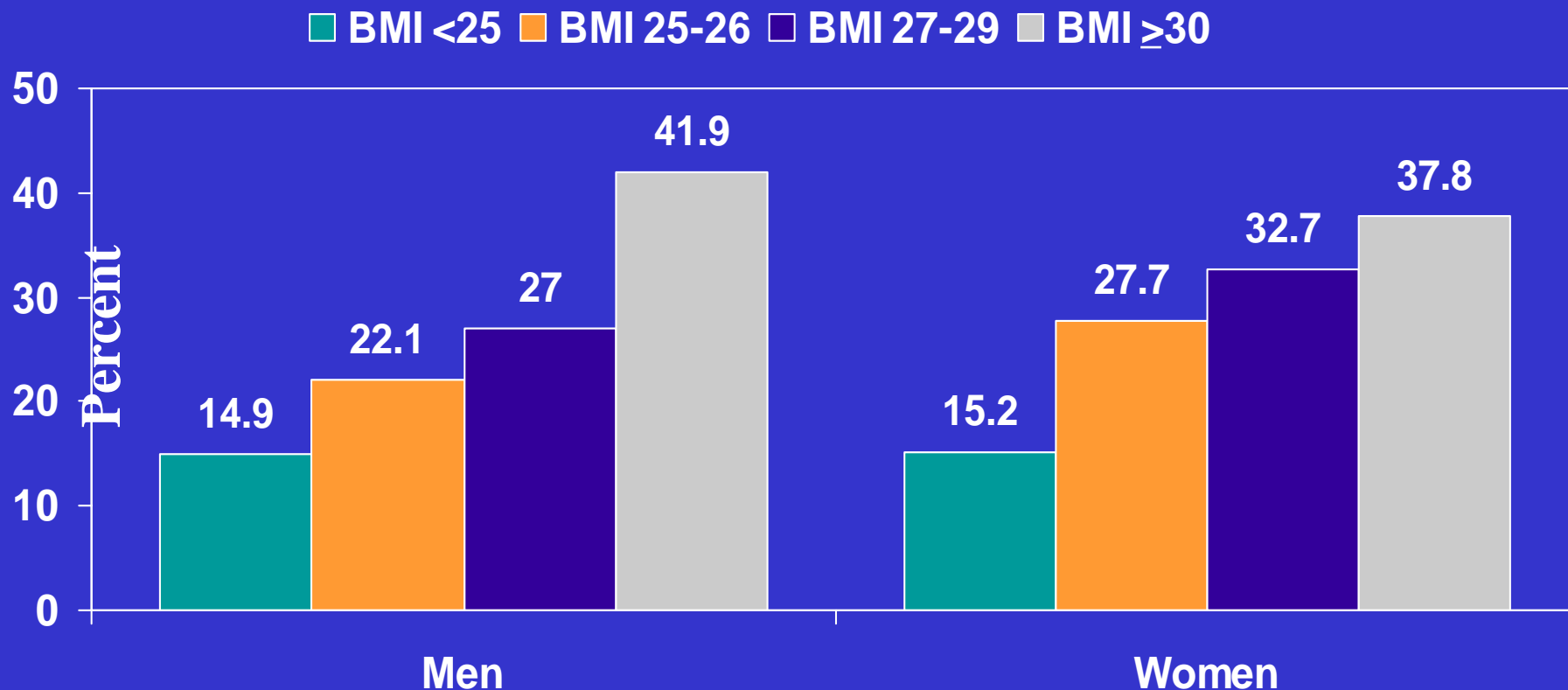


Obesity-associated Morbidities

- Type 2 diabetes
- Heart disease
- Hypertension
- Stroke
- Cancer
- Sleep apnea
- Asthma
- Urinary incontinence
- Gallbladder disease
- Nonalcoholic FLD
- Osteoarthritis
- Psychological disorders



NHANES III Age-Adjusted Prevalence of Hypertension* According to BMI



*Defined as mean systolic blood pressure ≥ 140 mm Hg, as mean diastolic ≥ 90 mm Hg, or currently taking antihypertensive medication.

Brown C, et al. Body Mass Index and the Prevalence of Risk Factors for Cardiovascular Disease. *Ob Res.* 2000.



Therapeutic Approaches

- Behavioral
 - dietary changes
 - increase activity
 - decrease inactivity
- Pharmacologic
- Surgical



Weight Loss Diet

- Individually planned caloric deficit diet
- Generally 500-1000 Kcal/day deficit
 - <30% calories from fat
 - <10% saturated fat
- Must reduce calories—not just fat—to promote weight loss.



Physical Activity

- Modestly contributes to weight loss.
- May decrease abdominal fat.
- Increases cardiorespiratory fitness.
- Improves sense of well being and self efficacy.



Physical Activity

- Most important in preventing weight regain
- Start slowly and increase gradually
 - Can be single session or intermittent
 - Start with walking 30 minutes 3 days/week
 - Increase to 45 minutes 5 or more days/week
 - Encourage increased “lifestyle” activities – don’t have to join a gym
 - Get pedometer –increase steps by 2,000/day

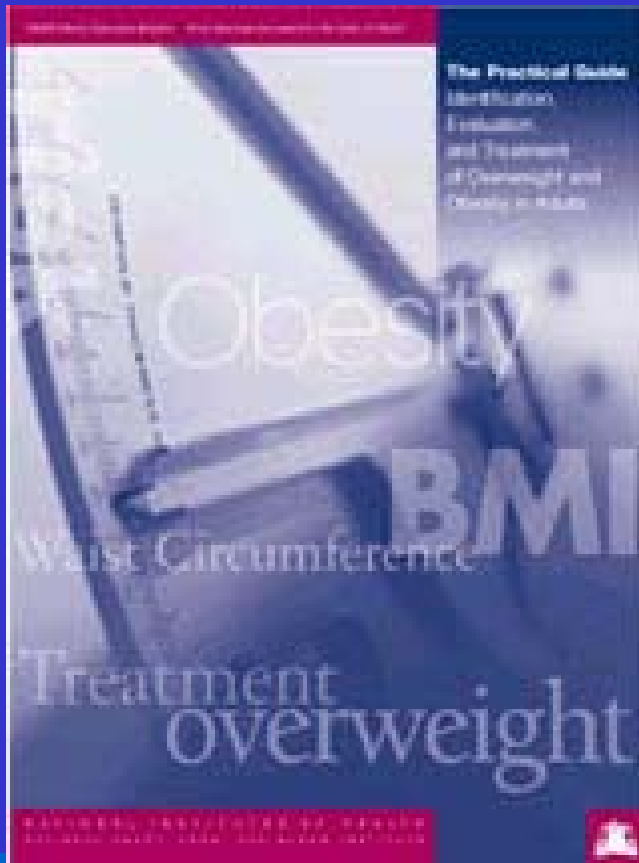


Goals of Weight Management/Treatment

- Prevent further weight gain
- Reduce body weight
 - Initial goal: ↓ body weight by 10 percent
 - If goal achieved, further weight loss can be attempted
 - Reasonable timeline: 6 months of therapy
 - Moderate caloric deficits
 - Weight loss 1 to 2 lbs/week
- Maintain a lower body weight over long term



Professional Education Materials



Client
 recent study showed
 with weight
 ice, and help with set-

Initial weight can
 physical activity.
 discuss steps needed
 Guide and/or refer

and Treatment of
 00-4084 or 02-4084
 education (C.O.R.E.)
 management: What
 Fam Pract
 women's Perceptions
 Practices." Arch

3 steps TO INITIATE DISCUSSION about weight management WITH YOUR PATIENTS

STEP ONE Make the Most of the Patient Visit and Set an Effective Tone for Communication

Patients who are overweight or obese generally have a history of dealing with frustrating and visible problem. They often experience discrimination from strangers, and even hurtful comments from health professionals. Many patients, however, are comfortable discussing weight with their physician. So setting effective tone for communication is critical. Providers need to establish rapport with patients, solicit permission to discuss weight issues, and use preferred terms such as "weight," "excess weight," and "BMI" when describing obesity.

Tips:

- Ask the patient if he/she would be comfortable with discussing general health including weight.
- Ask about the patient's weight history and how excess weight has affected his/her life.
- Be careful to communicate a nonjudgmental attitude that distinguishes between the weight problem and the patient with the problem.
- Express your concerns about the health risks associated with excess weight and how this is affecting the patient (review patient's BMI, waist circumference, and health risks).

Effective treatment for obesity is based on skillful and empathetic communication between practitioners and patients.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 National Institutes of Health
 National Heart, Lung, and Blood Institute

Aim for a Healthy Weight

National Heart, Lung, and Blood Institute
 November 2002



Aim for a Healthy Weight

The National Heart, Lung, and Blood Institute (NHLBI) Obesity Education Initiative provides the answers to these questions with practical tools for the busy practitioner.

- Do you note your patient's body mass index (BMI) and waist circumference?
- Do you know your patient's obesity-related disease risks?
- Do you know how to start a conversation with your patients about weight loss?



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NHL Publication No. 02-5217
 November 2002




Palm OS Devices



Slides and CME Modules


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Evaluation and Treatment of Overweight and Obesity in Adults Slide Show

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PROFESSIONAL EDUCATION

The National Heart, Lung, and Blood Institute, in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases, issued in June 1998 the first Federal guidelines on the identification and treatment of overweight and obesity in adults. About 60 million people in the United States are overweight or obese. Obesity and overweight substantially increase the risk of morbidity from hypertension, hyperlipidemia, type 2 diabetes, coronary heart disease, stroke, chronic kidney disease, osteoarthritis, sleep apnea and respiratory problems, endometrial, breast, prostate, and colon cancers. Higher body weight is also associated with increases in all-cause mortality.

The Clinical Guidelines Evidence Report has been made available. This slide show consists of six sections: Clinical Guidelines, Evidence-Based Methodology, Background Data, Practical Considerations, and Future Research. Presenters will be able to present accordingly.

NHLBI is pleased to be able to offer this slide set for public use. The slides can be downloaded for use in computer slide shows, conventional slide presentations, or for online viewing via the website.

The slide set consists of six parts including:

- [Clinical Guidelines Core Set](#)
- [Evidence-Based Methodology](#)
- [Background Data](#)
- [Practical Tips](#)
- [Special Considerations](#)
- [Future Research](#)



Assessment and Management of Overweight and Obese Adult Patients

CME Evaluators, [use this link to open a course evaluation form in a new window.](#)

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Public Education Materials

Your Weight and Health Profile

Name _____ Date _____

Age _____ Gender _____ Height _____ Weight _____

Your Body Mass Index (BMI) _____ Your Waist Circumference _____

Your BMI Classification _____ High Risk Waist Circumference _____

- | | |
|--|--|
| <input type="checkbox"/> Underweight (BMI less than 18.5) | <input type="checkbox"/> Men: greater than 40 in. (greater than 102 cm) |
| <input type="checkbox"/> Normal weight (BMI 18.5–24.9) | <input type="checkbox"/> Women: greater than 35 in. (greater than 88 cm) |
| <input type="checkbox"/> Overweight (BMI 25–29.9) | |
| <input type="checkbox"/> Obesity I (BMI 30–34.9) | |
| <input type="checkbox"/> Obesity II (BMI 35–39.9) | |
| <input type="checkbox"/> Extreme Obesity (greater than or equal to 40) | |

Your Current Health Conditions that place you at very high risk: (check all that apply)

- Coronary heart disease (CHD)
- Other atherosclerotic diseases (peripheral vascular disease, abdominal aortic aneurysm, or symptomatic carotid artery disease)
- Type 2 diabetes
- Sleep apnea

Note: Other conditions such as osteoarthritis, gallstones, and gynecological abnormalities also increase health risk.

Your Risk Factors associated with overweight or obesity: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> High blood pressure (hypertension) | <input type="checkbox"/> Cigarette smoking |
| <input type="checkbox"/> High LDL cholesterol | <input type="checkbox"/> High triglycerides |
| <input type="checkbox"/> Low HDL cholesterol | <input type="checkbox"/> Physical inactivity |
| <input type="checkbox"/> High blood sugar | <input type="checkbox"/> Family history of premature CHD |
| <input type="checkbox"/> Age greater than 45 years for men; greater than 55 years for women | |

Your Disease Risk:

Based on your BMI, waist circumference, current disease, and risk factors, your risk for premature death or developing heart disease, diabetes, or other conditions is:

- Low Increased High Very High Extremely High

Your Level of Readiness for weight loss:

- Not ready Ambivalent Ready to take action

Your Prescription:

- Weight loss** (needed if you're obese; or overweight with a high waist circumference and have two or more risk factors). Only for people who are ready to take action.
- Weight maintenance/Prevent further weight gain** (recommended if you're overweight, don't have a high waist circumference, and have less than 2 risk factors)

Your Weight Loss Goals: (if applicable)

Goal Weight: _____ (a weight loss of 5-10 percent of initial weight is recommended)

Goal Date: _____ (a weight loss of 1-2 pounds per week is recommended)

Your Plan:

- Lifestyle Therapy** (diet, physical activity, and behavior therapy recommended for 6 months)
- Weight Loss Drugs** (an option if weight loss of 1 lb./week is not achieved after 6 months of lifestyle therapy)
- Surgery** (an option with severe obesity and medical comorbidities when lifestyle therapy and/or weight loss drugs have failed)

tips to Weight Loss Success



Be a SMART planner!

SMART means being Specific, Measured, Appropriate, Realistic, and Time-bound about what you plan to achieve. For example, if your goal is to increase your physical activity, then write down the type of activity you plan to do, how many times you can realistically do it each week, and for how long each time. Start with small, short, and easier goals, and work your way up.



Keep an eye on the size!

Did you know that we eat most of what is on our plate, no matter what the size of the plate? When at home, try using smaller plates; they will help you take smaller portions. When eating out, share an entrée! Studies show that portions today are often super-sized—enough for two or more people to share.

Make yourself an offer you can't refuse.

Before starting to reach your next goal, offer yourself a promise like this, "If I reach my goal this (day, week, month), I will treat myself to a well-deserved (Fill in a reward here, but not a food reward.)" Think of something you want, such as an afternoon off, a massage, a movie, or even a deposit toward a larger reward. Be creative, set up rewards for yourself frequently, and make sure you give them to yourself when you reach your goal.

How much is enough activity?

You need to get at least 30 minutes of moderate physical activity per day, most days of the week to help burn up extra calories. But give yourself credit for the activities that you're already doing. Common activities such as climbing stairs, pushing a stroller, gardening, and walking all count as physical activity. Just make sure you do enough of them.



Balance your (food) checkbook.

Keep a diary of what you eat and how much physical activity you get each day. Then, at the end of each week, record your weight in the same diary. You and your health provider can use this information to adjust your eating and physical activity plan to find the best way to reach your goal.

Am I full yet?

The question may take longer to answer than you think. It takes 15 minutes or more for the message that we're full to get from our stomachs to our brains. So take a few minutes before digging in for that next helping. Having trouble feeling full? Eight glasses (8 ounces each) or more of water or other non-caloric beverages daily fills you up and keeps you refreshed. Also, vegetables and fruits can help you feel fuller, especially when eaten raw.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Get more tips at NHLBI's "Aim for a Healthy Weight" Web page at www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.htm or call the NHLBI Health Information Center at (301) 592-8573.

USE THE FORM ON THE OTHER SIDE OF THIS SHEET TO CREATE YOUR OWN WEIGHT & HEALTH PROFILE





Portion Distortion:

Do You Know How Food Portions Have
Changed in 20 Years?



French Fries

20 Years Ago



210 Calories

2.4 ounces

Today



610 calories

6.9 ounces

Calorie Difference: 400 calories



How to burn* 400 calories:
Walk leisurely for 1 hr 10
Minutes



*Based on 160 pound person

Soda

20 Years Ago



85 Calories
6 ½ ounces

Today



250 calories
20 ounces

Calorie Difference: 165 calories

How to burn* 165 calories:

Garden for 35 Minutes



*Based on 160 pound person

Turkey Sandwich

20 Years Ago



320 calories

Today



820 calories

Calorie Difference: 500 calories

How to burn 500 calories:
Bike for 1 hour and 25 minutes



*Based on 130 pound person

The Obesity Environment

- **Consumption of energy encouraged!**
 - Wide variety, low cost, good taste, high fat/energy dense foods available everywhere
 - Large portions
- **Expenditure of energy discouraged!**
 - Reduction of jobs requiring physical labor
 - Reduction of PE at schools
 - Increased time spent watching TV, web, video games
 - Urban sprawl



Extra Value Meals

Includes Large Fries
& Medium Soft Drink
not available with the All American Meal™

1 Big Mac® Meal



only **\$3.79**

2 Two Cheeseburgers Meal



only **\$2.99**

3 Quarter Pounder® with Cheese Meal
weight before cooking, 4 oz. (113.4 grams)



only **\$3.79**

4 Double Quarter Pounder® with Cheese Meal
weight before cooking, 8 oz. (226.8 grams)



only **\$4.59**

Classics

Super-Size Your Meal!

5 6 Piece Chicken McNuggets® Meal



only **\$3.99**

8 oz

12 oz

16 oz

20 oz

34 oz



Courtesy of Dr. Kelly Brownell



Courtesy of Dr. Kelly Brownell

But the obesity epidemic is
NOT just an individual
problem...



We have to reach the

WHOLE

POPULATION



Population Strategy



Parks and recreation:

- Provide a unique venue for children, adults, and seniors to learn about heart healthy lifestyles.
- Adopt programs to meet the needs of the community.
- Mobilize community partners and bring people together



Magnet Center Sites



Responsibilities Include:

- ♥ A three year commitment to the Hearts N' Parks program.
- ♥ Expand heart-healthy programming efforts each consecutive year.
- ♥ Utilize an extranet to communicate to other sites.
- ♥ Administer the pre and post-test measures to personnel and participants.
- ♥ Evaluate the program's sustainability and growth annually.
- ♥ Report progress annually.
- ♥ Serve as ambassadors for other sites.



Media Activities



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Advertisement: Reducing Nationwide Obesity Starts In Neighborhoods July 7, 2003

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National Heart, Lung, and Blood Institute

FOR IMMEDIATE RELEASE
Thursday, July 3, 2003

CONTACT:
NHLBI Communications Office
(301) 496-4236

REDUCING NATIONWIDE OBESITY STARTS IN NEIGHBORHOODS
Hearts N' Parks Program Brings Science, Skills to 50 Communities

Children, adolescents, and adults reported adopting healthier behaviors -- such as choosing heart-healthy foods more often -- after participating in a Hearts N' Parks program, according to a new report on the community-based lifestyle initiative. In addition, adults said they boosted their level of regular physical activity after the program. Hearts N' Parks was developed in 1999 by the National Heart, Lung, and Blood Institute (NHLBI) and the National Recreation and Park Association (NRPA) to reduce the growing trend of obesity and the risk of coronary heart disease in the United States.

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MEDIA RELEASE

Monday, October 21, 2002
For Immediate Release

Contact: Diana Sahagun
Telephone: 229-6501

Mayor Promotes Hearts N' Parks For Fitness

Las Vegas Mayor Oscar B. Goodman, who is launching his own

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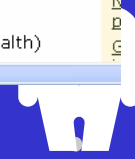
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Parks program pushes sedentary to get active

Last Updated: 2003-07-07 16:00:13 -0400 (Reuters Health)





HEALTHY WEIGHT COMMUNITY OUTREACH INITIATIVE



National Heart, Lung, and Blood Institute

Healthy Weight Community Outreach Initiative

- Objectives

- Engage communities to take an active role in creating healthier environments that promote a healthy weight.
- Engage the public in recognizing individual and environmental factors that influence attempts to achieve and maintain a healthy weight
- Motivate health professionals to provide patients with clear messages about prevention of weight gain without the stigma that overweight and obese patients often feel.



Healthy Weight Community Outreach Initiative

- **Program Elements**

- National Media and Messaging
- Community Outreach
- Partnership Development

- **Audiences**


- **Primary:**
 - Youth
 - Parents (primary custodians)
- **Secondary:**
 - Influencers (physicians, peers, teachers, coaches, others)



OEI Web Page...


www.nhlbi.nih.gov


NATIONAL INSTITUTES OF HEALTH

 National Heart, Lung, and Blood Institute

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Aim For A Healthy Weight

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 *Information for Health Professionals*

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