

**Obesity: The Biggest Problem in the United States**

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## Annotated Bibliography

*American Obesity Organization.* 9 Mar. 2004. American Obesity Organization. 23 Mar. 2004. <<http://www.obesity.org/>>.

This is one of the most comprehensive websites on the subject of obesity. It has many current statistics on obesity in the United States. It also goes into in depth detail about the problem of obesity. More specifically, it describes the growing problem of obesity in the United States, and how near one-third of all Americans are obese. Each year, the number grows, and obesity causes at least 300,000 deaths each year. The healthcare cost of obese adults in America is staggering, amounting to approximately \$1 billion each year. The website also includes many scientific findings on the topic of obesity, and where and how to get help for obesity.

*Ancestry and Obesity.* 21 Aug. 2003. Sciencentral News. 23 Mar. 2004. <[http://www.sciencentral.com/articles/view.php3?article\\_id=218392039](http://www.sciencentral.com/articles/view.php3?article_id=218392039)>.

This article is about the correlation between ancestry and obesity. Geneticists at Penn State University and the University of Alabama at Birmingham have come to the conclusion that certain races are more at risk for obesity. The findings show that black women are more prone to obesity. With a larger bone mass density, black women are able to support more fat on their bodies, thus increasing their chances to become overweight later in life.

Aucott, Avenell, Broom, Jung, Grant, Poobalan, W. C. S. Smith. "Weight loss in obese diabetic and non-diabetic individuals and long-term diabetes outcomes - a systematic review." *Diabetes, Obesity, and Metabolism.* 6.2 (2004): 85-95. 23 Mar. 2004. <<http://www.blackwell-synergy.com/links/doi/10.1111/j.1462-8902.2004.00315.x/full/>>.

This article is a study on whether weight loss in obese diabetics and non-diabetics reduces risks of diabetic diseases. It shows the health benefits of weight loss for an obese individual. The study is a long-term study, begun in 1966. The results of the study shows that diabetics who lost weight intentionally reduced their risk of pulmonary disease, and thus reduced their mortality

rate by 25%. Those who lost a large amount of weight, reduced their mortality rate by 68%. The metabolic handling of glucose also improved in 80% of these cases of people who lost weight.

This shows the health benefits of weight loss for an obese individual.

Bhattacharya, Shaoni. *Obesity breaks up sperm DNA*. 17 Oct. 2003. Newscientist.com News Service. 23 Mar. 2004. <<http://www.newscientist.com/news/news.jsp?id=ns99994286>>.

This article sums up a study done by the American Society for Reproductive Medicine. The study showed that obese men have reduced fertility due to increased fragmented DNA in their sperm. The researchers compared the Body Mass Index with a measure of fragmentation in the men's sperm. They found that as BMI went up, so did the fragmentation in the sperm.

Roudebush, one of the lead researchers, suggested that growing obesity levels in the western world might be partly responsible for the decline in male fertility in western countries. He speculates that in the cases of obese men, the excess fat in the genital area could raise the temperature of the testicles, thus increasing fragmentation and decreasing fertility. Obesity also showed a negative effect on women's fertility. A high BMI gives a greater risk of polycystic ovary syndrome and insulin resistance.

Bortolani, Bosello, Di Francesco, Guariento, Guralnik, Mazzali, Sergi, Zamboni, E Zoico. 6 Jan. 2004. "Physical disability and muscular strength in relation to obesity and different body composition indexes in a sample of healthy elderly women." *International Journal of Obesity*. 23 Mar. 2004. <<http://www.nature.com/cgi-taf/dynapage.taf?file=/ijo/journal/vaop/ncurrent/full/0802552a.html>>.

This article describes a research done on elderly women in relation to muscle strength and obesity. The aim of the study was to test the correlation between muscular strength, functional limitations, and body composition measurements in a sample of elderly women. The results of this study showed that elderly women with a body mass index (BMI) higher than 30 had a significantly higher prevalence of functional limitation. Another result was that about 40% of

sarcopenic elderly women, and 50% of the elderly women with high body fat and normal muscle mass were functionally limited. High body fat and BMI values meant a greater probability of limitation in the elderly women. However, women with sarcopenic obesity had lower isometric leg strength than regular obese women.

Carr, Cristin. *Study links teenage depression and obesity to low family income, education*. 30, Oct. 2003. Brandeis University News. 23 Mar. 2004.

<[http://my.brandeis.edu/news/item?news\\_item\\_id=102177](http://my.brandeis.edu/news/item?news_item_id=102177)>.

This is a news report on a study done on the correlation between obesity and depression in teens to socioeconomic status of their family. The study shows that nearly one-third of the obese and depressed teens can be attributed to having parents with low income levels and low levels of education. The results of this study were published in the American Journal of Public Health. The study surveyed more than 15,000 adolescents, and found that 40 percent of depression and 39 percent of obesity is attributed to low parental education.

*Overweight and Obesity*. 27 Feb. 2004. The Center for Disease Control and Prevention. 23 Mar. 2004. <<http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm>>.

This is the website was created by the Center for Disease Control and prevention, a part of the Department of Health and Human Services, a United States federal agency. It includes a general background description of obesity as most other sites on obesity do. However, it includes an in depth state-by-state health care expenditure statistics in relations to obesity. The statistics show that an average of 10% of Medicaid goes towards treating obesity related health problems. The website also includes information on state sponsored programs that educate the public and offer help to combat obesity.

Rothman, Amy. *The Psychological Impact of Weight Concerns Differs Between the Sexes*. 1 Feb. 2000. WebMDHealth. 23 Mar. 2004. <[http://my.webmd.com/content/article/21/1728\\_54808.htm](http://my.webmd.com/content/article/21/1728_54808.htm)>.

This article shows the disparities in the effect of obesity in different genders. Females are prone to be more depressed once they become obese. On the other hand, obesity decreases the risk of depression in the obese male population. This means that the overweight men don't see their own obesity as a problem, and thus they go on untreated, and will likely suffer the consequences. For men, it's better to be bigger; so psychologically, not thinking obesity as a problem, they think being bigger is a good thing. The data was obtained as part of a large national survey that included more than 40,000 men and women.

*Understanding Adult Obesity*. 5 Mar. 2004. United States National Institute of Diabetes and Digestive and Kidney Diseases. 23 Mar. 2004.  
<<http://www.niddk.nih.gov/health/nutrit/pubs/unders.htm>>.

This website includes an extensive background description of obesity, everything from including both the genetic and environmental causes of obesity. Having the obese gene run in the family doesn't mean one is doomed to obesity; there are ways to remedy this problem, such as developing better health habits earlier on in life. Also, there is the psychological factor that contributes to an unhealthy eating habit. People often respond to negative emotions such as boredom, sadness, or anger through eating. Such negative trends cannot exist if one wants to decrease their chances of obesity.

*Who's to Blame? Obesity in America: How to Get Fat Without Really Trying*. 8 Dec. 2003. ABC News. 23 Mar. 2004. <  
[http://abcnews.go.com/sections/WNT/Living/obesity\\_031208-1.html](http://abcnews.go.com/sections/WNT/Living/obesity_031208-1.html)>.

This article appeared on the World News Tonight with Peter Jennings. The main focus of this piece is on the growing problem of obesity in America. It delves into the causes of obesity, who it affects, what happens as a result, and also poses several solutions. The article focuses on the food industry, which has an intense marketing strategy towards kids

to buy its candies and cereals. However, it doesn't hold the food industry entirely responsible, because in the end, the people have the final say of whether or not to purchase and eat the foods. The article also talks about the government's involvement in the situation, how it gives subsidies to farmers, thus leading to more fatty foods. The solutions to this problem involves more than just exercise. The food industry also needs to get involved with promoting healthier diet choices.

Most people probably do not know this, but obesity is the one of the biggest health problems facing the United States today. According to the National Institute of Diabetes and Digestive and Kidney Diseases, more than 60 percent of Americans adults are overweight and around one-third of American adults are obese, putting them at increased health risk for diseases such as heart disease, type-2 diabetes, high blood pressure, stroke, and some forms of cancer (NIDDK). Many people are unaware of the seriousness of obesity as a major health risk, and should learn more about the subject.

There is a difference in being overweight and being obese. Most people don't know that there even is a difference. The American Obesity Association defines "overweight" as an excess amount of body weight that includes muscle, bone, fat, and water. "Obesity" specifically refers to an excess amount of body fat. Being overweight may or may not be dangerous, but being obese is definitely inimical to one's health.

Body mass index (BMI) is the medical standard used to measure overweight and obesity. BMI uses a mathematical formula based on a person's height and weight. BMI equals the person's weight in kilograms divided by the height in meters squared ( $BMI = \text{kg}/\text{m}^2$ ). Although the following BMI ranges are not exact ranges of healthy and unhealthy weight, they are useful guidelines. A BMI of 25 to 29.9 indicates a person is overweight. A person with a BMI of 30 or higher is considered obese. However, the discrepancy would be someone who is a body builder, and may have a BMI of 34, he would not be considered obese (AOA).

According to the AOA, every year, obesity causes at least 300,000 excess deaths in the United States, and \$100 billion in healthcare costs. Even when compared to the number of preventable deaths caused by smoking cigarettes each year, obesity is on the verge of surpassing

that number (AOA). Not only is Obesity detrimental to one's physical health, but it also increases the chance of psychological problems, such as depression.

There isn't one main cause for obesity; rather it is a hodgepodge of factors. One of the causes is genetics. Certain people are more prone to obesity if they are genetically predisposed to becoming overweight. For example, in an article entitled *Ancestry and Obesity*, a study showed that black women are genetically more likely to becoming overweight and obese. This is due to their relatively larger bone mass density and frame. On the other hand, Asians, whose bone mass density and frame are much smaller, has less chance of becoming obese.

Another cause of obesity is the combination of lack of physical activity and eating high calorie foods. ABC News reported that our consumer culture has bred a generation of couch potatoes who eat mostly junk foods. Just last year, there were more than 2,800 new candies, desserts, ice creams, and snacks on the market (ABC News). These food companies know kids are sitting in front of the television watching their favorite Saturday morning cartoons, and bombard them with ads for its products. When a kid is spending time in front of the TV eating Cheetos, it means he's not outside getting the exercise he needs to burn off the excess calorie. This turns into a habit, and sooner or later, the kid becomes overweight. As these kids grow older, they become more prone to obesity along with all its health risks.

A less obvious cause of obesity is the socioeconomic status of a person's parents. In an article by Carr, who wrote about a study linking socioeconomic background and obesity, she reveals that one third of depression and obesity among teens is connected to low family income and parents having a low level of education. The research also revealed that the impact of a lower parental education was stronger than that of low family income in relations to obesity.

In an article written by Amy Rothman, she explains a study done by the American Journal of Public Health claims that obesity can increase the risk of depression in women but can reduce the risk of depression in men. In fact, underweight men were more likely to be depressed and suicidal than other men. This is dangerous revelation because it means that overweight men don't see obesity as a problem. If they're happy with themselves, then they will go on living with the disease and eventually have to suffer the consequences.

Obesity increases the risk of health problems from around 30 serious medical conditions. Obesity is associated with increases deaths from various causes. Earlier obesity-related diseases, such as type-2 diabetes, are being reported in children and adolescents with obesity. Individuals with obesity are at higher risk for impaired mobility and functional limitation. Overweight or obese individuals also experience social stigmatization and discrimination (AOA).

Obesity is also taking a toll on government funds. The Center for Disease Control and Prevention has statistics that show the amount of Medicaid and Medicare spent each year in individual states on obesity health related illnesses. The statistics are staggering. From 1998-2000, various states spent anywhere from \$84 million to \$7.675 billion in Medicare on obesity related illnesses. For Medicaid, individual states spent anywhere from \$25 million to \$3.539 billion. These amounts are a huge portion of the overall percentage of money spent in these government-sponsored programs.

The benefit of weight loss has been proven to decrease disease already incurred through obesity. A study shows that weight loss in obese diabetics and non-diabetics reduces risks of diabetic diseases. The results of the study showed that diabetics who lost weight intentionally reduced their risk of pulmonary disease, and thus reduced their mortality rate by 25% (Aucott 95). Those who lost a large amount of weight reduced their mortality rate by 68%. The metabolic

handling of glucose also improved in 80% of these cases of people who lost weight. This means that although an obese person may have already developed a disease due to obesity, just by losing weight and get back into a healthier shape, his/her health can still get better.

With all the statistics on obesity prevalent all over the Internet, there is still something missing. That something is accountability. Who can be held accountable for the large and growing population of obese individuals in the United States? There are several answers to this question. One is the government. Although they provide health funds, and occasional programs to educate the public about obesity, the people in the lower socioeconomic group probably won't sign up for any programs. This means that the government should play a more aggressive role in educating the public on the dangers of obesity.

The food industry should also be held responsible for the growth of obesity. Recently, many of the fast food restaurants out in the market have began serving healthier items. They are learning that the public are now more health conscious, and will not continue to eat unhealthy food. However, the public is gravely misinformed. They think that just because a burger joint is serving salad, they can eat that Big Mac too without hesitation. The point of healthier foods is for a consumer to just eat those healthier foods, and not the unhealthy ones. This is just another one of the food industry's ploys to keep the people happy so they will continue to return. What the industry needs to do is to change their menus around entirely, and really educate its consumers the benefits of a healthy meal.

Finally, the parents of all children should be held accountable for our nation's obesity rate. The parents need to play a more active role in preventing their children from becoming overweight or obese. This was something that was lacking in most of the electronic resources I researched; there wasn't enough focus on prevention. This could be something that should get the main focus on a website. All

these sources tended to spew mountains of data, overwhelming the reader with statistics and other facts that would depress an obese person even more. The serious health problems that stem from obesity do not arise in most people until they are in their mid 30's and onwards, but the problem should be remedied earlier than that. Teens, especially the female population, tend to equate obesity to being ugly and unacceptable by societal standards. However, they need to realize that every one is different, and beautiful in their own unique way. Knowing that, people need to realize what's more important is their health, and it's never too early to start taking better care of their bodies.

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