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**Susan Blumenthal,
M.D.**

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Obesity Prevention in Women: Tipping the Scales Towards Health

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By Susan Blumenthal, MD and Timothy Dempsey

This Women's Health Week, it is important to remember that until fairly recently in our nation's history, sex differences in health issues like obesity, heart disease and diabetes were neglected at the research bench, in public policy circles and in clinical settings. Although women make 80% of health care decisions for their families, use more health services, and spend more on medications than do men, they suffer greater disability and have poorer health outcomes from some diseases. Additionally, inequalities in the health care system have limited women's access to certain diagnostic procedures and therapies proven to be effective for males. Unfortunately, despite well-recognized differences in the bodies and experiences of men and women most research studies in the past were conducted in men only, as if they were the "generic" humans - but the results were then generalized to guide the diagnosis, treatment, and prevention of disease in women. Until 15 years ago, this omission of females as research subjects and as the focus of prevention campaigns has put women's health at risk - as is now seen with the rising rates of obesity and chronic diseases in females in the United States and worldwide.

While recent attention has been focused on reducing obesity in the general population, there has been minimal attention on the specific effects of this public health problem on 51% of the population in America--our nation's women. We need to know much more about whether there are differences in the biology, risk and protective factors, health consequences and interventions for women as compared to men. Alarming, the rate of obesity in females has risen at a shocking rate over the past forty years, from 15.8% to 34.0%. The average weight for an

American woman has expanded from 140 pounds in 1960 to just over 164 pounds today. More than 64% of women in the United States are now overweight, with even higher rates in low income and minority populations. This dramatic increase in obesity prevalence in American women is due to a number of factors including an increase in daily food intake and larger portion sizes, combined with a decrease in physical activity. Over the past thirty years, the daily calorie consumption of American females has risen at three times the rate of men, while exercise levels have declined.

Obesity has significant health effects on almost every organ system of a woman's body. Overweight women are at an increased risk for heart disease, diabetes, osteoarthritis, gall bladder disease, birth defects in their babies, mental health problems, and some types of cancer including post-menopausal breast cancer. They also experience more societal discrimination than do overweight men. One study revealed that obese women are 90% more likely than their male counterparts to experience difficulty finding employment.

Furthermore, obesity takes a significant toll on the economy of the United States. In 2008, the total cost of obesity was estimated to be \$147 billion. If this trend continues, within the next decade, this number will escalate to \$344 billion or 21% of total health care spending in America. Furthermore, 62.7 million physician office visits are linked to overweight and obesity, and the health care costs of overweight people are \$1,429 higher annually as compared to normal weight persons. For example, medical costs of pregnancy are 100% higher in obese women as compared to their normal weight counterparts, almost entirely due to complications associated with being overweight.

These statistics underscore the need for the development and implementation of strategies to promote healthy nutrition and physical activity targeted to women's and girl's unique needs. That is what National Women's Health Week is all about--shining a spotlight on critical health issues for women and taking the necessary actions to address them, captured in the theme this year, "It's Your Time."

I am proud to have served as the country's first Deputy Assistant Secretary for Women's Health at a time when much needed to be done to redress longstanding inequities in the health care of women and to have provided leadership in writing a new national prescription in the 1990's to ensure that a women's health focus was woven into the fabric of our Federal research, service delivery and prevention programs. Cross-cutting initiatives were developed across the public and private sectors that no one agency or organization could accomplish alone. We emphasized the power of prevention with new programs including establishing the National Centers of Excellence initiative, Federal coordinating committees, educational campaigns and a major conference on nutrition and physical activity in women. Because knowledge is power when it comes to health, I established "one stop shopping" on the web for information about healthy eating and physical activity at nutrition.gov as well as created another internet portal, now known as womenshealth.gov, to serve as a gateway for a broad spectrum of women's health information.

Today, we must increase efforts to address the public health epidemic of obesity and overweight in women. This means that research on the effects of obesity in women and girls must be strengthened and preventive interventions targeted to their unique needs. The science of gender differences has revealed that sex matters...at the molecular, cellular and organ system levels and in the way women and men interact with the environment. Understanding these important

differences will help to more effectively fight the obesity epidemic and to develop intervention strategies that work over the long term at the individual, community and national levels.

The recently passed health care reform legislation, the Patient Protection and Affordable Care Act, will help women--and men--to access health care services to prevent and treat obesity. One important public health intervention included in the legislation focuses on decreasing calorie consumption by requiring more prominent labeling of the calorie and nutrient content of foods sold by markets, restaurants, movie theatres and other venues. This component of the new law should help to make people more calorie and food content conscious by requiring chain restaurants and food vendors with more than 20 locations to post calorie counts prominently on their menus.

Other public health strategies that have been suggested to reduce obesity include encouraging the establishment of healthy "fast-food" restaurant chains and including more healthful food choices at existing venues; providing messages in the media targeted to women about healthy eating and participation in physical activity; financial incentives such as possible taxes on high-density, calorie-rich foods and sodas; salt restrictions; federal subsidies for healthy items such as fruits and vegetables; and ensuring the nutritional content of school food programs.

While decreasing calorie consumption is one important part of the equation to reduce obesity rates in women, another key ingredient is increasing physical activity. Despite scientific evidence that documents its health benefits, very few American women participate in regular physical activity as a means to offset their increasing daily caloric intake. Currently, as many as 85 percent of U.S. adults report that they do not engage in the amount of physical activity recommended by the U.S. Department of Health and Human Services, and nearly 40% of women between the ages of 18 and 66 report being physically inactive. Several factors have contributed to the decrease in physical activity levels for American women including increased reliance upon technology such as motor vehicles, television and computers, sedentary occupations and reduced amounts of physical education in schools.

To eradicate obesity in America, a number of important initiatives have been established. The 2009 stimulus package (the American Recovery and Reinvestment Act) that invests in prevention and research, the recently passed health care legislation, the Surgeon General's "Vision for a Healthy and Fit Nation" and the First Lady's "Let's Move Initiative" have made vital policy, financial and structural down payments to achieve a healthier America by emphasizing the importance of physical activity, nutritious food and emphasizing the power of prevention. The Centers for Disease Control and Prevention (CDC) supports many obesity prevention programs. Furthermore, a cross-cutting research initiative is underway at the National Institutes of Health to increase knowledge about the biological, behavioral and environmental factors contributing to obesity and to translate this knowledge into effective interventions. However, to decrease obesity rates in women, it is essential that all of these initiatives include strategies that focus specifically on gender differences and collect and measure outcomes by sex as well as tailor interventions to the specific needs of women and girls.

Obesity is a health, economic and national security concern. If America is to reduce its obesity epidemic, we must mobilize all sectors of society to take action now. Families, schools, health care providers, researchers, businesses and communities all must step up to address this crisis in our country. Women themselves must make their health a top priority and take steps towards

eating a well balanced nutritious diet, getting regular physical activity as well as routine checkups and screening exams. And as we commemorate National Women's Health Week, let's ensure that our national initiatives in obesity research, education, prevention and service delivery include a focus on women and girls. Only then will the scales begin to tip towards a healthier future for women in our country and our world.

Rear Admiral Susan Blumenthal, M.D. (ret.) is the Director of the Health and Medicine Program at the Center for the Study of the Presidency and Congress in Washington, D.C., a Clinical Professor at Georgetown and Tufts University Schools of Medicine, and Chair of the Global Health Program at the Meridian International Center. She served for more than 20 years in health leadership positions in the Federal government, including as Assistant Surgeon General of the United States, the first Deputy Assistant Secretary of Women's Health, as a White House Advisor on Health, and as Chief of the Behavioral Medicine and Basic Prevention Research Branch at the National Institutes of Health. Dr. Blumenthal has received numerous awards including honorary doctorates and has been decorated with the highest medals of the US Public Health Service for her pioneering leadership and significant contributions to advancing health in the United States and worldwide. She is the recipient of the 2009 Health Leader of the Year Award from the Commissioned Officers Association.

Timothy Dempsey, a Master of Public Health candidate at the Dartmouth Institute and a recent graduate of the University of Pittsburgh, is a Health Policy Fellow at the Center for the Study of the Presidency and Congress. He will be attending Robert Wood Johnson Medical School next year.



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