

PHOTO BY LISA MARIE ALBERT



Dr. Barbara K. Rimer

## Let's Get Moving!

Obesity is a major economic and health threat in North Carolina, the U.S. and around the world. The fact that obesity is spreading in an almost epidemic manner means that some countries still could intervene before it is too late – just as some countries woke up to the potential for intervention on tobacco, before high smoking rates had overtaken their populations. We are at an important tipping point on obesity, both in the U.S. and globally.

In 1980, about 15 percent of Americans were obese; today, about 34 percent are, and another third are overweight. Since 1980, the proportion of children ages 2 to 19 who are obese has tripled.

How did we gain all this weight? Our genes did not change that fast! Most experts agree that there are several key reasons: we are eating about 300 more calories every day than we did in 1985, our portion sizes have increased dramatically, we're drinking more sugary drinks, and the majority of us are getting less exercise. Most children no longer have regular gym classes, and they are more likely to be on computers and smart phones after school than outside playing. Many neighborhoods lack safe places to walk. Sixty percent of adults don't get enough exercise to achieve health benefits.

The tab for our extra pounds is at least \$147 billion a year. Obese people spend 43 percent more on health care costs than do healthy-weight people.

As you will read in this issue, faculty members in our Department of Nutrition and across the School have made fundamental contributions to understanding the science of nutrition, determining why some people are more prone to gaining weight than others, explaining the worldwide distribution of obesity and its predictors, and developing, testing and disseminating evidence-based interventions and

policies to reduce obesity and prevent weight gain in a variety of populations in the U.S. and elsewhere. As with other health problems, some minorities and disadvantaged populations bear a disproportionate share of the burden.

Nutrition research must be done in labs, clinics, communities and workplaces, with individuals and in larger units. It is a complex problem with no "magic bullet" solution. As we have learned from the smoking arena, it won't be sufficient to intervene only with individuals. Policies should require physical education in schools and limit sugary drinks. Worksite cafeterias should charge more for less healthy than healthy foods. Health plans should provide incentives for healthy weight and exercise. And that's just a beginning.

At the School, we've taken steps beyond our outstanding research, such as trying to increase the choices of healthier foods in our café, serving healthier foods at events, buying local foods whenever possible and reducing portion sizes.

Ultimately, we're also role models for one another and the larger community. We should more actively encourage our faculty, staff and students to exercise and eat healthily, and reach out to the community around us. We imagine a time when our grounds could be turned into great walking trails with water sculptures and informative trail markers, and we could become not just a center for knowledge discovery and dissemination but a center for activity.

Let's get moving!

*Barbara K. Rimer*

We are at an important tipping point on obesity, both in the U.S. and globally.