

The State of Obesity in Suburban Cook County

Cook County
Department of Public Health
Cook County Health and Hospitals System



“The surge in obesity in this country is nothing short of a public health crisis that is threatening our children, our families, and our future.”

First Lady Michelle Obama

“American society has become characterized by environments that promote increased food intake, nonhealthful foods, and physical inactivity.”

Centers for Disease Control and Prevention

Obesity is the largest epidemic facing Suburban Cook County (SCC).

- **Obesity rates have doubled for adults and tripled for children over the past 20 years.** Over half the adults in SCC is overweight or obese – which is more than the entire population of Montana.¹ About 40 percent of children are overweight or obese.²
- **Obesity will soon surpass tobacco as the leading cause of death.**³ Rising rates of obesity are largely a result of what we eat and how much we move. In SCC, 3 in 4 adults do not eat the recommended amount of fresh fruits, and a large majority are not physically active enough.⁴

The burden of obesity is heavy on individuals, families and communities.

- **Health consequences of obesity are devastating.** Obesity affects our quality of life and is linked with increased risk of diabetes, hypertension, cancer, and heart disease.
- **The burden of obesity jeopardizes our children’s future.** Obese children miss more days of school than their healthy-weight peers⁵ and are more likely to develop serious health conditions such as asthma, heart disease and diabetes.^{6,7} Experts are concerned that if obesity rates continue to rise, record numbers of parents could end up outliving their children.
- **Obesity carries a huge price tag.** Obesity costs the State of Illinois about \$3.5 billion dollars a year. If we do not address the epidemic of obesity today, projected costs are estimated to be 5 times higher by 2018.⁸ Obesity is crippling military readiness, government budgets and putting businesses at a competitive disadvantage by reducing worker productivity and increasing healthcare costs.^{9,10}

“A single hand cannot cover the sky. It is critical that a diverse group of partners work together to effect change at the community level.”

The Robert Wood Johnson Foundation

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We are battling a culture of obesity.

- **Many of the places we live, work, study and play promote increased food intake, unhealthy foods, or physical inactivity.** Place does matter and affects our health. For example, people who live in communities with safe sidewalks, ample parks, good public transportation and ready access to fresh fruits and vegetables are 38 percent less likely to develop diabetes.¹¹

In SCC, some municipalities have less access than others. For example, poor communities have fewer supermarkets, and more fast food restaurants and convenience stores. They have limited green spaces, nearby trails, recreation centers, or safe places to walk or play.

- **Marketing has also encouraged unhealthy behaviors.** What children eat is influenced by how food is marketed. The nation’s largest food and beverage companies spent about \$1.6 billion in 2006 marketing their products — especially carbonated drinks — to children and teens.¹²

References

- 1 Illinois BRFSS: 2007
- 2 Data from the Illinois Department of Public Health, Division of Oral Health, Healthy Smile Healthy Growth 2003-2004.
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- 4 Illinois BRFSS 2007
- 5 Geier, A. Foster G., Womble L et al., “The Relationships between Relative Weight and School Attendance among Elementary Schoolchildren.” Obesity, 15 (8): 2157-2161, August 2007.
- 6 Overweight and Obesity, Health Consequences. Centers for Disease Control and Prevention, 2009. www.cdc.gov/obesity/causes/health.html.
- 7 Childhood Obesity: Beginning the Dialogue on Reversing the Epidemic. Testimony of Dr. Joseph W. Thompson, MD, MPH, Director, Robert Wood Johnson Foundation Center to Prevent Childhood Obesity before the Senate Health, Education, Labor and Pensions Committee.
- 8 The Future Costs of Obesity: National and State Estimates of the Impact of Obesity on Direct Health Care Expenses. A collaborative report from United Health Foundation, the American Public Health Association and Partnership for Prevention. Based on research by Kenneth E. Thorpe, Ph.D. of Emory University and Executive Director, Partnership to Fight Chronic Disease. Updated November 2009.
- 9 Christeson W, Taggart AD, Messner-Zidell S. Ready, Willing, and Unable to Serve. Washington, DC: Mission: Readiness, 2009.
- 10 Childhood Obesity: Beginning the Dialogue on Reversing the Epidemic. Testimony of Dr. Joseph W. Thompson, MD, MPH, Director, Robert Wood Johnson Foundation Center to Prevent Childhood Obesity before the Senate Health, Education, Labor and Pensions Committee.
- 11 Auchincloss AH, Diez Roux AV, Mujahid MS, Shen M, Bertoni AG, Carnethon MR. Neighborhood resources for physical activity and healthy foods and incidence of type 2 diabetes mellitus: the Multi-Ethnic study of Atherosclerosis. Arch Intern Med. 2009 Oct 12;169(18):1698-704.
- 12 Marketing Food to Children & Adolescents: A Review of Industry, Expenditures, Activities, & Self-Regulation. A report to Congress. Federal Trade Commission. July 2008.



At Home	<ul style="list-style-type: none"> • Reduce time spent watching television or sitting still. • Build physical activity into regular routines. Walk or ride your bike to school, work or the grocery store.
At School	<ul style="list-style-type: none"> • Provide options in cafeterias and vending machines that are low in fat, calories and added sugars and include fruits and vegetables. • Provide quality daily physical education to all children, Kindergarten thru 12th Grade.
At Work	<ul style="list-style-type: none"> • Provide more opportunities for employees to be physically active. Form walking or jogging clubs or work with neighborhood gym to provide group discount.
In the Community	<ul style="list-style-type: none"> • Encourage restaurants/fast food chains to provide nutrition information on menus. • Promote physical activity with parks, playgrounds, alternatives to driving.

For more information, call the CCDPH Prevention Services Unit at 708-492-2193 or email healthycook@ccdph.net.