UIC Obesity Research Roundtable

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Why Obesity?

• Rapid rise in rates of overweight, obesity, and morbidly obese
  – Adults (20-74):
    • 1976-1980: 15% obese
    • 2003-2004: 32.9% obese
  – Children:
    • 2-5: from 5% to 13.9%
    • 6-11: from 6.5% to 18.8%
    • 12-19: from 5% to 17.4%
Obesity Trends* Among U.S. Adults

BRFSS, 1985

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: CDC Behavioral Risk Factor Surveillance System
Obesity Trends* Among U.S. Adults

BRFSS, 1987

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: CDC Behavioral Risk Factor Surveillance System
Obesity Trends* Among U.S. Adults

BRFSS, 1989

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

No Data           <10%          10%–14%

Source: CDC Behavioral Risk Factor Surveillance System
Obesity Trends* Among U.S. Adults

BRFSS, 1991

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: CDC Behavioral Risk Factor Surveillance System
Obesity Trends* Among U.S. Adults

BRFSS, 1993

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: CDC Behavioral Risk Factor Surveillance System
Obesity Trends* Among U.S. Adults

BRFSS, 1995

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: CDC Behavioral Risk Factor Surveillance System
Obesity Trends* Among U.S. Adults

BRFSS, 1997

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: CDC Behavioral Risk Factor Surveillance System
Obesity Trends* Among U.S. Adults

BRFSS, 1999

(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: CDC Behavioral Risk Factor Surveillance System
Obesity Trends* Among U.S. Adults

BRFSS, 2003

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: CDC Behavioral Risk Factor Surveillance System
Obesity Trends* Among U.S. Adults

BRFSS, 2006

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: CDC Behavioral Risk Factor Surveillance System
Why Obesity?

• Death and disease caused by obesity
  • Hypertension
  • Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)
  • Type 2 diabetes
  • Coronary heart disease, stroke
  • Gallbladder disease
  • Osteoarthritis
  • Sleep apnea and respiratory problems
  • Some cancers (endometrial, breast, and colon)

• Second leading cause of premature mortality
• Significant health care and other economic costs
Why Obesity?

– Overweight and obesity result from an energy imbalance. This involves eating too many calories and not getting enough physical activity.

– Body weight is the result of genes, metabolism, behavior, environment, culture, and socioeconomic status.

– Behavior and environment play a large role causing people to be overweight and obese. These are the greatest areas for prevention and treatment actions.

– CDC, 2008; Adapted from U.S. Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity, 2001
Ecological Model of Four Domains of Active Living

Source: Sallis, 2007
NIH Funding

• Research focused on:
  – Preventing/treating obesity through lifestyle changes
  – Preventing/treating obesity through surgical, pharmacological, or other medical approaches
  – Breaking the link between obesity and associated health conditions
  – Cross-cutting research on health disparities, fostering of multidisciplinary teams, enabling technologies, investigator training, translational research, and outreach activities

• Numerous calls for proposals, program announcements from nearly all Institutes

Source: Strategic Plan for NIH Obesity Research; www.obesityresearch.nih.gov
RWJF Funding

• Three major research programs:
  – Bridging the Gap
    • UIC’s ImpacTeen project; [www.impacteen.org](http://www.impacteen.org)
    • Lloyd Johnston, U. of Michigan’s Youth, Education and Society project; [www.yesresearch.org](http://www.yesresearch.org)
  – Healthy Eating Research
    • Mary Story, University of Minnesota
    • [www.healthyeatingresearch.org](http://www.healthyeatingresearch.org)
  – Active Living Research
    • Jim Sallis, San Diego State University
    • [www.activelivingresearch.org](http://www.activelivingresearch.org)
  – Part of the Foundation’s $500 million commitment to reducing childhood obesity
  – Focus on the impact of policy and environmental factors
Other Funders

• Numerous other organizations funding research on all aspects of obesity prevention, treatment, etc., including:
  – United States Department of Agriculture
  – Centers for Disease Control and Prevention
  – International Association for the Study of Obesity
  – Gates Foundation
  – Aetna Foundation
  – Gerber Foundation
  – Northwest Health Foundation
  – Medica Foundation
  – American Society for Nutrition
  – Dannon Institute
  – American College of Cardiology
  – and many more……..
Goals for Today and Beyond

• Share information on some of UIC’s ongoing research on obesity
  – Presentations from 3 UIC researchers leading significant obesity related projects

• Moderated discussion to:
  – Identify funding opportunities
  – Establish new collaborations
  – Discuss opportunities for UIC to facilitate future obesity-related research
  – Further establish UIC as a leader in research on the prevention and treatment of obesity