

GUEST EDITORIAL [1]

Overweight but Undernourished: The Leading Global Health Crisis



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Obesity is one of the most urgent health threats of our generation and a major risk factor for heart disease and stroke, which are the No. 1 and No. 2 causes of death worldwide. Once a problem that primarily affected high-income nations, obesity is now a global epidemic, rapidly increasing in low-income nations. One-third of the world's population is now overweight or obese, and 62 percent of them live in developing countries.¹

The new reality is captured by a single, stark fact: across the world, more people are now obese than underweight. At the same time, we hear from scientists that the growing availability of high-calorie, nutrient-poor foods is leading to a new type of malnutrition, one where a growing number of people are simultaneously overweight and undernourished. Compounding the problem, the price of fresh fruits and vegetables has almost doubled over the past 20 years.²

We are witnessing a sea change in the way food is produced, distributed and advertised across the globe. Availability of high-calorie, nutrient-poor food leads to malnutrition. The shift, many public health experts say, is contributing to a new epidemic of diabetes and heart disease, chronic illnesses that are fed by soaring rates of obesity in places that struggled with hunger and malnutrition just a generation ago.

Malnutrition affects all regions worldwide with 815 million people around the world who are undernourished. Studies have linked obesity, overweight, diabetes and other severe illnesses to insufficient intake of vital substances like vitamins, minerals, trace elements and essential amino acids. These startling statistics are compounded by the state of health equity around the globe including stark differences in life expectancy and quality of life between countries. For example, a child born in Japan has a chance of living 43 years longer than a child born in Sierra Leone according to the World Health Organization. The global burden of non-

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communicable disease, including heart disease and stroke, is predicted to increase by 17% in the next ten years, and in the African region, this number jumps to 27%.

Obesity disproportionately affects low-income and rural communities as well as certain racial and ethnic groups, including Blacks, Latinos and Native Americans. Societal inequities contribute to these disparities. Addressing the obesity epidemic is also a fight for health equity. Various factors contribute to obesity, including the consumption of processed foods and beverages that are high in added sugars, sodium and fat, but low in nutrients. In low-income countries, consumption of energy-dense nutrient-poor products is five times higher, and of sodas, nearly three times higher compared with developed countries, where consumption is reaching market saturation levels.³

Children who are overweight or obese are twice as likely to die before the age of 55 than non-obese children.⁴ Taking a collaborative approach to strengthen broader systems and connect good eating habits to overall health and well-being is key. It starts with awareness and education. We need to reach people with these important messages as early in life as possible, ideally during early childhood. In addition to education and awareness, people everywhere should have equal opportunity and greater access to choose healthy foods wherever they are.

Too many people live in “food deserts,” areas devoid of fresh fruit, vegetables and other healthful whole foods, usually in impoverished areas -- largely due to a lack of grocery stores, farmers’ markets and healthy food providers. A recent study, in the American Heart Association’s Circulation: Cardiovascular Quality and Outcomes, found that many people who live in food deserts can’t afford healthy foods, and as a result they have a higher risk of heart disease, stroke, and other chronic illnesses.

As the world’s leading voluntary organization dedicated to building healthier lives, free of cardiovascular diseases and stroke, the American Heart Association works as a catalyst to achieve maximum impact in equitable health and well being in the United States and around the world anchored in cardiovascular and brain health. We acknowledge that closing the gap will require global health solutions which is why we collaborate with numerous global partners to improve health for all. We are proud to work with the World Health Organization, World Economic Forum and the Center for the 4th Industrial Revolution, World Heart Federation, NCD Alliance, Pan American Health Organization, World Stroke Organization and many others across the globe.

Far too many people worldwide are suffering needlessly because of the food and beverages they consume. A health equity approach is necessary to address persistent health disparities. This requires acknowledging the institutions, practices and policies that continue to perpetuate these disparities. Health interventions must include genuine and authentic engagement with at-risk communities that are often left out of the decision-making process. We must call on food manufacturers and retailers to innovate and provide products that incorporate easy and convenient health solutions across the lifecycle.

As leaders in the food and health industry, we can do more. Let’s work together to prevent the food industry from following in the footsteps of the tobacco industry, ending up on the wrong side of history. Let’s take a long-term view of customers and their health and embrace

voluntary commitments to reduce unhealthy food and beverage marketing to children. Let's commit to reducing sodium, sugar and fat in the food supply. Let's increase the healthy food and beverage portfolio and market/advertise water. Let's commit to position promote and price healthy foods in the retail environment. And lastly, let's work together to eliminate health disparities.

I am energized by the promising discoveries for food and nutrition innovation including the microbiome developments and the complex role it plays in our health. Technology is also disrupting the nutrition landscape and how consumers interact with and gain accessibility to food.

The American Heart Association is committed to work together to ensure all people have equal access to foods and beverages that promote good health, instead of increasing cardiovascular risk not only in the United States, but also across the globe.

Heart disease, stroke, and other non-communicable diseases are up to 80% preventable.⁵By acting now, we can pave the way to a healthier tomorrow.

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4. Asheley C. Skinner, Ph.D., Eliana M. Perrin, M.D., M.P.H., Leslie A. Moss, M.H.A., C.H.E.S., and Joseph A. Skelton, M.D.
5. Centers for Disease Control and Prevention. Vital Signs: Avoidable Deaths from Heart Disease, Stroke, and Hypertensive Disease — United States, 2001–2010. Morbidity and Mortality Weekly Report. September 6, 2013/ 62(35);721-727.