Obesity in the United States is accelerating at an unprecedented rate. The prevalence of obesity among adults in this country, now at 30%, has doubled in the past 20 years. Similarly, overweight in children and adolescents, now at approximately 15%, has tripled in this same period. Overall prevalence of obesity is expected to double again in the next 30 years and to increase most rapidly in the subset of the population at the 99th percentile of body mass index (BMI). Approximately one of 20 adults is now a candidate for bariatric surgery. If unaltered, this trend will mean that millions more people with extreme obesity (BMI greater than 40) will require treatment. Among adults, obesity has the same impact on health status as aging 20 years. Obesity adversely affects health-related quality of life even more than does smoking. Comorbid conditions and risk factors, such as hypertension, dyslipidemia, gallbladder disease, and sleep apnea, are commonly found in the obese population. Obese adults have 100% increased incidence of sudden death in addition to substantially increased overall mortality. Perhaps the most disturbing consequence of the obesity epidemic is increasing prevalence of cardiovascular risk factors in overweight children and adolescents. In the Bogalusa Heart Study, about 60% of overweight children between the ages of five and ten years have one cardiovascular risk factor (eg, hypertension, dyslipidemia), and about 20% have two or more risk factors. Type II diabetes is now commonly diagnosed among overweight adolescents.

Among adults, obesity has the same impact on health status as aging 20 years. These health risks are also accompanied by major economic consequences. Indirect and direct costs attributed to obesity in the United States are estimated at more than $100 billion per year and account for approximately 5.5% to 7% of total health care expenditures annually. Studies done by the Kaiser Permanente (KP) Division of Research in Northern California and by the Centers for Health Research in the KP Northwest Region have documented the increased health care expenditures associated with increasing BMI. For example, total cost of care for a cohort of KP members with a BMI of 35 or more was 44% greater than total cost of care for a cohort with a BMI ranging from 20 to 24.9.

Slowing the epidemic increase in prevalence of overweight and obesity will be extremely challenging; our approaches must be grounded in understanding the causes of this epidemic. Biologically, humans evolved in an environment of inconstant food supply and a high level of required physical activity. Humans find it difficult to evolve these new cognitive abilities fast enough to overcome these physiologic processes.
outpace the increasingly rapid adaptation of “fast food,” to name only one societal influence. “Super-sized” french fries, available at McDonald’s® restaurants since 1998, are considered to be only “large-sized” today. In fact, 1500 kcal can now be purchased for a few dollars at most fast-food establishments. At the same time, public policy and market forces have reduced availability of fruits and vegetables while increasing accessibility of energy-dense foods.

Reduced levels of physical activity contribute to increased prevalence of obesity at least as much as the factors already mentioned. Twenty-seven percent of US adults engage in no daily, leisure-time physical activity. In the United Kingdom during the period extending from 1980 through 1990, daily core consumption decreased by a mean 750 calories per day—but mean daily energy expenditure declined by 800 calories per day, thus leading to a positive energy balance of 50 kcal per day, an amount sufficient to cause increasing levels of obesity in the British population. As Shinki Kuman yik a stated, “We are unable to undereat sufficiently to compensate for being inactive.”

Strategies to address the epidemic of obesity must encompass a range of behavioral, social, and environmental factors. We must take a broad-based approach to public health crisis of obesity by collaborating with experts from academia, medicine, other health care delivery systems, research, and the federal government. The Weight Management and Obesity Symposium contained in this and the next issue of The Permanente Journal therefore reflects the current range of clinical and public health perspectives on obesity.

The content of these articles is derived from a series of forums that included experts from both within and outside KP. Formal presentations are supplemented by a variety of viewpoints, expressed in the Discussion sections. The overall intent is to translate clinical research and experience into practical, implementable interventions and effective social and environmental solutions. Practical tools and an evidence-based clinical algorithm designed to help implement these interventions will be discussed in a subsequent issue of The Permanente Journal.

We have much to be proud of in KP for the many programs already instituted. We hope that this symposium will add support and guidance that will boost our efforts to reverse the obesity epidemic.

Acknowledgments
Sara C Pimental, MLIS, assisted with bibliographic retrieval. Marianne Dequina, AA, assisted with preparing the manuscript.

References