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Recent report on Ky.'s obese future has experts seeking solutions

New obesity predictions should disturb us all

By Cheryl Truman

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• Fat in Kentucky

By 2030 in Kentucky:

The obesity rate could reach 60.1 percent

Over the next 20 years, obesity could contribute to:

594,058 new cases of type 2 diabetes,

1,278,342 new cases of coronary heart disease and stroke,

1,175,750 new cases of hypertension,

748,558 new cases of arthritis, and

176,260 new cases of obesity-related cancer in Kentucky.

Obesity-related health care costs in the state could climb by 17.6 percent, which could be the 17th highest increase in the country.

Source: *F as in Fat: How Obesity Threatens America's Future 2012*, a report released last week by Trust for America's Health and the Robert Wood Johnson Foundation

Hey, did you hear the one about Kentuckians getting even fatter?

Last week the Trust for America's Health and the Robert Wood Johnson Foundation released the "F as in Fat: How Obesity Threatens America's Future 2012" report, which stated plainly that if the United States doesn't change its couch-hugging, burger-scarfing ways, 13 states could have adult obesity rates higher than 60 percent by 2030.

Kentucky is predicted to jump from a 30 percent adult obesity rate in 2011 to 60.1 percent in 2030.

"It certainly has become the norm to be heavy," said Sheila Kalas, owner of Fitness Plus Inc. "There is some social stigma for obesity but not nearly what it was. There's a kind of safety in numbers. If you walk in the mall, and you're an obese person wearing a sweatsuit, you've got a lot of company."

What's the cost?

But having a lot of company comes with **all** sorts of costs — to the state in terms of marketing itself as an industrial location and in higher health care bills as doctors treat more patients with weight-related complications such as diabetes and heart disease.

It's difficult to predict how much that will cost Kentucky.

Aaron Yelowitz, an associate professor of economics at the University of Kentucky, said that if Kentucky continues to get fatter at the same rate as other states with which it is competing, that doesn't necessarily handicap the state competitively. **All** other states, even those that had until recently prided themselves on a thin population, are gaining weight, he said.

Complicating matters is the question of assigning responsibility for helping people give up their sedentary, heavy-eating lifestyles.

A report released this year by the Foundation for a Healthy Kentucky said that 98 percent of respondents who said obesity was a problem said parents are responsible for addressing the problem of childhood obesity in Kentucky. But they also say that schools (79 percent), doctors and other health care providers (75 percent), the food industry (72 percent), the children themselves (64 percent), and the government (54 percent) have responsibility for tackling obesity.

Though it's not clear who is supposed to fix the epidemic, it is clear that being fat has immediate impacts, especially on Kentucky's young people: The percentage of overweight or obese young adults 18-to-24-years-old in Kentucky jumped from 41 percent to 45 percent over 13 years — an 11 percent increase.

A recent article in the *New England Journal of Medicine* that said that the upcoming generation may be the first not to outlive its parents. The culprit? Obesity.

For Philip Kern, director of the Barnstable Brown Kentucky Diabetes and Obesity Center at the University of Kentucky, that's not surprising. The question is **why's** it so hard to do something about it.

Many patients who come into Kern's clinic say the same thing.

"I don't know how many times I've heard this: 'Doc, I don't know what you can do. I'm only eating 800 calories a day.'"

We are masters at also fooling ourselves, he said.

"I include myself," Kern said. "We think we exercise more than we do and we think we eat less than we do."

What can be done?

Frances Feltner, director of the University of Kentucky Center for Excellence in Rural Health in Hazard, sees unique challenges for Eastern Kentuckians, but she's optimistic.

"If we do have places to exercise it's too expensive for most people to be able to afford, and ... by the side of the road with coal trucks, it's not a safe place to walk or ride a bike."

She said the area is home to "food deserts" — areas where grocery customers have trouble getting an adequate supply of fresh fruits and vegetables.

But these challenges are not without solutions. Feltner said the supply of fresh fruit and vegetables eases a bit during the summer months when residents can grow gardens and purchase from roadside vegetable vendors.

And people who want to work in more activity in the challenging geography of the area can find inexpensive ways to do so. Finding a safe place to walk, such as a church parking lot, can help.

Those who cut back calories and increase exercise may not have a huge weight loss, she said. Still, Feltner said, "If you just lose 10 percent, then you have improved your outcomes already."

Some of the problems Kalas sees include people who don't equate being obese with being unhealthy.

"There are a lot of psychological powers of rationalization," she said.

Also, many people trying to lose weight get discouraged. While it may take years to gain weight, people get frustrated when the weight does not fall off quickly with moderate diet and exercise.

"Your body fights very hard to stay the same," she said. "If it thinks it's supposed to support 250 pounds, you will feel hungry if you don't eat enough to support 250 pounds."

She advises thinking about what a 200-pound person would eat, and going for that instead. Another way to start simply: Buy a pedometer. Aim for 10,000 steps a day.

And Kalas suggests eating simple things with few ingredients: A hamburger patty with broccoli has less of a chance to do damage than a lasagna stuffed with multiple cheeses, various meats and sauces.

Despite the recent report on America and its fat future, Kern sees hope on the individual level.

"We look at people who say, I don't want to have diabetes. I don't want to look this way. There are people who analyze their fitness behavior, their eating behavior and they solve it. ... It comes down to individual decisions, like, 'I'm not going to have donuts at that breakfast meeting.'"

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