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Poor Diet Sinks U.S. in Health Rankings

Researchers of a study that looked at U.S. health over 20 years were surprised to find diet played a dominant role in burden-of-disease risk, surpassing tobacco use.

By Andréa Maria Cecil

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Americans are dying younger and living their later years with more diseases than citizens of poorer countries that spend far less than the U.S. on health care, according to a new study.

The most surprising finding, the researchers said, was that the No. 1 risk factor contributing to the burden of disease is the simplest of things: diet.

“That was very powerful for us—something we did not expect,” Ali Mokdad told the *Journal*.

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Poor diet, no or low physical activity, smoking and excessive alcohol consumption are “really contributing” to an unhealthy life, he added.

Morbidity and chronic disability accounted for nearly half of the country's health burden.

While the U.S. has dropped in the rankings over 20 years, the country has actually improved its life expectancy—just not as much as its economic peers.

“For us, that’s something that we should address in the United States by having policies and programs to encourage behaviors ... to catch up with the rest of the world,” Mokdad said.

The study examined 291 diseases and injuries, 1,160 after-effects of the diseases and injuries, as well as 67 risk factors or clusters of risk factors for 187 countries.

When it came to diet composition, specifically, scientists examined 14 components.

“The most important dietary risks in the United States are diets low in fruits, low in nuts and seeds, high in sodium, high in processed meats, low in vegetables, and high in trans fats,” study authors wrote.

He was one of 500 scientists from around the world who worked on the study titled *The State of US Health, 1990-2010: Burden of Diseases, Injuries, and Risk Factors*. The *Journal of the American Medical Association* published the study July 10.

Mokdad is director of Middle Eastern initiatives and a professor of global health at the Institute for Health Metrics and Evaluation at the University of Washington in Seattle. The institute led the work on the study.

The U.S. death rate, after standardization for age, fell to 27th in 2010 from 18th in 1990 among the 34 countries in the Organization for Economic Cooperation and Development in 2010. Less prosperous countries—based on gross domestic product per capita—that included South Korea (18), Slovenia (22), Portugal (24) and Chile (25) had lower mortality rates, and all spend less on health care.

Scientists were expecting tobacco and high blood pressure to continue to be the usual suspects, Mokdad said. Instead, tobacco ranked second, followed by obesity, high blood pressure, high fasting plasma glucose level and physical inactivity or low activity.

“What we eat, what we put in our mouth is the major cause of morbidity and mortality,” Mokdad said. “It makes sense. For us to be able to document it and to go back in (the) past and show how this has been changing over the past two decades is very powerful.”

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—Ali Mokdad

For Dr. Mike Ray, the study's findings were not shocking.

Diseases the study identified as contributing to “lost health,” he said, are ones “we’ve long seen as the big ones.” Heart disease, stroke and lung cancer, among other conditions, are “profoundly influenced by lifestyle,” he added.

Ray, a practicing physician in Arizona, has been the medical director of the CrossFit Games since 2008 and runs CrossFit Flagstaff with his wife, Lisa. Over the years, he said, he has tried to understand “not just the presence of disease but the development of health.”



Staff/CrossFit Journal

According to Dr. Mike Ray (left), it's more important to focus on improving health now rather than treating disease later.

He added: "That's the biggest thing: I think maybe some of this is because one of the biggest issues we need to address in medicine is there's so much of a focus on treating sickness as opposed to actively promoting health."

They sound the same but require a different mindset, Ray explained.

He pointed to the study's closing sentence: "In many cases, the best investments for improving population health would likely be public health programs and multisectoral action to address risks such as physical inactivity, diet, ambient particulate pollution, and alcohol and tobacco consumption."

"That's bold," Ray said.

The next step, he continued, is to widely distribute the study.

"As much as possible, get this information out there to as many people and health care providers as possible and

involve them in these kind of efforts," Ray said. "There's all this talk about health-care reform in this country right now, and part of that needs to be a shift in emphasis to focusing on things that lead to health instead of desperately trying to extend unhealthy life once sickness has taken hold. And that needs to be a shared responsibility between people, patients and health-care providers."

Mokdad echoed those sentiments, saying healthier lives are made via simple lifestyle choices.

"It's very true. It's all about how we carry out our life and find a balance of what we eat and consume and physical activity," he said. "A balanced life is very important."



About the Author

Andréa Maria Cecil is a CrossFit Journal staff writer and editor.