OBESITY EPIDEMIC HITS OREGON

Obesity among Americans has been the topic of much recent news media coverage and heated debate. How many Americans are overweight? What factors contribute to obesity? Why is the epidemic spreading? Can obese people be “fit?” The October 27, 1999 issue of the Journal of the American Medical Association was devoted entirely to obesity. The October 7, 1999 issue of the New England Journal of Medicine ran as its lead article a study examining the relationship of obesity to premature mortality. The PBS program Frontline recently aired a program entitled “Fat” addressing many of these questions. In this CD Summary, we report on how Oregonians fit into the national epidemic, the relationship of obesity to health status, and possible strategies to halt the epidemic’s “spread.”

FOOD AND DISEASE

The 20th century has seen a steady decline in foodborne infectious diseases (e.g., typhoid fever, tuberculosis, botulism, and scarlet fever) due to improved sanitation, refrigeration, pasteurization, and animal health. In addition, a better understanding of nutritional deficiencies (e.g., rickets, scurvy, beriberi and pellagra) has led to food fortification programs, all but eliminating these diseases. These successes have shifted the focus of nutritional programs to the control of chronic diseases, related to nutrition (or over-nutrition) such as diabetes, and cardiovascular disease. Consequently the percentage of obese Oregonians has increased 63%. Although similar percentages of men and women are obese (18% of men and 19% of women), more men are overweight (46% of men compared to 27% of women). This may be due in part to the overweight cut-off of BMI>25 for both men and women, (those muscle-bound men may weigh more for their height than those Rubenesque women). Obesity/overweight also varies by age, for both men and women (see figure below). Obesity increases from 12%-17% among 18-29 year olds to a high of 27%-28% among those 50-59, and then tapers off to 8% among those 70 years and older. A higher percentage of people living in rural counties (<7 residents per square mile) are obese (25%) than those in non-rural counties (18%). Among women, lower income level is associated with a higher percentage of obesity (23% among those with incomes <$25,000 compared to 17% for those with incomes >$50,000). The same was not observed in men. However, in both men and women, percentage of obesity declined as educational level increased.

Health Correlates of Obesity

So, do Oregonians care that they are obese? Does it affect their reported health status? What, if anything, are they trying to do about it?

The table (verso) shows a number of correlates of obesity. Obesity affects the general health status of Oregonians; the more overweight a person, the less likely they are to report their overall health status as being good or excellent. Obese women
are less likely than obese men to report good or excellent health. Diabetes is associated with level of obesity; smoking was inversely associated.* Overweight and obese persons are even less likely than normal weight persons to report getting the recommended 30 minutes of physical activity per day, 5 or more times/week. Obese people are more likely than normal weight persons to report not seeking medical care during the past year because of the cost.

Now, what are people trying to do about their weight? Over 69% of obese people are trying to lose weight (note that 32% of normal weight women are also trying to lose weight). However, only 32% of obese patients have been advised by their physician to lose weight. Overall, 36% of overweight and obese people are trying to control their weight through caloric restrictions. Almost 2/3 of people in all weight groups are using physical activity to lose or maintain weight (but remember only 20-30% actually achieve the recommended amounts of activity). Of note, only 20% of overweight and obese people are using the combination of exercise and a low fat/low cal diet to lose weight.

**STRATEGIES**

The *JAMA* issue contained an accompanying editorial by CDC stating the obvious: “the obesity epidemic is not simply a cosmetic disorder but has tremendous health consequences as well.” Public health and clinical strategies to address the obesity epidemic must begin with weight maintenance for the adult population, weight loss for the obese, and increased physical activity for all.

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*no. that doesn’t mean you should tell your overweight patients to smoke.*