

OREGON PUBLIC HEALTH DIVISION • DEPARTMENT OF HUMAN SERVICES

OBESITY IN OREGON, PART I: CAUSES AND POLICY SOLUTIONS

Obesity is a public health crisis of enormous proportion. Being overweight or obese is no longer rare. Today, it's the norm. In 2007, 1,710,000 Oregon adults (62%) are either overweight or obese.* Children are affected by this epidemic as well — 165,000 are already obese, and obese children are more likely to be overweight or obese as adults¹. As obesity becomes more common, so do obesity-related illnesses like diabetes and heart disease. For the first time, this generation of Oregon youth is projected to have a shorter life expectancy than their parents or grandparents.

Addressing this epidemic of obesity won't be easy, and will require a comprehensive approach. In this *CD Summary*, we present data on obesity in Oregon and describe the work and interventions recommended by Oregon's Obesity Prevention Task Force, convened by order of the 2007 Oregon Legislature.

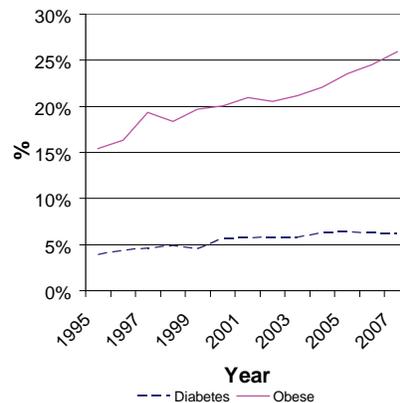
THE PROBLEM

In both adults and children, overweight and obesity are measured by body mass index (weight in kilograms/height in meters²). For adults, the World Health Organization defines BMI of 25–29.9 Kg/m² as overweight and ≥30 Kg/m² as obese, regardless of age and sex. For children, the BMI values that define those who are overweight (85th–95th percentile) and those who are obese (above the 95th percentile) are sex- and age-specific. The Centers for Disease Control have a BMI percentile calculator for children and teens available on their website, at <http://apps.nccd.cdc.gov/dnpabmi/>.

Between 1995 and 2007 the prevalence of obesity among Oregon adults jumped from 15.4% to 25.9% (Figure 1). Every year an additional 37,000 Oregonians become obese. In 2007, an additional 36% of adult Oregonians

*Oregon Behavior Risk Factor Surveillance System

Figure 1 Prevalence of obesity and diagnosed diabetes among adult Oregonians

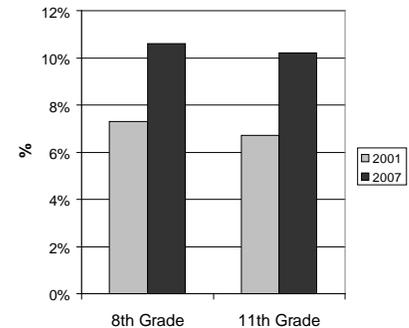


surveyed were overweight, totally 62% of all adults being overweight or obese. Although similar percentages of men and women are obese (26% of men and 26% of women), more men are overweight in Oregon than women (42% of men compared to 29% of women). Similarly, the percentage of Oregonians with diabetes has increased from 3.9% in 1995 to 6.2% in 2007.

Data from the 2007 Oregon Healthy Teen (OHT) survey show that 11% of eighth graders and 10% of eleventh graders are overweight. The percentage of eighth graders who are overweight has increased 45% within the last six years, while the percentage of eleven graders who are overweight has increased 52% (Figure 2).

In Oregon, it is estimated that 1,400 deaths each year are currently associated with overweight and obesity, which are due mostly to poor nutrition and physical inactivity.² Obesity costs Oregon more than \$781 million each year, representing 5.7% of Oregon's total health care bill.³ Most of the cost associated with obesity is due to type 2 diabetes, coronary heart disease, and hypertension.

Figure 2 Percentage of Oregon teens who are overweight



THE CAUSES

In the past two decades, the environments that affect food choices and physical activity opportunities have changed drastically. Oregonians are eating more and are less physically active than ever before. People know that a healthy diet and physical activity are important for good health. Unfortunately, knowing something doesn't make it happen, especially if the environment is not supportive of these behaviors.

TOO MUCH OF THE WRONG FOODS

Oregonians are eating more meals away from home or prepared by others than ever before. These meals tend to have larger portions, and higher calorie and fat content than meals prepared at home. Per capita soft drink consumption has more than doubled since 1970, from 24 gallons per year to 53 gallons per year. A recent study showed that soft drink consumption is associated with childhood overweight.⁴ In 2007, only 27% of adult Oregonians reported consuming at least 5 servings of fruits and vegetables each day. Overweight and obese persons were even less likely than normal-weight persons to report consuming the recommended servings of fruits and vegetables. Among Oregon teens, only 23% of eighth graders



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and 18% of eleventh graders reported consuming at least 5 servings of fruits and vegetable each day.

TOO LITTLE EXERCISE

At the same time, Oregonians have fewer opportunities for physical activity. More adults have jobs that are sedentary and spend more time commuting and in front of a TV or computer screen. In 2007, 60% of Oregon adults had jobs described as mostly sitting or standing. Additionally, 44% of adults in Oregon do not meet CDC guidelines for physical activity.

Oregon youth are spending more time in front of television or computer screens, and physical education in schools has been cut back or eliminated. Although 56% of eighth graders and 49% of eleventh graders reported being physically active for a total of at least 60 minutes per day, 5 or more days per week, fewer than a fifth of Oregon's 11th graders participated in physical education in school. Between 2001 and 2007, the number of Oregon 11th graders who watched more than 2 hours of television on an average school day increased by 29% and, in 2007, 30% of eighth graders and 22% of eleventh graders watched TV more than 2 hours per day.

THE SOLUTIONS

We cannot treat our way out of this epidemic – the health costs are too staggering and there is little evidence of effective, long-term treatment interventions. The Obesity Prevention Task Force found that investing \$10 million per year in a comprehensive,

evidence-based obesity prevention and education program is essential for slowing the rate of obesity. The key to preventing obesity and obesity related diseases is to change the environments where Oregonians live, work, play, and learn. If these environments can be made supportive of healthy choices, by increasing access to healthy food options and opportunities for physical activity, we can halt and eventually turn back the disastrous consequences of obesity.

No single intervention will solve the obesity problem in Oregon. The Obesity Prevention Task Force's recommendations included work on obesity disparities, transportation and land-use, menu-labeling, healthy schools, child care, food stamps, health care, and worksites. Next month's *CD Summary* will cover menu-labeling, one intervention that can help patients choose a healthier diet.

WHAT PHYSICIANS CAN DO

Although the evidence for or against routine behavioral counseling of unselected patients is still insufficient, the U.S. Preventive Services Task Force does recommend intensive behavioral counseling for patients with known risk factors for cardio-vascular and diet-related chronic disease.⁵ Two approaches, however, appear promising for the general population of adult patients in primary care settings:

- Medium-intensity face-to-face dietary counseling (2 to 3 group or individual sessions) delivered by a dietitian or nutritionist or by a

specially trained primary care physician or nurse practitioner.

- Lower-intensity interventions that involve 5 minutes or less of primary care provider counseling supplemented by patient self-help materials, telephone counseling, or other interactive health communications.

Importantly, Oregon physicians can advance obesity prevention efforts by supporting environmental policies and funding for comprehensive public health programs. These programs can build the environmental supports that will help Oregonians prevent obesity and obesity-related diseases.

For more data on obesity, physical activity and nutrition in Oregon, see [/DHS/ph/pan/docs/Oregon_PANfacts_06.pdf](#).

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