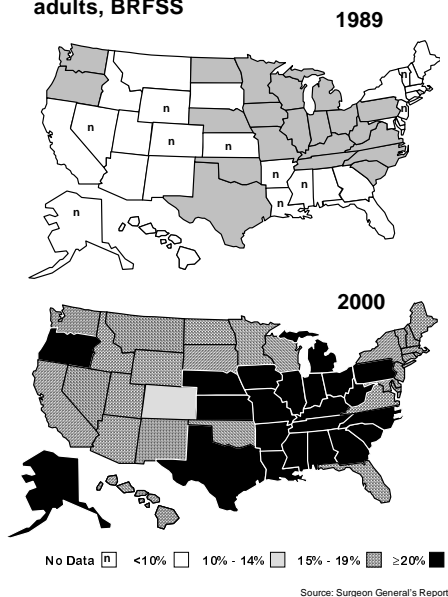


## BIGGER IS NOT ALWAYS BETTER

*“While we have made dramatic progress over the last few decades in achieving so many of our health goals, the statistics on overweight and obesity have steadily headed in the wrong direction. If this situation is not reversed, it could wipe out the gains we have made in areas such as heart disease, diabetes, several forms of cancer, and other chronic health problems.”* —U.S. Surgeon General, Dr. David Satcher<sup>1</sup>

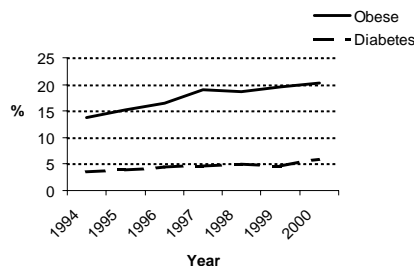
SINCE WE FIRST REPORTED ON obesity two years ago (see November 23, 1999 *CD Summary*), the percent of Oregonians who are overweight or obese has continued to balloon—currently the figure is 57%. In addition, Oregon has the dubious distinction of being the first state west of the Rockies to have a prevalence of obesity  $\geq 20\%$  (figure, below). In this *CD Summary*, we present recent data\* on overweight and obesity among Oregonians, review recent medical literature, and outline some possible strategies for stemming this epidemic.

Prevalence of overweight among U.S. adults, BRFSS



\* from the 2000 Oregon Behavior Risk Factor Surveillance System

Prevalence of obesity and diagnosed diabetes among adult Oregonians



### WHAT IS OBESITY?

In both adults and children, overweight and obesity are measured by body mass index (weight in kilograms/height in meters<sup>2</sup>). For adults, the World Health Organization defines BMI of 25–29.9 Kg/m<sup>2</sup> as overweight and  $\geq 30$  Kg/m<sup>2</sup> as obese, regardless of age and sex. For children, the BMI values that define those who are at risk for overweight (85<sup>th</sup>–95<sup>th</sup> percentile) and those who are overweight (above the 95<sup>th</sup> percentile) are sex- and age-specific.

### WHAT IS THE PROBLEM?

In the 21<sup>st</sup> century, our nation will face the burden of the health consequences of obesity. It is estimated that 300,000 deaths each year are currently associated with overweight and obesity, which are due mostly to poor nutrition and physical inactivity.<sup>2</sup> In 2000, the total cost of obesity was estimated to be \$117 billion (\$61 billion direct medical care costs and \$56 billion indirect costs due to lost productivity and premature death).<sup>1</sup> Most of the cost associated with obesity is due to type 2 diabetes, coronary heart disease, and hypertension.

### OVERWEIGHT ADULTS

The Centers for Disease Control and Prevention published a recent article on the twin epidemics of obesity and diabetes in the U.S.<sup>3</sup> From 1991 to 2000, the percentage of Americans who were obese increased 65%, from 12.0% to 19.8%. Over this same time period, the percent of Americans who had diabetes

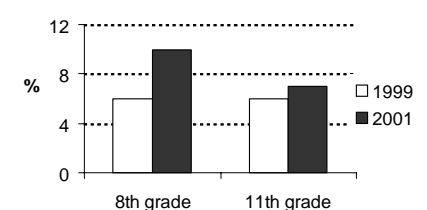
increased 49%, from 4.9% to 7.3%. Currently, 39 million Americans are obese, and 15 million have diabetes.

These patterns have been seen in Oregon as well. The percentage of Oregonians who are obese has increased 62% over the past 7 years (figure, left). In 2000, 37% of adult Oregonians surveyed were overweight and 20% were obese. Although similar percentages of men and women are obese (20% of men and 21% of women), more men are overweight (46% of men compared to 29% of women). Similarly, the percentage of Oregonians with diabetes has increased from 3.7% in 1994 to 6% in 2000.

### OVERWEIGHT KIDS

The increase in overweight young Americans is equally troubling.<sup>4</sup> During the past two decades, the percent of children aged 6–11 years who are overweight has nearly doubled (7% to 13%), while the percent of teens aged 12–19 years who are overweight has almost tripled (5% to 14%). Data from the 2001 Oregon Healthy Teen (OHT) survey show that 10% of eighth graders and 7% of eleventh graders are overweight. The percentage of eighth graders who are overweight has increased by two-thirds within the last two years, while the percentage of eleventh graders who are overweight has increased 17% (figure, below). What is even more disturbing than the weight gain is that many kids in the U.S. are developing the kinds of obesity-related disorders that previously were seen almost exclusively in adults, such as type 2 diabetes.<sup>5</sup>

Percentage of overweight young Oregonians





If you need this material in an alternate format, call us at 503/731-4024.

If you would prefer to have your *CD Summary* delivered by e-mail, zap your request to [cd.summary@state.or.us](mailto:cd.summary@state.or.us). Please include your full name and address (not just your e-mail address), so that we can effectively purge you from our print mailing list, thus helping to save trees, taxpayer dollars, postal worker injuries, etc.

### CALORIES IN > ENERGY OUT

Although a mutation in our “fat” gene is a possibility, the more probable causes of our growing waistlines include our car-based society, an abundance of sugar- and fat-laden snack foods, super-sized sodas and restaurant portions, and even television watching and video games. These have all contributed to more calories being consumed than energy expended.

### TOO MUCH FOOD

Americans spend about one-half of their food budgets and consume about one-third of their calories outside the home, in places where there is limited nutritional labeling and fewer healthful nutritional choices. 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.<sup>6</sup> In 2000, 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 at least 5 servings of fruits and vegetables each day in 2000. Among Oregon teens, only 28% of eighth graders and 25% of eleventh graders reported consuming at least 5 servings of fruits and vegetable each day.

### TOO LITTLE EXERCISE

In today’s society, labor-saving devices of all kinds limit our ability to burn calories during the daily routine of living, and many people eschew moderate and vigorous physical activity during leisure time in favor of being couch potatoes. Nationally, 27% of adults

report getting no leisure-time physical activity. Although we are slightly better in Oregon, in 2000, 21% of adult Oregonians reported no leisure-time physical activity. Obese people are more likely than normal-weight people to report no leisure-time physical activity (26% vs. 16%). Although 72% of eighth graders and 68% of eleventh graders reported participating in vigorous activity for 20 minutes, 3 or more times a week, 70% of eighth graders and 60% of eleventh graders watched TV more than 2 hours per day.

### HOW DOCTORS CAN HELP

The problem of overweight and obesity is not a simple one. It will take lots of effort by individuals, the medical system, and the community environment. Eating and physical activity patterns must change among those who are already overweight or obese to prevent health complications. Some patients who are obese may delay medical care because of concerns about disparagement by health care staff, or even by fear of being weighed.<sup>7</sup> The issues of self-esteem and self-acceptance are of particular importance to obese patients. Encouraging self-acceptance in obese patients does not necessarily undermine efforts to lose weight, but rather, may promote dietary and exercise changes that will improve overall health. All patients should be counseled on the importance of incorporating physical activity into their daily routines. In addition, counseling should emphasize that water is preferable to soft drinks, and consuming 5 or more portions of fruit and vegetables per day is important for overall health.

### COMMUNITY ENVIRONMENT

The community environment is also an important factor in a healthy life style.<sup>8</sup> Support is needed to make healthy choices the easy choices. For example, it is difficult to go for a morning walk if you live on a busy road with no sidewalk or shoulder. Vending machines in schools and worksites need to include healthy foods, such as fruit or juice, in addition to (instead of ?) cookies, chips and soft drinks. Decisions about our community environment are frequently made without thought to the health consequences. The medical community can provide important input when decisions are made about whether or not to place soft drink vending machines in schools, for example.

### REFERENCES

1. U.S. Department of Health and Human Services. The Surgeon General’s call to action to prevent and decrease overweight and obesity. [Rockville, MD]: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001. [www.surgeongeneral.gov/topics/obesity](http://www.surgeongeneral.gov/topics/obesity)
2. Mokdad AH, Bowman BA, Ford ES, et al. The continuing epidemics of obesity and diabetes in the United States. *JAMA*. 2001;286:1195–1200.
3. Allison DB, Fontaine KR, Manson JE, et al. Annual deaths attributable to obesity in the United States. *JAMA*. 1999;282:1530–8.
4. Strauss RS, Pollack HA. Epidemic increase in childhood overweight, 1986–1998. *JAMA* 2001;286:2845–8.
5. Ludwig DS, Ebbeling CB. Type 2 Diabetes mellitus in children. *JAMA* 2001;286:1427–30.
6. Ludwig DS, Peterson KE, Gortmaker SL. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. *Lancet* 2001;357:505–8.
7. National Task Force on Prevention and Treatment of Obesity. Medical care for obese patients: Advice for health care professionals. *Am Fam Physician* 2002;65:81–8.
8. French SA, Story M, Jeffery RW. Environmental influences on eating and physical activity. *Ann Rev Public Health* 2001;22:309–35.