Obesity Fact Sheet

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According to the Centers for Disease Control and Prevention, the clinical definition of being overweight is having a body mass index (BMI) between 25.0 and 29.9, and the definition of obese is having a BMI of more than 30.0. The formula for calculating BMI is [weight in kg/(height in m)2].

Being overweight or obese increases one's risk for a number of health conditions and diseases such as high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers (CDC, 2007).

Adequate physical activity and healthy eating are protective factors against obesity, and creating environments that make the healthy choice the easy one should be a priority.

Magnitude of the Problem

The United States is facing an obesity epidemic. Nationally, overweight has increased 9% in the past decade, and obesity has increased by 8%. Over the past 30 years, the prevalence of childhood obesity more than doubled for youth ages 12-19 (6% to 15%) and more than tripled for children ages 6-11 (4% to 15%).

According to the 2003-2004 National Health and Nutrition Examination Survey (NHANES), an estimated 66% of U.S. adults are overweight or obese. The percent of obese persons over the age of 20 has increased by 9% in the past decade (NHANES III).

In less than two decades, all state populations have reached an obesity prevalence of at least 15-19%. In some states, 25-29% of the population has reported a BMI greater or equal to 30 (BRFSS).

According to the California Health Interview Survey (CHIS), the state and local levels of overweight and obesity mirror the national trends. In 2001, 54.8% of Californians reported a BMI of 25.0 or higher (CHIS, 2001). By 2005, 56.1% reported themselves as overweight or obese (CHIS, 2005). Similarly, 39.7% of San Franciscans reported they were overweight or obese in 2001 (CHIS, 2001). By 2005, the percentage increased to 42.6% (CHIS, 2005).

In 2004, nearly one quarter (24.4%) of San Francisco children in grades 5, 7, and 9 were overweight (California Center for Public Health Advocacy). According to the 2005 Youth Risk Behavior Survey for the San Francisco Unified School District, 10.5% of their high school students are overweight and 13.3% are at risk for becoming overweight (ETR, 2006). Researchers note that 75% of children who are overweight are expected to be overweight as adults, contributing to increased cases of diabetes, heart disease and other chronic diseases.

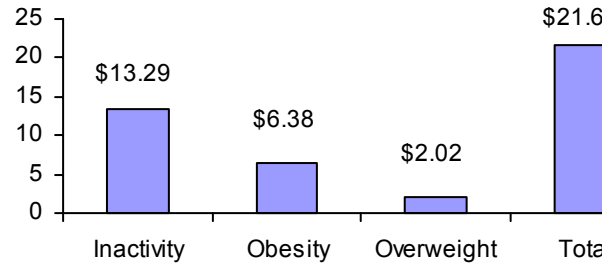
The Economic Impact of Overweight and Obesity

According to the Weight-Control Information Network, the economic cost of overweight and obesity in 2001 was $61 billion in direct costs and $56 billion in indirect costs. Direct costs include prevention, diagnosis, treatment, and hospital care, while indirect costs include lost wages due to illness or disability and the value of future earnings lost from premature death. This total does not reflect the cost of overweight and obesity on complications such as type 2 diabetes, heart disease, or cancer.

According to the California Department of Health Services (2005), the annual cost of obesity in California alone is $6.4 billion (see Figure 1). Coupled with the costs of inactivity and overweight, a precursor for obesity, California spent approximately $21.7 billion in 2000.

Figure 1

Direct and Indirect Costs in California of Inactivity, Obesity, and Overweight in Year 2000 (in Billions)



Source: California Department of Health Services

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Disparities in Overweight and Obesity

Although San Francisco's prevalence for overweight and obesity are below both state and national levels, disparities do exist. Table 1 illustrates the percentage of adults who are obese in San Francisco, and then breaks the data further by race.

Table 1
Percentage of Adults (18 and older) who reported a BMI of 30.0 or higher in San Francisco

Population	Pooled data (2001/2003)	2005
San Francisco	11.0%	14.8%
Latino	14.4%	27.0%
African American	28.5%	34.2%
White	10.3%	13.1%

Source: 2001, 2003, 2005 California Health Interview Survey

The prevalence of obesity among Latino and African Americans is more than twice the prevalence among white San Franciscans.

Factors Affecting Obesity

- *Physical Activity* – Regular exercise reduces the risk of obesity.
- *Screen Time* – Watching television, playing video games, computer usage, and other sedentary activities reduce time available for being physically active.
- *Socioeconomic Status* – Families with low income or non-working parents have difficulty purchasing healthy and nutritious foods or access to recreational facilities.
- *Eating Habits* – Diets rich in fresh fruits and vegetables and minimally processed foods can help reduce the risk for obesity.
- *Environment* – Creating environments that make it easy to get regular physical activity and eat healthfully.
- *Genetics* – Children of obese or overweight parents have been found to have a greater risk of obesity.

Recommended Strategies for Preventing or Controlling Obesity

Promote environments that support *healthy eating* such as school lunch programs, increasing fresh fruits and vegetables in supermarkets in inner-city areas, and improved food and menu labeling for nutritious content so that consumers can make informed decisions.

Promote environments that support *increased physical activity* such as physical education classes in school and after-school programs, safe parks and recreation areas, and worksite health and fitness programs. The home environment is also important. Families can support one another and encourage eating more nutritious foods and getting more physical activity.

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The Shape Up SF Coalition is a driving force creating and promoting safe, healthy eating and active living environments in the City of San Francisco; it is a national model for results-focused community health promotion and improvement.

Visit us at: www.shapeupsf.org

Contact us at: shapeup@dcyf.org or 415.554.8961

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