

OVERWEIGHT AND OBESITY

<p>Importance</p>	<p>Local, state, and national rates of overweight and obesity have skyrocketed in recent decades. Obesity, in combination with physical inactivity, is second only to smoking as a cause of death in the United States. Overweight or obese individuals are at greater risk for many major causes of morbidity and mortality: hypertension, coronary heart disease, stroke, type 2 diabetes, asthma, gallbladder disease, arthritis, sleep apnea, and certain cancers.¹ Diabetes rates closely follow obesity rates, with about a ten-year lag time, and childhood diabetes rates are exploding along with obesity rates.</p> <p>In addition, overweight children are at higher risk for developing hypertension, asthma, orthopedic problems, gallstones, low self-esteem, poor body image, and depression. Overweight children are twice as likely to become obese adults.¹</p>
<p>Definitions²</p>	<p><u>Body Mass Index (BMI)</u>: a person's weight (in kilograms) divided by the square of their height (in meters) – used as a measure of overweight or underweight</p> <p><u>Obese</u>: in an adult, having a BMI greater than or equal to 30; in a child, having a BMI in at least the 95th percentile of CDC's May 30, 2000 BMI-for-age-and-sex chart</p> <p><u>Overweight</u>: in an adult, having a BMI of at least 25 but less than 30; in a child, having a BMI in the 85th to 95th percentile of CDC's May 30, 2000 BMI-for-age-and-sex chart</p> <p><u>Healthy Fitness Zone</u>: in a child, the healthy BMI range between underweight and overweight</p> <p><u>Healthy Weight</u>: in an adult, having a BMI of at least 18.5 but less than 25.</p>
<p>Healthy People 2020 Objectives³</p>	<ul style="list-style-type: none"> ▪ Increase the proportion of adults age 20 and over who are at a healthy weight: 33.9% ▪ Reduce the proportion of adults age 20 and over who are obese: 30.6% ▪ Reduce the proportion of children and adolescents age 2-19 who are obese: 14.6%

ADULTS

The percentage of obese individuals has been rapidly increasing throughout the United States since 1970⁴ (map series available at Reference 4). This “obesity epidemic” is widely regarded as one of the greatest threats to Americans’ health, and some experts believe that the current generation of children may be the first generation in American history to have a shorter life expectancy than their parents – primarily because of obesity.⁵

Obesity Trends* Among U.S. Adults
BRFSS, 1990
 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)

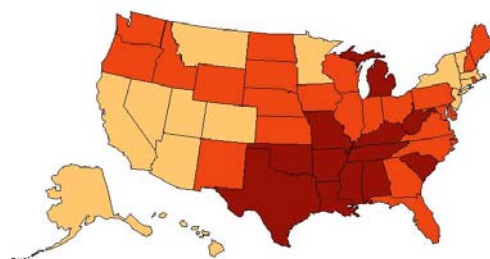


Legend for 1990 map: No Data, <10%, 10%–14%

Source: Behavioral Risk Factor Surveillance System, CDC.



Obesity Trends* Among U.S. Adults
BRFSS, 2010
 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)



Legend for 2010 map: No Data, <10%, 10%–14%, 15%–19%, 20%–24%, 25%–29%, ≥30%

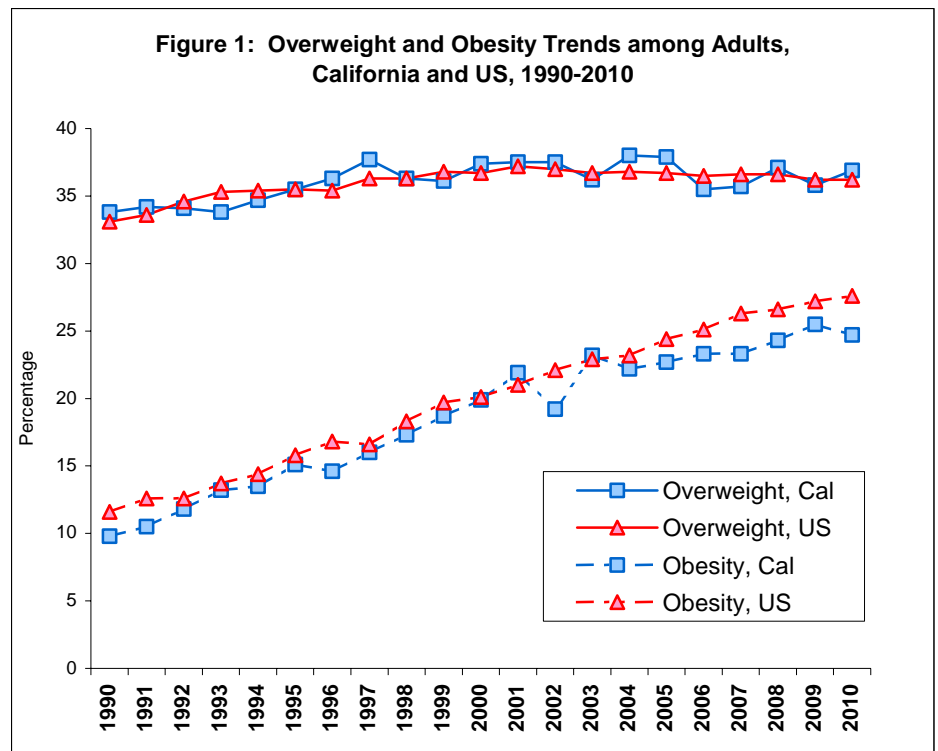
Source: Behavioral Risk Factor Surveillance System, CDC.



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Santa Cruz County and California are not exceptions to the trend. Data from the Behavioral Risk Factor Surveillance System (BRFSS) show that California's adult overweight and obesity rates have very closely followed the national trends over the past two decades (although California has generally had slightly lower obesity rates than the nation as a whole).⁶

There are not many sources for good county-level data on adult weight. However, the CDC has published estimates⁷ of the prevalence of adult obesity (age 20 and over) for each county in the United States, based on probability modeling of BRFSS data. The CDC estimated the rate of obesity in Santa Cruz County adults in 2009 as 19.5%, among the lowest in the state (trailing only Marin and San Francisco Counties), and among the lowest in the entire nation. CDC estimated that 24.0% of California adults were obese in 2010, which ranked California better than all but ten states and the District of Columbia.⁸



The California Health Interview Survey (CHIS) is one of the few other sources of local information on adult overweight. The most recent CHIS data, from 2009,⁹ support the BRFSS estimates and indicate that Santa Cruz County adults have lower rates of obesity than other California adults do: 20.2% for the county, compared to 22.7% statewide. There was a striking disparity by ethnicity: only 15.5% of White adults were obese, compared to 34.4% of Hispanics. This was a much greater disparity than was found statewide (21.1% of White adults obese, compared to 29.9% of Hispanics).

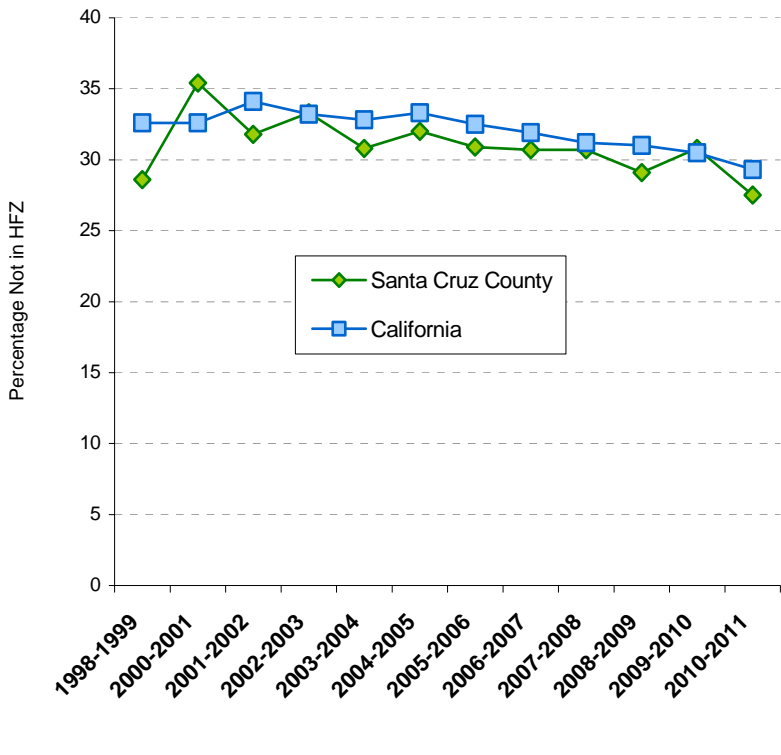
The obesity data present only part of the problem; **overweight** is even more common than **obesity**. In addition to the 22.7% of California adults whom CHIS identified as obese, another 33.6% were overweight; and in addition to the 20.2% of Santa Cruz County residents who were obese, another 31.2% were overweight. In 2010, BRFSS found that 62% of California adults and 64% nationally were either overweight or obese. The 2011 Community Assessment Project survey¹⁰ reported that 57% of Santa Cruz County adults were either overweight or obese.

CHILDREN AND ADOLESCENTS

The best information about childhood weight in Santa Cruz County comes from the California Department of Education's (DoE) annual Physical Fitness Testing Report.¹¹ Each year, most children in grades 5, 7, and 9 are evaluated on a variety of fitness characteristics, including measurements of Body Mass Index (BMI). During the 2010-2011 school year, the percentages of children in Santa Cruz County whose BMI fell outside the "Healthy Fitness Zone" were 46%, 42%, and 37% in grades 5, 7, and 9 respectively. These percentages were slightly better than the statewide averages: 48%, 46%, and 41%, respectively. Because of substantial changes in the definitions used, the state and county rates are much higher than in previous years. However, when the current data were evaluated by the criteria used in previous years, the state and the county each had the best rates seen since the Physical Fitness Testing program began in the 1998-1999 school year, continuing a decade-long trend of very slow improvement (see Figure 2).¹¹ (The numbers include not only overweight but also underweight children, who generally are about 2-3% of the total.)

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Figure 2: Percentage of Children Not in the Healthy Fitness Zone, Santa Cruz County and California, 1999-2011



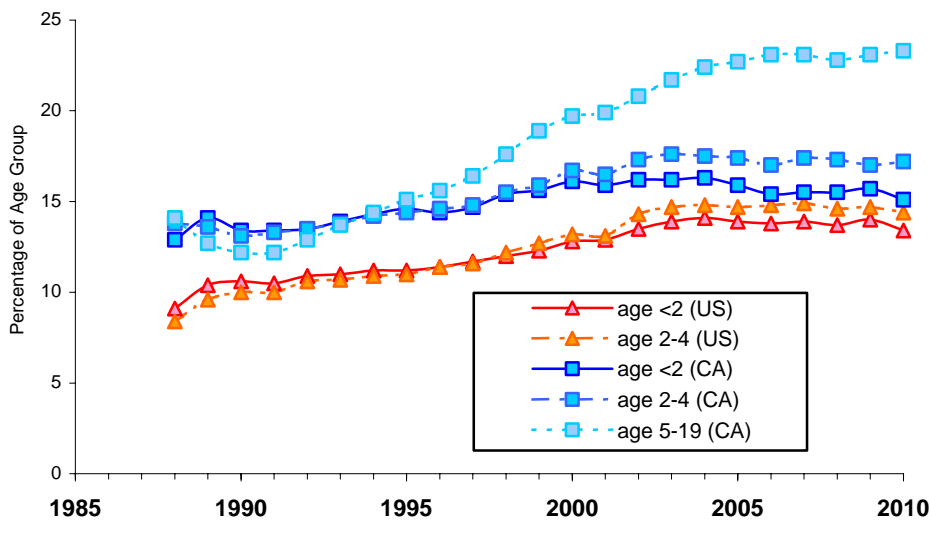
The DoE Physical Fitness Report shows a dramatic disparity between Hispanic and White children. In 2010-2011, the proportion of White children outside the Healthy Fitness Zone was about 31% in Santa Cruz County and 34% statewide, compared to 52% for Hispanic children both locally and statewide. (These 2011 numbers are based on the new criteria, whereas Figure 2 shows the 2011 data as evaluated against the previous criteria, for consistency with earlier years.)

Every two years the California Healthy Kids Survey provides data on a large proportion of children in the 7th, 9th, and 11th grades. The most recent BMI data, from 2008-2010, show statewide obesity rates of 14%, 12%, and 12% in grades 7, 9, and 11 respectively, and overweight percentages of 18%, 16%, and 15% respectively (combined overweight and obesity rates of 32%, 28%, and 27%).¹² However, these data are based on self-report rather than on measurement, and may be less reliable. And unfortunately, due to budget cuts, Santa Cruz County schools are no longer participating in this portion of the survey, so no recent local data are available.

CHIS⁹ reports on children (through age 11) and teens (ages 12-17) as separate groups. Among children in Santa Cruz County in 2009, CHIS reported that 14% were overweight for age, compared to 11.5% statewide. Among Santa Cruz County teens, 12.9% were obese and another 8.9% were overweight; the statewide averages were 11.9% and 16.7%. These numbers are based on small sample sizes and are much less dependable than the data cited above.

CHIS⁹ reports on children (through age 11) and

Figure 3: Percentage of Low-Income Children Overweight, by Age Group, US and California, 1988-2010



According to the CDC's Pediatric Nutrition Surveillance System (PedNSS), California has nearly the highest percentage of overweight young low-income children (age 0-4) in the nation, ranking 45th out of the 46 states reporting in 2010¹³. However, PedNSS looks only at high-risk low-income children getting government assistance, who are not representative of the broader population. California's PedNSS population includes a much higher percentage of non-Whites than the national PedNSS population does¹⁴, which may help to explain California's higher obesity rate in this group. Santa Cruz County's obesity rates among young PedNSS children in 2010 were lower than state and national rates,¹⁵ which was a striking improvement from recent years.

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<p>Primary Prevention Activities</p>	<p>In 2011, Santa Cruz County's Health Services Agency and the Human Services Agency received funding to implement a comprehensive public health nutrition program to promote the 2010 dietary guidelines and increase fruit and vegetable consumption and physical activity among the population eligible for the Supplemental Nutrition Assistance Program, known as CalFresh in California. A combination of strategies is being used to reach the target population, including direct nutrition education, community engagement, and peer-to-peer education. In addition, HSA is promoting ReThink Your Drink, a healthy beverage initiative that promotes decreasing the consumption of sugary beverages. A county nutrition action plan has been developed in partnership with WIC, local family resource centers, United Way, schools, Second Harvest Food Bank, and others, with the mission of reducing overweight and obesity. Implementation will begin in late 2012.</p> <p>Santa Cruz County Health is a member of the Go for Health! collaborative, which includes over 150 organizations working to reduce childhood overweight in Santa Cruz County. Go for Health! works with schools, parents, health care professionals, local media, local businesses, city planners, and local and state policy-makers. Go for Health! has adopted the 5210 social marketing program, which advocates at least 5 servings of fruits and vegetables per day, no more than 2 hours of screen time (television, video games, etc.) per day, at least 1 hour of vigorous activity per day, and 0 sodas or other sugar drinks.</p> <p>The State of California passed legislation in 2008 requiring chain restaurants to provide information on calories, saturated fat, carbohydrates, and sodium on their menus and indoor menu boards. The national Affordable Care Act adopted similar requirements, which went into effect in January 2011.</p>
<p>Sources</p>	<p>(1) Centers for Disease Control. "Overweight and Obesity: Health Consequences". http://www.cdc.gov/obesity/causes/health.html.</p> <p>(2) Ogden CL, Flegal KM. "Changes in Terminology for Childhood Overweight and Obesity". <i>National Health Statistics Report</i> no. 25. National Center for Health Statistics. 2010. http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf.</p> <p>(3) U.S. Department of Health and Human Services. "Healthy People 2020 Objectives." http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx.</p> <p>(4) Centers for Disease Control and Prevention. "U.S. Obesity Trends 1985-2006". http://www.cdc.gov/obesity/data/trends.html.</p> <p>(5) Olshansky et al. "A Potential Decline in Life Expectancy in the United States in the 21st Century." <i>New England Journal of Medicine</i> 352:1135-1135, 2005.</p> <p>(6) Behavioral Risk Factor Surveillance System. Prevalence and Trends Data – Overweight and Obesity. http://apps.nccd.cdc.gov/brfss.</p> <p>(7) Centers for Disease Control. "Estimated County-Level Prevalence of Diabetes and Obesity – United States, 2007." <i>MMWR</i> 58(45):1259-1263, November 20, 2009. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5845a2.htm and http://apps.nccd.cdc.gov/ddt_strs2/CountyPrevalenceData.aspx?StatelD=6.</p> <p>(8) Centers for Disease Control. Overweight and Obesity. http://www.cdc.gov/obesity/data/adult.html.</p> <p>(9) California Health Interview Survey 2009. http://www.chis.ucla.edu/main/default.asp?timeout=1.</p> <p>(10) Santa Cruz County Community Assessment Project, 2009. www.santacruzcountycap.org.</p> <p>(11) California Department of Education. 2010-2011 California Physical Fitness Report – Summary of Results. http://www.cde.ca.gov/ta/tg/pf/.</p> <p>(12) California Healthy Kids Survey Statewide Secondary Main Report 2008-2010. http://www.wested.org/cs/chks/print/docs/chks_home.html.</p> <p>(13) Centers for Disease Control. Pediatric Nutrition Surveillance System, Table 6D. http://www.cdc.gov/pednss/pednss_tables/index.htm.</p> <p>(14) Centers for Disease Control. Pediatric Nutrition Surveillance System, Table 4D. http://www.cdc.gov/pednss/pednss_tables/index.htm.</p> <p>(15) California Department of Health Care Services. PedNSS Table 6B. http://www.dhcs.ca.gov/services/chdp/Pages/PedNSS2010.aspx.</p>