II. Behaviors D-III. OVERWEIGHT AND OBESITY

Importance	Local, state, and national rates of overweight and obesity have skyrocketed in recent decades. Overweight or obese individuals are at greater risk for hypertension, coronary heart disease, stroke, type 2 diabetes, asthma, gallbladder disease, arthritis, sleep apnea, and certain cancers. 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.
Highlights	 Santa Cruz County adults have relatively low rates of overweight and obesity. Santa Cruz County children also have rates slightly better than statewide rates. However, among low-income children, Santa Cruz County has nearly the highest rates of overweight in the state, and California has nearly the highest rates in the nation. Obesity rates among Hispanics are much higher than rates among Whites, nationwide. Obesity, in combination with physical inactivity, is second only to smoking as a cause of death in the United States.
Definitions	 <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 <u>Healthy Fitness Zone:</u> in children, the healthy BMI range between underweight and at risk of overweight <u>Obese:</u> in an adult, having a BMI greater than or equal to 30 <u>Overweight:</u> in an adult, having a BMI of at least 25 but less than 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 <u>At Risk of Overweight:</u> in a child, having a BMI in the 85th to 95th percentile of CDC's May 30, 2000 BMI-for-age-and-sex chart
Healthy People 2010 Objective	 Increase the proportion of adults (18 and over) who are at a healthy weight: 60% Reduce the proportion of adults (20 and over) who are obese: 15%

ADULTS

The percentage of overweight and obese individuals has been rapidly increasing throughout the United States since 1970.¹ 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 being overweight.²



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ADULTS (CONT.)

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 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).³

There are not many good sources for local data on adult weight. However, in 2007 the CDC published estimates⁴ of the prevalence of obesity for each county in the United States, based on probability modeling of BRFSS data. CDC estimated



the rate of obesity among adults (age 20 and over) in Santa Cruz County as 17.4%, among the lowest in the state (trailing only San Francisco, San Mateo, Marin, and Placer Counties), and among the lowest in the entire nation. In 2008 CDC estimated that 23.7% of California adults were obese, which ranked California better than all but eight states and the District of Columbia.⁵

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 2007,⁶ support the BRFSS estimates and indicate that Santa Cruz County adults have lower rates of obesity than California adults do: 18% for the county, compared to 23% statewide. There was a striking disparity by ethnicity: only 15% of White adults were obese, compared to 24% of Hispanics. (A similar disparity was found statewide, with 20% of Whites obese, compared to 30% of Hispanics.)

The CHIS data, like the BRFSS data in Figure 6.2, show that *overweight* is even more common than *obesity*. In 2008, BRFSS found that 61% of California adults and 63% nationally were either overweight or obese. In 2007, CHIS found that 57% of California adults were either overweight or obese. Statewide, the percentages overweight were very similar among Hispanics and Whites (37% v. 35%); but *in Santa Cruz County*, 51% of Hispanics were overweight, compared to 32% of Whites.

CHILDREN

The most extensive information about childhood weight in Santa Cruz County comes from the California Department of Education's annual Physical Fitness Report.⁷ Each year, most children in grades 5, 7, and 9 are evaluated on a variety of fitness characteristics. During the 2008-2009 school year, the percentages of children in Santa Cruz County who fell outside the "Healthy Fitness Zone" were 31%, 29%, and 27% in grades 5, 7, and 9 respectively – slightly better than in the 2006-2007 testing. These percentages were also slightly better than the statewide averages: 32%, 31%, and 30%, respectively. (These numbers include both "overweight" and "at risk of overweight" children, and also include underweight children, who generally are about 5% of the total.)

The DoE Physical Fitness Report shows a dramatic disparity between Hispanic and White children. *Both in Santa Cruz County and statewide, the percentages outside the Healthy Fitness Zone were around 20% for White children, but close to 40% for Hispanic children.*

Until recently, the California Healthy Kids Survey gave data on a large proportion of children in the 7th, 9th, and 11th grades every two years. Due to budget cuts, the Survey no longer generates this data. The most recent data, from 2004-2006,⁸ corresponds fairly well with the Physical Fitness Testing results. The Healthy Kids Survey reports separately on "overweight" and "at risk of overweight." In grades 7, 9, and 11, the percentages overweight were 15%, 12%, and 9% respectively, while the percentages "at risk of overweight" were 20%, 16%, and 13%. These were somewhat better than the statewide numbers: 15%, 14%, and 12% overweight, and 19%, 17%, and 15% "at risk of overweight."

CHILDREN (CONT.)

CHIS (2007) reports⁶ on young children (through age 11) and teens (ages 12-17) as separate groups. Among Santa Cruz County teens, CHIS found a much lower rate of obesity (4.7%) than the statewide average (13.3%). Similarly, among young children, CHIS reported only 6% overweight for age in Santa Cruz County compared to 11% statewide.

According to the CDC's Pediatric Nutrition Surveillance System (PedNSS), California has nearly the highest percentage of overweight children in the nation, ranking 42nd out of the 44 participating states in 2008⁹. To make matters worse, Santa Cruz County children represented by PedNSS in 2008 were among the heaviest in the state, ranking 48th out of the 61 local health jurisdictions in California among children under age 2, 57th for children ages 2 to 4, and 60th for children ages 5 to 19.¹⁰ However, PedNSS looks only at low-income high-risk children getting government assistance, who are not representative of the broader population. Research is needed to determine possible reasons why the county rates of childhood overweight and obesity among the poor are so much higher than state and national rates, while the rates among the entire population are somewhat better than state and national rates.



Primary Prevention Activities	- Santa Cruz County Health is a member of the <u>Go for Health! collaborative</u> , 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.
	• 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. This year's national health insurance reform legislation adopted similar requirements, which are to go into effect in 2011.

Sources	 Centers for Disease Control. U.S. Obesity Trends 1985–2006. <u>http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/</u>
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	4. Centers for Disease Control. "Estimated County-Level Prevalence of Diabetes and Obesity – United States, 2007." MMWR 58(45);1259-1263, November 20, 2009. <u>http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5845a2.htm</u> and <u>http://apps.nccd.cdc.gov/ddt_strs2/CountyPrevalenceData.aspx?StateId=6</u>
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	 California Department of Education. 2008-09 California Physical Fitness Report – Summary of Results. <u>http://www.cde.ca.gov/ta/tg/pf/</u>
	 California Healthy Kids Survey Report 2004-2005 & 2005-2006, Santa Cruz County Technical Report Module A: Core. <u>http://www.wested.org/cs/chks/print/docs/chks_home.html</u>.
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	10. California Department of Health Care Services. PedNSS Tables 16B, 18C, 18D. <u>http://www.dhcs.ca.gov/services/chdp/Pages/PedNSS2008.aspx</u> and <u>http://www.cdc.gov/pednss/pednss_tables/index.htm</u>