

Obesity

Problem:

Obesity in children and adults due to poor nutrition and physical inactivity.

The prevalence of overweight and obesity has increased sharply for both adults and children in the U.S. and in Minnesota over the last few decades. Nationwide, 97 million adults or nearly 62% of the adult population ages 18 and over are estimated to be overweight or obese.^{1,5} As in the U.S., about 62% of adults in Washington County and in Minnesota are estimated to be overweight or obese. Because these rates are calculated on self-reported heights and weights, they most likely underestimate the obesity problem.² Overweight for adults is defined as a body-mass index (BMI) between 25.0 and 29.0. Obese is defined as a BMI of 30.0 or higher.

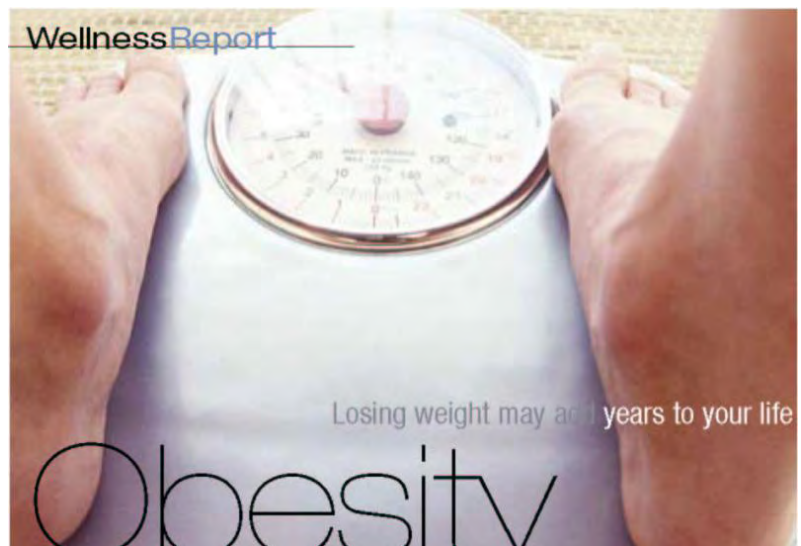
“Obesity is now second only to smoking among the leading causes of preventable death.”
Centers for Disease Control and Prevention

Prevalence of obesity for children and adolescents in the U.S. quadrupled among 6-11 year olds and more than tripled among 12-19 year olds between 1971-2002.⁹ Minnesota and county-specific data on youth overweight and obesity rates are limited. However, data for youth does exist for four different communities: Minneapolis, St. Paul, Wilmar and Rochester. Results indicate that 8-15% of high school students from those communities were obese in 2007. Another source, the 2007 Minnesota Student Survey, indicates that 26% of males and 17% of females in 12th grade in Minnesota were either overweight or obese.²

Data from the Minnesota Supplemental Nutrition Program for Women, Infants and Children (WIC) indicate that 9% of Washington County children ages 2-5 enrolled in WIC in 2007 were overweight, compared with 14% in the state. The rate for children enrolled in the WIC program ages 2-5 who are “at-risk” for being overweight was estimated to be 15% for Washington County and 13% for the state.⁴

Overweight and obesity are associated with many diseases and conditions (see following page). Just four of these obesity-related conditions: heart disease, stroke, cancer and diabetes, accounted for about 54% of all deaths in both Minnesota and in Washington County in 2006.¹¹

For adults, nutrition and the general health environment at work impact what employees eat and how much physical activity they get. For children, access to unhealthy foods, lack of physical education requirements and limited fruits and vegetables in schools all impact their weight and overall health. Factors impacting the health of communities and residents include: access to active programs for youth, seniors, and low income families; program costs; community safety; community design; and how and where people interact.



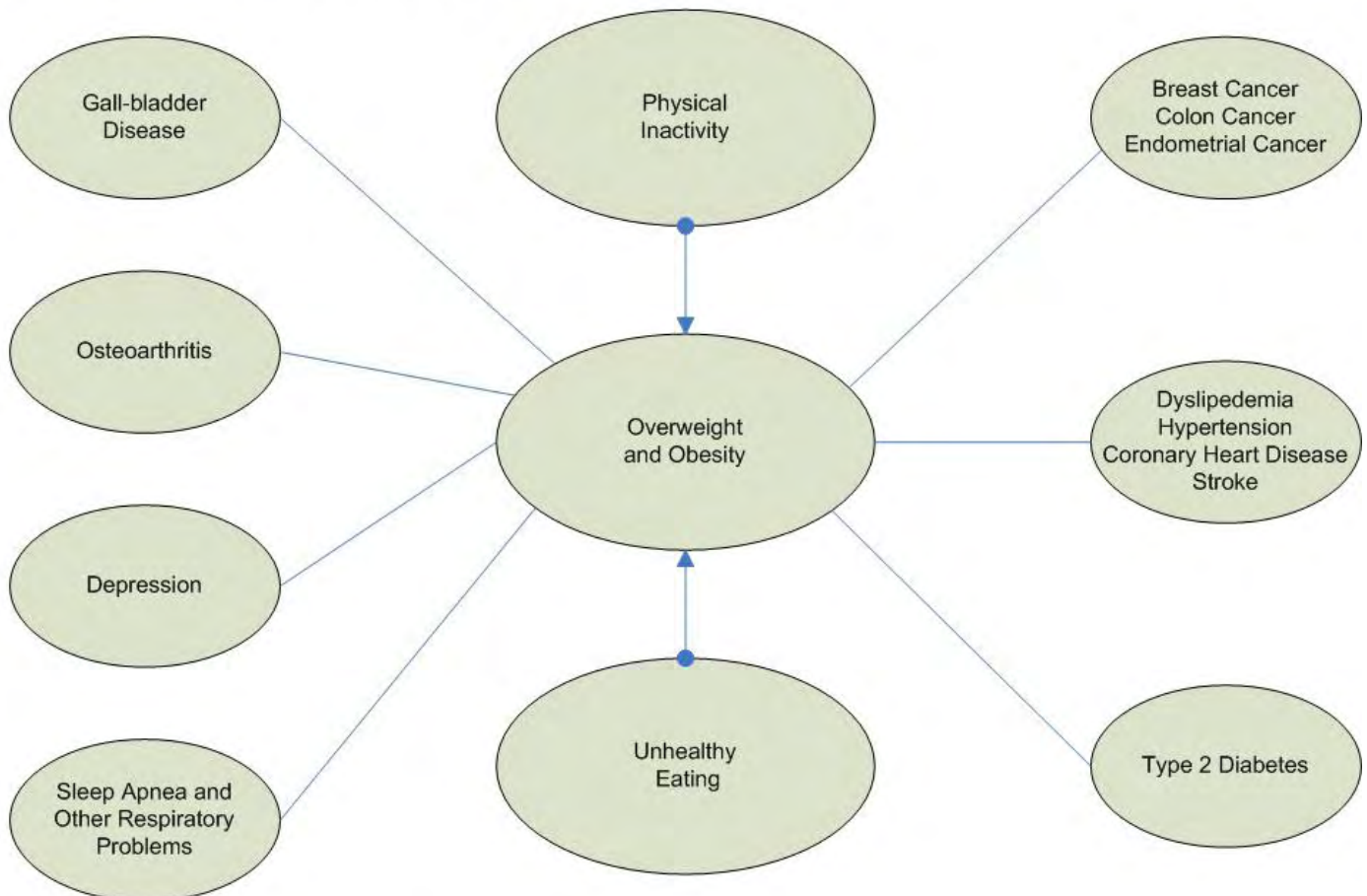
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“There are many factors contributing to the statewide and national epidemic of obesity. Lifestyle factors contributing to obesity and overweight include low consumption of fruits and vegetables and other unhealthy food choices, sedentary lifestyles and lower rates of breastfeeding. Unfortunately, many of these unhealthy habits are driven by the policies, systems and environments in which Minnesotans live, work and learn. The world we live in has become conducive to unhealthy choices.”²

Causes and Consequences of Overweight and Obesity



Source: Minnesota Obesity Plan, Minnesota Department of Health, 2007

Key Factors Contributing to the Obesity Epidemic:

Fruit and vegetable consumption is associated with healthy body weight. However, adults and children in Minnesota consume below the recommendations for daily fruit and vegetable intake. The U.S. Department of Agriculture recommends that adults consume 4-9 cups of fruits and vegetables daily depending on their age, gender and stature. Only 25% of Minnesota adults eat five or more servings of fruits and vegetables per day, compared to 23% nationwide. For Washington County, rates were similar to the state, with 21% of 6th graders and 18% of 9th graders reporting they ate five or more servings of fruit or vegetables per day.⁶ See Figure 4.

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Frequent eating in restaurants that serve large portions is also a factor in the overweight and obesity epidemic. In a recent report, 93% of kids' meals at 13 fast food chains exceeded the recommended 430 calories per meal for children ages 4 through 8. Eating out now accounts for a third of children's daily caloric intake, twice the amount consumed away from home 30 years ago.¹³ "Almost half the money Americans spend on food is spent at restaurants."¹⁴

Physical inactivity is another common cause of overweight and obesity. One factor leading to weight gain among adults is the growth of sedentary jobs. About half of Minnesota adults get the recommended 30 minutes of moderate physical activity five times per week and 16% do not get any leisure-time physical activity at all.² For children, a little over half of all 6th and 9th graders reported getting 30 minutes or more of physical activity on at least 5 of the last 7 days, with 12th graders reporting even less activity. See Figure 3.

Breastfeeding is currently recommended as a tool to reduce obesity. Breastfeeding initiation and continued for longer durations result in a lower risk of being overweight during childhood and adolescence.² Data on breastfeeding in Washington County is limited to the Women, Infant and Children (WIC) program and the low income population it serves. Breastfeeding initiation rates for children aged 14-24 months receiving WIC vouchers in June of 2007 were 72% for the state and 68% for Washington County. This was below the national Healthy People 2010 goal of 75%.¹⁰ The rates for breastfeeding for at least six months were 43% for the state and 33% for Washington County, falling below the national goal of 50%.¹⁰

Disparities refer to gaps in the quality of health, healthcare and access to healthcare by gender, age, race, socio-economic class, education, ability, geographic region and other life circumstances or conditions. Nationally, disparities in overweight and obesity exist in adults.² National statistics provide an overview of the impact of obesity on minority groups. Obesity rates in 2003 for men from various racial and ethnic groups show that American Indian males had the highest rates of obesity at 40%, followed by Hispanic males at 26.6% and Black males at 26.5%. Asian men exhibited the lowest rates of obesity at 2.7%. Similar obesity rates were found for women: American Indian 37.7%, Black 37.6%, Hispanic 28.4% and Asian 3.1%.² Children from low-income, minority populations are more likely to be obese, according to Minnesota WIC program data.²

Risk factors and lifestyle behaviors related to overweight and obesity are also evident by race. White populations in Minnesota are more likely to consume five or more servings of fruits and vegetables than non-white groups.² Breastfeeding is less common in American Indian and Asian American women than in other groups. Ethnic populations in Minnesota continue to experience poor health and disproportionately higher rates of illness and death.²

Obesity imposes economic costs to society, as well. The overall financial burden of obesity in Minnesota was \$1.3 billion in 2004, based on national estimates.² Trends show that weight related diseases such as type 2 diabetes are occurring at younger and younger ages and are expected to increase healthcare costs over a lifetime.² A 2007 report from the Minnesota Department of Health estimates that increasing the percentage of people at healthy weights would have a potential cost savings of about \$14.6 billion dollars between 2008 and 2020. This would translate into a 3.5% reduction in state healthcare spending in the year 2020 alone.²

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Community Feedback

Community input events and tools have shown that there is concern regarding overweight and obesity in children and adults stemming from lack of physical activity and poor nutrition. In the 2008 Washington County Residential Survey, 29% of respondents indicated that overweight adults and children were a major concern. Forty-four percent of respondents indicated that it was a moderate concern. Nearly 50% of 2008 Community Health Assessment on-line survey respondents indicated that physical inactivity in children was a major concern. In addition, 85% of respondents felt overweight and obesity trends in adults were of some concern or of major concern. More than half of all respondents also noted some concern with physical inactivity among seniors (55%).

Eighty-eight percent of respondents to the on-line survey also indicated that poor nutrition among children was a major concern or of some concern.

Additional focus groups, surveys and interviews provided the following community input related to obesity:

- ◆ Recent immigrants in an adult English-as-a-Second Language (ESL) focus group noted poor diets and poor food habits among children to be a health concern.
- ◆ Participants in a school nurse focus group suggested that with more school resources (primarily staffing), they could devote more efforts into addressing poor nutrition, as well as implementing obesity and exercise programs.
- ◆ Users of the Washington County Women, Infant and Children (WIC) services expressed concerns about weight and obesity, both with their children and in the broader community.
- ◆ A key informant interview with a Washington County Workforce Center employment counselor revealed major concerns about poor nutrition and obesity trends in the Latino population who live and/or work in the county.
- ◆ The Washington County Community Health Action Team expressed that obesity, as well as the chronic conditions that result from obesity, in all age groups, are among the priority health issues they are seeing.
- ◆ Members of the Washington County Water Consortium expressed concern about the impact of fast food on health for all age groups.
- ◆ Many aspects of childhood obesity trends were mentioned by the Chemical Health Action Collaborative: poor diet, physical inactivity, dependence on fast food, failure of physicians to address weight issues in children, and the impact of technology creating sedentary lifestyles.

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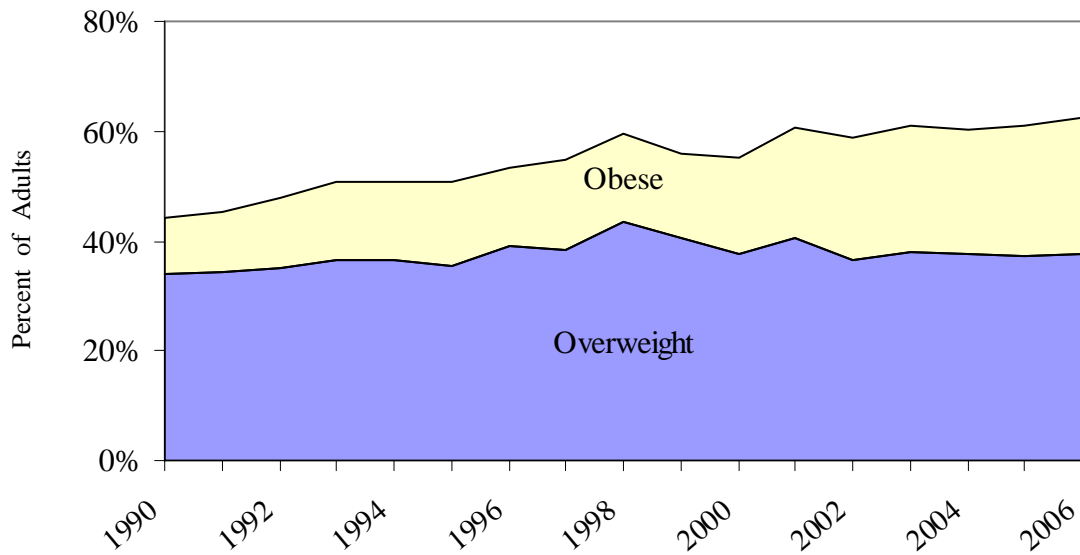
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Key Data

Figure 1.

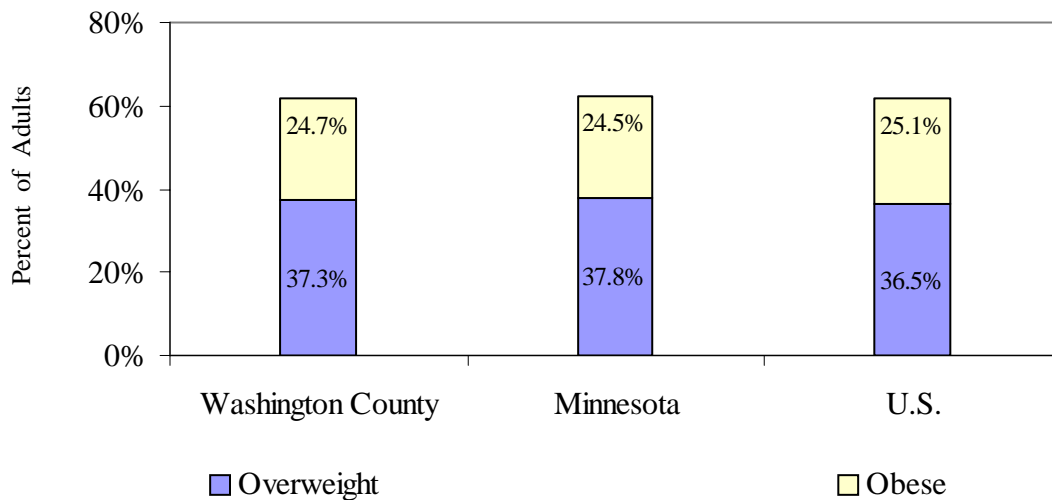
Overweight and Obese Adults, Minnesota, 1990 - 2006



Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention (CDC)

Figure 2.

Overweight and Obese Adults, Washington County, MN, U.S., 2006



Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention (CDC)

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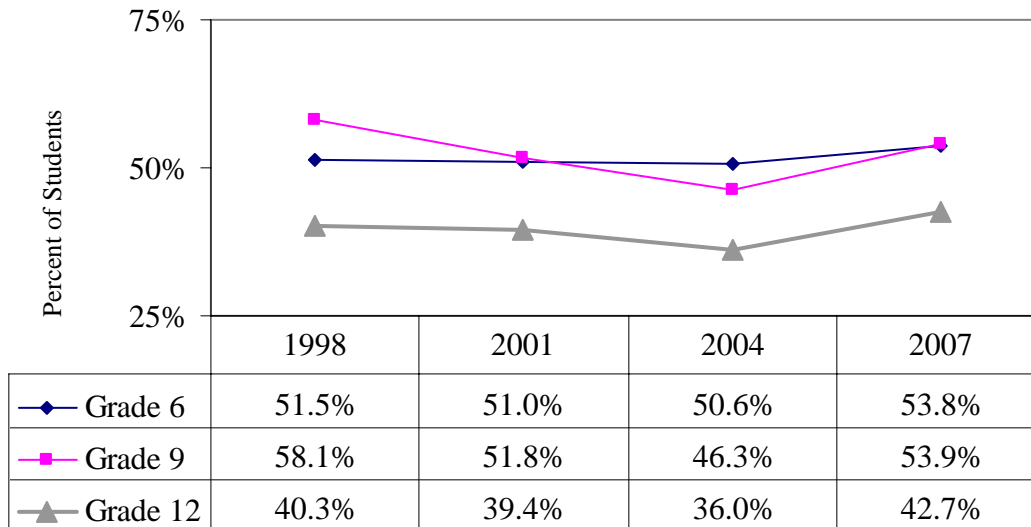
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Figure 3.

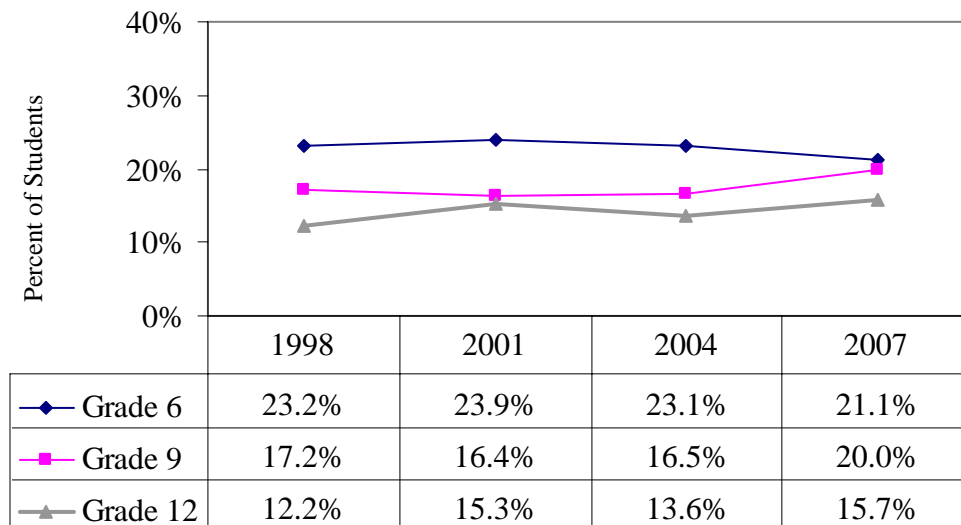
Physically Active 30 Minutes or More on at least 5 of the Last 7 Days, Grades 6, 9 and 12, Washington County, 1998-2007



Source: Washington County Minnesota Student Survey Trends Report: 1992-2007

Figure 4.

Five or More Servings of Fruits & Vegetables Yesterday, Grades 6, 9 and 12, Washington County, 1998-2007



Source: Washington County Minnesota Student Survey Trends Report: 1992-2007

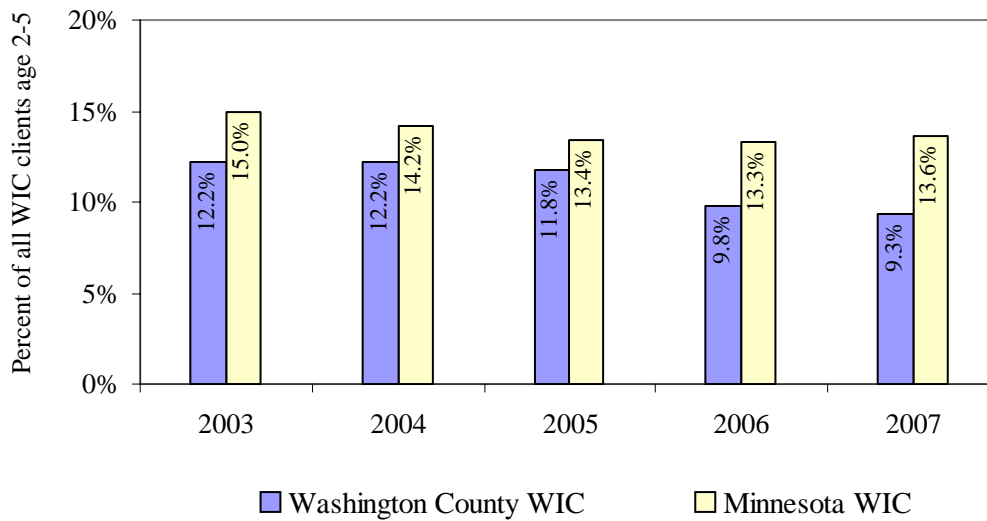
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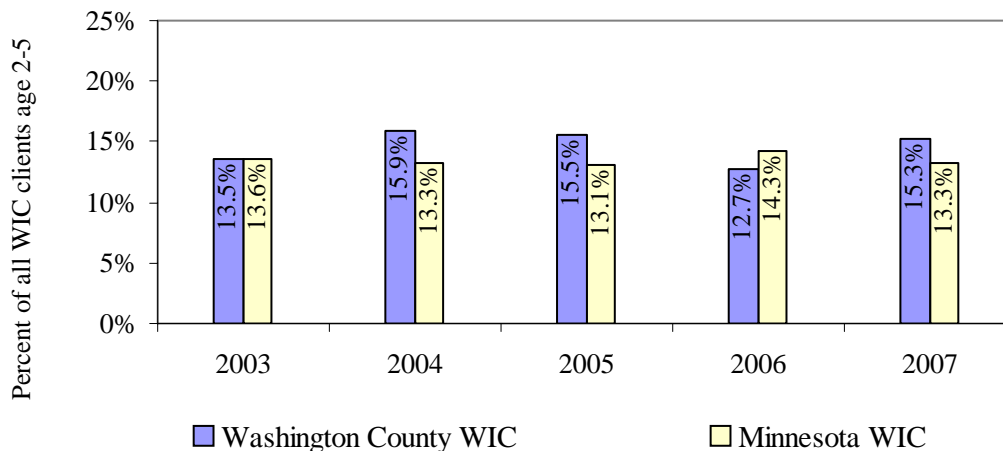
Figure 5. **Overweight Children Enrolled in WIC, Ages 2-5, Minnesota and Washington County, 2003-2007**



Overweight = $\geq 95^{\text{th}}$ percentile weight-for-length or BMI-for-age.

Source: WIC AS400 report produced for Washington County by MDH, WIC Program October 2007

Figure 6. **Children Enrolled in WIC, At-Risk for Overweight Ages 2-5, Minnesota and Washington County 2003-2007**



At-risk for overweight = BMI-for-age between the 85th and 95th percentile.

Source: WIC AS400 report produced for Washington County by MDH, WIC Program October 2007

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Community Assets

- ◆ Access to multiple health care providers and services in Washington County and metro areas
- ◆ Coalitions and collaborative efforts to address nutrition, physical activity and other obesity related concerns (Woodbury Health and Wellness Collaborative, St. Croix Valley Step it Out, Cater to Health)
- ◆ Access to multiple fitness centers, community education health classes, biking and walking paths and many parks for recreation
- ◆ High educational levels and upper incomes for many county residents lead to greater access to healthcare resources, healthy foods and physical activity supports.

Community Gaps and Risks

- ◆ Disparities in access to fitness facilities, healthy foods, health insurance and health care
- ◆ Lifestyle patterns of unhealthy eating away from home, sedentary habits, and sedentary jobs which compound the risks for overweight and obesity
- ◆ The aging population is at the greatest risk for diseases related to physical inactivity and is the least physically active age group.
- ◆ School nutrition and physical activity plans adopted several years ago by federal mandate are inconsistently implemented and enforced (upheld) across the county.
- ◆ Limited environmental supports in communities and worksites that promote healthy lifestyles (safe walking areas, healthy food choices, educational and screening programs for working adults, etc)
- ◆ Busy lives lead to less physical activity and to use of prepared convenience foods that are of poor nutritional value.

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Summary

Obesity impacts individuals, families, employers, health service providers, industry and people of all ages and ethnic groups. With more than 60% of the adult population and between 9-26% of children, depending on age, either overweight or obese, it is one of the most serious health problems in the U.S. today. Obesity and overweight are contributing factors to over 20 chronic diseases including heart disease, stroke, diabetes, arthritis and some cancers. Obesity has put an overwhelming strain on the health care system.

To effectively address this issue, substantial changes are needed across systems and policies in order to make the healthy choice an easy choice. Schools, worksites, healthcare settings and communities need to work collaboratively to address poor nutrition and physical inactivity. Communities need to consider the built environment's role in their residents' health. Schools need to strengthen and monitor nutrition and physical activity policies. Employers need to create supports or incentives for their employees and dependents to adopt healthy behaviors, such as eating healthy, being active, losing weight and participating in wellness activities. Insurance providers need to create effective prevention programs and supports for members who make strides to improve or maintain good health. Collaboration is essential, as no one entity can address obesity alone.

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Sources

- ¹ Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity, At-A-Glance 2008, www.cdc.gov, 7/3/08
- ² Minnesota Obesity Plan, Minnesota Department of Health, September 2008
- ³ Obesity and Future Health Care Costs, Blue Cross Blue Shield of Minnesota, January 2008
- ⁴ Minnesota Department of Health Women Infants and Children Program, WIC AS400 report, point in time report, June of corresponding year.
- ⁵ Overweight and Obesity, Minnesota Department of Health Fact Sheet, June 2008
- ⁶ Washington County Minnesota Student Survey Trends Report: 1992-2007
- ⁷ Recommendations to Prevent and Reduce Childhood Obesity in Minnesota, January 2007
- ⁸ Overweight and Obesity: An Overview, Centers for Disease Control and Prevention
- ⁹ National Health and Nutrition Examination Survey, Centers for Disease Control and Prevention
- ¹⁰ Pediatric Nutrition Surveillance System Report, Health Indicators Minnesota Children Enrolled in WIC, 1995-2004, Minnesota Department of Health
- ¹¹ Minnesota County Health Tables, 2006, Minnesota Department of Health
- ¹² F as in Fat: How Obesity Policies are Failing in America 2007 and 2008, Trust for America's Health p.3
- ¹³ "Not-so-Happy Meals Served To Children" Joan Lowy, Star Tribune, August 3, 2008
- ¹⁴ "Obesity, We've Got Your Number" Harold Goldstein and Eric Schlosser, Star Tribune, August 9, 2008
- ¹⁵ "Fast Food Intervention" Kim Severson, New York Times, August 13, 2008
- ¹⁶ Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities, Trust for America's Health, July 2008

Glossary

At-risk: For WIC children, "at-risk" is defined as a body mass index (BMI) for their age \geq the 85th percentile to \leq the 95th percentile. Obese is $>$ than the 95th percentile.

Body Mass Index (BMI): BMI is a measure of a person's weight in relation to height and correlates with their amount of body fat.

Overweight: Adults with a BMI between 25.0 and 29.9 are considered overweight, based on the Centers for Disease Control and Prevention (CDC) definition.

Obese: Adults with a BMI of 30.0 or higher are considered obese, based on the Centers for Disease Control and Prevention (CDC) definition.