



Nearly One in Five California Adults Obese and Most Still Gaining Weight

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Overweight and obesity (severe overweight) are major contributors to disease, disability and premature death, and to the burden of increasing health care costs. Diabetes, heart disease, some cancers – and many other conditions – are predictably more likely to develop in individuals who are overweight. There has been a rapid, nationwide increase over the last few years in the prevalence of obesity and overweight, which is evident for both men and women, all major ethnic groups, and for children as well. The annual cost of medical care attributable to obesity in California is estimated to be almost \$7.7 billion.¹

Prevalence of Overweight and Obesity

In California almost half of women (45.2%) and about two-thirds of men (63.4%) are overweight or obese. These high prevalence rates span all ages and ethnic groups, with the exception of lower rates among Asian and Pacific Islander adults. Exhibit 1 shows the prevalence of overweight and obesity among California adults based on the 2001 California Health Interview Survey (CHIS 2001). Height and weight were self-reported, and were used to calculate Body Mass Index (BMI). BMI is the most commonly used measure to track relative weight status in populations. A BMI value between 25.0 and 29.9 is regarded as overweight and a value of 30.0 or more is considered obese. While not a direct measure of body fatness, BMI is correlated with fatness and is predictive of a number of health risks.

Exhibit 2 shows national and California rates of obesity (where BMI is greater than or equal to 30) using two different survey estimates: the California Behavioral Risk Factor Surveillance Survey (CA-BRFSS) and CHIS 2001. Both California estimates show approximately one-fifth of California adults to be obese, comparable to national figures.

Continuing to Gain Weight in Adulthood

Weight gain in adulthood, aside from contributing to overweight and obesity, is independently associated with the risk of several types of cancer.² In CHIS 2001,

respondents were asked not only their current weight but to recall their weight at age 18. Using this information, Exhibit 3 shows the prevalence of significant weight gain

Age Group	Overweight (BMI 25.0-29.9) %	Obese (BMI ≥30) %	Overweight or Obese (BMI ≥25.0) %
Men			
All ages	44.1	19.3	63.4
18-34 years	38.5	16.1	54.6
35-50 years	48.2	21.5	69.7
51-64 years	47.4	24.2	71.6
65 years +	44.4	16.2	60.6

Women			
All ages	26.5	18.7	45.2
18-34 years	21.7	14.0	35.7
35-50 years	26.2	20.7	46.9
51-64 years	31.4	25.4	56.8
65 years +	32.0	16.7	48.7

Race/Ethnicity	Overweight (BMI 25.0-29.9) %	Obese (BMI ≥30) %	Overweight or Obese (BMI ≥25.0) %
Men			
All Race/Ethnic Groups	44.1	19.3	63.4
White	44.8	19.1	63.9
Latino	47.2	23.8	71.0
African-American	43.6	24.9	68.5
Asian/Pacific Islander	33.5	8.0	41.5
American Indian/Alaska Native	32.7	30.4	63.1
Other single/mixed race	49.6	21.4	71.0

Women			
All Race/Ethnic Groups	26.5	18.7	45.2
White	25.6	16.7	42.3
Latino	32.8	26.6	59.4
African-American	30.0	32.8	62.8
Asian/Pacific Islander	16.7	5.0	21.7
American Indian/Alaska Native	29.3	29.6	58.9
Other single/mixed race	28.3	18.2	46.5

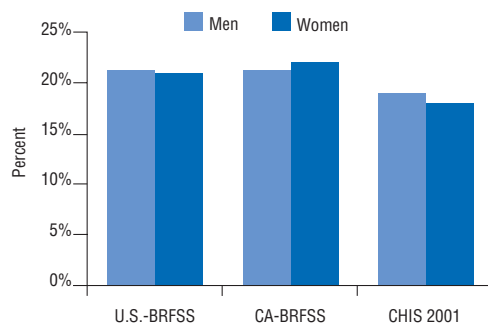
EXHIBIT 1:
Prevalence of Overweight and Obesity Among California Adults, 2001
 Source: 2001 California Health Interview Survey

1 Finkelstein EA, Fiebelkorn IC, Wang G. State-level estimates of annual medical expenditures related to obesity. *Obesity Research*, 2004; 12: 18-24; Flegal KM, Carroll MD, Ogden CL, Johnson CL. Prevalence and trends in obesity among U.S. adults. *JAMA*, 2002; 288: 1723-1727; Must A, Spadano J, Coakley EH, Field AE, Colditz G, Dietz. The disease burden associated with overweight and obesity. *JAMA*, 1999; 282: 1523-1529; and Ogden CL, Flegal KM, Carroll MD, Johnson CL. Prevalence and trends in overweight among U.S. children and adolescents, 1999-2000. *JAMA*, 2002; 288: 1728-1732.

2 Vainio H, Kaaks R, Bianchini. Weight control and physical activity in cancer prevention: international evaluation of the evidence. *European Journal of Cancer Prevention*, 2002; Supplement 2: S94-S100.

(more than 20 pounds) since age 18 for men and women by age and ethnic group. More than half of all adults (61% of men and 56% of women) reported weight gains of more than 20 pounds as adults. For all adults, average weight gain was 1.7 pounds per year for men and 1.4 pounds per year for women. Younger adults reported more weight gain per year than older adults (2.7 pounds per year for men and 2.2 pounds per year for women aged 18-34); however, across all ages and ethnic groups, the average adult continued to gain weight.

EXHIBIT 2:
Percent of Men and Women Who Are Obese (BMI ≥ 30) for the U.S. and California, 2001



Note: Data are from the Behavioral Risk Factor Surveillance System (BRFSS) 2001 for both the U.S. and California, and from the 2001 California Health Interview Survey (CHIS 2001).

EXHIBIT 3:
Percent of California Adults with Major Weight Gain (>20 lbs) Since Age 18, 2001
Source: 2001 California Health Interview Survey

Group		%
Men	All ages	61.2
	18-34 years	45.2
	35-50 years	70.7
	51-64 years	73.7
	65 years +	65.4
Women	All ages	55.6
	18-34 years	37.9
	35-50 years	63.3
	51-64 years	71.9
	65 years +	59.9
Men	All Race/Ethnic Groups	61.2
	White	61.7
	Latino	61.4
	African-American	66.0
	Asian/Pacific Islander	55.2
	American Indian/Alaska Native	59.9
	Other single/mixed race	61.5
Women	All Race/Ethnic Groups	55.6
	White	54.3
	Latino	61.6
	African-American	69.0
	Asian/Pacific Islander	42.5
	American Indian/Alaska Native	67.3
	Other single/mixed race	52.8

This pattern could be interpreted to mean that most adult weight gain takes place in early adulthood, or it could represent a more ominous trend of greater weight gain in the whole society recently, with younger adults having fewer years over which to average the gain. Either way, it is clear and urgent that improving or focusing on diet and physical activity patterns – to either maintain or help adults get back to a normal weight – should be a top public health priority.

Author Information

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Data Source

This fact sheet is based on findings from the 2001 California Health Interview Survey (CHIS 2001). CHIS 2001, the largest health survey conducted in any state and one of the largest in the nation, covers a broad range of public health topics including health status and condition, health-related behaviors, health insurance coverage, and access to health care services. CHIS 2001 completed interviews with 55,428 adults, 5,801 adolescents ages 12-17, and 12,592 parents of young children ages 0-11. The data were weighted based on the 2000 Census.

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This analysis utilized data from the adult CHIS sample. Weight and height were self-reported. Self-reported height and weight are commonly used in surveys, however, there is bias toward under-reporting of weight, which results in under-estimates of overweight and obesity. Body mass index (BMI) was calculated as body weight in kilograms divided by the square of height in meters (kg/m²). We used comparative data from the national Behavioral Risk Factor Surveillance System (U.S.-BRFSS) from the same year, in which height and weight are also self-reported. For more info on BRFSS, see: Ahluwalia IB, Mack KA, Murphy W, Mokdad AH, Bales VS. State-specific prevalence of selected chronic disease-related characteristics – Behavioral Risk Factor Surveillance System, 2001. <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5208a1.htm>

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