



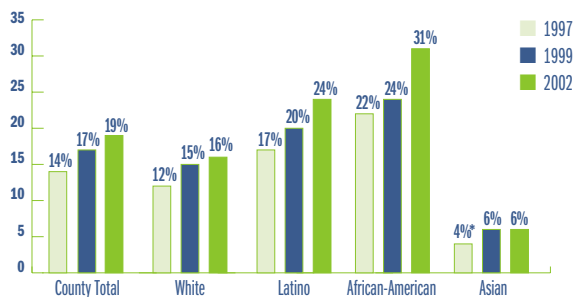
July 2003

OBESITY ON THE RISE

Results of the latest Los Angeles County Health Survey indicate that over half (55%) of the county's adult population are either overweight or obese.¹ The percentage of adults who are obese based on self-reported height and weight increased from 14.3% in 1997, to 19.3% in 2002 (Figure 1). An additional one-third of the county's adults (35%) are overweight. Those who are obese are at increased risk of developing many chronic diseases, including heart disease, stroke, high blood pressure, diabetes, arthritis, and many types of cancer.²

The obesity rate in 2002 was highest among African-Americans (31%), followed by Latinos (24%), Whites (16%), and Asians (6%) (Figure 1). The obesity rate was also higher among those with less education and low household incomes (Table 1).

FIGURE 1
Prevalence of Obesity Among Adults by Race/Ethnicity, 1997-2002



* Estimate based on small sample size (n<30) and should be viewed with caution.

Cause for Concern

Obesity is a leading cause of chronic disease. Results of the 2002 survey indicate that those who are obese are much more likely to have been diagnosed with heart disease, diabetes, arthritis, high blood pressure, and depression (Figure 2). In addition, persons who are obese are much more likely to report poor health and activity limitations.

Overweight and obesity account for an estimated \$3.43 billion in health care expenditures annually for adults in Los Angeles County, based on expenditure data obtained from a national study of obesity costs.³ Health care spending related to obesity is approximately 9% of total health care costs, a rate that rivals tobacco-related health care costs.⁴

Since the obesity rates reported from the survey are based on self-reports, they likely underestimate the true burden of obesity in the county's adult population. Recent national data found that obesity rates based on measured height and weight were more than 50% higher than rates obtained from self-reported height and weight.⁵ Therefore, actual rates of obesity in Los Angeles County could be much higher than 19%.

1. Obesity is defined as a body mass index (BMI) of 30 or greater. Overweight is defined as a BMI of 25-29.9. $BMI = (\text{weight (lbs.)} / [\text{height (in.)}]^2) \times 703$.
2. Wolf, C., and Tanner, M. (2002). Obesity. *Western Journal of Medicine*, 176(1), 23-28.
3. Personal communication with Eric A. Finkelstein June 25, 2002.
4. Finkelstein, EA, Fiebelkorn, IC, Wang, G. *National Medical Spending Attributable to Overweight and Obesity: How Much, And Who's Paying?* *Health Affairs* W3-219-226. 14 May 2003.
5. Flegal, KM, Carroll, MD, et al. *Prevalence and Trends in Obesity Among U.S. Adults, 1999-2000.* *JAMA*, 288(14), 1723-1727.

TABLE
1

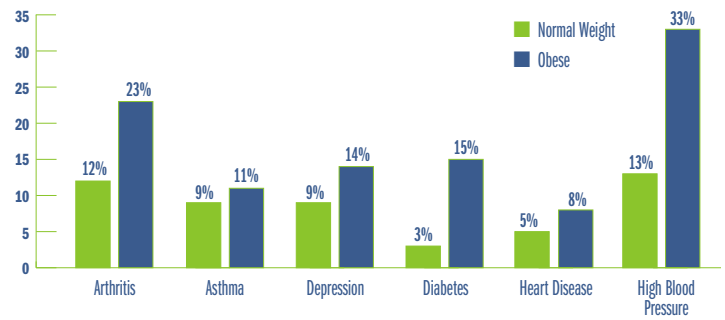
Prevalence of Obesity Among Adults, 2002

L.A. County	Percent	Estimated #
Obese*	19%	1,195,000
Gender		
Male	20%	618,000
Female	19%	577,000
Age Group		
18-24	11%	91,000
25-29	18%	116,000
30-39	20%	268,000
40-49	23%	278,000
50-59	22%	195,000
60-64	32%	97,000
65 or over	16%	149,000
Education		
Less than high school	27%	361,000
High school	20%	280,000
Some college or trade school	20%	348,000
College or post graduate degree	12%	205,000
Federal Poverty Level		
0-99% FPL	27%	313,000
100%-199% FPL	22%	320,000
200%-299% FPL	15%	191,000
300% or above FPL	16%	371,000
Service Planning Area		
Antelope Valley	25%	48,000
San Fernando Valley	16%	212,000
San Gabriel Valley	18%	202,000
Metro Central L.A.	17%	126,000
West L.A.	11%	51,000
South L.A.	30%	161,000
East L.A.	24%	185,000
South Bay/Coastal	21%	211,000

*An additional 35% (or an estimated 2,194,000) of adults in L.A. County are overweight. Other data on overweight can be found on our website.

FIGURE
2

Percentage of Adults with Selected Chronic Health Conditions by Weight Category, 2002



The percentage overweight was highest among boys and among Latino children overall, (Figure 3) and was highest among children attending schools in the south-central region of the county (Figure 4).

What Can Be Done?

Reducing overweight and obesity and associated comorbidities is a complex public health problem, and one that requires a broad societal response to support healthy lifestyle behaviors. Without question, a healthy diet and physical activity are the cornerstones to maintaining a healthy weight. A healthy diet includes five to nine servings of fruits and vegetables each day, whole grains, moderate portions of lean protein, and limited intake of foods that are high in sugars and fats, and are highly processed. Increased daily physical activity, decreased physical inactivity, especially television watching by children, is fundamental.

It is critical to think beyond one-on-one interventions and to address the underlying factors in the environment that contribute to weight gain and physical inactivity. Public, non-profit, and business sectors need to direct resources and policies toward increasing physical activity among adults and children. Examples are: increased access to parks and recreational facilities; organized physical activity programs in communities and in schools; safe neighborhoods; and, urban and transportation planning to decrease time spent in cars and increased opportunities for walking and bicycling.

Programs and policies that support healthy diets are also imperative. These include making food assistance programs more accessible, increasing the availability of

Overweight in Children and Adolescents

Nationwide, an estimated 15% of children and adolescents are “overweight.”^{6,7} In Los Angeles County, the rate of overweight is even higher: A statewide physical fitness testing program of 5th, 7th, and 9th grade students attending public schools in 2001 found that 21% of students in Los Angeles County were overweight and an additional 19% were at risk for becoming overweight.⁸

6. Ogden, C.L., Flegal, K.M., Carroll, M.D., & Johnson, C.L. (2002). Prevalence and trends in overweight among US children and adolescents, 1999-2000. *JAMA*, 288(14), 1728-1732.
 7. In children, the term “overweight” is used instead of “obesity.” Childhood overweight is defined as a BMI greater than or equal to the 95th percentile for age and at risk for overweight as BMI ≥ 85th percentile and <95th percentile for age based on standardized growth curves developed by the Centers for Disease Control and Prevention. These curves are based on height and weight measurements taken on children from 1963 through 1980, before the onset of the overweight epidemic.
 8. Data on the 2001 California Physical Fitness Testing Program was obtained from the Standards and Assessment Division, California Department of Education.

fresh fruits and vegetables in low income neighborhoods, and policies to discourage the consumption of high calorie, low nutrient foods. For example, the Los Angeles Unified School District recently voted to ban the sale of sodas in vending machines on school campuses. Other programs could include incentives to restaurants and the food industry to offer healthy food choices and smaller portion sizes, and public education campaigns that discourage junk food consumption and encourage healthy eating.

There is a growing consensus that unless there is a broad, systemic, and multi-sectored response, the obesity epidemic will continue unabated. Interventions that fail to address the social, cultural, and economic factors that have fostered the obesity epidemic are not likely to have a significant and lasting impact.

FIGURE 3 Prevalence of Overweight Among Children in Grades 5, 7 and 9 by Race/Ethnicity and Gender, 2001

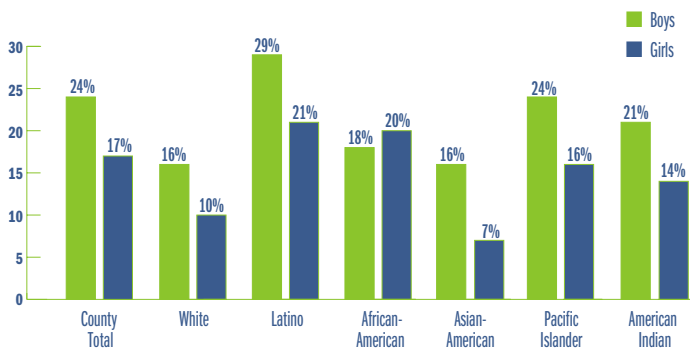
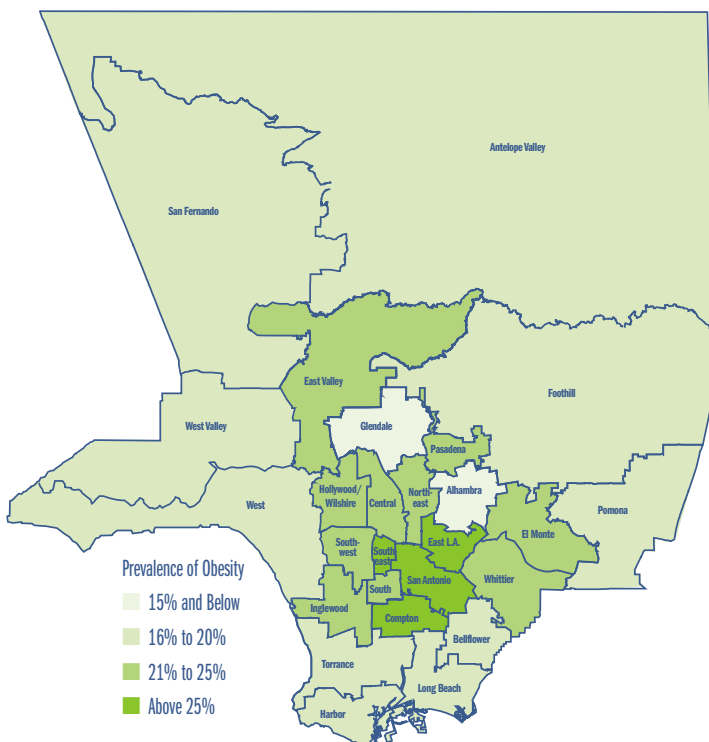


FIGURE 4 Prevalence of Overweight Among Children in Grades 5, 7 and 9 by Health District, 2001



California Project LEAN (Leaders Encouraging Activity and Nutrition) works with state and local physical activity and nutrition leaders to create healthier communities through policy/environmental changes that support healthy eating and physical activity. Los Angeles Region Project LEAN is housed within the Los Angeles County Health Department, Public Health Nutrition Program.

<http://www.californiaprojectlean.org>

California Nutrition Network/5 a Day seeks to increase Californians' consumption of fruits and vegetables to 5 or more daily servings, and increase daily physical activity to at least 30 minutes for adults and 60 minutes for children, as part of a healthy lifestyle.

<http://www.dhs.ca.gov/cpns>

Los Angeles Collaborative for Healthy, Active Families (under construction): Over 60 programs and agencies will join together to address the childhood overweight health crisis.

<http://www.lapublichealth.org/nutrition/lacollab.htm>

Weight Control and Obesity Resource List for Consumers, Food and Nutrition Information Center, National Agricultural Library, USDA provides reliable nutrition information about obesity and weight loss.

<http://www.nal.usda.gov/fnic/pubs/bibs/topics/weight/consumer.html>

National Weight Control Registry is a research study of adults maintaining a long-term weight loss of 30 pounds or more. The study attempts to dispel the myth that everyone who loses weight will eventually gain it back..

http://www.lifespan.org/services/bmed/wt_loss/nwcr

Center for Weight and Health facilitates interactions among researchers, policy makers and community-based providers from various disciplines and institutions who are concerned about weight.

<http://www.cnr.berkeley.edu/cwh/>

The **VERB Campaign** is aimed at increasing physical activity among 9 to 13 year olds.

<http://www.verbnow.com>

<http://www.verbparents.com>

The Los Angeles County Task Force on Children and Youth Physical Fitness. Findings and Recommendations

<http://www.lapublichealth.org/mch/reports/Board%20reportfinal.pdf>



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The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the county. The 2002-2003 survey collected information on a random sample of 8,167 adults and 5,995 children. Interviews were offered in English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese. The most recent survey was supported by grants from First 5 LA, the California Department of Health Services through grants to the Family Health, Tobacco Control and Prevention, and Alcohol and Drug Programs, and the Public Health Response and Bioterrorism Preparedness federal grant. The survey was conducted for the Los Angeles County Department of Health Services between October 2002 and March 2003 by Field Research Corporation.

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**For additional information about the
L.A. Survey: www.lapublichealth.org/ha**