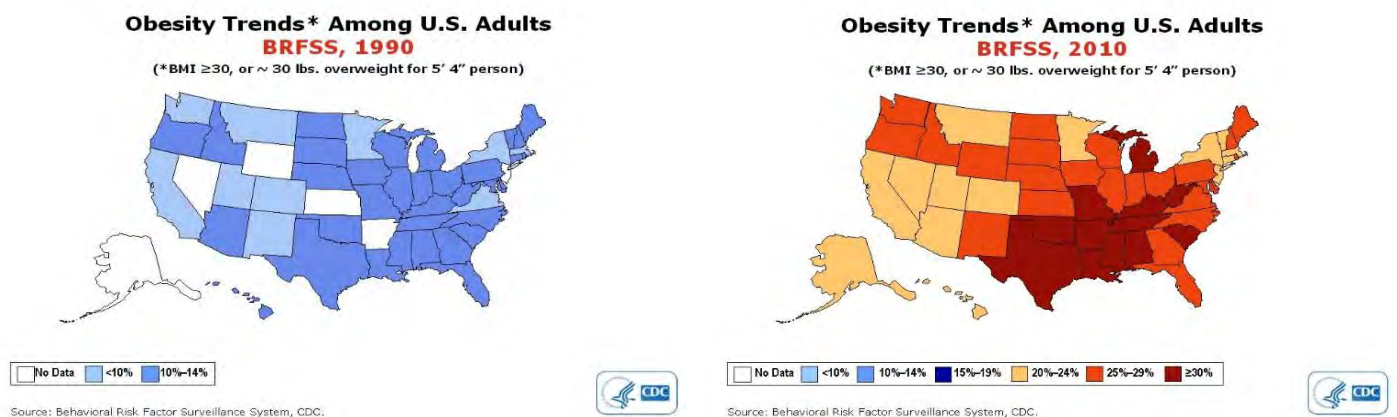


OVERWEIGHT AND OBESITY

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. Obesity, in combination with physical inactivity, is now second only to smoking as a cause of death in the United States. Childhood diabetes rates are exploding along with obesity rates.

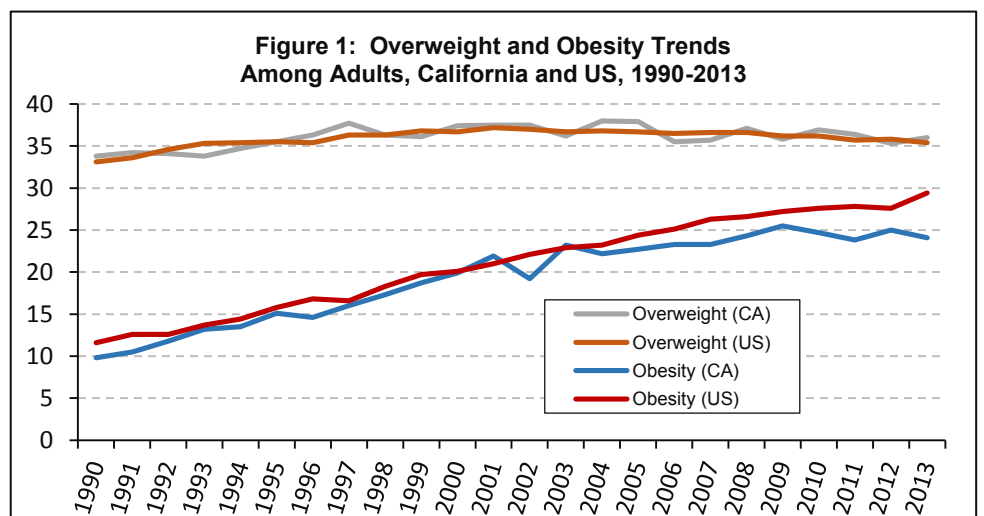
In addition, overweight children are at higher risk for developing hypertension, asthma, orthopedic problems, gallstones, low self-esteem, poor body image, and depression.² Overweight children are twice as likely to become obese adults.²

Local, state, and national rates of overweight (BMI=25-30) and obesity (BMI ≥ 30) have skyrocketed in recent decades. The percentage of obese individuals has been rapidly increasing throughout the United States since 1970³ (full map series available at Reference 3). 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.⁴



Santa Cruz County and California are not exceptions to the trend. Although California had the fourth lowest rate of obesity in the country (24.1%) in 2013,⁵ the difference is not very large, and 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 (Figure 1).⁵

There are not many sources for good county-level data on adult weight. However, the Centers for Disease Control (CDC) estimates⁶ 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 age-adjusted rate of obesity in Santa Cruz County adults in 2012 as 20.1%, 11th lowest in the state, and 65th lowest in the entire nation.⁶



OVERWEIGHT AND OBESITY

The California Health Interview Survey (CHIS) is one of the few other sources of local information on adult weight (age 18 and over). The most recent CHIS data, from 2011-12,⁷ differs from the BRFSS estimates and shows Santa Cruz County adults with higher rates of obesity than California adults statewide – 27.1% for the county, compared to 24.8% statewide – but the CHIS county sample size is small and allows great variation in the county estimate. There was a substantial disparity by ethnicity: only 20.7% of White adults were obese, compared to 34.4% of Latinos. A similar disparity was found statewide (21.9% of White adults obese, compared to 32.6% of Latinos).

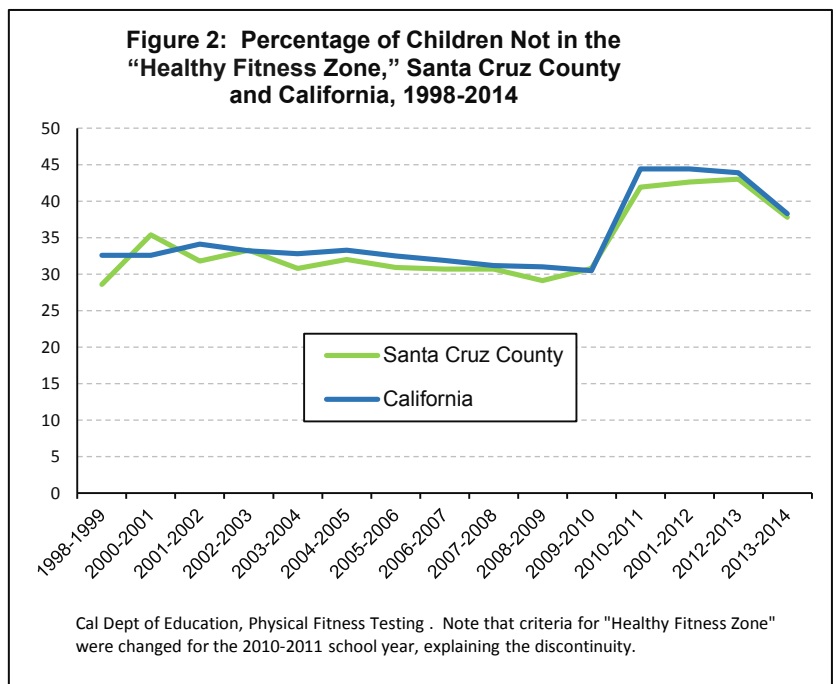
The obesity data present only part of the problem; **overweight** is even more common than **obesity**. In addition to the 24.8% of California adults whom CHIS identified as obese, another 35.0% were overweight; and in addition to the 27.1% of Santa Cruz County residents who were obese, another 31.3% were overweight. In 2013, BRFSS found that 60.2% of California adults and 64.6% nationally were either overweight or obese.⁸ The 2014 Community Assessment Project survey⁹ reported that 61.1% 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.¹⁰ 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 2013-2014 school year, the percentages of children in Santa Cruz County whose BMI fell outside the “Healthy Fitness Zone” were 39%, 37%, and 37% in grades 5, 7, and 9 respectively. These percentages were not significantly different from the statewide averages: 41%, 39%, and 36%, respectively. (The numbers include not only overweight but also underweight children, who generally are about 2-3% of the total.) Because the definitions used were changed substantially in 2011, the state and county rates are now much higher than in previous years (see the discontinuity in 2010-2011 in Figure 2). However, when the 2011 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, and subsequent years have continued that trend.¹⁰

The DoE Physical Fitness Report shows a dramatic disparity between White and Latino children. In 2013-2014, the proportion of White children outside the Healthy Fitness Zone was 24% in Santa Cruz County and 28% statewide, compared to Latino rates of 49% locally and 46% statewide.

CHIS⁷ reports on children (through age 11) and teens (ages 12-17) as separate groups. Among children in Santa Cruz County in 2011-12, CHIS reported that 13.8% were overweight for age, compared to 12.6% statewide. Among Santa Cruz County teens, 37.5% were obese and another 6.2% were overweight; the statewide averages were 15.8% and 16.6%. The county numbers are based on very small sample sizes and are extremely variable.



OVERWEIGHT AND OBESITY

Sources

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