



Examining Obesity Issues

“Problems of over-consumption and excesses and imbalances are now, on average, more prevalent than problems of under-consumption and deficiency.”¹

policy brief

Prevalence of Obesity:²

- Preschool children, aged 2–5 years: 12.4%.
- School children, aged 6–11 years: 17.0%.
- Adolescents aged 12–19 years: 17.6%.
- For adults, aged 18 and up: 27.5%.

Obesity on the Rise:²

The prevalence of obesity continues to increase. Between 1998-2005, obesity among:

- two-five year olds increased 58%.
- middle school students increased 75%.
- high school students increased 64%.

Risks and Costs of Obesity:³

Health Risks

- Heart disease. Obesity is associated with higher levels of blood fat and lower levels of HDL (good) cholesterol than in people with a BMI-classified healthy weight. High blood pressure is twice as prevalent in obese adults compared to those of healthy weight.
- Type 2 diabetes. More than 80% of people with type 2 diabetes are overweight or obese. Once thought to be an adult disease, rates of type 2 diabetes have risen dramatically in children and adolescents.
- Arthritis. For every 2 pounds of extra weight, the risk of developing arthritis increases by 9-13%.
- Breathing Problems. Obesity is associated with a higher prevalence of asthma than found in the BMI-classified healthy weight population. Sleep apnea is a sleep-associated breathing disorder that causes people to stop breathing during sleep and is more common in the obese than BMI-classified healthy weight individuals.
- Predisposition for adulthood obesity. Obese adolescents have a 70% chance of being overweight or obese as adults.

Quality of Life Issues:

- “The most immediate consequence of being overweight, as perceived by children themselves, is social discrimination.”
- Obese individuals are more likely to have limited mobility and decreased physical endurance.
- Those who are obese are more likely to face academic and job discrimination.

What is Obesity?²

- Obesity is determined by a measure called the Body Mass Index (BMI), which is calculated based on height, weight, and age.
- BMI is used to classify people as underweight, healthy weight, overweight, or obese.
- *Overweight* is a BMI between 25-29.9 for adults. In children, overweight is a BMI between 85th - 95th percentile for height and weight.
- *Obesity* is a BMI of 30 or higher for adults. In children, obesity is a BMI at or above the 95th percentile.

Poverty and Obesity:

- Individuals in lower socioeconomic groups are more likely to be obese than the general population.⁵
- Research indicates that food insecurity – described as the economic and social problem of not acquiring adequately nutritional food due to lack of resources – and obesity in women are linked.⁶
- Lifestyle and behavioral choices, including the ability to purchase high-quality foods lower in calories and sugar, are affected by the neighborhoods in which individuals live. Low-income neighborhoods have reduced access to high-quality foods, fewer options for recreational facilities and a higher crime rate, which also inhibits physical activity.⁶

Policy Recommendations

Consistent with national trends, obesity is costly for Missourians, constituting a disproportionate amount of health care spending. In addition, obesity puts individuals at risk for a variety of health problems, including diabetes, heart disease and asthma. Type 2 diabetes – associated with obesity – is on the rise in children. Policy modifications at the state level can help address obesity in Missouri.

A review of the literature suggests the following policy recommendations would be effective:

Provide healthier options in school breakfast and lunch programs. Approximately 570,574 (51%) children in Missouri are served by school breakfast and lunch programs. Improving the nutritional quality of school lunch and breakfast programs would improve the health status of Missouri's children.⁷ Research indicates that children of a BMI-classified healthy weight gain weight if they skip breakfast.⁸ Encouraging students to eat a healthy breakfast may serve as an obesity prevention tool for those children.

Change food stamp distribution to a weekly or bi-weekly basis rather than monthly. Distributing food stamps on a monthly basis creates a cycle of under- and over- consumption that may lead to increased weight gain. Allocating these transfers on a weekly or biweekly basis could reduce instances of cyclical food restriction, shown by researchers to be associated with increases in body fat and quicker weight gain when food is more readily available.⁹

Provide tax incentives for businesses to build grocery stores in low-income neighborhoods. Locating stores that provide high quality foods in poorer neighborhoods alleviates the burden of transportation now faced by low-income families, who face transportation and other barriers to quality affordable food.¹⁰ Stores that provide high quality food at low prices may increase the consumption of such foods among low income families.

(Ashley Blake and Sara Semelka, June 2010)

1. Kennedy, E. (1999). Public policy in nutrition: The U.S. nutrition safety net – past, present, and future. *Food Policy*, 24, 325-333.
2. Centers for Disease Control and Prevention. U.S. obesity trends: 1985-2007. Retrieved April 22, 2009 from: www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/.
3. United States Department of Health and Human Services: Office of the Surgeon General. (2007). Overweight and obesity: Health Consequences. Retrieved December 28, 2009 from http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_consequences.htm
4. Missouri Department of Health and Senior Services. (2005). Preventing obesity and other chronic diseases: Missouri's nutritional and physical activity plan. Retrieved April 28, 2009 from <http://www.dhss.mo.gov/Obesity/ObesityBurdenWebversion.pdf>.
5. Zhang, Q. & Wang, Y. (2004). Trends in the association between obesity and socioeconomic status in U.S. adults: 1971-2000. *Obesity Research*, 12, 10, 1622-1632.
6. Lee, H., Harris, K.M., & Gordon-Larsen, P. (2009). Life course perspectives on the links between poverty and obesity during the transition to young adulthood. *Population Research and Policy Review* (28), 505-532.
7. Missouri State Board of Education. (2007). 2005-2006 Report of the Public Schools of Missouri. Retrieved May 4, 2009 from <http://dese.mo.gov/schooldata/AnRept06.pdf>.
8. Berkey, C.S., Rockett, H.R.H., Gillman, M.W., Field, A.E., & Colditz, G.A. (2003). Longitudinal study of skipping breakfast and weight gain in adolescents. *International Journal of Obesity*. (27), 1258 – 1266.
9. Dinour, L.M, Bergen, D., & Yeh, M.C. (2007). The food insecurity-obesity paradox: A review of the literature and the role food stamps may play. *Journal of the American Dietetic Association*. (11), 1952-1961.
10. Bhattacharya, J., Currie, J., & Haider, S. (2004). Evaluating the impact of school nutrition programs: Final report. United States Department of Agriculture. Electronic Research Service: Washington D.C. <http://www.ers.usda.gov/publications/efan04008/>