

Obesity Prevention

Issue

Obesity is the No. 2 cause of preventable death in Oregon and nationwide, second only to tobacco use. Obesity-related illnesses annually account for about 1,400 deaths in Oregon. Between 2001 and 2009, the percentage of Oregon students who were obese increased 53 percent for eighth-graders and 55 percent for 11th-graders.

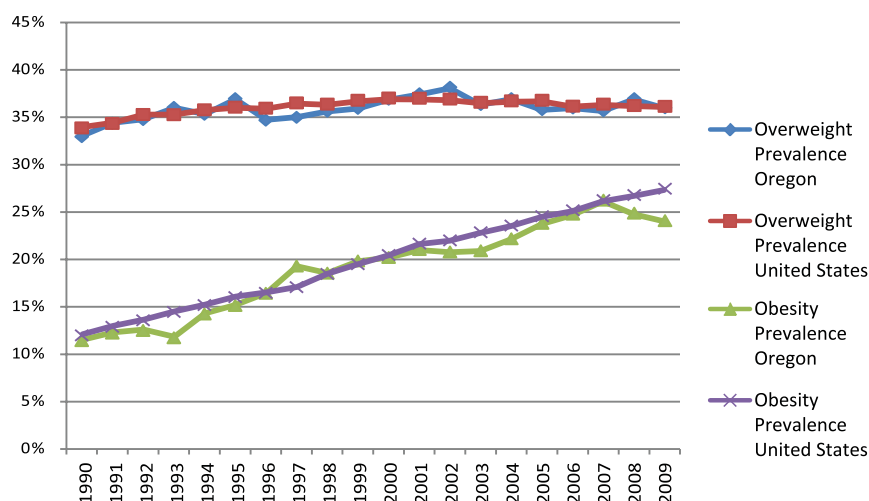
Why this is important in Oregon

Preventing obesity among Oregonians lowers the risk of diabetes, heart conditions, stroke, high blood pressure, stress and depression. Children and adolescents who are obese are at increased risk for becoming obese as adults, and they face a lifetime of health consequences.

In Oregon in 2009:

- 73 percent of adults with a history of heart attack were overweight or obese;
- 60 percent of adult Oregonians were overweight or obese;
- 121 percent increase in obesity seen among adults since 1990;
- 57 percent of adults met minimum recommendations for physical activity;
- 12 percent of 11th-graders participated in daily physical education;

Overweight and Obesity Prevalence Among Adults Aged 18 and Older, Oregon and United States, 1990-2009



Data Sources: Oregon and National Behavioral Risk Factor Surveillance Systems (BRFSS)

Measure Definition: Obesity is defined as having a self-reported height and weight resulting in a Body Mass Index (BMI) greater than or equal to 30.0. Overweight is defined as having a BMI of 25.0-29.9. Data are age-adjusted to the year 2000 US standard population.

- 27 percent of eighth-graders played video games, computer games or used the Internet for non-schoolwork for three or more hours in an average school day;
- 26 percent of adults met recommendations for fruit and vegetable consumption;
- 21 percent of eighth-graders drank seven or more soft drinks a week.

Costs to Oregon

Each year, Oregon spends about \$1.6 billion (\$339 million paid by Medicaid) in medical expenses for obesity-related chronic diseases, such as diabetes and heart disease. Annual medical costs of persons who are obese are estimated to be \$1,429 higher than those of people who are not obese.

Prevention that works — Move more, eat better

Family-centered approaches

The Women, Infants and Children (WIC) Program provides family education before and after childbirth to help address risk factors for childhood obesity (e.g., food insecurity, maternal depression, stress, weight gain, smoking and gestational diabetes), and promotes positive behaviors to prevent obesity. WIC also helps low-income families purchase healthful foods.

Worksite wellness

Initiatives create a culture of health in the workplace by promoting opportunities for physical activity, eating healthful foods, and creating places for mothers to breastfeed.

School programs

Breakfast and lunch programs ensure all students in Oregon eat foods that meet recommended nutrition standards; daily physical education helps all children stay active and meet physical activity guidelines.

Child care

Site standards improve access to healthful foods and physical activity; restrict screen time; support breastfeeding; and help young children get an early start on healthy behaviors.



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Health care

Providers trained in weight management and culturally sensitive obesity prevention and treatment promote nutrition and physical activity through education and referrals.

Community-related approaches

Transportation and land use planning improvements support safe walking, bicycling and use of public transit to increase physical activity; interventions that decrease the availability of sugary beverages and increase availability of healthful food options encourage nutrition and eliminate food “deserts.”

Marketing

Social marketing campaigns combining community outreach with mass media, and targeting parents with messages about food choices, exercise, maintaining a healthy weight, and reducing TV and video game use, have been shown to be effective in preventing obesity risk factors.

Surveillance and evaluation

Collecting and analyzing obesity-related data and research improves understanding of obesity disparities and prevention and education efforts.