

Utah Health Status Update:

The Hidden Epidemic of Obesity: A Closer Look at Unhealthy Weight

April 2019

Obesity (or a body mass index of 30 kg/m² or higher) increases the risk of serious diseases and health conditions, such as type 2 diabetes, hypertension, heart disease, arthritis, and some types of cancers, and disabilities. Recent data from the National Health and Nutrition Examination Survey (NHANES) illustrate the high rates of obesity in the U.S. for both adults and youth, showing nearly 40% (39.8%) of adults as obese, and 20.6% of adolescents 12 to 19 years of age (NHANES 2015–2016).¹

Utah adults have consistently had one of the lowest rates of obesity in the U.S. In 2017, Utah tied with Montana for having the fifth lowest obesity rate in the nation (25.3% of adults).² However, this rate is still unacceptably high.

Many studies examine the trends in “unhealthy weight,” a condition that includes overweight (body mass index 25–29.9 kg/m²) in addition to obesity. In Utah, the percentage of adults who were at unhealthy weight has remained fairly stable over the past decade, at about 58% (Utah BRFSS 1999–2017).³ A closer look at the trends among adults at an unhealthy weight show there has been a substantial shift in the proportion who are obese (see Figure 1). Among Utah adults at an unhealthy weight, the percentage who were obese rose from 32.8% in 1999 to a striking 41.7% in 2017. This represents a nearly 30% increase of adults who have moved to a higher risk level of unhealthy weight.

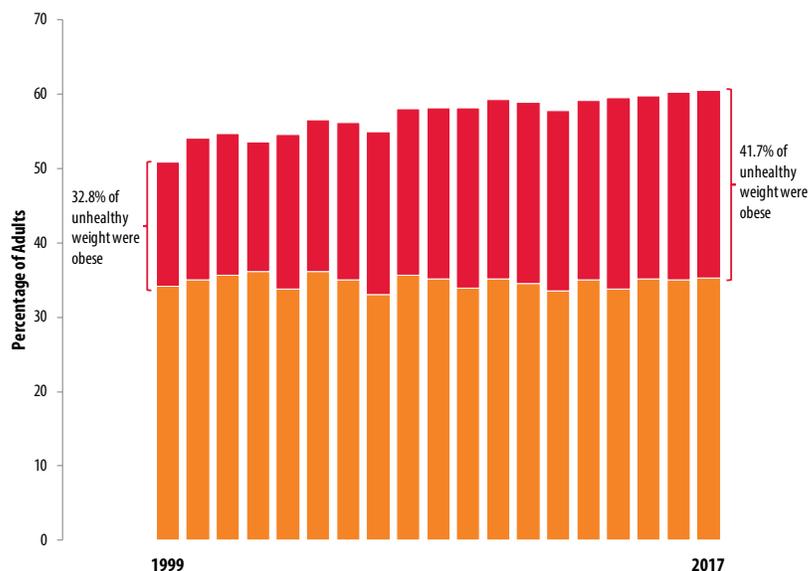
KEY FINDINGS

- From 1999 to 2017, the proportion of Utah adults at an unhealthy weight who were obese increased from 33% to 42%.
- From 1999 to 2017, the proportion of Utah high school aged youth at an unhealthy weight who were obese increased from 38% to 42%.
- The risk of heart disease or diabetes is dramatically higher among adults who are obese compared to adults who are not obese.

The most recent data from *The State of Obesity* show that youth in Utah aged 10 to 17 have the lowest rate of obesity in the U.S., 8.7%.² Nevertheless, Utah youth of high school age face the same rising proportion of obesity as adults.⁴ While the percentage of youth who were at an

Overweight or Obese Adults

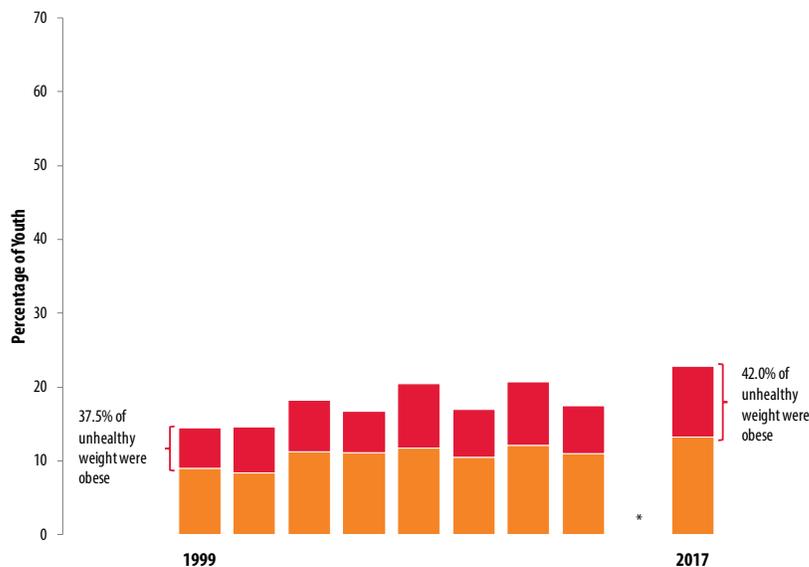
Figure 1. From 1999 to 2017 in Utah, the proportion of adults at an unhealthy weight who were obese increased from 33% to 42%.



Source: Utah Behavioral Risk Factor Surveillance System

Overweight or Obese Youth

Figure 2. From 1999 to 2017 in Utah, the proportion of high school aged youth at an unhealthy weight who were obese increased from 38% to 42%.



* Data not available for 2015.
Source: Utah Youth Risk Behavior Survey

unhealthy weight increased between 1999 and 2017, the increase in the obesity rate alone was much greater.

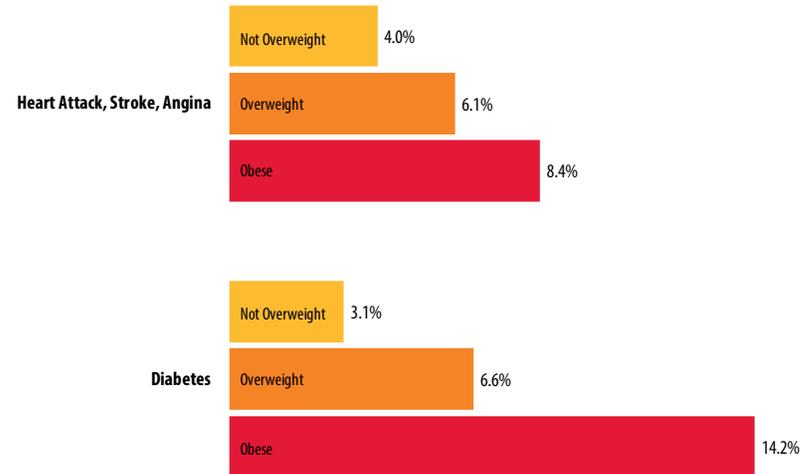
The proportion of youth at an unhealthy weight who were obese rose from 37.5% to 42.0% during this time period. This represents a 12% increase of youth who have moved to a higher risk level of unhealthy weight (Figure 2). Rising obesity rates among youth are especially alarming, as they may face a lifetime risk for obesity-related chronic conditions.

The greater influence of obesity on the prevalence of certain chronic conditions is illustrated in Figure 3. The prevalence of heart attack, stroke, and/or angina was nearly 40% higher for Utah adults who were obese compared to those who were overweight (8.4% vs. 6.1%). The greater association of obesity with diabetes was even more dramatic. The prevalence of diabetes was more than two times higher for adults who were obese compared to those who were overweight (14.2% vs. 6.6%). While data are not available to show a causal relationship, the greater association between obesity and each of these two conditions is clear.

In addition to individual health concerns, the impact on the rising proportion of obesity has significant economic and social implications.⁵ As obesity rates climb, costs for medical care will increase. At least one study showed adults who were obese spent 42% more on direct medical care than adults at a healthy weight.⁶ Public health interventions can play an essential role in providing opportunities for individuals to make the lifestyle changes needed to maintain a healthy weight. Staff in the Utah Department of Health Healthy Living through Environment, Policy, and Improved Clinical Care (EPICC) Program work with worksites, schools, childcare centers, health-care systems, and communities to create environmental changes and develop policies that promote healthy eating and active living. For example, staff conduct trainings and provide resources to encourage physical activity during the school day as well as outside of schools by promoting family and community involvement through Walk and Bike to School days and Safe Routes to School. The EPICC program staff have been instrumental in working with city and county planners to promote the development of multi-use trails that make it easy for

Diabetes and/or Heart Disease by Weight Category

Figure 3. During 2016–2017, the prevalence of heart attack, stroke, and/or angina was nearly 40% higher for Utah adults who were obese compared to those who were overweight or not overweight.



Source: Utah Behavioral Risk Factor Surveillance System

local residents to increase their physical activity through walking. Staff even work with the youngest populations in Utah helping childcare center directors establish policies that increase physical activity and improve nutrition. Efforts such as these can lead to reduced incidence of serious health problems and ultimately improve the health of the population. For more information, visit choosehealth.utah.gov.

In summary, while the percentages of adults and youth at an unhealthy weight in Utah appear to be fairly steady over time, the proportion with the most unhealthy weight (obese), is increasing. Being at an unhealthy weight, whether overweight or obese, increases the risk for poor health outcomes, but the risk is intensified for people who are obese.

1. Hales, CM, Carroll, MD, Fryar, CD, Ogden, CL. Prevalence of Obesity. Among Adults and Youth: United States, 2015-2016, NCHS Data Brief, No. 288, October 2017 <https://www.cdc.gov/nchs/data/databriefs/db288.pdf>.
2. The State of Obesity in Utah. The State of Obesity. Available at <https://stateofobesity.org/states/ut>.
3. Utah Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health.
4. Utah Youth Risk Behavior Survey, Utah State Office of Education.
5. Urban Design 4 Health, Inc. Economic Impacts of Active Transportation: Utah Active Transportation Benefits Study, March 2017. Available at <https://www.bikeutah.org/atbenefitsstudy>.
6. Finkelstein EA, Trogon JG, Cohen JW, Dietz W. Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates. *Health Affairs*, 28(5): w822-831, 2009.

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