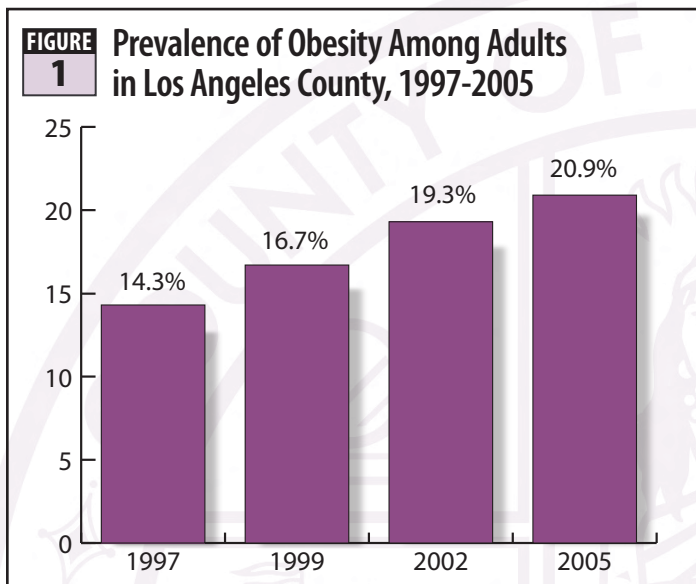


THE OBESITY EPIDEMIC IN LOS ANGELES COUNTY ADULTS

The latest results from the 2005 Los Angeles County Health Survey (LACHS) show that the prevalence of adult obesity in the county continues to increase, with 1 out of every 5 adults in the county now obese. From 1997 to 2005, the prevalence of adult obesity in the county increased from 14% to 21% (Figure 1), and the average adult weight increased by 6 lbs, resulting in a staggering weight gain for the county of 44 million pounds.



Obesity increasing more rapidly among some groups (Table 1)

- The prevalence of obesity rose among all racial/ethnic groups except Asians/Pacific Islanders, and in 2005 was highest among Latinos and African-Americans.
- The prevalence of obesity increased the fastest among men, Latinos, and young adults (18-29 years old).
- Adults living in lower income households were more likely to be obese.

Prevalence of obesity has increased throughout the County (Figures 2a-b)

- Between 1997 and 2005, the prevalence of obesity increased in almost all the Districts.

Many consequences of obesity

Obesity increases a person's risk of developing many other chronic conditions and of dying prematurely. Adults who are obese are more likely to have diabetes, heart disease, arthritis, asthma, hypertension, high cholesterol, and depression (Figure 3). Obesity is also associated with poorer quality of life and higher medical costs. Excess body weight among adults is estimated to cost the U.S. more than \$90 billion per year in healthcare costs¹.

TABLE 1 Trends in the Prevalence of Obesity[‡] Among Adults in Los Angeles County, 1997-2005

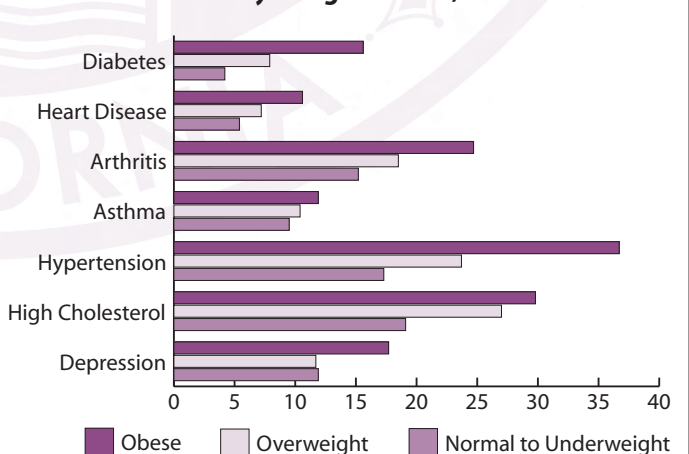
	1997 (%)	1999 (%)	2002 (%)	2005 (%)
Los Angeles County	14.3	16.7	19.3	20.9
Gender				
Male	13.5	15.0	19.8	21.8
Female	15.2	18.5	18.7	20.0
Race/Ethnicity				
Latino	17.1	19.7	24.3	28.7
White	12.3	15.3	16.3	16.6
African-American	22.2	24.2	30.5	27.7
Asian/Pacific Islander	4.0	7.2	6.2	6.0
Age Group				
18-29	9.4	9.6	13.9	18.1
30-49	14.8	18.6	21.1	21.4
50-64	21.5	21.9	24.8	25.9
65 or over	13.1	16.0	16.0	16.6
Federal Poverty Level[§]				
0-99% FPL	20.3	19.3	26.5	28.2
100-199% FPL	17.6	20.8	21.8	23.9
200% or above FPL	11.5	14.5	15.8	17.4
Service Planning Area				
Antelope Valley	12.8*	21.5	24.7	24.4
San Fernando	11.4	13.9	15.9	17.0
San Gabriel	14.1	15.3	17.7	20.0
Metro	12.9	14.9	17.2	19.1
West	8.5	10.9	10.6	14.1
South	25.3	23.9	30.0	30.0
East	17.8	19.8	23.6	27.3
South Bay	13.3	18.9	21.2	21.0

[‡] Obesity is defined by a Body Mass Index (BMI) of 30 or greater; BMI = weight (kg)/[height(m)]²

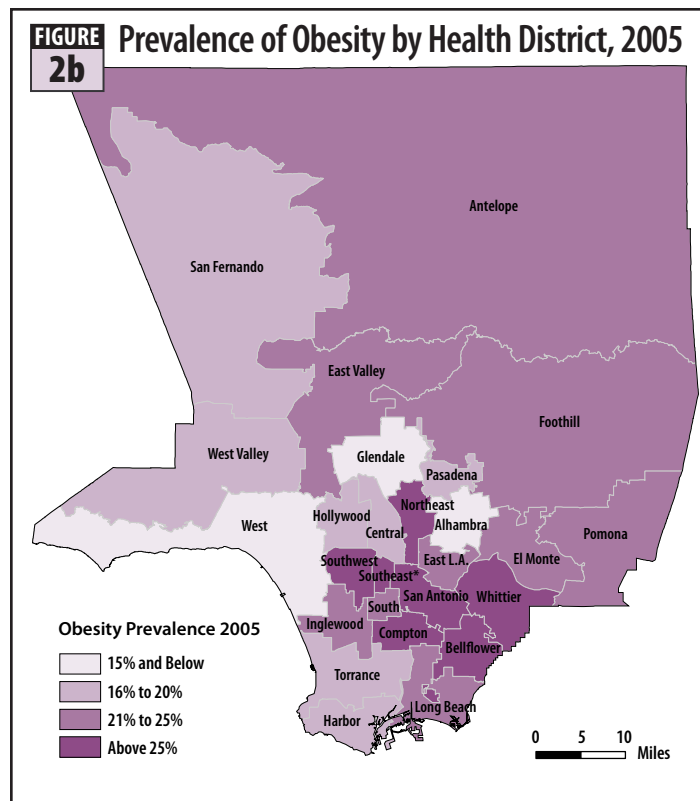
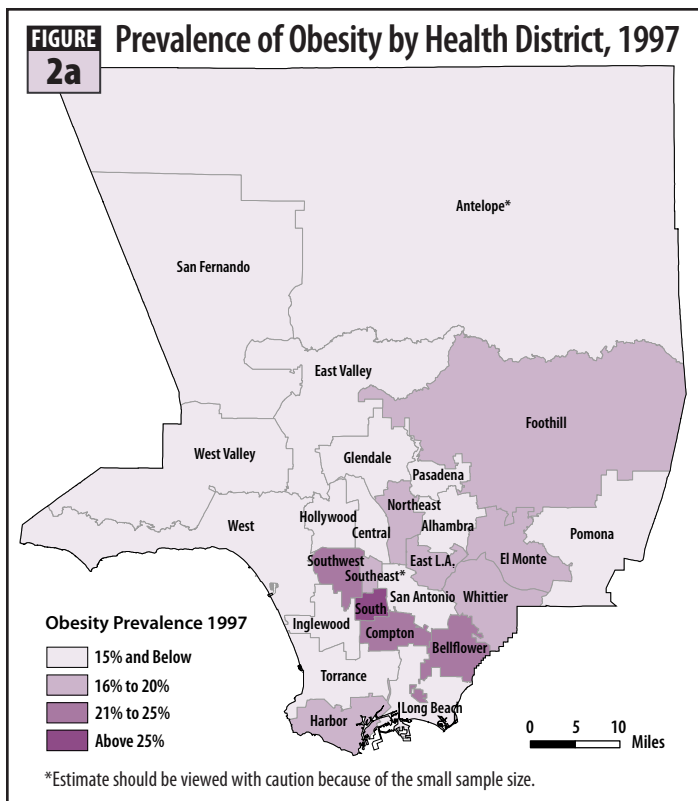
[§] Based on U.S. Census 2003 Federal Poverty Level (FPL) thresholds which for a family of four (2 adult, 2 dependents) correspond to annual incomes of \$18,700 (100% FPL), \$37,300 (200% FPL) and \$56,500 (300% FPL).

*Estimate should be viewed with caution because of the small sample size.

FIGURE 3 Percent of Adults with Common Chronic Conditions by Weight Status, 2005



1. Finkelstein, EA, Fiebelkom, IC, Wang, G. National medical spending attributable to overweight and obesity: how much, and who's paying? *Health Aff* 2003; W3:219-226.



RECOMMENDATIONS FOR ACTION

What individuals and families can do:

- Get at least 30-60 minutes of moderate physical activity every day. Select activities that your entire family enjoys doing together, such as walking, swimming, biking, dancing, or gardening.
- Understand the energy balance equation: to lose weight, you must use more energy than you take in; to maintain your weight, your calorie intake must equal your energy output.
- Learn to read food labels so you buy foods that are low in trans fats and saturated fats, cholesterol, and salt, and high in fiber.
- Reduce your family's intake of sodas and other sugar sweetened beverages. If you drink milk, drink low-fat or non-fat milk.
- Learn the size of a recommended portion so you don't overeat, and avoid "supersizing".
- Eat 2 cups (4 servings) of fruits, 2½ cups (5 servings) of vegetables and 3 servings of whole grain every day.

What businesses, communities and cities can do:

- Offer employee incentives to use public transportation to commute to work.
- Promote physical activity in the workplace by encouraging "active" work-breaks and stair use.
- Increase access to places for physical activity.
- Plan for streets, pedestrian paths and bike paths that encourage pedestrian and bicycle use and discourage high speed traffic.
- Ensure that as many activities as possible be located within easy walking distance of transit stops.
- Encourage community input throughout the zoning and planning process.
- Make fresh locally-grown foods more readily available through farmer's markets.
- Encourage joint/shared-use agreements among schools, parks, libraries, health care clinics and community-based organizations to increase opportunities for physical activity and healthy eating.

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For additional information about the L.A. County Health Survey, visit: www.lapublichealth.org/ha

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