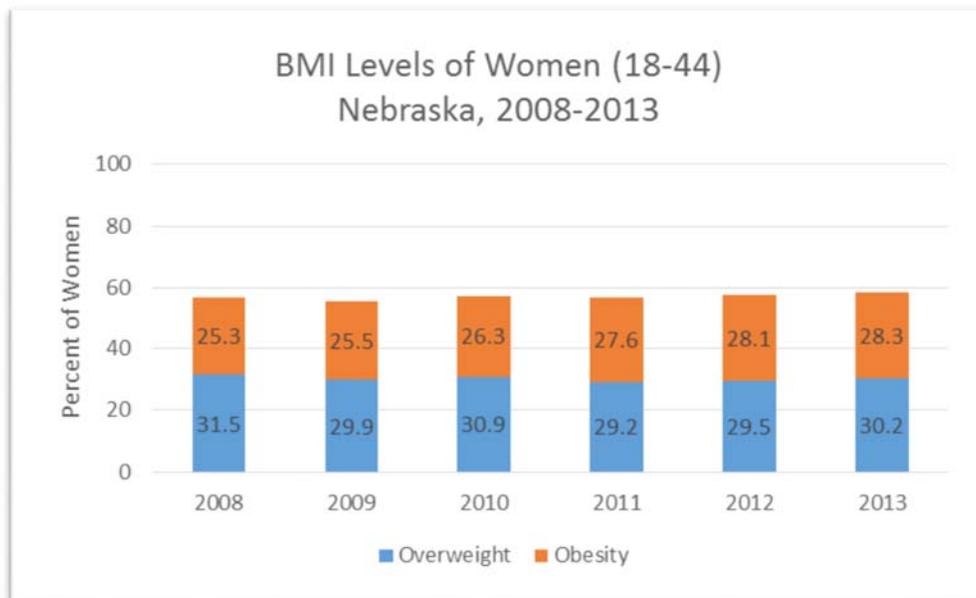


Obesity in Nebraska's Women

According to the 2013 Behavioral Risk Factor Surveillance System (BRFSS), 30.2% of Nebraska women aged 18-44 are overweight and 28.3% are obese. The terms “overweight” and “obesity” refer to body weight that’s greater than what is considered healthy for a certain height.¹ Body weight is the result of genes, metabolism, behavior, environment, culture, and socioeconomic status. Behavior and environment are strong influences on whether or not a person is overweight and obese. The path to becoming overweight and obese involves eating more calories than the body burns. These are the greatest areas for prevention and treatment actions.²

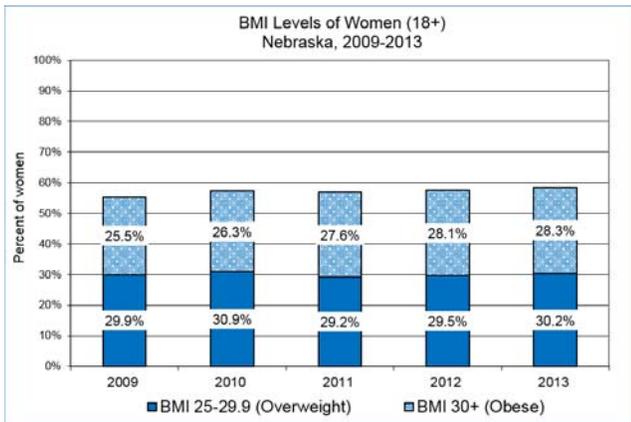
Within Nebraska, the percent of the population that is obese has been increasing for the past six years while the percentage of overweight women has remained stable. A higher percentage of African American, American Indian, and Hispanic women are obese than White and Asian/Pacific Islander women. A higher percentage of American Indian and Hispanic women are overweight than other racial groups within Nebraska.

Obesity and overweight are factors in a number of health problems including: type 2 diabetes, hypertension, coronary heart disease, cancers (endometrial, breast, and colon), gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and gynecological problems (abnormal menses, infertility).² The US Obesity Guidelines state that weight loss, even modest weight loss (2-5%), has a major health benefit. In addition, the guidelines note that many dietary options exist as long as the calorie deficit is achieved. Success is more likely when individuals personalize their diet plan to consider health status, lifestyle, personal needs and preferences. The heavier a woman is before she becomes pregnant, the greater her risk of pregnancy complications – such as preeclampsia and preterm delivery.³

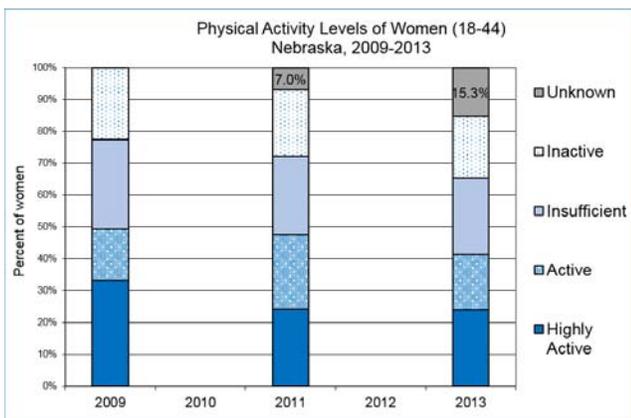


Criterion 1: The Problem is Worse than the Benchmark or Increasing

According to Nebraska BRFSS data, more than half of all women aged 18-44 are either overweight or obese. For overweight and obesity there is no national level data or comparable Healthy People 2020 objectives. The percentage of the population that is overweight has not changed in the last six years and is not improving over time. The percentage of the population that is obese is increasing over time.

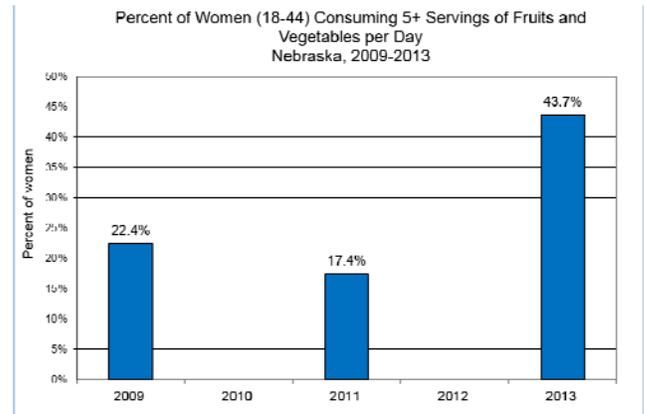


As overweight and obesity depend, in part, on behavior, it is important to note that the percentage of women who are highly active (24.1%) and active (17.3%) have not significantly changed in the past six years, as measured by the BRFSS.



Further, the percentage of women (18-44) who consume 5+ servings of fruits and vegetables a day (BRFSS) has not significantly changed in the past six years. There is not data at the national level for

physical activity levels and fruit/vegetable consumption nor are there Healthy People 2020 Objectives for these indicators.



The CDC notes that addressing important risk factors and preventive interventions by becoming more physically active and making healthy food choices can positively affect overweight-related health problems such as diabetes, hypertension, and cardiovascular disease.⁴

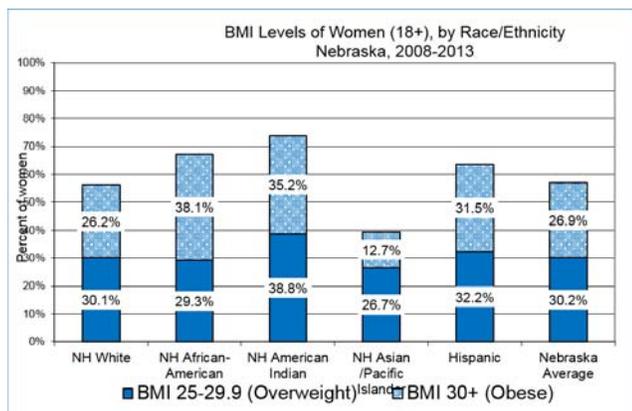
The percentage of Nebraskan women with clinically diagnosed hypertension has been increasing over the past six years within Nebraska. In 2013, 8.4% of Nebraskan women had hypertension (BRFSS). While diabetes rates have been stable over the past six years, in 2013, 2.2% of women in Nebraska have been clinically diagnosed with diabetes (BRFSS). There is not data at the national level for the percentage of the population with hypertension or diabetes nor are there Healthy People 2020 objectives for these indicators.

The weight of women entering pregnancy has important implications to both the long-term health of women and the health of infants. Healthy people 2020 has a target of 53.4% for women entering pregnancy at a normal weight and Nebraska PRAMS data 2009-2011 indicates that 51% of women enter pregnancy at a normal weight.⁵ This data indicates that less than the recommended percentage of Nebraska's mothers are entering pregnancy at a normal weight.

Criterion 2: Disparities Exist Related to Health Outcomes

There is emerging evidence that disparities exist for outcomes related to overweight and obesity. Data from the NE BRFSS is limited in analysis of subpopulations; while analysis indicates that racial ethnic disparities exist, the true magnitude of disparities is not known.

According to the NE BRFSS, in 2008-13, American Indian (74%), African American (68.4%), and Hispanic (63.7%) women were more likely than the state average to be overweight or obese. Of American Indian women, 38.8% were overweight and 35.2% were obese in 2013. Of African American women, 29.3% were overweight and 38.1% were obese in 2013. Finally, for Hispanic women, 32.2% were overweight and 31.5% were obese in 2013.



In addition, Hispanic (57.3%) women, Asian/Pacific Islander (53.4%) women, African American (51.8%) women, and American Indian (48.1%) women are more likely to report insufficient or inactive physical activity than the state average reports (46.5%). Only Asian/Pacific Islander (31.7%) women and Hispanic (25.1%) women report higher than state average (21.3%) numbers of consuming 5+ servings of fruits and vegetables per day. There is a significant difference in racial reports of fruit and vegetable consumption.

A racial disparity in women diagnosed with hypertension and diabetes exists. The percentage of women diagnosed with hypertension is higher for African American (15.0%) and American Indian (11.0%) women than for other racial groups in Nebraska (BRFSS, 2013). The percentage of women diagnosed with diabetes is higher for African American (3.7%) and American Indian (7.3%) women than for other racial groups in Nebraska (BRFSS, 2013).

Criterion 3: Strategies Exist to Address the Problem/An Effective Intervention is Available

Strategies to reduce the percentage of the population that is overweight or obese exist. *Managing Overweight and Obesity in Adults: Systematic Evidence Review From the Obesity Expert Panel, 2013* provided evidence that specific strategies had strong evidence to create significant change in both weight and health outcomes. These strategies include diets of different forms and structures, comprehensive lifestyles intervention programs, and surgical procedures.⁶

- There are a variety of dietary patterns and alternative dietary forms, structures, or composition to achieve and sustain weight loss.
- Overall, lifestyle interventions have been shown to be effective in efficacy studies. High-intensity interventions (≥ 14 contacts in 6 months) have been shown to be more effective than moderate-intensity interventions (6 to 13 contacts in 6 months).
- For people with obesity who have obesity-related comorbid conditions or who are at high risk for their development, bariatric surgery offers the possibility of meaningful health benefits, albeit with significant risks.

According to the USPSTF, the most effective interventions for overweight and obesity include multiple behavioral management activities, such as group sessions, individual sessions, setting weight-loss goals, improving diet or nutrition, physical activity sessions, addressing barriers to change,

active use of self-monitoring, and strategizing how to maintain lifestyle changes. Medication may increase weight loss beyond behavioral approaches alone, although side effects are common.⁷

Policy and environmental approaches aim to make healthy choices easier and target the entire workforce by changing physical or organizational structures including cafeteria and vending options, onsite physical activity and rules/procedures for health insurance benefits and coverage.

- The Community Preventive Services Task Force recommendations show strong evidence for worksite strategies such as educational opportunities and behavioral/social strategies (such as group counseling, skill building and rewards).⁸
- The Nebraska Division of Chronic Disease Prevention has developed the NAFH plan for 2011 -2016 which sets out goals, strategies, infrastructure and capacity for nutrition, physical activity, and obesity programs within state and local public health agencies.

Recommended guidelines exist for appropriate weight gain during pregnancy. The American Congress of Obstetricians and Gynecologists recommends a range of normal weight gain for overweight women of 15-25 pounds and 11-20 pounds for obese women. This is less weight gain than recommended for a normal weight woman (25-35 pounds).⁹

Criterion 4: Societal Capacity to Address the Problem

Multiple partners within Nebraska are working to address the epidemic of overweight and obesity.

- The State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke (1422) and the current Title V grant awards collaboratively provide intervention grants to local public health departments across the state to address healthy eating, active living, and community clinical linkages.

- The NE Department of Agriculture supports state wide and local communities in connecting locally grown foods to areas of high needs through a USDA Crop Block grant.
- ConAgra Foods and Hunger Free Heartland provide support to state wide and local efforts to assure access to healthy foods in schools and food pantries.
- The Lincoln Partnership in Community Health Grant from the CDC which aims to increase the availability of healthy foods and beverages and access to physical activity opportunities in schools, community institutions, faith-based organizations, and worksites.
- With the aid of a HRSA Reach Grant Omaha intends to increase physical activity options for African American in the North Omaha community through policy development within organizations and environment support through signage and access to physical activity opportunities.

National support to address overweight and obesity in America is provided by the community based prevention strategies highlighted in the 2009 *“Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and measurement Guide.”* The guide include strategies such as increasing access to healthy foods and beverages through retail food outlets and vending programs, breastfeeding support and community designs that encourage walking and physical activity. These strategies address nutrition and physical activity priority goals in five settings: communities, worksites, schools, healthcare, and childcare facilities.¹⁰

Criterion 5: Severity of Consequences

Overweight and obesity contribute to numerous chronic diseases that are prevalent in the United States. Compared with normal weight individuals, obese patients incur 46% increased inpatient costs, 27% more physician visits and outpatient costs, and 80% increased spending on prescription drugs¹¹ in the United States. In 2008 dollars, these costs totaled about \$147 billion. Obesity has been

associated with elevated risk for CVD, diabetes, hypertension, dyslipidemia, and all-cause mortality in the overall population and key subgroups.

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