

A few facts on obesity in Alabama

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At the last annual meeting of the [Alabama-Mississippi Sociological Association](#), I presented obesity as one of the major health issues facing our state. According to a recent report released by the Robert Wood Johnson Foundation, Alabama ranks second in the nation in terms of overall population obesity. Moreover, future trends are alarming unless we make profound changes in our eating habits and engage in more physical activity.

Obesity is a leading cause of mortality, morbidity, disability and rising health care costs in the United States. In general, obesity represents an excess of total body fat. It is measured through the Body Mass Index, or BMI, which is used to determine the level of obesity by dividing the person's weight in kilograms by his/her height in meters squared. People with a BMI of 25 to 29 are considered overweight; those with a BMI of 30 or higher are obese. As far back as 1997, the World Health Organization declared obesity as a disease.

What is the socio-demographic profile of obesity in Alabama? What are the population and economic impacts of obesity?

The Robert Wood Johnson Foundation report titled "[F as in Fat: How Obesity Threatens America's Future](#)" shows that Alabama and Tennessee rank second in the nation with 32 percent of their adult populations classified as obese. Who are these people in Alabama? What are their socio-demographic characteristics?

In Alabama, both men and women are at risk for obesity. According to the 2007-2009 Behavior Risk Factor Surveillance System data, 32 percent of adult men and 31 percent of adult women in Alabama were obese. In terms of race and ethnicity, blacks have a higher rate of obesity (42 percent), followed by Hispanics (33 percent) and whites (28 percent). However, these gender and racial differences become illusive when socioeconomic factors are taken into consideration.

This is evident in a recent report by the Centers for Disease Control and Prevention that shows the relation between obesity and socioeconomic status differs by sex and race and ethnic group. For women, obesity prevalence decreases with rising income. In other words, higher income women are less likely to be obese than lower income women. Yet the negative association between income and women's obesity is only statistically significant among non-Hispanic white women.

Among men, the association between poverty and obesity is only significant among non-Hispanic blacks and Mexican Americans. For men in these two racial/ethnic groups, higher income is strongly associated with rising obesity. Apparently, wealth is associated with unhealthy behavior for non-Hispanic black and Mexican American men.

Another important mediating factor in obesity is education. Among men, education is not an important contributing factor to obesity. In contrast, women with college degrees are less likely

to be obese than their counterparts with lower education. Once again, women's socio-demographic characteristics have beneficial effects on their health.

These facts show the complexity of the obesity epidemic across gender and race. Therefore, each person should understand their own health situation. The best way to know your obesity status is to check with your health care provider. Regardless of your race and gender, healthy diet and appropriate physical activity remain the best factors of healthy living.

Unfortunately, Alabama ranks fifth in the nation in terms of physical inactivity. In addition, only about one-fourth of adults in our state consume fruits and vegetables at the recommended levels. If these trends continue, 63 percent of the state adult population is projected to be obese by 2030.

The demographic and economic costs of obesity are very high. In demographic terms, obesity costs lives. This epidemic is associated with major causes of chronic diseases and disability. In economic terms, obesity carries an annual cost of \$190.2 billion, according to the U.S. Institute of Medicine. The Centers for Disease Control and Prevention estimated the annual medical costs associated with adult obesity to be \$147 billion.

Certainly, efforts are under way to reduce obesity in our state and in the nation. For example, the Alabama Department of Public Health is working to reduce the prevalence of obesity and chronic diseases through Healthy Vending Machine Policy; The Alabama Obesity Task Force, a volunteer membership organization, addresses obesity through advocacy, changes and programs; and the State Board of Education has adopted the Quality Physical Education Policy for grades K-12.

At the national level, various federal agencies and professional associations are searching for ways to reduce obesity through healthy diet and physical activity. Organizations such as the Obesity Society and the American Society for Metabolic & Bariatric Surgery continue to search for scientific ways to reduce obesity in the United States.

However, individual efforts remain the best way to combat this overweight epidemic. Eating healthy and living a less sedentary lifestyle are the most cost-effective approaches to reducing obesity in our state and beyond.

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