CALIFORNIA DEPARTMENT OF HEALTH SERVICES • OFFICE OF WOMEN'S HEALTH

Data Points

CWHS

RESULTS FROM THE CALIFORNIA WOMEN'S HEALTH SURVEY

Prevalence of Obesity and Disparities in Obesity-Related Factors Among California Women, 2004

California Department of Health Services
Cancer Prevention and Nutrition Section

Steadily increasing obesity has become one of the major public health problems of the past 20 years.[1] Obesity contributes to the development of numerous chronic diseases.[2] It was estimated to cost Californians $6.4 billion in 2000.[3]

Core questions in the 2004 California Women's Healthy Survey (CWHS) asked 4,372 respondents to self-report height and weight, which were used to calculate the Body Mass Index (BMI), a density measure that is a surrogate for obesity. Obesity is defined as a BMI greater than or equal to 30. Demographic data and data on use of food assistance programs were also collected. After eliminating pregnant women and women one year post-partum, 4,032 respondents remained. A six-item U.S. Department of Agriculture (USDA) food security scale was also used to classify women into three groups: food secure, i.e., having access, at all times, to enough food for an active healthy life; food insecure without hunger; or food insecure with hunger.

The Healthy People 2010 goal is to reduce obesity to 15.0 percent.[4] In 2004, the overall rate for obesity among women in the CWHS was 23.2 percent. Obesity prevalence varied significantly by respondents' demographic characteristics, food insecurity, and income,[5] but not by participation in the federal Food Stamp Program (FSP).

- Poverty-related factors were highly associated with obesity. The percentage of obesity among food insecure women with hunger was 40.7 percent, among food insecure women without hunger 31.6 percent, and among food secure women 19.6 percent.
- When household income exceeded 200 percent of the federal poverty level (FPL), obesity significantly decreased, dropping to 20.1 percent.[6] However, there were no significant differences among any of the lower income FPL ratios (see graph).
- There was no significant difference in obesity prevalence between women who participated in the FSP during the prior 12 months compared with women of qualifying income level (less than or equal to 130 percent of the FPL) who did not participate (31.1 vs. 28.4 percent, respectively).
- Prevalence of obesity is negatively associated with education, with obesity among college graduates at 14.2 percent, some college at 25.3 percent, high school graduates at 26.3 percent, and women with less than a high school education at 36.0 percent.
- Asian/Other women reported an obesity rate of 12.0 percent, followed by White women at 21.1 percent. Hispanic and Black/African American women reported 32.2 and 33.1 percent, respectively.
    - When Asian/Pacific Islander (API) women were separated from "Other" women (American Indian or Alaska Native), the API obesity prevalence rate was 7.8 percent.
- Women of child-bearing age (ages 18 to 44) reported significantly lower obesity levels than women aged 45 and over, 20.2 percent vs. 26.2 percent.

Public Health Message: *Education, socio-economic status, and race/ethnicity are associated with obesity. Personal, social normative, environmental, and public policy factors are all contributors to obesity's prevalence. Widespread high levels of obesity among both women of color and White women, as well as among women whose households' earnings were less than 200 percent of the federal poverty level, reinforce the urgency of providing public education, programs, and advocacy to combat this problem. The community, the workplace, and the policy/environmental/economic arenas are all venues where the public health sector can support women's endeavors to reduce levels of obesity.*

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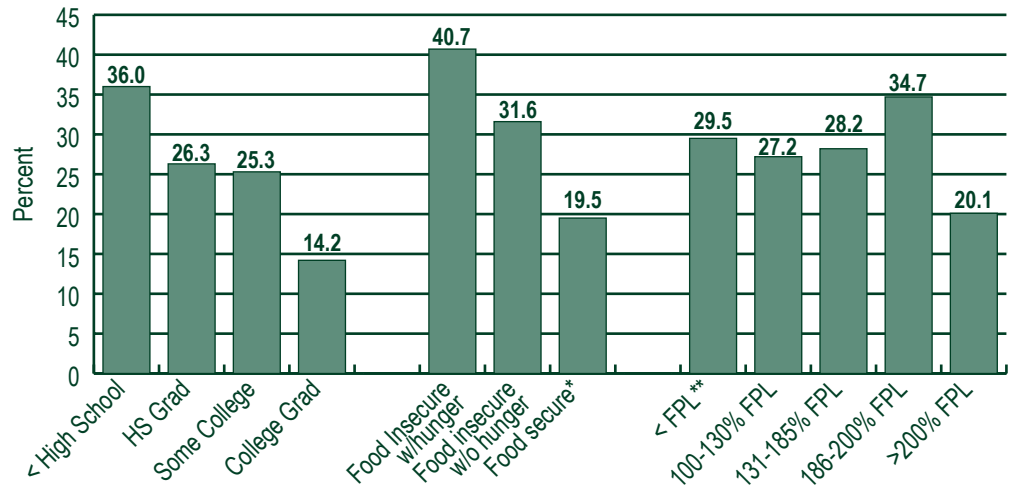

* Food secure = having access, at all times, to enough food for an active healthy life.
** FPL = Federal poverty level
Source: California Women's Health Survey

1 U.S. Department of Health and Human Services. 2001. The Surgeon General's call to action to prevent and decrease overweight and obesity. Available at: www.surgeongeneral.gov/library.

2 Must A, Spadano J, Coakley EH, Field AE, Colditz G, Dietz WH. 1999. The disease burden associated with overweight and obesity. JAMA. 282(16):1523-9.

3 Chenoweth D. 2005. The Economic Costs of Physical Inactivity, Obesity, and Overweight in California Adults during the Year 2000: A Technical Analysis. California Department of Health Services, Cancer Prevention and Nutrition Section and Epidemiology and Health Promotion Section.

4 U.S. Department of Health and Human Services. 2000. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC. Available at: http://www.healthypeople.gov/document/html/volume2/19nutrition.htm.

5 Chi-square $p < .0001$ except for FPL.

6 $p < .05$.

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