OVERWEIGHT AND OBESITY are terms for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify weight ranges that have been shown to increase the risk for certain diseases and other health problems. In 2011, 30.7% of children, 2–4 years of age and enrolled in the Indiana Special Supplemental Nutrition Program for Women, Infants and Children (WIC), were considered overweight or obese [Fig 1].1 Hispanic children (37.7%) had the highest percentage overweight or obese.

Calculating weight status: Body Mass Index
- Overweight and obesity are determined by Body Mass Index (BMI). BMI is calculated using weight and height.
- For most people, their BMI is closely related to the amount of body fat they have.
- Because children’s body composition varies with age and sex, their BMI is determined using age- and sex-specific percentiles for BMI rather than the BMI categories used among adults.

Child BMI categories
- Underweight: Less than the 5th percentile
- Healthy Weight: 5th percentile to less than the 85th percentile
- Overweight: 85th percentile to less than the 95th percentile
- Obese: Greater than or equal to the 95th percentile

Risk factors for becoming overweight or obese3
- Physical inactivity
- Unhealthy diet and eating habits
- Social and economic issues
- Family lifestyle
- Genetics
- Age
- Not breastfed as an infant4

Health consequences of being overweight or obese5
- Hypertension (high blood pressure)
- High total cholesterol, low HDL cholesterol, and/or high levels of triglycerides
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis
- Sleep apnea and respiratory problems
- Some cancers (e.g., endometrial, breast and colon)

In 2007, 29.9% of Indiana youth, 10–17 years of age, were considered overweight or obese [Fig 2].2 Percentages were higher among Non-Hispanic black children (33.4%) and Hispanic children (41.3%) compared to Non-Hispanic white children (27.5%).

Figure 1. Percent of children ages 2-4 by race/ethnicity and weight status, Indiana, 2011

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Obese</th>
<th>Overweight</th>
<th>Healthy Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana</td>
<td>14.3%</td>
<td>16.4%</td>
<td>66.6%</td>
</tr>
<tr>
<td>NH+ White</td>
<td>13.9%</td>
<td>16.6%</td>
<td>67.0%</td>
</tr>
<tr>
<td>NH+ Black</td>
<td>10.3%</td>
<td>13.8%</td>
<td>71.6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>19.1%</td>
<td>18.6%</td>
<td>60.6%</td>
</tr>
</tbody>
</table>

*Non-Hispanic

Figure 2. Percent of children ages 10-17 by race/ethnicity and weight status, Indiana, 2007

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Obese</th>
<th>Overweight</th>
<th>Healthy Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana</td>
<td>14.6%</td>
<td>15.3%</td>
<td>64.8%</td>
</tr>
<tr>
<td>NH+ White</td>
<td>13.4%</td>
<td>14.1%</td>
<td>66.2%</td>
</tr>
<tr>
<td>NH+ Black</td>
<td>21.0%</td>
<td>12.4%</td>
<td>66.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>22.5%</td>
<td>18.8%</td>
<td>56.9%</td>
</tr>
</tbody>
</table>

*Non-Hispanic

For additional information on the role of nutrition, physical activity and obesity in Indiana, please visit: www.in.gov/isdh/20060.htm
Economic consequences

Indiana
- During an average year, Hoosiers pay $3.5 billion in obesity-related medical costs.6
  - 36.9% of these costs are financed by the public sector through Medicare and Medicaid.6

United States
- In 2005, children 6-11 years of age with elevated BMI were associated with $14.1 billion in additional prescription drug, emergency room and outpatient visit costs annually, and total costs for hospitalizations with any diagnosis of obesity was $237.6 million for children 2–19 years of age.7,8
- In 2008, obesity-related health care costs were estimated at $147 billion.9
  - This equals 9.1% of annual medical spending.10
- If obesity rates remain level, $550 million in medical expenses would be saved over the next two decades.10
- If current obesity trends persist, total health care costs attributable to obesity and overweight will more than double every decade by 2030.10
  - This would equate to $860 to $956 billion, or 15.6% to 17.6% of total health care costs.11

References

TAKE ACTION: Steps you can take to prevent or manage being overweight or obese
- Maintain a proper diet and nutrition
  - Eat more fruits and vegetables and less high-fat, high-sugar and high-sodium foods.
  - Drink more water and fewer sugary drinks
- Be physically active
  - Children should have 60 minutes or more of moderate- or vigorous-intensity aerobic activity each day.
  - Limit screen time (TV, computer and video games) for children to less than two hours per day.
- Support Breastfeeding
  - New mothers are recommended to continue breastfeeding for at least 12 months.

Community resources
- Calculate your or your child’s BMI at: www.cdc.gov/healthyweight/assessing/bmi.
- To help Hoosiers and their families eat better, move more and avoid tobacco, visit INShape Indiana.
- Recommended Community Strategies and Measurements to Prevent Obesity in the United States contains 24 recommended obesity prevention strategies focusing on environmental and policy level changes.
- Stories from the Field highlights what state programs, including Indiana’s, are doing to prevent obesity and other chronic diseases.
- Burden of Obesity in Indiana 2011 Report provides a roadmap for targeting interventions for at-risk groups and others in order to improve weight status, physical activity levels and fruit and vegetable consumption.
- Youth Risk Behavior Survey posters illustrate the impact of overweight and obesity on Indiana high school students.
- For more information on what is being done in Indiana, visit the Indiana Healthy Weight Initiative website.