

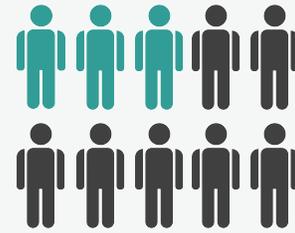
# Obesity

Obesity in adults increases the risk of premature death as well as the likelihood of developing hypertension, elevated cholesterol, diabetes, some types of cancer and other chronic illnesses. The U.S. Centers for Disease Control and Prevention (CDC) defines obesity as 'weight that is higher than what is considered as a healthy weight for a given height.'<sup>1</sup> CDC defines adult obesity as a body mass index (BMI) of 30 or higher. BMI is calculated by dividing weight in kilograms by height in meters squared. A child's weight status is determined using age- and sex-specific BMI percentiles. Children with BMIs at the 95<sup>th</sup> percentile or higher are obese. BMI does not distinguish between fat and lean body mass, so it may overestimate body fat in people with a muscular build and underestimate body fat in people with low muscle mass.<sup>2</sup>

In 2016, 29% (±1%) of Washington adults were obese, and 12% (±1%) of Washington 10<sup>th</sup> grade students were obese. Obesity among Washington adults increased from 1990 – 2010, but has recently been stable. Obesity among 10<sup>th</sup> grade students increased slowly from 2002 – 2016. The prevalence of obesity among Washington adults is similar to the U.S., but a lower percentage of Washington 10<sup>th</sup> graders are obese compared to the U.S.

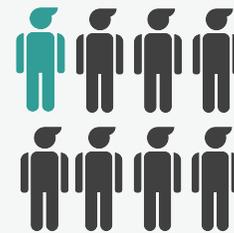
Blacks, Hispanics, males, and adults with low incomes or less education are more likely to be obese compared to other Washingtonians. Among youth, obesity was more common among 12<sup>th</sup> graders and males. Native Hawaiian or Other Pacific Islander (NHOPI), Hispanic, American Indian and Alaskan Native (AIAN), and black 10<sup>th</sup> graders had higher obesity prevalence compared to white and Asian 10<sup>th</sup> graders.

Partners from public health, healthcare, early learning, schools, and communities work together to decrease risk of obesity among youth and adults.



**3 in 10**

Washington adults are considered obese



**1 in 8**

Washington 10<sup>th</sup> graders is considered obese

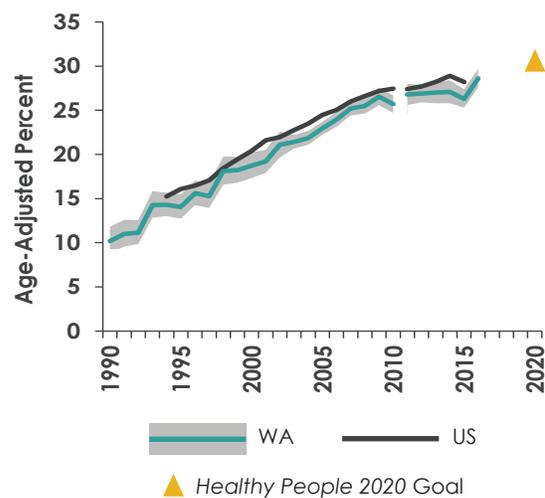


## Adults

### Time Trends

- In the 2016 Behavioral Risk Factor Surveillance System (BRFSS), the prevalence of obesity among Washington State adults was 29% ( $\pm 1\%$ ).
- In 2015, Washington had a similar prevalence of obesity compared to the U.S.
- Obesity among Washington adults increased from 10% in 1990 to 26% in 2010, and remained stable from 2011 to 2016.

**Obesity Prevalence  
Washington State & US  
BRFSS, 1990-2016**

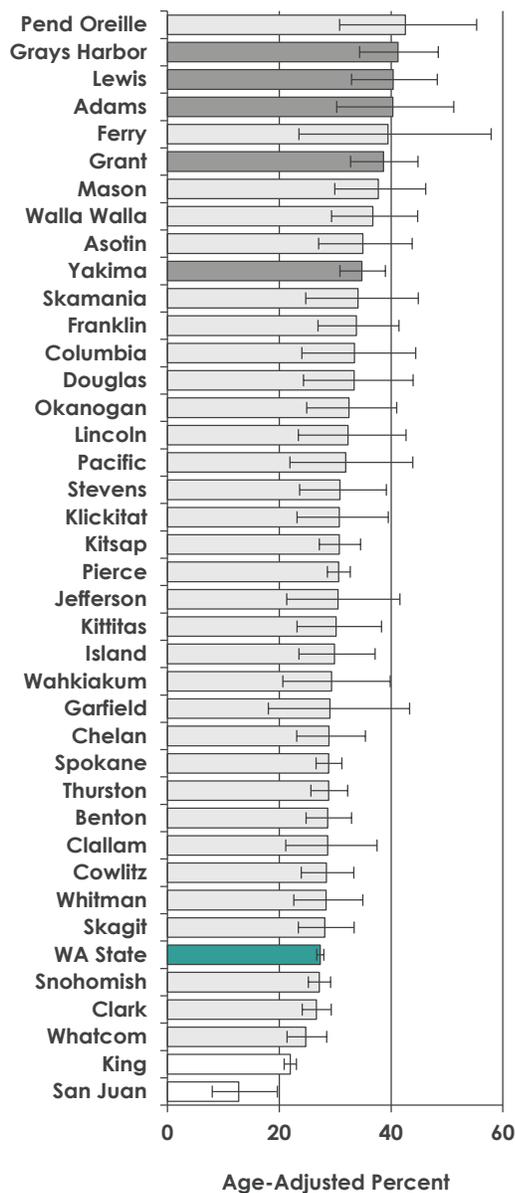


Note: Washington and US data are based on self-reported heights and weights that underestimate obesity; Healthy People goals use measured heights and weights.

## Geographic Variation

- In the 2014-2016 BRFSS, obesity was lower among adults in King and San Juan counties compared to the state.
- Adams, Grant, Grays Harbor, Lewis and Yakima county adults had a higher prevalence of obesity compared to the state.

**Obesity Prevalence  
Washington Counties  
BRFSS, 2014-2016**

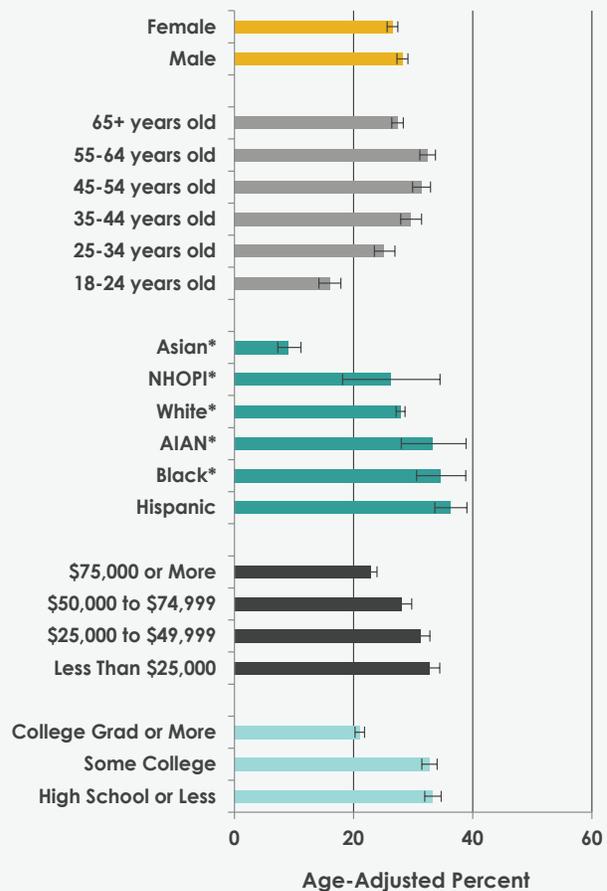


■ WA State  
■ Lower than WA State  
■ Same as WA State  
■ Higher than WA State

## Disparities

- In the 2014-2016 BRFSS, males had a higher prevalence of obesity than females.
- Obesity prevalence was lowest among young adults 18-24 years old.
- Black and Hispanic adults had a higher obesity prevalence compared to white adults, while Asian adults had a lower prevalence of obesity.
- In the 2014-2016 BRFSS, obesity prevalence decreased as levels of education and household income increased.

**Adult Obesity  
Washington State  
BRFSS, 2014-2016**



\*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPI: Native Hawaiian/Other Pacific Islander

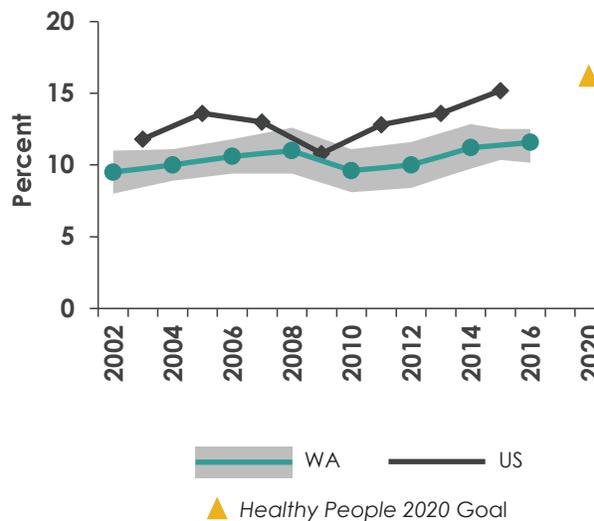


## Youth

### Time Trends

- In the 2016 Healthy Youth Survey (HYS), the prevalence of obesity among Washington State 10<sup>th</sup> grade students was 12% (±1%).
- Washington youth have a lower prevalence of obesity compared to U.S. youth.
- Obesity among Washington 10<sup>th</sup> graders increased slowly from 2002 to 2016.

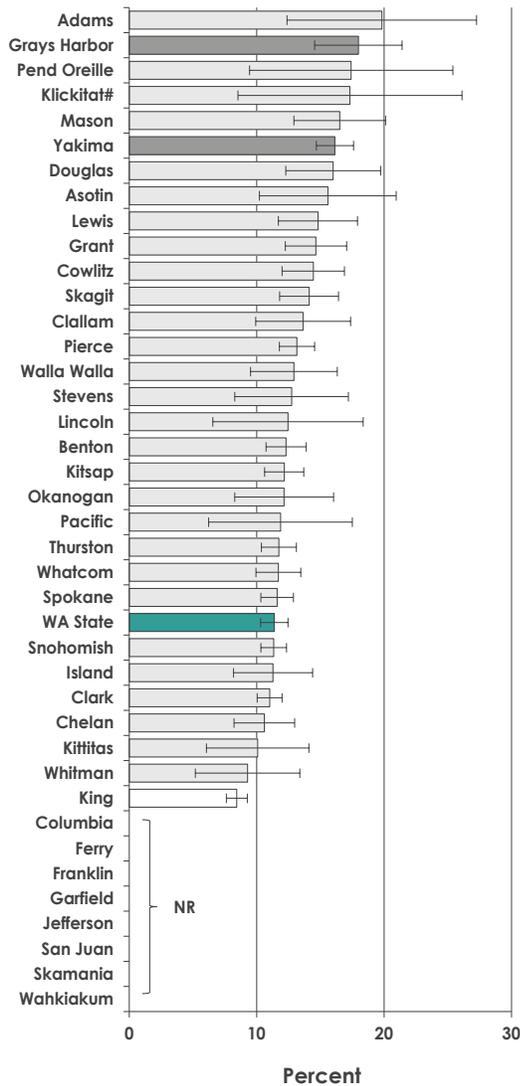
**Youth Obesity, 10<sup>th</sup> Graders  
Washington State & US  
HYS & YRBSS**



# Geographic Variation

- In the 2014 and 2016 combined HYS, obesity was lower in King County 10<sup>th</sup> graders compared to the state.
- Grays Harbor and Yakima county 10<sup>th</sup> graders had a higher prevalence of obesity compared to 10<sup>th</sup> graders in the state.

**Youth Obesity, 10<sup>th</sup> Graders  
Washington Counties  
HYS, 2014 & 2016**



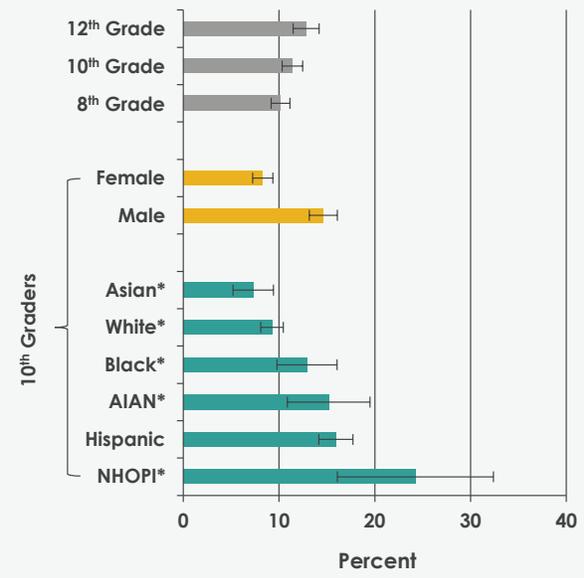
WA State  
 Lower than WA State  
 Same as WA State  
 Higher than WA State

NR: Not reported if RSE ≥ 30% or to protect privacy  
 #Relative standard error (RSE) is between 25% and 29%

# Disparities

- In the 2014 and 2016 combined HYS, males had a higher obesity prevalence compared to females.
- Obesity prevalence was at its highest among 12<sup>th</sup> grade students compared to 8<sup>th</sup> and 10<sup>th</sup> grade students.
- NHOPI, Hispanic, AIAN, and black 10<sup>th</sup> graders had higher obesity prevalence compared to white 10<sup>th</sup> graders.

**Youth Obesity  
Washington State  
HYS, 2014 & 2016**



\*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPI: Native Hawaiian/Other Pacific Islander

# How is Washington working to decrease obesity?

Organizations throughout the state, including Department of Health, are working on a vast array of approaches to decrease risk of obesity across the life span. Many of these strategies focus on policy, systems and environmental changes to improve nutrition and physical activity outcomes. These strategies can be found in the *Fruit and Vegetable Consumption* chapter and the *Physical Activity* chapter.

Partners throughout the state work to include nutrition and physical activity in their policies, systems and environments; and to collaborate on projects that positively affect multiple goals such as active transportation, creating built environments that promote physical activity, and healthy food system. For example:

- Childhood Obesity Prevention Coalition convenes partners to prioritize issues that our state is facing. Recently, they have focused on healthy transportation options, and decreased sugar sweetened beverage consumption.
- American Indian Health Commission supports the [Pulling Together for Wellness Framework](#) which promotes strategies to improve physical, social, emotional and spiritual health throughout the life span using a Native epistemology.
- University of Washington creates child care learning modules to support healthy eating and active living in early learning.
- Center for Multicultural Health is working with the African American community to promote culturally created healthy eating guidelines.

See also [Fruit & Vegetable Intake](#) and [Physical Activity](#)

Evidence-based interventions to address obesity are available in the [CDC Community Guide](#).

## Technical Notes

*Confidence Intervals:* Definition and examples are described in [Appendix C](#)

*Race and Ethnicity:* Classification described in [Appendix C](#)

*Relative Standard Error:* Definition and how it was used is described in [Appendix C](#)

## Endnotes

<sup>1</sup>Defining adult overweight and obesity. Centers for Disease Control and Prevention website. [www.cdc.gov/obesity/adult/defining.html](http://www.cdc.gov/obesity/adult/defining.html). Accessed October 6, 2017.

<sup>2</sup>Assessing your weight and health risk. National Heart, Lung and Blood Institute website. [www.nhlbi.nih.gov/health/educational/lose\\_wt/risk.htm](http://www.nhlbi.nih.gov/health/educational/lose_wt/risk.htm). Accessed September 12, 2017.

- Local Health Jurisdictions lead or participate in local coalitions aimed at preventing obesity.

Governor Jay Inslee launched the Healthiest [Next Generation Initiative](#) in 2014 to help children maintain a healthy weight and enjoy active lives. The Governor's Healthiest Next Generation initiative is an innovative public-private partnership that aims to create a multidisciplinary strategic work group focused on health, early learning and K-12 environments.

The Healthy Eating Active Living Program (HEAL) at the Department of Health strives to reduce the burden of obesity and chronic disease, and increase the proportion of Washingtonians with a healthy weight. Focusing on equitable and sustainable solutions, HEAL builds a healthier Washington through policy, systems and environmental changes that make it easier for people to eat healthy and be active—wherever they are.

[Breastfeeding Friendly Washington \(BFWA\)](#) is a voluntary recognition program encouraging clinics and hospitals to promote and support breastfeeding through changes in their policies and procedures.

The [Supplemental Nutrition Assistance Program-Education \(SNAP-Ed\)](#) program, an obesity prevention grant, serves low-income populations in Washington. SNAP-Ed includes direct education along with policy, systems and environmental changes focused on nutrition and physical activity.