

Current Impact of Obesity in NM:

From 1990 to 2001, NM adults of all ages have shown an increasing prevalence of overweight and obesity. Increases in obesity (body mass index [BMI] ≥ 30) were most notable in two age groups, where percentages doubled in the time period, going from 7.1% to 15.9% for 18-34 year olds and from 11.3% to 23.8% for 35-49 year olds.¹ There was also a steady but less dramatic increase in overweight (BMI 25-29.9) in the same time period. When the two categories are combined, more than 50% of NM adults have a BMI that increases their risk for a number of chronic diseases.

Increased weight has also been seen in youth. In a 2001 survey of NM high school students,² 14.5% were at risk of overweight (a BMI $\geq 85^{\text{th}}$ but $<95^{\text{th}}$ percentile for age and gender) and 11.1% were overweight (a BMI $\geq 95^{\text{th}}$ percentile). Rates of overweight varied markedly by ethnicity, from 16.4% for American Indian students to 12.4% for Hispanics and 8% for non-Hispanic Whites.

Obesity is a significant risk factor for a variety of chronic diseases. In an April 2003 article published in the New England Journal of Medicine, researchers estimated that “current patterns of overweight and obesity in the US could account for 14 percent of all deaths from cancer in men and 20 percent of those in women.”³

Overweight and obesity are closely linked to diabetes. There was an estimated 37% increase in diabetes prevalence in NM from 1990 to 2000.⁴ As diabetes prevalence increases, so do diabetes-related complications such as cardiovascular disease, stroke, amputation, end-stage renal disease, and blindness. Two racial/ethnic groups in NM are disproportionately affected by diabetes: Hispanics (42.1% of the NM population) are two times more likely and American Indians (9.5% of the population) are three times more

likely to develop diabetes than non-Hispanic Whites. Furthermore, Type 2 diabetes, previously considered an adult disease, has increased dramatically in children and adolescents. In NM, a disproportionate burden of diabetes and obesity is found amongst our Native American and Hispanic youth.

In addition to diabetes, obese children have a high incidence of orthopedic problems, liver disease, and asthma. Obesity-associated diseases for youth (6-17 years of age) that have resulted in hospitalizations include diabetes, gallbladder disease, sleep apnea, and asthma. Nationwide, obesity-associated hospital costs (in 2001 dollar value) increased from \$35 million during 1979-1981 to \$127 million during 1997-1999.

Arthritis is the leading cause of disability in the US and its effects are compounded by lack of physical activity and obesity. Within the estimated 32% of adult New Mexicans with arthritis, a higher proportion is overweight (40%) or obese (22%) compared to those without arthritis (37% overweight and 18% obese).

The economic burden of these chronic diseases is devastating to our state's economy. An estimated \$324 million is spent in New Mexico annually on adult obesity-attributable medical expenditures; of these, \$51 million is spent within the Medicare population, and \$84 million is spent within the Medicaid population.⁵ Huge costs are also borne by the business community through lost work time, decreased productivity, and spiraling health benefits costs. The potential to decrease these expenses through obesity prevention is a significant motivator for policy makers and public health professionals alike.

References

1. Centers for Disease Control and Prevention. State data accessed on February 6, 2003, from Behavioral Risk Factor Surveillance System Web site, <http://apps.nccd.cdc.gov/brfss/trends/trenddata.asp>
2. New Mexico State Department of Education and New Mexico Department of Health. (n.d.). 2001 Youth Risk and Resiliency Survey [Portable Document Format file]. Retrieved February 6, 2003, from Healthier Schools – New Mexico Web site: <http://www.healthierschools.org/NM01YRRSfinalreport.pdf>
3. Calle, E., Rodriguez, C., Walker-Thurmond, K., & Thun, M. (2003). Overweight, obesity, and mortality from cancer in a prospectively studied cohort of U.S. adults. *New England Journal of Medicine*, 348:17, pp 1625-1637.
4. Mokdad, A.H.; Ford, E.S.; Bowman, B.A.; Dietz, W.H.; Vinicor, F; Bales, VS; Marks, J.S. (2003, January 1). Prevalence of obesity, diabetes and obesity-related health risk factors, 2001. *Journal of the American Medical Association*, 289(1), 7-9.
5. Finkelstein EA et al., State-Level Estimates of Annual Medical Expenditures Attributable to Obesity, *Obesity Research*, Jan. 2004.