

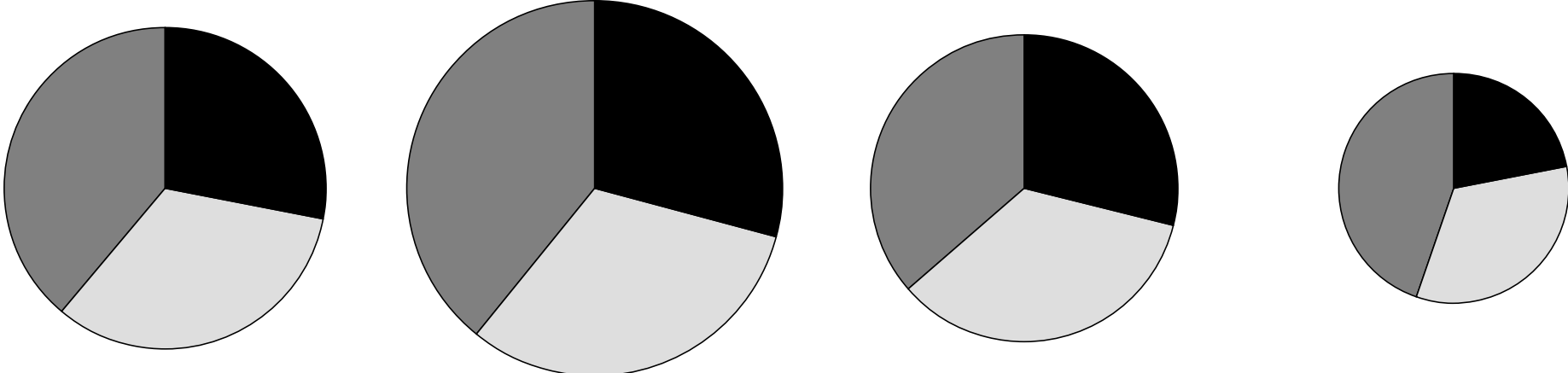
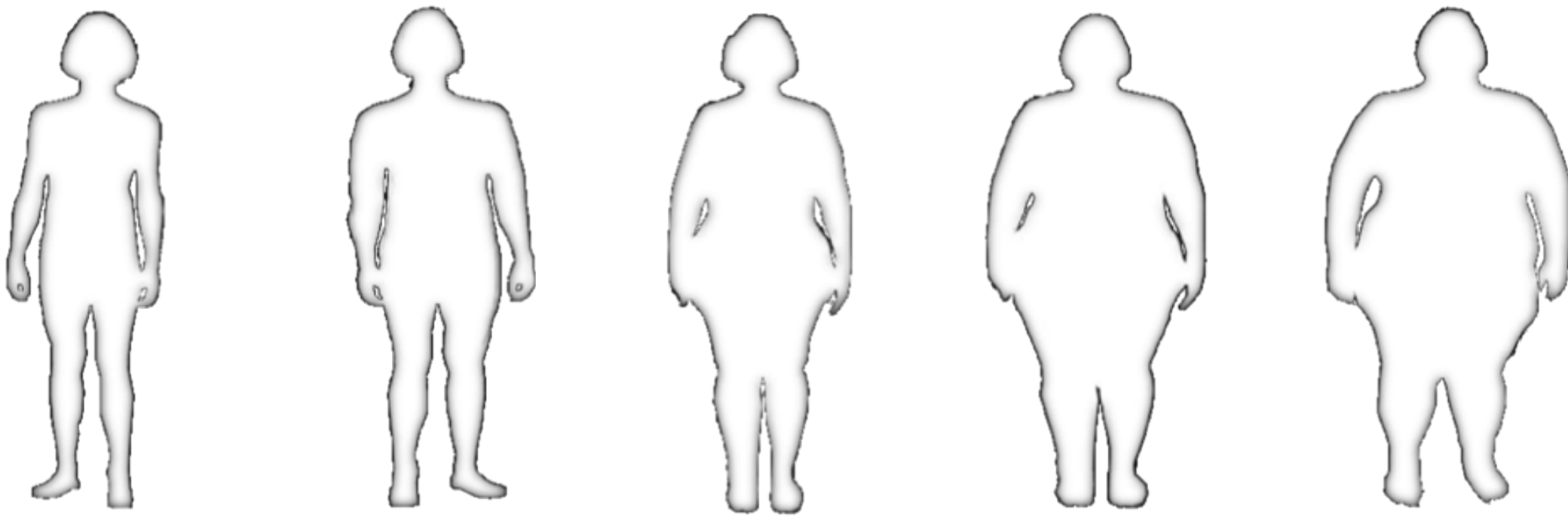
ADULT OBESITY

IN AMERICA

Why Are Americans Obese?

To understand the true size of the American obesity epidemic, we first need to understand what it really means to be overweight. Generally, doctors and nutritionists classify people as either underweight, healthy weight, overweight, or obese. These different classifications are determined by body mass index (BMI), or a measure of body fat based on your height and weight. To get a basic idea, this chart from the CDC approximates what that means for someone who is 5'9" tall. As for what is driving America's chronic weight problem, there are no definite answers. Scientific studies often reach conflicting conclusions, meaning many theories are out there, but the preponderance of evidence points to the two causes most people already suspect: too much food and too little exercise.

Healthy Weight (BMI 18.5 to 24.9) Overweight (BMI 25 to 29.9) Obese Class I (BMI 30 to 34.9) Obese Class II (BMI 35 to 39.9) Obese Class III (BMI 40 or more)



Total 20-39 40-59 60+

Normal Over Weight Obese

Who Is Affected?

While rates of obesity are rising across all demographics, certain demographic groups are more affected than others. The greatest disparity is racial, with Asian adults far less likely to be obese, and black and Hispanic adults slightly heavier on average than white adults. Reasons behind these disparities are subject to debate and often controversial, but diet, exercise, and environment likely play a role, as evidenced by disparities in habits like fast food consumption. One CDC report shows African Americans consume up to 33% more fast food than Caucasians.

In general, however, the poor are more likely to be overweight or obese than the rich. Again, nobody is certain why, but studies suggest lower-income individuals consume higher amounts of calories through fast foods and sodas that are high in sugar, fat, and calories. Quite simply, in the United States today, eating healthy food can cost more than eating junk.

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Other demographic research has focused on actual access to healthy food, most notably, the "food desert" hypothesis, which suggests poor, urban areas don't have enough nearby restaurants and grocery stores that sell healthy food. The theory is popular, but there is some skepticism surrounding it. Recent research found no correlation between the type of food sold in neighborhoods and obesity rates.

As of now, the forces driving higher obesity rates in certain demographics aren't fully understood. It's easy to say that weight control is a choice, but it's also a choice that's easier to make when you have the time and money to make it. One the community level, the obesity problem is a complex function of a community's level of access to affordable, nutritious food, healthcare and healthcare education, and recreational and fitness facilities.

	Obese Class 1 (BMI 30 - <35)	Obese Class 2 (BMI 35 - <40)	Obese Class 3 (BMI 40+)
All Adults	16.9%	6.0%	3.5%
Black	20.8%	8.8%	6.0%
Hispanic	17.9%	6.3%	3.4%
White	16.4%	5.6%	3.1%
Asian	7.6%	2.1%	1.0%

Caucasians African American Hispanic

