



HEALTHY WOMAN

News from the Office of Women's Health

Illinois Department of Public Health • Rod R. Blagojevich, Governor • Eric E. Whitaker, M.D., M.P.H., Director

Obesity Edition

Spring 2003

Overweight, Obesity on the Rise, A Threat to U.S. Health Gains



Health problems resulting from overweight and obesity could reverse many of the health gains achieved in the United States in recent decades, according to former Surgeon General David Satcher.

A report issued in December 2001, titled “The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity,” outlines strategies that communities can use in helping to address the problems. Options include requiring physical education at all school grade levels, providing more healthy food options on school campuses, and providing safe and accessible recreational facilities for residents of all ages.

“Overweight and obesity may soon cause as much preventable disease and death as cigarette smoking,” says Satcher. “People tend to think of overweight and obesity as strictly a personal matter, but there is much that communities can and should do to address these problems.”

Defining Obesity

Body mass index (BMI) is generally used as the first indicator in assessing body fat and has been the most common method of tracking weight problems and obesity among adults. BMI evaluates an individual’s weight status in relation to height. BMI is more highly correlated with body fat than any other indicator of height and weight. BMI is calculated by dividing a person’s body weight in kilograms by the square of his or her height in meters.

$$\text{BMI} = \text{weight (kg)} \div \text{height (m)}^2$$

Overweight is defined as a BMI of 25 or more, obesity as a BMI of 30 or more and severe obesity as a BMI of 40 or more.

For more information on body mass index, go to <http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm>.

Obesity and Death

About 300,000 U.S. deaths a year are associated with obesity and overweight (compared to more than 400,000 deaths a year associated with cigarette smoking). The total direct and indirect costs attributed to overweight and obesity amounted to \$117 billion in 2000.

In 1999, an estimated 61 percent of U.S. adults were overweight (BMI of 25 or more), along with 13 percent of

children and adolescents. Obesity among adults has doubled since 1980, with 31 percent of adults 20 years of age and older having a BMI of 30 or greater, while overweight among adolescents has tripled. Only 3 percent of all Americans meet at least four of the five federal Food Guide Pyramid recommendations for the intake of grains, fruits, vegetables, dairy products and meats. And less than one-third of Americans meet the federal recommendations to engage in at least 30 minutes of moderate physical activity at least five days a week, while 40 percent of adults engage in no leisure-time physical activity at all.

“Overweight and obesity are among the most pressing new health challenges we face today,” says Tommy G. Thompson, secretary of the U.S. Department of Health

Table 1

Increase in Prevalence (%) of Overweight (BMI25), Obesity (BMI30) and Severe Obesity (BMI40) Among U.S. Adults

	Overweight (BMI25)	Obesity (BMI30)	Severe Obesity (BMI40)
1999 to 2000	64.5	30.5	4.7
1988 to 1994	56.0	23.0	2.9
1976 to 1980	46.0	14.4	No Data

Source: Center for Disease Control, National Center for Health Statistics, National Health and Nutrition Examination Survey. Health, United States, 2002. Flegal et. al. Journal of the American Medical Association. 2002;288:1723-7. National Institute of Health, National Heart, Lung, and Blood Institute, Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults, 1998.

and Human Services. “Our modern environment has allowed these conditions to increase at alarming rates and become a growing health problem for our nation. By confronting these conditions, we have tremendous opportunities to prevent the unnecessary disease and disability they portend for our future.”

Ever Increasing Problem

While the prevalence of overweight and obesity has increased for both genders and across all racial, ethnic and age groups, disparities do exist. Findings of the 1999-2000 National Health and Nutrition Examination Survey (NHANES) show more adult women are obese (33 percent) than men (28 percent). In women, overweight and obesity are higher among members of racial and ethnic minority populations than in non-Hispanic white women (Table 2) There was practically no difference in obesity levels among men based on race/ethnicity. Members of lower-income families generally experience a greater prevalence of obesity than those from higher-income families.

Meanwhile, the percentage of children who are overweight (defined as BMI-for-age at or above the 95th percentile of the CDC growth charts) also continues to increase. Among children and teens ages 6 to 19, 15 percent (almost 9 million) are overweight according to the 1999-2000 NHANES data, or triple what the proportion was in 1980. In addition, more than 10 percent of younger pre-school aged children between ages 2 and 5 are overweight, up from 7 percent in 1994. Already, these trends are associated with dramatic increases in conditions such as asthma and in type 2 diabetes among children. Satcher says failure to address overweight and obesity “could wipe out some of the gains we’ve made in areas such as heart disease, several forms of cancer, and other chronic health problems.”

In preparing the report, Satcher convened a listening session in December 2000 and held a public comment period to gather ideas from clinicians, researchers, consumers and advocates. The sessions generated a

number of community-based strategies that were subsequently reviewed for their proven scientific effectiveness.

The strategies include the following:

- Ensure daily, quality physical education for all school grades. Currently, only one state in the country — Illinois — requires daily physical education for grades K through 12, while only about one in four teenagers nationwide take part in some form of physical education.
- Ensure that more food options low in fat and calories, as well as fruits, vegetables, whole grains, and low-fat or non-fat dairy products, are available on school campuses and at school events.
 - Make community facilities available for physical activity for all people, including on the weekends.
 - Create more opportunities for physical activity at work sites.
- Reduce time spent watching television and in other sedentary behaviors. In 1999, 43 percent of high school students reported watching two hours of television or more a day.
- Educate all expectant parents about the benefits of breastfeeding. Studies indicate breastfed infants may be less likely to become overweight as they grow older.
- Change the perception of obesity so that health becomes the chief concern, not personal appearance.
- Increase research on the behavioral and biological causes of overweight and obesity. Direct research toward prevention and treatment, as well as toward ethnic/racial health disparities.
- Educate health care providers and students in health professions on the prevention and treatment of overweight and obesity across the life span.

Table 2

Overweight and Obesity Prevalence (%) Among Women by Racial/Ethnic Group

Racial/Ethnic Group	Overweight (BMI25)	Obesity (BMI 30)
Black (non-Hispanic)	78	50.8
Mexican American	71.8	40.1
White (non-Hispanic)	57.5	30.6

Source: CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey. Health, United States (Table 70) 2002.

The “Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity” is available at www.surgeongeneral.gov/topics/obesity.

Sources

1. *Overweight, Obesity Threaten U.S. Health Gains. FDA Consumer Magazine. March-April 2002. Available online at: http://www.fda.gov/fdac/features/2002/202_fat.html.*
2. *U.S. Department of Human Services News Release, Obesity Still on the Rise, New Data Show, Tuesday, Oct. 8, 2002.*

Medical Conditions Associated with Obesity as a Risk Factor

- Arthritis
- Birth Defects
- Cancers
- Cardiovascular Disease
- Carpal Tunnel Syndrome
- Chronic Venous Insufficiency
- Daytime Sleepiness
- Deep Vein Thrombosis
- Diabetes (Type 2)
- End Stage Renal Disease
- Gallbladder Disease
- Gout
- Heat Disorders
- Hypertension
- Impaired Immune Response
- Impaired Respiratory Function
- Infections Following Wounds
- Infertility
- Liver Disease
- Low Back Pain
- Obstetric and Gynecologic Complications
- Pain
- Pancreatitis
- Sleep apnea
- Stroke
- Surgical Complications
- Urinary Stress Incontinence

Questions?

Need Information?

Materials?

Referrals?

Call the Women’s Health-Line

1-888-522-1282

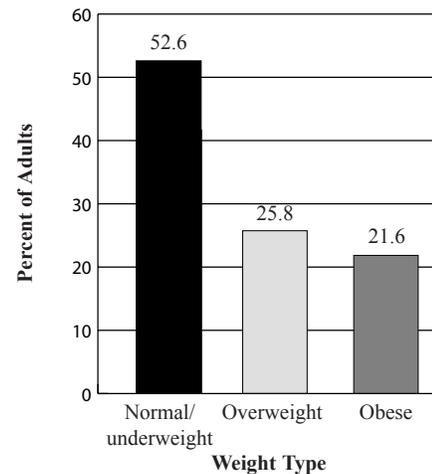
Obesity in Illinois



Illinois ranks 17th highest among the 50 U.S. states and the District of Columbia for obesity. More than 3.6 million adults in Illinois are categorized as obese ¹ — approximately 29 percent of the overall population.² The figures below show how Illinois women fare with regard to obesity and physical activity.

Figure 1.

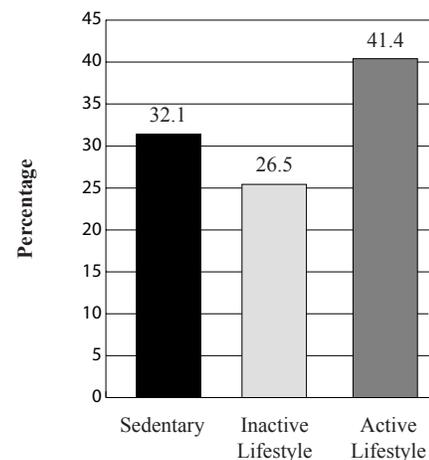
Weight Status Among Illinois Women, 1999



Source: *Body Weight Status and Gender, United States, 1990-1994*

Figure 2

Physical Activity in Females, 18 and Older, Illinois, 2000



Source: *Illinois Department of Public Health, Behavioral Risk Factor Surveillance System, 2000*

Sources

1. *A Report to the Governor of Illinois and the Illinois General Assembly, Illinois Cardiovascular Disease Prevention Task Force, June 30, 2000.*
2. *Obesity in the U.S. Fact Sheet, American Obesity Association, 2002.*

NEW PUBLICATIONS

Profile on Women's Health



The *2002 Profile of Women's Health Status in Illinois* is now available from the Illinois Department of Public Health, Office of Women's Health. Issues of mortality and morbidity are covered in a comprehensive manner throughout this booklet. A list of some

significant findings are highlighted below:

- 51 percent of the Illinois population is female and that population is aging.
- Illinois has a higher percentage of minorities compared to the national average.
- 72 percent of family caregivers are female.
- Almost 14 percent of Illinois women between ages 19-64 had no insurance in 2000.
- Between the ages 25-64, the leading cause of death for women is cancer; for age 65 and older, it is cardiovascular disease (CVD).
- Black women have substantially higher death rates due to CVD than white women.
- Almost 48 percent of Illinois women are overweight or obese.
- Almost 60 percent of Illinois women do not participate in the recommended amount of physical activity.
- The number of women at high risk for diabetes and its complications is increasing.
- Breast cancer is the most common cancer in women, but lung cancer is the leading cause of cancer deaths in women.
- In 2000, 29.7 percent of high school senior girls reported having smoked in the past 30 days.
- More than 80 percent of persons with osteoporosis are women.
- AIDS incidence in Illinois is dropping for the first time since 1996. However, HIV infection among women has increased dramatically over the last decade, particularly in women of color.
- The majority of chlamydia and gonorrhea cases are found in women between the ages of 15 and 24.
- During the past decade, the Illinois infant mortality rate has dropped 22 percent, but the rate among black infants in Illinois rose slightly during the same time period.
- 69 percent of pregnancies among nonwhite women are unintended; 36.5 percent of pregnancies among white women are unintended.
- Mothers and at-risk infants have improved outcomes when participating in the Family Case Management and Women, Infant and Children (WIC) programs.
- During 2000, 114,373 domestic-related offenses were reported to Illinois police.
- 64 percent of violent acts against women are performed by an intimate partner.
- 91 percent of statewide hospital discharges for eating disorders were female.
- Approximately 75 percent of nursing home residents over the age of 65 are women.

To order the *2002 Profile of Women's Health Status in Illinois*, or for further detail on these and other health issues affecting Illinois women, please contact the Women's Health-Line at 1-888- 522-1282 (TTY, hearing impaired use only, 1-800-547-0466).

Osteoporosis Report Released



A new report on osteoporosis is now available through the Illinois Office of Women's Health. Titled, *Osteoporosis in Illinois 2003*, the report describes the prevalence and economic burden of osteoporosis in Illinois and the nation and summarizes the activities the state is using to

address this devastating disease.

Facts highlighted in the report include:

- In 2001, U.S. hospitalization and nursing care costs for osteoporosis were \$17 billion and they continue to climb.
- In Illinois, hospitalization rates for hip fractures are 10 percent to 20 percent greater than the national average.
- On average, 24 percent of hip fracture patients age 50 and older die due to complications within the year following the fracture.
- Hip fractures are the second leading cause of nursing home admissions.
- Osteoporosis is not a normal part of the aging process and often goes undetected until a serious fracture occurs.
- Though screening is available, health care providers do not always screen at-risk patients for osteoporosis.
- Young women develop peak bone mass by age 20,

yet only 10 percent of girls 9-13 years of age receive an adequate amount of calcium each day.

- Actual prevalence of osteoporosis is underestimated because of inadequate diagnosis and inconsistent reporting.
- Since 1999, the state has targeted \$2.7 million for osteoporosis awareness and prevention programs that have reached thousands of Illinois women and girls. A significant number of these participants have reported positive behavioral changes to prevent and treat osteoporosis.

To request copies of the Osteoporosis report, contact the Women's Health-Line at 1-888-522-1282 (TTY, hearing impaired use only, 1-800-547-0466).

Symposium Focuses on African-American Women



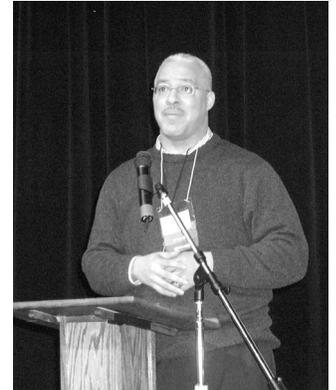
The first state-sponsored African-American women's health symposium, "Healthy Me 2003 and Beyond," was held on Saturday, April 12, at Malcolm X College in Chicago, Illinois. The symposium was one of 12 major events held throughout the U.S. for the National Minority Health Campaign. Approximately 300 women were in attendance at the event, which covered topics such as self-esteem and personal growth, cardiovascular health, diabetes, menopause, breast and cervical cancer, sexual health and depression. Hermene Hartman, the publisher and chief executive officer of *N'DIGO*, a role model of empowerment of the African-American woman in her own right, charged conference attendees with taking better care of themselves for their own good and the good of their families. Women surviving breast cancer and HIV infection, along with those battling depression, shared their personal stories and urged attendees to be screened regularly. A lively, integrated health care panel ended the day by discussing the benefits and limitations of traditional and various alternative health care measures. Many exhibitors shared information and resources on health and social service programs.

In conjunction with the Illinois Department of Public Health, major sponsors for the event included Malcolm X College, the Minority Health Association and Amerigroup Inc. The planning committee was chaired by the Illinois Department of Public Health, Office of Women's Health, and included the Access Community Health Network, African American Family Commission,

Association of Women Pharmacists, Chicago/Cook County West District Health Council, Chicago Department of Public Health, Chicago Women's AIDS Project, Circle Family Care, Cook County Bureau of Health Services, Gilda's Club-Chicago, Greater Holy Temple, Healthcare Consortium of Illinois, Ingalls Hospital, National Cancer Institute-Cancer Information Service, South Side Help Center, West Side Future YMCA and White Crane Wellness Center.



Hermene Hartman, publisher and chief executive officer of *N'DIGO*, charged symposium attendees with taking better care of themselves for their own good and the good of their families.



Dr. Eric E. Whitaker, newly appointed director of the Illinois Department of Public Health, welcomed the approximately 300 attendees.



Nearly 40 exhibitors shared information and resources on health and social service programs.

Address Corrections

If the address label on this newsletter is incorrect, please send it back to us with corrections.

If you know others who would like to be added to our mailing list, please let us know.

Just call the Health-Line.

Cardiovascular Health Awareness Mini-Grants



Illinois ranks 35th among the 50 U.S. states for cardiovascular disease (CVD) mortality.¹ * In fiscal year 2003, the Illinois Department of Public Health, Office of Women's Health, awarded \$24,200 in CVD mini-grants to seven local health departments throughout Illinois to help address this issue. Grant awards, which ranged from \$1,000 and \$4,000, supported seminars designed to provide women with the information and resources needed to identify, address and combat cardiovascular disease and related health issues. They addressed heart disease, obesity/overweight, nutrition, physical activity, body image/self esteem and stress management. Eligibility was limited to certified public health departments in Illinois that were not currently receiving funding from the Office of Women's Health.

Fiscal year 2003 was the second year "mini-grants" were offered and the Office of Women's Health plans to continue offering them for the upcoming year. Look later this year for an announcement about future funding opportunities. Below is a list of the FY03 recipients:

Boone County Health Department
DeWitt-Biatt Bi-County Health Department
Fulton County Health Department
Jackson County Health Department
McDonough County Health Department
Ogle County Health Department
Perry County Health Department

* The state with the lowest ranking has the lowest CVD mortality rate.

1 Women and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality, Second Edition, Office for Social Environment and Health Research, West Virginia University, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 2000.

Announcements

May is National Osteoporosis Awareness and Prevention Month

Please join the National Osteoporosis Foundation (NOF) in the 2003 campaign for the prevention of osteoporosis that kicks off this May. The campaign will highlight four easy steps required to build and maintain healthy bones.

1. Consume the recommended levels of calcium and vitamin D every day.
2. Engage in regular weight-bearing exercise.

3. Avoid smoking and excessive alcohol.
4. Talk with your doctor about bone health.

Help NOF to spread the word by joining the campaign as a Partner in Prevention. Partners receive a media kit, poster and other materials that they can share in their communities. For more information, go to http://www.nof.org/prevention_month_campaign.htm.

National Women's Health Week is May 11-17, 2003

National Women's Health Week celebrations will be held throughout the country during the week of May 11-17, 2003. The week will kick off with the first ever National Women's Check-Up Day on Monday, May 12. The goal of this day will be to educate, screen and counsel underserved women to prevent the onset of targeted health conditions. Community health centers, hospitals and other health care providers are being asked to encourage women to receive preventive health services on the National Women's Check-Up Day and throughout the week by hosting or attending health-related events targeting women. For more information, go to <http://www.4women.gov/whw/>.

Health and Medicine Policy Research Group is sponsoring:

Healing Girls in the Juvenile Justice System: The Challenge to Our Community

Wednesday, July 9, 2003

UIC Illini Union, 828 S. Wolcott, Chicago Rooms B & C, Chicago, IL, Time: TBA

This day long conference will provide a concentrated look at health related services for girls in detention and those upon release, with specific focus on mental health issues, and reproductive health care. The current state of girls health will be examined, as well as the need for innovative policy and programs to address identified gaps. For more information or to register, please contact Health and Medicine at 312-372-4292 or via email at info@hmprg.org.

2nd Annual National Women's Health & Fitness Day is September 24, 2003

Women's Health and Fitness Day is the nation's largest annual health promotion event for women of all ages. Hundreds of local organizations around the country will host women's health and fitness events at hospital, health clubs, park and recreation districts, health departments, senior centers and other community locations. To find out about promotional kits, contact the Women's Health-Line at 1-888-522-1282, or visit www.fitnessday.com.

Illinois Breast and Cervical Cancer Program Kicks Off Enrollment Campaign

Program provides screenings at no cost to qualifying women



The Illinois Breast and Cervical Cancer Program launched a statewide enrollment campaign this spring. The campaign includes direct outreach to women who may be eligible for the program, as well as to health care providers. The program provides qualifying women with breast and cervical cancer screenings at no cost.

To qualify for the program, women must be Illinois residents, be between the ages of 35 and 64, have no

health insurance and have incomes below certain levels. To reach these women, the enrollment campaign will use several tactics: direct mailings to potential enrollees, radio advertising in connection with local enrollment events, and grassroots activities including small group meetings organized by women serving as “peer advocates.”

“Reaching out directly to the women is a key strategy of the enrollment campaign,” said Sharon Green, who oversees the Office of Women’s Health at the Illinois Department of Public Health. “Creating greater awareness of the program among health care providers is important, too. A high percentage of program enrollees come to us through provider referral.”

Among the health care associations and the industry and community groups supporting the program’s enrollment campaign are 7-11, AARP Illinois, the American Academy of Nurse Practitioners (Illinois chapter), the American College of Obstetricians and Gynecologists (Illinois section), Avon Illinois, the Illinois Farm Bureau, the Illinois Healthcare Association, the Illinois Hunger Coalition, the Illinois Nurses Association, the Illinois

Primary Healthcare Association, the Illinois Rural Health Association, the Illinois Society for Advanced Practitioners, the National Cervical Cancer Coalition, the Southern Illinois University College of Medicine, the Women, Infants and Children (WIC) Program state chapter, the U.S. Conference of Mayors, the YMCA, the Y-Me Breast Cancer Organization, and several church denominations.

If a health care provider is aware of uninsured women who are not receiving Medicaid benefits and who could benefit from this program, he or she should refer them

You may be eligible to receive free screenings through the Illinois Breast and Cervical Cancer Program if your income falls into one of the categories below

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$17,720	\$1,477	\$341
2	\$23,880	\$1,990	\$459
3	\$30,040	\$2,503	\$578
4	\$36,200	\$3,017	\$696
For each Additional Family member, add	\$6,160	\$513	\$118

Income levels may increase slightly effective July 1, 2003.

to the Illinois Department of Public Health’s Women’s Health-Line, 1-888-522-1282, to learn about the program and how to enroll. Women should receive a free mammogram and Pap test soon after they enroll. If cancer is detected while a woman is in the program, she will be referred to the Illinois

Department of Public Aid for free treatment benefits. It is important that women enroll in the program first; if they enroll after cancer is detected, they will not be eligible for these treatment benefits.s.

To find out more about how you or your organization can help to spread the word, contact the Department’s Office of Women’s Health at 1-888-522-1282.

Healthy Woman newsletter is published quarterly by the ILLINOIS DEPARTMENT OF PUBLIC HEALTH. Story ideas, suggestions and comments are welcome and should be forwarded to Lisa Keeler, editor, Illinois Department of Public Health, Office of Women’s Health, 535 W. Jefferson St., Springfield, IL 62761; or call 217-524-6088.

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Mark Your Calendar

for the following event sponsored
by the Illinois Department of Public
Health, Office of Women's Health



October 28-29, 2003

Illinois Women's Health Conference

Donald E. Stephens Convention Center – Rosemont, Illinois

The 2003 registration form and conference agenda will be available on-line
<www.idph.state.il.us> in June 2003.

*To be added to the conference mailing list, please phone, fax or E-mail complete
mailing information to Brenda Blasko at 217-524-1844, fax 217-524-3326
or E-mail <bblasko@idph.state.il.us>.*

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