

RURAL HEALTH FACTS

The Elders' Obesity Challenge

Fall 2005



Obesity is an increasingly prominent threat to good health among all Americans, contributing to an estimated 400,000 deaths annually¹ and costing about \$122.9 billion, a figure that is comparable to the economic costs of cigarette smoking.² Approximately 65 percent of adults in the United States were either overweight or obese in 1999-2002, up by 16 percent from 10 years ago.³ Overweight and obesity have increased dramatically in both men and women of all age and ethnic groups, and remains particularly high among black women.⁴ Other groups that have a high prevalence of obesity include Asian/Pacific Islanders and American Indians, Alaska Natives and Native Hawaiians.

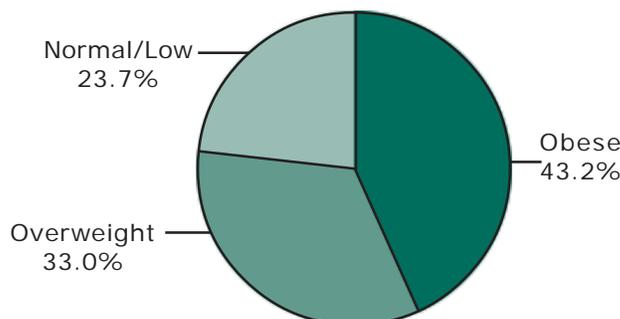
The prevalence and demographic patterns of obesity within Native American elderly populations were examined through analysis of nationwide survey data collected in 2004-05 by the University of North Dakota's National Resource Center on Native American Aging, located at the Center for Rural Health, School of Medicine and Health Sciences. These data reflect a variety of health-related information on 8,119 Native Americans aged 55 years and older.

Obesity and overweight is defined through the use of Body Mass Index (BMI), a calculation which categorizes weight relative to height. A low or normal body weight is defined as BMI scores less than 25; overweight is BMIs of 25 to 29.9; obese is BMIs of 30 or greater.⁵

Results

Of the respondents, 43.2 percent were classified as obese, about one-third (33.0%) were overweight, and approximately one-quarter (23.7%) were classified as having normal or low weight (see Figure 1). By age,

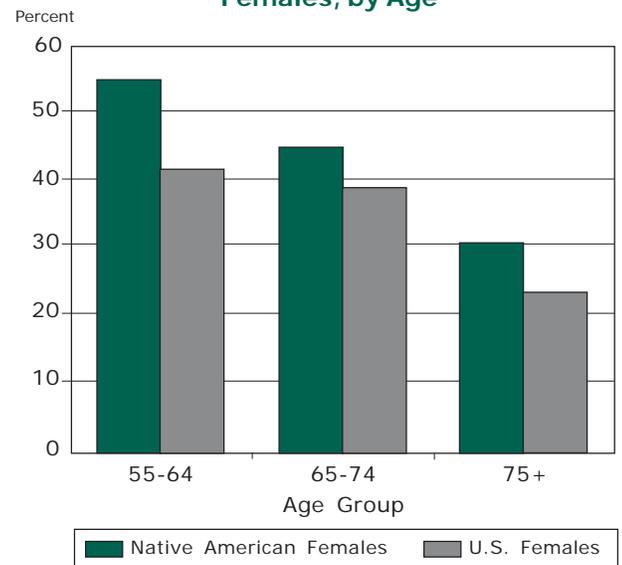
Figure 1. Obesity and Overweight Among Native American Elders



the youngest elders were most likely to be obese; slightly more than one-half (51.8%) of elders aged 55-64 years were obese, compared to 42.7 percent of those aged 65-74 years, and 29.9 percent of elders 75 years and older.

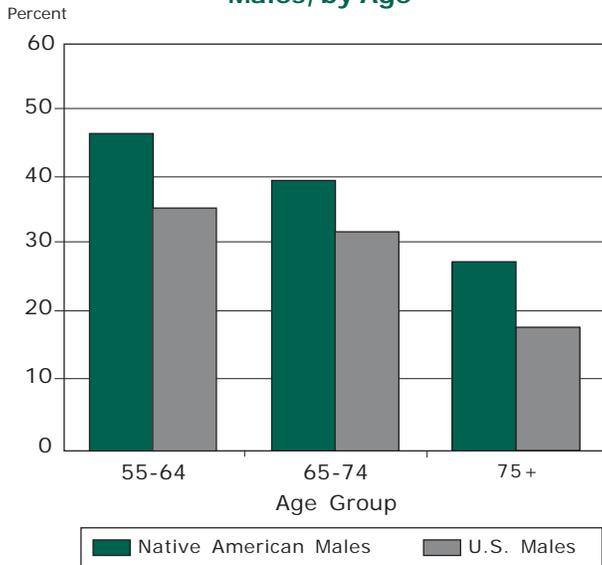
By gender, females were more likely to be obese; 46 percent of females and 40 percent of males were classified as obese. Among Native American females, younger persons were most likely to be obese. Native females aged 55-64 years were obese at a rate of 55.2 percent, markedly higher than the U.S. female (all races) obesity rate of 42.1 percent (see Figure 2). Among Native females aged 65-74 years, slightly less than one-half (45.1%) were obese, a proportion that is higher than the rate for U.S. females (all races) of the same age. Native American females age 75 years and older were also more likely to be obese, compared to the U.S. rate (31.0% compared to 23.6%).

Figure 2. Obesity Among Native Elderly Females, by Age



Among Native American males, those aged 55-64 were much more likely to be obese than older Native males and U.S. males (all races) of the same age (see Figure 3). Approximately one-half (46.4%) of respondents in this age group were obese, compared to only 35.5 percent of U.S. males (all races) aged 55-64 years. Native males aged 65-74 years were less likely to be obese compared to their younger Native counter-

Figure 3. Obesity Among Native Elderly Males, by Age



parts; however, they were more likely to be obese than similarly aged U.S. males, all races. Native American males aged 75 years or older were also obese at rates that were lower than younger Native American males but higher than for U.S. males (all races).

Obese Native American elders were more likely to have certain chronic health conditions, compared to their non-obese counterparts. Obesity substantially increased the likelihood of having hypertension, arthritis, diabetes, asthma, and congestive heart failure.

Obesity Prevention

Native American elders can prevent obesity through concerted efforts to improve and maintain good nutritional and exercise regimens. Elders who are obese should work with their health care providers to lose weight and increase physical activity, which has the following associated health benefits:⁶

- ❖ Decreased likelihood of having a stroke or developing diabetes
- ❖ Reduced blood pressure
- ❖ Improved cholesterol
- ❖ Reduced blood sugar
- ❖ Slowed progression of arthritis and reduction of joint damage/pain

Progress and Optimism

While research indicates serious obesity problems, there are examples of progress being made to address this issue:

- ❖ The National Resource Center on Native American Aging's Cycle I and Cycle II data collection has been useful to document the seriousness of the issues and can assist tribal communities with new

developments such as establishing wellness centers, walking groups, and eating-behavior modification programs.

- ❖ More elders are walking. According to our data, the percent of elders who are walking has increased to 61.6% in Cycle II, as compared to 35.6% in Cycle I.
- ❖ Future research should focus on socioeconomic status related to food choices, free choice when choosing food, tolerance for obese people, weight management and control, and pessimism and hopelessness associated with dieting.

References

- 1 Mokdad, A.H., Marks, J.S., Stroup, D.F., & Gerberding, J.L. (2004). Actual Causes of Death in the United States, 2000. *Journal of the American Medical Association*, 291:1238-1245.
- 2 National Institute of Diabetes, Digestive and Kidney Diseases. (2005). Statistics Related to Overweight and Obesity. <http://www.win.niddk.nih.gov/statistics/>
- 3 Centers for Disease Control and Prevention. (2004). Prevalence of Overweight and Obesity among Adults: United States, 1999-2002. <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/obese/obse99.htm#Table%202>
- 4 Flegal, K.M., Carroll, M.D., Ogden, C.L., & Johnson, C.L. (2002). Prevalence and Trends in Obesity among U.S. Adults, 1999-2000. *Journal of the American Medical Association*, 1723-1727.
- 5 Centers for Disease Control and Prevention. (2005). Body Mass Index for Adults: What does this all mean? <http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-means.htm>
- 6 Office of the U.S. Surgeon General. (2005). Overweight and Obesity: Health Consequences. http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_consequences.htm

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