# IOWA DEPARTMENT OF PUBLIC HEALTH



### **ADULT OBESITY REPORT**

**BUREAU OF NUTRITION AND PHYSICAL ACTIVITY** 



This report focuses on the data collected through the Behavioral Risk Factor Surveillance System (BRFSS) during calendar year 2019.

# **21st**

# lowa ranks 21 of 51 in state rankings for adult obesity prevalence rates

\*The District of Columbia is included in the state rankings. Data for New jersey is not available for 2019.

33.9%

of lowa adults have obesity

Decrease from 2018

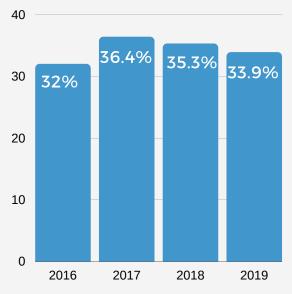


Figure 1: Iowa Adult Obesity by Year, 2016-2019

#### BACKGROUND

Obesity status reflects both individual health status and society-level aspects that are made up of social determinants of health. Individual determinants include genetics, behaviors such as physical activity and dietary patterns, and other exposures. Society-level determinants include the built environment such as sidewalks, parks and grocery stores in a community, social marketing, education and skills.

Obesity is a serious health risk due to it's association with poorer physical and mental health outcomes and reduced quality of life. Obesity is also associated with the leading causes of death in the United States and worldwide, including diabetes, heart disease, stroke, and some types of cancer.

Obesity status is reported on using the adult Body Mass Index (BMI) to measure a person's weight in kilograms divided by the square of height in meters. BMI does not measure body fat directly, but research has shown that BMI is moderately correlated with more direct measures of body fat obtained from other methods. A high BMI can be an indicator of high body fatness.

Estimations of the prevalence of overweight and obesity in this report are based on BMI determined from self-reported weight and height. In adults, obesity is considered to be a BMI greater than or equal to 30. This self-report method is likely to result in an underestimation of the actual extent of obesity. However, comparisons across demographic groups, states and years are likely to be valid.

#### **OBESITY DATA**

In 2019, 33.9% of non-pregnant adult lowans were obese based on BMI. An additional 34.4% were overweight, for a combined 68.3% of adults who are overweight or have obesity. This is down slightly from 69.4% in 2018. Likewise, the rate of obesity in the state of lowa decreased by 1.4% since 2018 and was the lowest reported rate in the last three years (see figure 1).

### **DEMOGRAPHICS**

An analysis by demographic factors (see table 1) shows that rates of obesity for males is higher than for females. However, both decreased their rates based on self reported weight status from 2018 to 2019. Prevalence for obesity increases steadily with age. Young adults aged 18-24 years (17.7%) were more than half as likely to have obesity as those 45-54 years (41.3%) with the highest rates. Rates decline for those aged 75 years or older (26.4%).

Education levels have an effect on adult obesity as well. Prevalence rates decrease when level of education increases. Adults with less than a high school education (35.9%) and those with a high school diploma or G.E.D. (35.4%) have slightly higher rates of obesity than those with some college education (35.3%) or a college degree (30%). Only those with a college degree had a prevalence rate that was lower than the state rate (33.9%).

Obesity increases as household income decreases, and is more prevalent in individuals whose household income is less than \$50,000. The effects of income are similar to education level, with only the adults who report the highest household income of \$75,000 or more (31.9%) having a prevalence rate below the state rate (33.9%). All rates declined from 2018 to 2019, except for those who reported making less than \$15,000 (35.7%, 36.1%).

Black (41.1%) and Hispanic (35.7%) adults have prevalence rates well above individuals reported as White (34.2%) and Other (21.4%). Similar disparities between races and ethnicity were also present in 2018.

Table 1: Obesity Prevalence by Demographics, 2019

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Demographic Groups	Prevalence	95% Confidence
Demograpine Groups	Rate (%)	Interval
Total	33.9	(32.7 - 35.1)
Sex		
Male	35.2	(33.6 - 36.8)
Female	32.6	(31 - 34.2)
Race/Ethnicity		
White/non-Hisp.	34.2	(33 - 35.4)
Black/Non-Hisp.	41.1	(32.5 - 49.7)
Other/Non-Hisp.	21.4	(15.3 - 27.6)
Hispanic	35.7	(30.2 - 41.2)
Age Group		
18 - 24	17.7	(14.6 - 20.8)
25 - 34	31.7	(28.6 - 34.8)
35 - 44	38.9	(35.8 - 42)
45 - 54	41.3	(38.4 - 44.2)
55 - 64	39.1	(36.5 - 41.6)
65-74	38.7	(36 - 41.3)
75+	26.4	(23.6 - 29.3)
Education		
Less than H.S.	35.9	(30.8 - 41)
H.S. or G.E.D.	35.4	(33.4 - 37.4)
Some Post-H.S.	35.3	(33.3 - 37.3)
College Graduate	30	(28.2 - 31.8)
Household Income		
Less than \$15,000	36.1	(31.2 - 41)
\$15,000- 24,999	40.9	(37.4 - 44.4)
\$25,000- 34,999	36.1	(32 - 40.2)
\$35,000- 49,999	36.2	(32.9 - 39.5)
\$50,000- 74,999	34.7	(32 - 37.4)
\$75,000+	31.8	(29.8 - 33.8)

## NATIONAL COMPARISON

Overall lowa's adult obesity rate is ranked 21st in the nation, an improvement from 7th in 2018. Iowa's prevalence rate dropped 1.4% from 2018 (35.3%) to 2019 (33.9%), the second largest decrease in prevalence behind Florida (3.7%). Another fourteen states decreased their prevalence rates from 2018 to 2019, while two states stayed the same, and thirty-two states increased. Overall, lowa's obesity prevalence rate is above the 2019 U.S. median rate of 32.1%. For obesity and overweight combined, the lowa rate of 68.3% is also higher than the U.S. median of 66.7%.

The Midwest had the highest prevalence of obesity (33.9%), followed by the South (33.3%). Nationally, 15 states had an obesity prevalence of 35% or higher among Hispanic adults, and 34 states among non-Hispanic Black adults, which includes Iowa. Combining national data from 2017-2019, Iowa ranks 5th for non-Hispanic White adults (35.3%), 9th for non-Hispanic Black adults (43.4%), and 9th for Hispanic adults (37.1%). The Healthy People 2020 goal for obesity is 30.6%. Iowa falls short of achieving this goal with a current adult obesity rate of 33.9%

**IOWA OBESITY DATA 2019**