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INTRODUCTION

- According to the Center of Disease Control and Prevention, the American society has become ‘obesogenic’ characterized by environment that promote increased food intake, non-healthy foods and physical inactivity.

- Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems.
HOWS DOES THE UNITED STATES MEASURE GLOBALLY...

United States: ~30.6%
Mexico: ~3.2%
United Kingdom: ~13%
Slovakia: ~%
Greece: ~%
Australia: ~%
New Zealand: ~%
Hungary: ~%
Luxembourg: ~%
Czech Republic: ~%
Canada: ~%
Spain: ~%
Ireland: ~%
Germany: ~%
Portugal: ~%
Finland: ~%
Iceland: ~%
Turkey: ~%
Belgium: ~%
Netherlands: ~%
Sweden: ~%
Denmark: ~%
France: ~%
Austria: ~%
Italy: ~%
Norway: ~%
Switzerland: ~%
Japan: ~%
South Korea: ~%

SOURCE: OECD Health Data 2005
Japan’s obesity rate is 3.2%...

In Japan, already the slimmest industrialized nation, people are fighting fat to ward off dreaded metabolic syndrome and comply with a government-imposed waistline standard. Metabolic syndrome, known here simply as “metabo,” is a combination of health risks, including stomach flab, high blood pressure and high cholesterol, that can lead to cardiovascular disease and diabetes.

A new Japanese law requires employers to battle obesity in the workplace setting a maximum waistline and measuring the body fat of employees between the ages of 40 to 70.
STATE OF OBESITY IN THE UNITED STATES

- Obesity is growing faster than any previous public health issue our nation has faced. If the current trends continue, 103 million American adults will be considered obese by 2018.

- The U.S. is expected to spend $344 billion on healthcare costs attributable to obesity in 2018 if rates continue to increase at their current levels. Obesity-related direct expenditures are expected to account for more than 21% of the nation’s direct healthcare spending in 2018.
Obesity Trends* Among U.S. Adults
BRFSS, 1986
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
OBESITY TIMELINE

Obesity Trends* Among U.S. Adults
BRFSS, 1993
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults

BRFSS, 1999

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2004
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
OBESITY TIMELINE

Obesity Trends* Among U.S. Adults
BRFSS, 2007
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
During the past 20 years there has been a dramatic increase in obesity in the United States.

In 2009, only Colorado and the District of Columbia had a prevalence of obesity less than 20%.
STATE OF OBESITY IN CALIFORNIA

- This epidemic affects virtually all age, income, educational, ethnic and disability groups - although rates are highest among Californians of Latino, American Indian, African American and Pacific Islander descent, Californians from lower-income households, and those with disabilities.

- Although obesity rates in California have leveled in recent years, the remain alarmingly high. Over the past 30 years, obesity rates have tripled among children and adolescents, and have remained high.

- Where people live, work and play impacts obesity. For example in Imperial County 73% adults are overweight or obese, versus only 43 percent of San Francisco County adults.

- In West Los Angeles, approximately three in every ten adults are overweight or obese, versus nearly 75 % (or more than seven in every ten adults) in south Los Angeles.
WHAT IS OBESITY COSTING US? *

- In a study, the estimated that the cost to California for overweight, obesity and physical inactivity, in 2006 was $41.2 billion.

- Of these total costs, half ($20.1 billion) were attributed to overweight and obesity.

- If the trend continued, the total cost for the state would increase to $52.7 billion by 2011.

- These costs are associated with healthcare cost and cost associated with lost productivity.

- In Los Angeles County $3.6 billion are associated with obesity and $2.3 billion are associated with lost productivity.

- In Alameda County $1 billion are associated with obesity and $370 million are associated with lost productivity.

- Estimates indicate that California could save $1.7 billion over five years by investing $10 per person per year in strategic prevention programs.

*based on 2006 numbers.
CAUSES OF OBESITY

- Physical Inactivity - With a sedentary lifestyle, you can easily take in more calories every day than you burn off through exercise or normal daily activities. Watching too much television is one of the biggest contributors to a sedentary lifestyle and weight gain.

- Unhealthy Diet and Eating Habits - Having a diet that's high in calories, eating fast food, skipping breakfast, eating most of your calories at night, consuming high-calorie drinks and eating oversized portions all contribute to weight gain.

- Lack of Sleep - Getting less than seven hours of sleep a night can cause changes in hormones that increase your appetite.

- Certain Medications - Some medications can lead to weight gain if you don't compensate through diet or activity.
OBESITY RISK FACTORS

- Genetics - Genes affect the amount of body fat you store and where is fat distributed. It also plays a role on how efficiently your body converts food into energy.

- Family History - Obesity tends to run in families, not just because of genetics but because families have similar eating, lifestyles and activity habits.

- Age - Obesity can occur at any age, even in young children. But as you age, hormonal changes and a less active lifestyle increase your risk of obesity.

- Social and Economic Issues - Certain social and economic issues may be linked to obesity. You may lack access to safe areas to exercise, you may not have been taught healthy ways of cooking, or you may not have the financial means to buy fresh fruits and vegetables or foods that aren't processed and packaged.
### IMPACTS

- Blood (fat) lipid abnormalities
- Cancer, including cancer of the uterus, cervix, ovaries, breast, colon, rectum and prostate
- Depression
- Gallbladder disease
- Gynecological problems, such as infertility and irregular periods
- Heart disease
- High blood pressure
- Osteoarthritis
- Skin problems, such as intertrigo and impaired wound healing
- Sleep apnea
- Stroke
- Type 2 diabetes
- Metabolic syndrome
- Nonalcoholic fatty liver disease
What can our participants do when they leave this seminar to help prevent obesity and lower rates?
QUESTIONS?