

METROPOLITAN KANSAS CITY OBESITY REPORT

***A REPORT OF THE METROPOLITAN HEALTH COUNCIL
APRIL 2003***

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"Obesity outranks smoking and drinking in its deleterious effects on health and health costs."¹

"Approximately 70 million Americans are obese - more than 1 in 3 of all adults and 1 in 5 children."²

The Kansas City area, along with the rest of the country, is experiencing an alarming rise in the number of overweight and obese persons. The prevalence of overweight among Kansas City residents and the serious health consequences that result from overweight and obesity, sparked the Metropolitan Health Council's³ interest in this issue. This report, and a companion document listing resources that are available to help those interested in addressing overweight and obesity among children and youth, are the result of the Council's examination of the problem. There is also a resource line persons can call to learn more or to get additional copies of this report and the resource directory: 816-983-6908. Though the focus of the Council's work has been on childhood obesity, this report contains information about both children and adults to give a more complete picture of the situation here and across the country.

OVERVIEW

The main take-home point of this report is that the percentage of persons of all ages who are overweight and obese is rising dramatically -- in Kansas City, the rest of the Midwest and every other region of the country, and consequently for the United States as a whole. No matter what data one examines, all trendlines show a startling increase in the number and percentage of overweight and obese persons. Among some subsets of the population, the rate of increase is especially sharp. And the rate of increase among the severely obese is greater than that for persons who are overweight or obese, but not severely obese.

It is time to sound the alarm and begin working on many fronts to address this costly – and deadly – epidemic.

As will be seen, because of the way data are kept, not all statistics are comparable across geographic areas, especially as we look for more localized information. However, this should not cloud the overall picture painted by the data when viewed collectively.

¹Roland Sturm, *Health Affairs*, Mar-Apr, 2002.

²Missouri Obesity Burden Report. 2001.

³The Metropolitan Health Council is a non-partisan group, brought together by Prime Health Foundation, dedicated to facilitating community responses to health problems in the Kansas City metropolitan area.

OVERWEIGHT AND OBESITY

Causes of overweight and obesity. Obesity is a complex, multi-factoral chronic condition involving environmental (social and cultural), genetic, physiologic, metabolic, behavioral and psychological components.

Clearly, for some individuals, **genetics** contributes to overweight, but it is hard to say that genetics is a major cause for the dramatic rise in recent decades in the percentage of the population of the United States who are overweight and obese, since the makeup of the population has not changed greatly during the recent period of increase.

Among children, many experts attribute the frightening increase in obesity in large part to **a shift in the activity patterns**. Twenty to 30 years ago, children did not have many indoor activities at their disposal and were more likely to go outside and play. They also frequently walked to and from school and the corner grocery store. Today many neighborhoods are unsafe for walking and other outdoor activities, and communities are not always designed with sidewalks and direct routes to destinations of interest. Further, many schools today generally offer less physical education than they used to. In addition, watching TV and playing video games are relatively new, and now the primary entertainment activity of many children occurs in front of a television or a computer. And, family outings often take place via an automobile, since the movie theater or favorite restaurant is rarely in the neighborhood anymore.

Other experts are convinced that, while a decrease in physical activity has no doubt contributed to the rise in numbers of overweight and obese Americans, it is not the main culprit. Instead they stress that it is **what we are eating and drinking** that is primarily at fault. They point to our increasing reliance on "fast foods" (touted through TV commercials to which children are repeatedly exposed) and drinking too much high calorie pop (also heavily marketed to children and readily available, including in pop machines at school). They note that "supersized" portions -- with their attendant additional calories -- are marketed for a few cents more than regular size portions, suggesting greater value for one's money. Research confirms that families eat out more often than they used to, and that more moms work outside the home and have less time to plan and cook healthful meals. And so on.

What is known is that **overweight results when a person eats more calories from food (energy) than he or she expends, for example, through physical activity.**

The health consequences of overweight and obesity. Overweight and obesity are major contributors to many preventable causes of death. Overweight and obesity substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, coronary heart disease, stroke, gall bladder disease, osteoarthritis, sleep apnea and respiratory problems, as well as endometrial, breast, prostate and colon cancers.⁴ Obese individuals also frequently suffer from social stigmatization, discrimination, and lowered self-esteem.

⁴National Institutes of Health, National Heart, Lung, and Blood Institute. *Guidelines on Overweight and Obesity.*

Among children, today doctors are seeing conditions only seen in the past in adults. Type 2 diabetes is one of the most common conditions seen in children, some as young as six years of age, though most are ten or older. And, obesity is currently the most prevalent cardiovascular risk factor present in children in the United States. Further, the psychological effects of overweight and obesity among children are often even more damaging than the physical consequences. These include negative body image, teasing, poor self-esteem and depression.

The heartening fact is that a loss of 10 percent of a person's weight can significantly reduce one's health risks.

How is obesity measured? A mathematical formula known as Body Mass Index (BMI) has been shown to be a very reliable and commonly used indicator of one's weight status. The BMI expresses the relationship (or ratio) of weight-to-height. The BMI reflects the amount of body fat compared with the amount of muscle or bone. Adults with a BMI of 25 to 29.9 are considered overweight, while those with a BMI of 30 or more are considered obese. For children, the BMI is expressed in percentiles. Children with a BMI from the 85th to the 95th percentile are considered overweight, and those with a BMI at the 95th percentile and above are considered obese. (A BMI calculator for adults may be found at www.nhlbisupport.com/bmi. A BMI calculator for youth ages 2 to 20 may be found at www.babysdoc.com/body_mass_index.htm.)

As a population, what should be the nation's goals/or overweight and obesity? The U.S. Department of Health and Human Services' *Healthy People 2010* contains objectives for improving the health of the nation's residents. One of the objectives is "Increase the proportion of adults who are at a healthy weight" to 60 percent. Another is "Reduce the proportion of adults who are obese" to 15 percent. A third is "Reduce the proportion of children and adolescents who are overweight or obese" to 5 percent. Reviewing the quotation at the beginning of this report and the data that follow will indicate how far we have to go to achieve such objectives.

What can be done to address overweight and obesity? There is not an exact mix of interventions that is universally effective in addressing overweight. For individuals, a healthy diet and regular physical activity are both important for maintaining a healthy weight. Further, over time, even a small decrease in calories eaten and a small increase in physical activity can help prevent weight gain or facilitate weight loss. (For example, if one eats even 10 fewer calories a day than what they eat to maintain their weight, they can lose a pound a year.) For youth who are trying to change unhealthy eating and physical activity habits, it is important that their families are supportive and involved.

As a society, we need to work towards an environment which supports healthy lifestyles and facilitates healthful decision making. Some communities are changing what takes place at school and increasing the time kids spend in physical education class and eliminating soft drink machines from school premises. Other communities are adding walking and biking trails. Some fast food restaurants are adding more healthful food choices. All these and more are needed to reverse the overweight and obesity trendlines.

WHAT THE DATA SHOW

Nationwide Trends: Adults

There are two primary longitudinal databases that track weight information for persons over 18 years of age in the United States. The Behavioral Risk Factor Surveillance System (BRFSS) is an annual, nationwide survey administered by the Centers for Disease Control and Prevention (CDC) to assess the prevalence of health-related behavioral risk factors associated with leading causes of premature death and disability. BRFSS relies on self-reporting. The second is the National Health and Nutrition Examination Survey (NHANES), a program of the National Center for Health Statistics, also within the CDC. NHANES had been administered periodically, but, starting in 1999 became a continuous survey. NHANES relies on actual weight and height measurements taken in a mobile examination center using standardized techniques and equipment. **BOTH SURVEYS DEMONSTRATE THE CONTINUING RISE IN OBESITY PREVALENCE.**⁵

It is been found that obesity prevalence estimates based on self-reported data, as in BRFSS, tend to be lower -- in some cases 50% lower -- than those based on measured data, as is used in NHANES. Hence, national examination survey data based on measured weight and height data provide the best opportunity to track trends in weight in the United States. This will be especially true now that NHANES is an ongoing survey. For past trends, however, it is still useful to look at BRFSS data since these can be plotted annually. Further, BRFSS allows statewide comparisons which the smaller NHANES sample size does not. On the next page is what the BRFSS data show.

⁵ Prevalence = The number of obese individuals divided by total number of individuals within that population.

OBESITY TRENDS AMONG U.S. ADULTS (BMI 30 or above or more than 30 lbs overweight for 5'4" woman)

Obesity Trends* Among U.S. Adults
BRFSS,1991



White = Less than 10% Gray = 10% -14% Black = 15%-19%

Obesity Trends* Among U.S. Adults
BRFSS,1995



White = Less than 10% Gray = 10% -14% Black = 15%-19%

Obesity Trends* Among U.S. Adults
BRFSS,2001



White = Less than 10% Gray = 10% -14% Black = 15%-24%
Sandy = 25% or Greater

NOTE: SEE CDC WEBSITE FOR MAPS IN COLOR

OBESITY TRENDS

Characteristics	Percent Obese BRFSS Data by Year				
	1991	1995	1998	1999	2000
Total	12.0	15.3	17.9	18.9	19.8
Gender					
Men	11.7	15.6	17.7	19.1	20.2
Women	12.2	15.0	18.1	18.6	19.4
Ages					
18-29	7.1	10.1	12.1	12.1	13.5
30-39	11.3	14.4	16.9	18.6	20.2
40-49	15.8	17.9	21.2	22.4	22.9
50-59	16.1	21.6	23.8	24.2	25.6
60-69	14.7	19.4	21.3	22.3	22.9
>70	11.4	12.1	14.6	16.1	15.5
White, non Hispanic	11.3	14.5	16.6	17.7	18.5
Black, non Hispanic	19.3	22.6	26.9	27.3	29.3
Hispanic	11.6	16.8	20.8	21.5	23.4
Other	7.3	9.6	11.9	12.4	12.0

A recent article in the Journal of the American Medical Association⁶ reported on NHANES findings for persons over 18 years of age for 1999-2000 as follows. The age-adjusted prevalence of obesity [among adults] was 30.5% in 1999-2000 compared with 22.9% in NHANES III (covering the 1988-1994 period). The prevalence of overweight also increased during this period from 55.9% to 64.5%. Extreme obesity, defined as a BMI greater than 40, also increased significantly in the population, from 2.9% to 4.7%.

Increases occurred for both men and women in all age groups and for nonHispanic whites, non-Hispanic blacks, and Mexican Americans. Racial/ethnic groups did not differ significantly in the prevalence of obesity or overweight for men. Among women, obesity and overweight prevalences were highest among non-Hispanic black women. More than half of non-Hispanic black women aged 40 years or older were obese and more than 80% were overweight.

The following table from the American Obesity Association web site (www.obesity.org) shows the increase in overweight and obesity prevalence over three NHANES survey periods:

	Increase in Prevalence (%) of Overweight (BMI ≥ 25), Obesity (BMI ≥ 30) and Severe Obesity (BMI ≥ 40) Among U. S. Adults		
	Overweight (BMI ≥ 25)	Obesity (BMI ≥ 30)	Severe Obesity (BMI ≥ 40)
1991 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: CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey, Health, United States, 2002, Flegal et. al. IAMA, 2002; 288: 1723- 7, NIB, National Heart, Lung, and Blood Institute, Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults, 1998.

⁶JAMA, October 9, 2002, pps. 1723-1727.

Statewide Data: Adults

Only BRFSS provides information on obesity prevalence by state for persons over 18 years of age (though, as noted above, the self-reporting methodology used by BRFSS likely understates the prevalence). The following tables show how Missouri and Kansas compare to the nation as a whole with respect to a) percent overweight (BMI 25 to 29.9); b) percent obese (BMI 30 or greater); c) percent of respondents who report no leisuretime activity during the past month; and d) percent of respondents who report they are not consuming five or more fruits and vegetables a day

Overweight: By Body Mass Index

BMI 25.0 to 29.9

	Nationwide	Missouri	Kansas
Year:	Median %	%	%
1990	33.1	34.3	No Data
1991	33.6	33.2	No Data
1992	34.6	34.3	34.8
1993	35.3	35.3	34.5
1994	35.4	35.9	33.8
1995	35.5	36.8	34.1
1996	35.4	35.3	34.5
1997	36.3	35.9	39.2
1998	36.3	36.6	37.1
1999	36.8	36.0	37.2
2000	36.7	34.4	37.9
2001	37.2	36.2	35.4

Obesity: By Body Mass Index

BMI 30.0 or More

	Nationwide	Missouri	Kansas
Year:	Median %	%	%
1990	11.6	11.9	No Data.
1991	12.6	12.5	No Data
1992	12.6	14.2	13.1
1993	13.7	14.2	12.2
1994	14.4	17.6	12.1
1995	15.8	18.9	15.9
1996	16.8	19.2	13.4
1997	16.6	19.1	14.7
1998	18.3	20.5	17.7
1999	19.7	21.7	18.9
2000	20.1	22.1	20.8
2001	21.0	23.2	21.6

No Leisure Time Physical Activity

Respondents who report no leisure time activity during the past month

	Nationwide	Missouri	Kansas
Year:	Median %	%	%
1990	28.7	32.6	No Data
1991	28.0	36.3	No Data
1992	27.4	32.2	28.9
1993	No Data	No Data	38.3
1994	28.8	31.9	34.5
1995	No Data	No Data	30.9
1996	27.8	30.2	36.4
1997	No Data	No Data	No Data
1998	27.7	27.9	38.3
1999	No Data	No Data	No Data
2000	26.9	28.8	30.4
2001	25.7	27.5	26.7

Not Enough Fruits and Vegetables

Respondents who report they are not consuming 5 or more servings of fruits and vegetables per day

	Nationwide	Missouri	Kansas
Year:	Median %	%	%
1990	No Data	78.2	No Data
1991	No Data	No Data	No Data
1992	No Data	No Data	75.3
1993	No Data	No Data	69.0
1994	78.0	79.0	69.1
1995	No Data	No Data	79.1
1996	76.3	77.4	71.7
1997	No Data	No Data	No Data
1998	76.2	80.0	76.5
1999	No Data	No Data	No Data
2000	76.8	79.3	76.6
2001	No Data	No Data	No Data

Kansas City Area Information: Adults

For Adults over 18 years of age

BRFSS allows county-by-county comparisons. Here is what they show:

2001 Weight Categories Based on NHLBI Guidelines

Population	% Overweight	% Obese	% Overweight or Obese
	<u>BMI >25-<30</u>	<u>BMI >30</u>	<u>BMI >25</u>
Missouri	36.2%	23%	59.2%
Clay County	33.9%	24.8%	58.7%
Jackson County	31.9%	27.1%	59.0%
Platte County	33.9%	24.9%	58.8%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

2001 Weight Categories Based on NHLBI Guidelines

Population	% Overweight	% Obese	% Overweight or Obese
	<u>BMI >25-<30</u>	<u>BMI >30</u>	<u>BMI >25</u>
Kansas	35.4%	21.6%	57.0%
Wyandotte County	37.4%	27.3%	64.7%
Johnson County	36.5%	16.2%	52.7%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Additional information is available for **Johnson County**. In the years 2002-2001, the Kansas Department of Health and Environment, in partnership with the Johnson County Community Health Community Health Assessment Process and the Kansas Health Foundation collected BRFSS data for Johnson County. Here is what it showed:

- ?? 53% are overweight or obese
- ?? 15% are obese
- ?? 47% are trying to lose weight
- ?? 75% get no regular physical activity
- ?? 49% have a sedentary lifestyle

Nationwide Trends: Children and Adolescents

Three primary sources of information are available regarding overweight and obesity in youth. Again, at a national level, the NHANES survey tracks overweight among children and adolescents. At a state and local level, there are also data from the Pediatric Nutrition Surveillance Survey (PedNSS) of 0-5 year olds participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). And, in Missouri (but not in Kansas), a sample of youth are given a Youth Behavioral Risk Surveillance System survey. What we know from each of these sources follows.

Regarding nationwide information from NHANES, a companion article to that noted above concerning overweight and obesity in adults in the October 9, 2002, issue of the Journal of the American Medical Association (pps. 1728-1732), reported on NHANES findings for 1999-2000 for children and adolescents. It says:

The prevalence of overweight [for the 1999-2000 period] was 15.5% among 12- through 19-year-olds, 15.3% among 6- through 11-year-olds, and 10.4% among 2- through 5-year-olds, compared with 10.5%, 11.3%, and 7.2%, respectively in the 1988-1994 NHANES III.

Shown in a table, the prevalence data look like this:

Nationwide Prevalence (%) of Obese Youth, that is at >95th percentile of BMI			
	12-19 years old	6-11 years old	2-5 years old
1999- 2000	15.5%	15.3%	10.4%
1988-1994	10.5%	11.3%	7.2%

The article continues:

The prevalence of overweight among non-Hispanic black and Mexican-American adolescents increased more than 10 percentage points between 1988-1994 and 1999-2000.

The authors conclude, "The prevalence of overweight among children in the United States is continuing to increase, especially among Mexican-American and non-Hispanic black adolescents."

7Recently, the CDC decided to refer to youth with BMIs of 85th to 9th percentile as "at risk of overweight" and those with BMIs greater than the 95th percentile as "overweight" In the opinion of pediatrician advisors to this project in the Kansas City area, this clouds the picture. They indicate that the youth they see with BMIs between the 85th and 95th percentile are clearly overweight, and those with BMIs above the 95th percentile are clearly obese. Therefore, we are using this classification.

State and Kansas City Area Information

For Children 0 to 5 Years of Age

Prevalence (Percent) of Obesity Among Missouri Infants/Children in WIC (age 0-5)

1993	1994	1995	1996	1997	1998	1999	2000	2001
7.3%	7.7%	7.8%	8%	8.4%	8.7%	9.2%	10.8%	11%

MISSOURI: 2000 Data by County for Children 2 to 5 Years of Age

	Overweight (2 up to 5 years old)	Obese (2 up to 5 years old)
Clay County	17.0%	10.8%
Jackson County	14.2%	10.6%
Platte County	15.6%	15.1%
Missouri prevalence	15.4%	11.5%
National prevalence	14.9%	12.6%

Missouri County data are from the Pediatric Nutrition Surveillance Survey (PedNSS) of 0-5 year olds participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Note that the latest available Missouri data are for the year 2000, whereas the data for Kansas are from the PedNSS for 2001. It may be that findings among the WIC population would not be representative of that among the population as a whole, but information for the population as a whole is not available.

KANSAS: 2001 Data by County for Children 2 to 5 Years of Age

	Overweight (2 up to 5 years old)	Obese (2 up to 5 years old)
Johnson County	14.6%	11.4%
Wyandotte County	17.6%	14.3%
Kansas prevalence	14.6%	11.1%
National prevalence	15.1%	13.0%

Kansas data are from the Pediatric Nutrition Surveillance Survey (PedNSS) of 0-5 year olds participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Note that the latest available Missouri data are for the year 2000, whereas the data for Kansas are from the PedNSS for 2001. It may be that findings among the WIC population would not be representative of that among the population as a whole, but information for the population as a whole is not available.

Kansas Children 2 - 5 Years Old 1992 Through 2001

Year	Overweight 85% to 95%	Obese 95%+
2001	14.6	11.1
2000	14.0	10.3
1999	14.2	9.7
1998	13.5	8.8
1997	13.6	8.3
1996	12.6	7.9
1995	12.6	8.1
1994	10.5	5.8
1993	9.7	5.5
1992	9.8	5.9

A summary of trends by race/ethnicity in the 2-5 year old WIC population in Kansas looks like this:

White, Not Hispanic

Year	Number	2-5 years Overweight BMI 85%-95%	2-5 years Obese BMI 95%+
2001	13,770	14.2	9.5
2000	18,468	13.7	9.2
1999	12,136	14.0	8.8
1998	13,952	13.6	8.0
1997	15,104	13.1	7.6
1996	14,738	12.9	7.5
1995	14,756	12.8	7.6
1994	18,152	10.5	5.4
1993	15,968	10.0	5.1
1991	14,664	9.8	5.5

Black, Not Hispanic

Year	Number	2-5 years Overweight BMI 85%-95%	2-5 years Obese BMI 95%+
2001	2,757	13..5	9.1
2000	3,699	12.7	8.8
1999	2,548	12.8	8.0
1998	3,001	11.6	7.2
1997	3,344	12.4	8.0
1996	3,222	10.5	7.5
1995	3,477	10.2	6.6
1994	3,763	9.7	4.9
1993	3,188	7.2	4.9
1992	2,877	9.1	5.6

Hispanic

Year	Number	2-5 years Overweight BMI 85%-95%	2-5 years Obese BMI 95%+
2001	6,090	16.4	15.5
2000	7,560	15.4	14.0
1999	4,612	15.5	13.0
1998	5,025	14.7	11.4
1997	4,879	15.6	10.9
1996	4,357	13.2	9.7
1995	3,838	14.0	11.2
1994	3,844	11.8	7.8
1993	2,969	10.7	8.2
1992	2,423	10.9	8.1

**American Indian/
Alaskan Native**

Year	Number	2-5 years Overweight BMI 85%-95%	2-5 years Obese BMI 95%+
2001	223	15.2	11.7
2000	315	18.1	10.8
1999	200	15.0	13.0
1998	226	13.3	11.9
1997	224	19.7	10.7
1996	276	17.4	12.7
1995	270	17.8	13.7
1994	314	16.2	13.7
1993	299	13.0	8.4
1992	216	12.0	8.8

*For Youth 5 to 20 Years Old***MISSOURI: 2000 Data by County for Youth 5 to 20 years old:**

	Overweight (85th to 95th percentile)	Obese (95th percentile or greater)
Clay County	*	*
Jackson County	17.0%	20.6%
Platte County	16.8%	15.4%

Missouri collects population-based data for children in grades 6-8 and adolescents in grades 9-12 through two separate surveys: the Missouri Middle School Health Survey and the Youth Risk Behavior Surveillance Survey. The state of Kansas does not administer similar surveys.

MISSOURI: 2001 Data by County for Youth 5 to 20 years old:

In addition to percentages, we have indicated the total number overweight and obese youth these percentages reflect.

	Overweight (85th to 95th percentile)	Obese (95th percentile or greater)	Total Overweight & Obese
Clay County	19.6%	10.2%	10,414
Jackson County	16.0%	27.3%	53,389
Platte County	16.3%	16.0%	4,578

Missouri collects population-based data for children in grades 6-8 and adolescents in grades 9-12 through two separate surveys: the Missouri Middle School Health Survey and the Youth Risk Behavior Survey. The state of Kansas does not administer similar surveys.

With respect to behaviors that put one at risk for overweight and obesity, the Youth Risk Behavior Surveillance Survey showed that, among a class of 30 students in public high school, an average of 6 attended physical education class daily, 27.7 were not overweight or obese, and 5.5 ate five or more fruits and vegetables per day.

WHAT CONCLUSIONS CAN WE DRAW ABOUT OVERWEIGHT AND OBESITY IN THE KANSAS CITY AREA?

Each year *Men's Fitness Magazine* ranks the fattest and fittest cities in America. Kansas City periodically ranks among the top 10 fattest cities, though for 2003 we are not in the top 10. While one can quibble with the criteria used by the magazine to rank the cities, there is probably some truth to their findings, and Kansas City has never come close to being among the 10 fittest cities.

Statewide, the percentage of adults in both Kansas and Missouri who are overweight and obese are near the percentage for the nation as a whole, with Missouri ranking slightly above the nation for percent obese, but not overweight.

At a county level, in 2001, adults in all counties on the Missouri side of the greater Kansas City area were above the state and national percentages for obese but not overweight persons. It is small consolation, however, when overweight and obese percents are added together, as 58.7% of adults in Clay County, 59.0% of Jackson County, and 58.8% of Platte County are either overweight or obese, compared with 59.2% of Missourians as a whole or 58.2% of all Americans.

On the Kansas side of the state line, in 2001, a higher percent of Wyandotte adults are overweight or obese than for Kansas as a whole. Johnson County registers a higher percent overweight, but a far lower percent obese. Collectively, 64.7% of Wyandotte County adults are overweight or obese, while 52.7% of Johnson County adults are overweight or obese, compared with 57.0% of Kansans as a whole or 58.2% of all Americans.

Among children, since we only have data for younger children (2 to 5 years of age) on both sides of the state line, we can look at those data (still, Kansas data are for 2001 and Missouri data are for 2000). During those years, Clay, Platte and Wyandotte Counties were above the national percent for overweight children, while Platte and Wyandotte were also above national norms for the percent of obese children.

Standing back from data details, however, it is important to reiterate that, whatever trendlines are reviewed – locally, regionally, or for the country as a whole - the situation is worsening. Clearly, our work is cut out for us as a community and as a nation.