

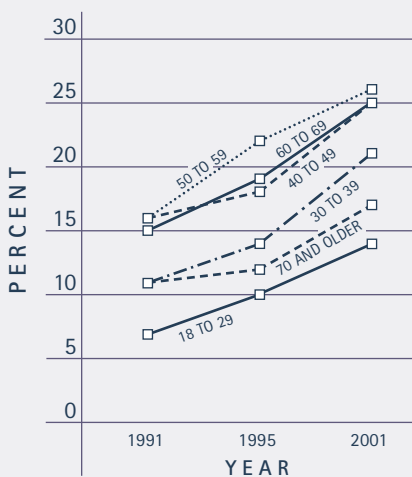
Center on an Aging Society
GEORGETOWN UNIVERSITY

Obesity Among Older Americans

At risk for chronic conditions

Obesity has been called an epidemic in the United States. Some 15 million older adults — people over the age of 51 — are obese. This represents nearly one in four older adults. While obesity itself is not a chronic condition, it is a risk factor for many chronic conditions, including four of the ten leading causes of death in the U.S. — coronary heart disease, type II diabetes, stroke and several forms of cancer.¹ Obesity not only affects the health of older adults, it also affects their day-to-day lives. Older people who are obese report more activity limitations and more feelings of sadness and hopelessness than those who are not obese. Differences between the obese and non-obese populations are particularly striking for people age 51 to 69.

PROPORTION OF ADULTS WHO ARE OBESE, BY AGE



SOURCE: Centers for Disease Control and Prevention (2003). Overweight and Obesity Trends. Available at: http://www.cdc.gov/nccdphp/obesity/trend/prev_char.htm

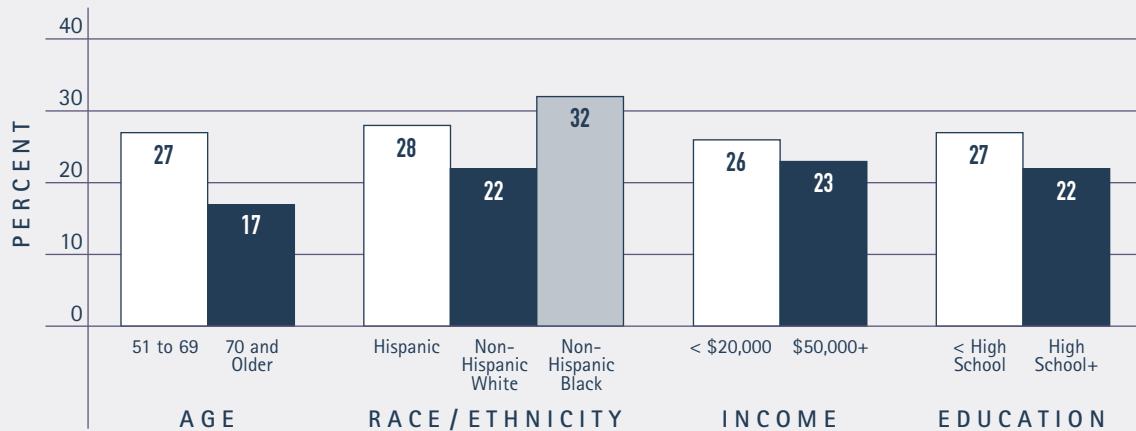
Body Mass Index (BMI) expresses the relationship of weight-to-height and is used to screen and monitor the risk of obesity. An overweight adult is one whose BMI is greater than or equal to 25 and less than 30. For example, an adult who is 5'6" and weighs between 155 and 185 pounds is overweight and one who weighs more than 185 pounds is obese. This *Profile* examines adults age 51 and older who are obese. The group of older adults who are either overweight or of healthy weight are referred to as not obese.

Obesity rates for older adults may be even higher in the future

Since 1991, rates of obesity have increased dramatically. Substantial increases among adults of all ages suggest that obesity among older Americans is likely to become a greater problem in the future. Among the obese population age 51 and older, a disproportionate share — three-quarters — are age 51 to 69, yet this age group comprises only two-thirds of the general population age 51 and older.

FIGURE 1

Proportion of Adults Age 51 and Older Who Are Obese



SOURCE: Center on an Aging Society analyses of data from the 2000 National Health Interview Survey and the 2000 Health and Retirement Study.

Some groups are more likely to be obese

While obesity rates have increased for everyone, some groups have much higher rates. In particular, obesity rates are greater among adults age 51 to 69 than among people 70 and older (see Figure 1). Rates are also higher for older adults with lower incomes and those with less education – 27 percent for those who did not graduate from high school, compared to 22 percent for those with a high school degree or more. Non-Hispanic whites age 51 and older have the lowest rates of obesity compared to adults of the same age of other racial and ethnic backgrounds. Older men and women have similar rates of obesity.

Disability rates are higher among adults who are obese

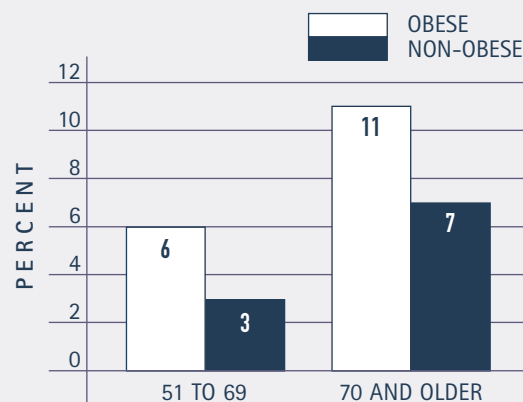
An individual is considered to have a disability if he or she has difficulty with tasks such as eating, bathing, dressing – tasks known as activities of daily living (ADLs). Individuals who have difficulty with several ADLs are often referred to as “severely disabled.” Obese older adults are more likely to be severely disabled than those who are not obese. This is particularly true for obese 51 to 69 year-olds – they are twice as likely to have difficulty with multiple

ADLs than those in the same age group who are not obese (see Figure 2).

People who have difficulty with ADLs and require assistance of another person rely primarily on family and friends. This is true for both obese and non-obese older Americans. However, those who are obese are somewhat more likely to receive help from spouses, children or grandchildren – 77 percent compared to 72 percent for non-obese adults. Older obese adults are somewhat less likely to receive help from a professional caregiver – 6 percent – compared to 8 percent for non-obese adults of the same age.

FIGURE 2

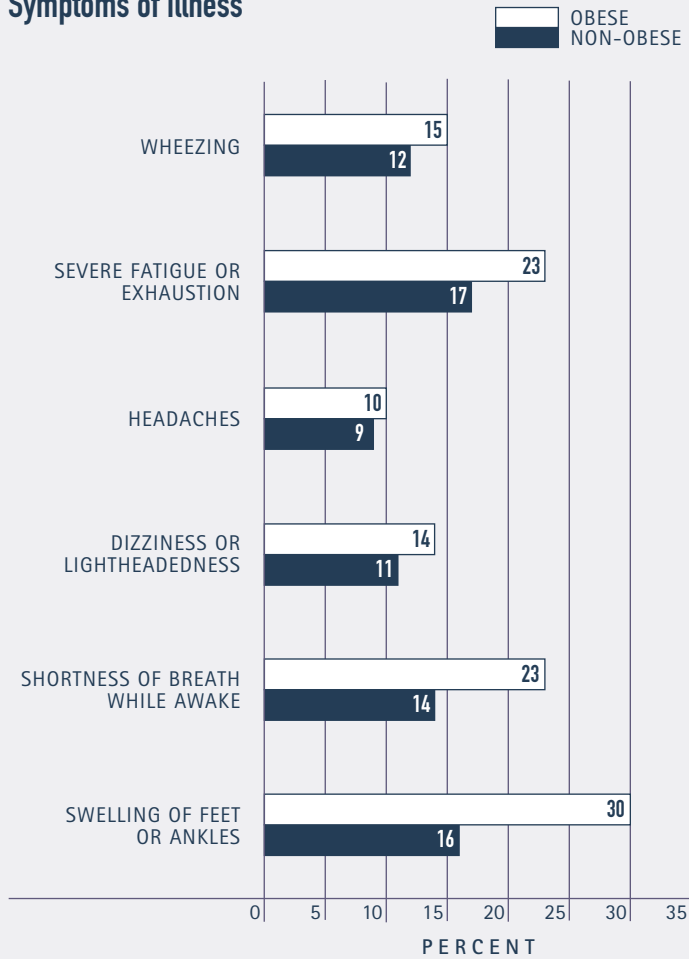
Proportion of Adults Age 51 and Older Having Difficulty with 3 or More ADLs, by Age



SOURCE: Center on an Aging Society analyses of data from the 2000 Health and Retirement Study.

FIGURE 3

Proportion of Adults Age 51 and Older Experiencing Symptoms of Illness



SOURCE: Center on an Aging Society analyses of data from the 2000 Health and Retirement Study.

Symptoms of illness are more common among obese adults

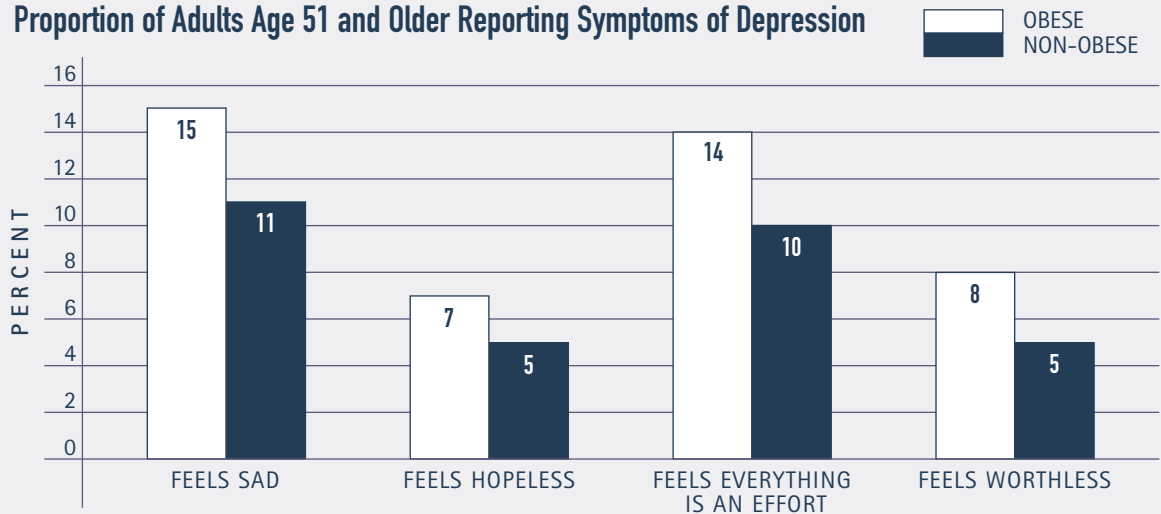
Older adults who are obese are more likely to suffer from persistent and chronic symptoms of illness, such as fatigue or wheezing, than adults age 51 and older who are not obese (see Figure 3). It is notable that obese adults age 51 to 69 experience symptoms at rates that are more similar to adults 70 and older than to those in their age group who are not obese. For example, 22 percent of obese adults age 51 to 69 say they frequently feel severely fatigued or exhausted, compared to 14 percent of those of the same age who are not obese and 21 percent of all adults age 70 and older.

Symptoms of depression can accompany obesity

In contrast to childhood obesity – where obese children seem as socially well-adjusted and are just as likely to be happy as non-obese children – obese older adults are more likely to report symptoms of depression (see Figure 4).² These higher rates of feelings such as sadness, worthlessness, and hopelessness may be related to the social stigma experienced by obese individuals. Negative attitudes about the obese are common, even among health care professionals and the overweight themselves.³

FIGURE 4

Proportion of Adults Age 51 and Older Reporting Symptoms of Depression



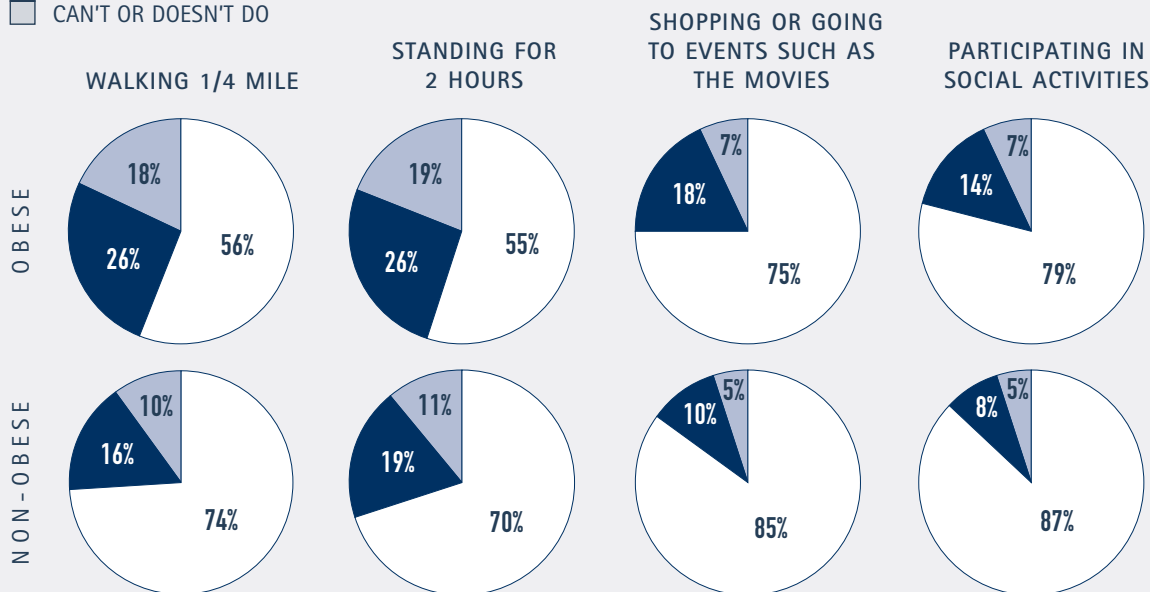
SOURCE: Center on an Aging Society analyses of data from the 2000 National Health Interview Survey.

NOTE: A person is defined as experiencing the symptom if he or she does so all, most, or some of the time.

FIGURE 5

Proportion of Adults Age 51 and Older Participating in Various Activities, by Level of Difficulty

NOT AT ALL DIFFICULT
 A LITTLE, SOMEWHAT, OR VERY DIFFICULT
 CAN'T OR DOESN'T DO



SOURCE: Center on an Aging Society analyses of data from the 2000 National Health Interview Survey.

Obesity can affect lifestyle

In addition to having difficulty with ADLs, or activities of daily living, older obese adults are more likely than older non-obese adults to have difficulty or be unable to participate in activities such as walking any distance, going shopping, or attending movies, parties, or other social events (see Figure 5). The differences between groups are particularly great for those ages 51 to 69.

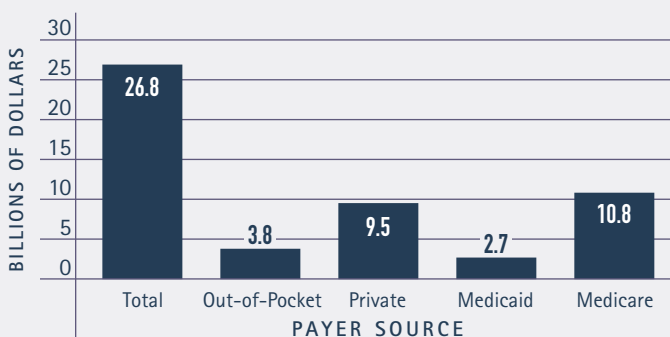
Work is another activity which appears to be affected. A smaller proportion of obese adults age 51 to 69 are working – 55 percent – compared to 59 percent of non-obese adults of the same age. Of those who are working, obese adults are more likely to have missed work due to their health than non-obese workers.

OBESITY RELATED MEDICAL EXPENSES ARE HIGH

Medical spending for treating illnesses and symptoms related to obesity among adults of all ages who live in the community is high, accounting for 5.3 percent of total annual medical expenditures in the United States in 1998, or nearly \$27 billion. About half of these expenses are financed by Medicare and Medicaid.⁴

FIGURE 6

Medical Spending Attributable to Obesity for All Adults, by Payer Source



SOURCE: Finkelstein, E.A., Fiebelkorn, I.C. and Wang, G. (2003). National Medical Spending Attributable to Overweight and Obesity: How Much, and Who's Paying? *Health Affairs*. Web Exclusive. Exhibit 4.

Obesity is related to chronic conditions

Rates of chronic conditions are higher among obese adults than among their non-obese counterparts, but the differences between groups are particularly great for adults ages 51 to 69 (see Figure 7). Obesity can also affect the severity of chronic conditions. For example, obese older people with arthritis are more likely to say the condition limits their activities than non-obese adults age 51 and older.

Obesity, like smoking, heavy drinking, and poverty is a known health risk factor. Of the four risk factors, obesity is the most serious problem. It affects more people and is more strongly linked to very high rates of chronic illness than the other three risk factors. In terms of chronic conditions, the effects of obesity are similar to the effects of 20 years of aging.⁵

FIGURE 7
Percent of the Population with Chronic Conditions, by Age

| | 51 TO 69 | | 70 AND OLDER | |
|---------------------|----------|-----------|--------------|-----------|
| | Obese | Non-Obese | Obese | Non-Obese |
| HEART CONDITION | 19 | 14 | 34 | 30 |
| DIABETES | 24 | 9 | 27 | 14 |
| HIGH BLOOD PRESSURE | 58 | 35 | 66 | 53 |
| ARTHRITIS | 58 | 45 | 77 | 62 |
| STROKE | 5 | 4 | 10 | 10 |
| CANCER | 9 | 9 | 17 | 17 |

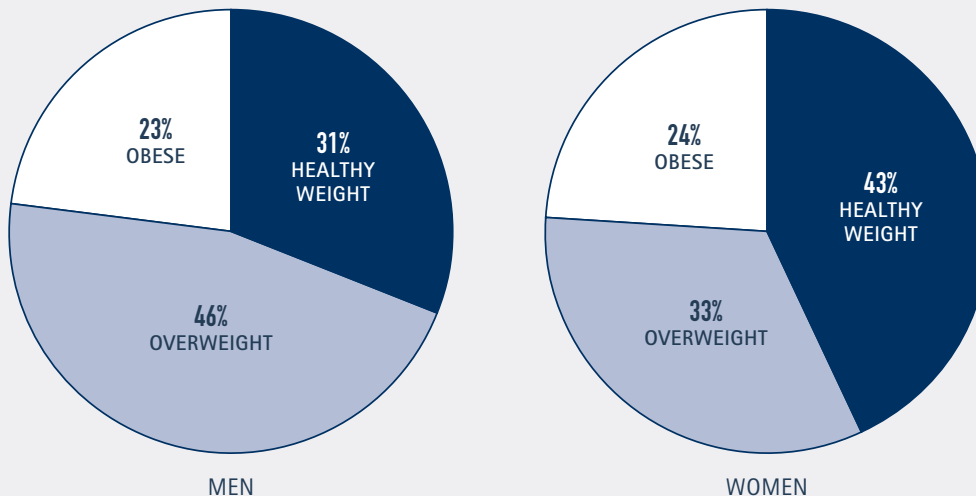
SOURCE: Center on an Aging Society analyses of data from the 2000 Health and Retirement Study.

THE NUMBER OF OVERWEIGHT ADULTS IS ALSO OF CONCERN

The number of people who are overweight – those whose body mass index is 25 or above and below 30 – has also increased dramatically in recent years. Nearly 40 percent of Americans age 51 and older are overweight. This means that almost two-thirds of older adults in the United States are either obese or overweight. Like obesity, overweight is considered a risk factor for many chronic diseases.

Older men and women have nearly identical obesity rates – 23 and 24 percent. However, men age 51 and older are much more likely to be overweight than women of the same age group – 46 percent compared to 33 percent. This suggests that older men might be at greater risk for conditions related to carrying excess weight.

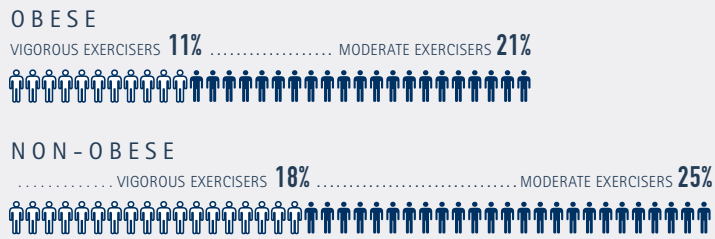
FIGURE 8
Weight Status of Men and Women Age 51 and Older



SOURCE: Center on an Aging Society analyses of data from the 2000 National Health Interview Survey.

FIGURE 9

Proportion of Adults Age 51 and Older Who Exercise



SOURCE: Center on an Aging Society analyses of data from the 2000 National Health Interview Survey.

NOTE: A vigorous exerciser is someone who participates in an activity for at least 10 minutes, three times a week, that causes heavy sweating. A moderate exerciser spends at least 10 minutes, three times a week, doing an activity that causes light sweating.

ABOUT THE PROFILES

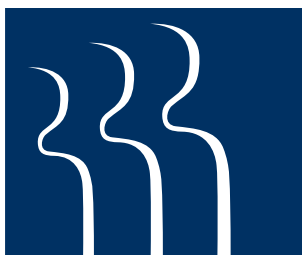
This is the second set of *Data Profiles* in the series, *Challenges for the 21st Century: Chronic and Disabling Conditions*. The series is supported by a grant from The Robert Wood Johnson Foundation. This *Profile* was written by Susan Rogers with assistance from Lee Shirey and Laura Summer. Previous *Profiles* in this series include:

1. Screening for Chronic Conditions: Underused services
2. Childhood Obesity: A lifelong threat to health
3. Visual Impairments: A growing concern as the population ages
4. Cancer: A national concern
5. Prescription Drugs: A vital component of health care
6. Chronic Obstructive Pulmonary Disease: A chronic condition that limits activities
7. Rural and Urban Health: Health care service use differs
8. Chronic Back Pain: A leading cause of work limitations
9. Older Hispanic Americans: Less care for chronic conditions

The Center on an Aging Society is a Washington-based non-partisan policy group located at Georgetown University's Health Policy Institute. The Center studies the impact of demographic changes on public and private institutions and on the economic and health security of families and people of all ages.

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Obese adults exercise less

Obese adults age 51 and older are less likely than non-obese older adults to exercise vigorously. They are also less likely to be moderate exercisers (see Figure 9). In the Surgeon General's 2001 *Call to Action to Prevent and Decrease Overweight and Obesity*, he stresses that increased physical activity is essential to reducing the prevalence of obesity in this country.

1. U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General. (2001). *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. Washington, DC: US General Printing Office.
2. Kiefer, K. (March 2002). *Childhood Obesity: A Lifelong Threat to Health*. Washington, DC: Center on an Aging Society.
3. National Institutes of Health, National Heart, Lung, and Blood Institute. (2003). *Psychosocial Aspects of Overweight and Obese*. Available at: http://www.nhlbi.gov/guidelines/obesity/e_txtbk/ratnl/22112/htm.
4. Finkelstein, E. A., Fiebelkorn, I. C. & Wang, G. (2003). National Medical Spending Attributable to Overweight and Obesity: How Much, And Who's Paying? *Health Affairs*. Web Exclusive.
5. Sturm, R. (March/April 2002). The Effects of Obesity, Smoking, and Drinking, on Medical Problems and Costs. *Health Affairs* 21(2): 245-253.

ABOUT THE DATA

Unless otherwise noted, the data presented in this *Profile* are from two national surveys of the United States civilian non-institutionalized population. The National Health Interview Survey (NHIS), which is conducted annually by the National Center for Health Statistics, is the principal source of information on the health of the U.S. population. The 2000 Health and Retirement Study (HRS) provides information on the community-dwelling population 51 and older. The HRS data set is sponsored by the National Institute on Aging and conducted by the Institute for Social Research at the University of Michigan.

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