Adult Obesity in California

Despite California's reputation for healthy living, adult obesity rates in the state have more than doubled since 1990. At that time, about 10 percent of the state's population was considered medically obese. By 2003, that number was over 20 percent—almost 4.5 million California men and women (ages 20–69). The rise in obesity among California adults parallels that of the nation, and this increase poses serious risks to individual health. What’s more, the consequences of these risks are borne not only by individuals but also by family members, employers, and the health care system.

Although the increase in obesity has been documented extensively, looking only at overall trends masks considerable variation among racial, ethnic, and socioeconomic groups. In Obesity Among California Adults: Racial and Ethnic Differences, PPIC researcher Helen Lee examines such differences, not only analyzing the influence of such individual characteristics as education and income but also looking at the role of neighborhood environments. Lee finds that obesity is unequally concentrated among certain racial and ethnic minority groups in the state and that black-white and Hispanic-white differences in obesity are particularly striking. Such disparities pose significant policy challenges for California and point to the importance of understanding barriers to obesity prevention and modification as well as the need to create tailored programs to address specific issues and needs.

Racial and Ethnic Differences in Obesity

Average BMI for both sexes and all racial groups, except for Asian men and women, falls clearly within the overweight range. However, there are large differences in average BMI between blacks and whites and Hispanics and whites, and these differences are most striking for women. The disparity in BMI for black and Hispanic women relative to white women translates to a weight difference of about 14 to 19 pounds, depending on height. In 2003, for example, the average 5’4” tall white woman in California weighed about 149 pounds, the average Hispanic woman of similar height weighed about 163 pounds, and the average black woman of similar height weighed 166 pounds. Racial/ethnic disparities in BMI also exist for men, but they are not nearly as large.

What accounts for these considerable racial and ethnic differences in BMI? Prior research has shown that obesity risk is connected to socioeconomic status—for example, those who have higher income and education levels also have lower BMI. Indeed, this pattern holds true in California, where education, in particular, is strongly related to BMI for most groups. At least some of the black-white and Hispanic-white disparities in BMI are driven by various socioeconomic and demographic factors; however, a substantial portion of these disparities cannot be accounted for by analyzing personal characteristics.

In addition, the relatively lower BMI among Asians cannot be explained by any of the personal characteristics considered in the report.
The Role of Neighborhoods

If personal characteristics cannot fully explain racial and ethnic disparities in obesity risk, can neighborhood environments help to do so? When looking at differences in BMI among those who live in the same neighborhood, racial and ethnic disparities do diminish somewhat. This finding suggests that neighborhoods play some part in explaining BMI differences, although it is not possible to establish cause-and-effect relationships. It also appears that certain neighborhood characteristics are associated with BMI. For women, neighborhood disadvantage (measured by poverty rate) is related to slightly higher BMI; for both men and women, living in a neighborhood with a higher concentration of white residents is related to lower BMI. However, when analyzing the role of personal and neighborhood characteristics together, much of the higher BMI among black and Hispanic women relative to white women remains unexplained. And in the end, individual characteristics matter most when explaining obesity risk.

Obesity and Public Health Policy

In California, blacks and Hispanics are at significant risk for obesity, for reasons not fully understood. In 2003, about 40 percent of the state's medically obese adult population was of Hispanic origin. Because Hispanics are the fastest-growing population group in the state, addressing the high obesity rates and the risk of obesity for this group constitutes a considerable public health challenge. In addition, because both individual and neighborhood socioeconomic disadvantage measures appear to be related to high BMI, understanding the needs of low-income people and low-income neighborhoods is also important. Although obesity risk is a challenge for all, and previous public health efforts have struggled to counter rising obesity trends, making sure that public education efforts are both relevant to and practical for diverse populations is key to addressing the obesity problem in California.