**OVERWEIGHT AND OBESITY** are terms for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify weight ranges that have been shown to increase the risk for certain diseases and other health problems.

In 2011, 31.5% of Indiana children ages 10–17 were considered overweight or obese [Fig 1].1 Among Indiana high school students, 30.2% were considered overweight or obese [Fig 1].2

**Calculating weight status: Body Mass Index (BMI)**

* People’s weight status is determined by using their weight and height to [calculate](http://www.cdc.gov/healthyweight/assessing/bmi/index.html) their BMI.
* For most people, their BMI is closely related to the amount of body fat they have.
* Because children’s body composition varies with age and sex, their BMI is determined using   
  age- and sex-specific percentiles for BMI rather than the BMI categories used for adults.

**Adult BMI categories**

* Underweight: Below 18.5
* Healthy Weight: 18.5–24.9
* Overweight: 25.0–29.9
* Obese: 30.0 and above

**Child BMI categories**

* Underweight: Less than the 5th percentile
* Healthy Weight: 5th percentile to less than the 85th percentile
* Overweight: 85th percentile to less than the   
  95th percentile
* Obese: Greater than or equal to the   
  95th percentile

**Risk factors for becoming overweight or obese4**

* Physical inactivity
* Unhealthy diet and eating habits
* Social and economic issues
* Family lifestyle
* Genetics
* Age
* Not breastfed as an infant5

**Health consequences of being overweight or obese6**

* Hypertension (high blood pressure)
* High total cholesterol, low HDL cholesterol, and/or high levels of triglycerides
* Type 2 diabetes
* Coronary heart disease
* Stroke
* Gallbladder disease
* Osteoarthritis
* Sleep apnea and respiratory problems
* Some cancers (e.g., endometrial, breast and colon)

**Figure 1. Percent of children ages 10-17 and high school students by weight status, Indiana, 20111, 2**

In 2013, 64.8% of U.S. adults**Ϯ** were considered either overweight or obese, as compared to 67.2% of Indiana adults**Ϯ** who were considered overweight or obese [Fig 2].3 This amounts to over 3.3 million Hoosier adults, which is slightly more than the population of the state of Iowa.

**Figure 2. Percent of adultsϮ by weight status, Indiana and U.S., 2013** 3

**Ϯ***Adults are people ages 18 years and older*

**TAKE ACTION: Steps you can take to prevent or manage being overweight or obese**

* [Maintain a proper diet and nutrition](http://www.choosemyplate.gov/)
  + Eat more [fruits](http://www.choosemyplate.gov/food-groups/fruits.html) and [vegetables](http://www.choosemyplate.gov/food-groups/vegetables.html) and less   
    high-fat, high-sugar, and high-sodium foods.
  + Drink more water and fewer sugary drinks.
* [Be physically active](http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html)
  + Adults should have 150 minutes of moderate-intensity aerobic activity **OR** 75 minutes of vigorous-intensity aerobic activity each week.
  + Children should have 60 minutes or more of moderate- or vigorous-intensity aerobic activity each day.
  + Limit screen time (TV, computer and video games) for children to less than two hours per day.
* [Support Breastfeeding](http://www.cdc.gov/breastfeeding/)
  + It is recommended that new mothers breastfeed for at least 12 months.

**Economic consequences**

***Indiana***

* During an average year, Hoosiers pay $3.5 billion in obesity-related medical costs.7
  + 36.9% of these costs are financed by the public sector through Medicare and Medicaid.7

***United States***

* In 2008, obesity-related health care costs were estimated at $147 billion.8
  + This equals 9.1% of annual medical spending.9
* If obesity rates remain level, there would be a $550 million savings in medical expenses over the next two decades.9
* If obesity rates continue to rise following current trends, total health care costs attributable to obesity and overweight will more than double every decade by 2030.9
  + This would equate to $860 to $956 billion or 15.6% to 17.6% of total health care costs.10

**Resources**

* Calculate your or your child’s BMI at: [www.cdc.gov/healthyweight/assessing/bmi](http://www.cdc.gov/healthyweight/assessing/bmi).
* To help families and communities understand physical activity and how it relates to maintaining a healthy weight, see these [Physical Activity Tools and Resources](http://www.nhlbi.nih.gov/health/educational/wecan/tools-resources/physical-activity.htm).
* To learn about America’s move to raise a healthier generation of kids, visit [Let’s Move](http://www.letsmove.gov/).
* For information about how communities can promote active living and higher levels of physical activity, visit [Health by Design](http://www.healthbydesignonline.org/).
* For resources on healthy eating and living—including recipes, nutritional information, and a food and activity tracker—visit [Choose My Plate](http://www.choosemyplate.gov/).
* To learn more about how to eat right and tips to stay on track, visit [Eat Right](http://www.eatright.org/).
* To help Hoosiers and their families eat better, move more, and avoid tobacco, visit [INShape Indiana](http://www.inshapeindiana.org).
* For more information on what is being done in Indiana, visit the [Indiana Healthy Weight Initiative](http://www.inhealthyweight.org/) website.

**References**

1. Child and Adolescent Health Measurement Initiative (CAHMI). 2011-12 National Survey of Children’s Health. Retrieved October 30, 2014, from: [www.childhealthdata.org](http://www.childhealthdata.org).

2. Indiana State Department of Health. (2012). [*Youth Risk Behavior Surveillance, 2011*](http://www.in.gov/isdh/20627.htm)*.*

3. Indiana State Department of Health. (2013). [*Behavioral Risk Factor Surveillance System, 2012*](http://www.in.gov/isdh/25194.htm).

4. Mayo Clinic. (2012). [*Obesity Risk Factors, 2012*](http://www.mayoclinic.com/health/obesity/ds00314/dsection=risk-factors).

5. Stuebe A. [The risks of not breastfeeding for mothers and infants](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2812877/pdf/RIOG002004_0222.pdf). *Reviews in Obstetrics and Gynecology*. 2009;2:222-231.

6. Raftery AK and Dwivedi PK. (2011). [The Burden of Obesity in Indiana](http://www.in.gov/isdh/files/Burden_of_Obesity_FINAL_11_18_2011.pdf). Indiana State Department of Health.

7. Trogdon JG, Finkelstein EA, Feagan CW, Cohn JW. [State- and Payer-Specific Estimates of Annual Medical Expenditures Attributable to Obesity](http://www.nature.com/oby/journal/v20/n1/pdf/oby2011169a.pdf). *Obesity*. 2012;20(1):214-20.

8. Finkelstein J. [Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates](http://obesity.procon.org/sourcefiles/FinkelsteinAnnualMedicalSpending.pdf). *Health Affairs*. 2009;28(5):w822-831.

9. Finkelstein EA, Khavjou OA, Thompson, H, Trogdon JG, Pan L, Sherry B, Dietz W. [Obesity and Severe Obesity Forecasts through 2030](http://download.journals.elsevierhealth.com/pdfs/journals/0749-3797/PIIS0749379712001468.pdf). *American Journal of Preventative Medicine*. 2012;42(6):563-570.

10. Wang, Y., et al. (2008). [Will Americans become overweight or obese? Estimating the progression and cost of the U.S. obesity epidemic](http://www.nature.com/oby/journal/v16/n10/pdf/oby2008351a.pdf). *Obesity*. 2008;16:2323-2330.