

Adult Obesity

Results from the 2013 Indiana BRFSS

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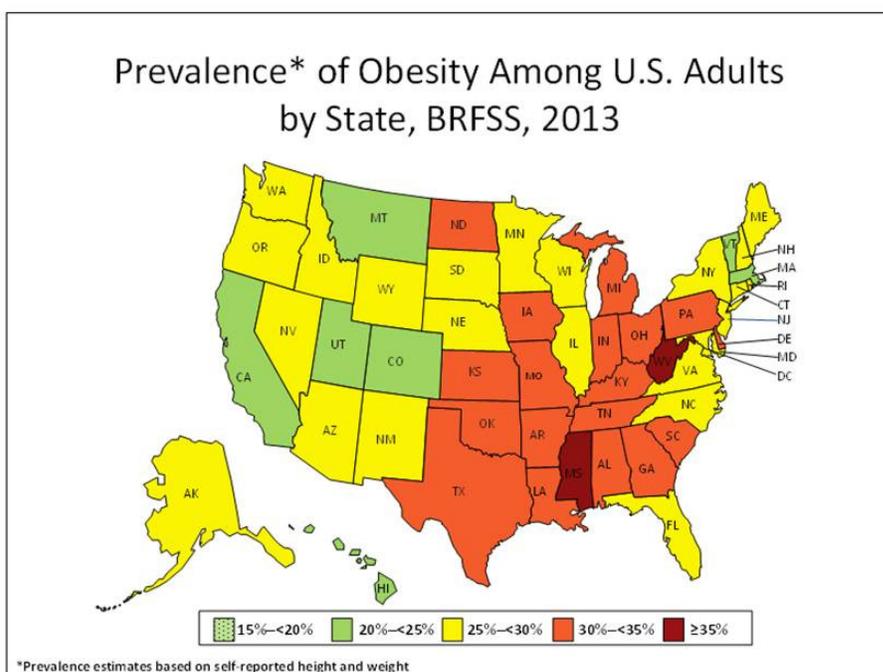
The prevalence of obesity has dramatically increased during the past 20 years in the United States, with over one-third of adults considered to be obese, based on body mass index (BMI) of 30 or greater calculated from their height and weight. Although BMI correlates with the amount of body fat, BMI does not directly measure body fat. A number of conditions increase with being overweight or obese, including type 2 diabetes, cancer (breast, colon and endometrial), hypertension and stroke. The annual medical costs associated with obesity amount to \$147 billion (2008 dollars) (Centers for Disease Control and Prevention, CDC).

The prevalence of adult obesity varies by state, with Colorado (21.3%) having the lowest prevalence and Mississippi (35.1%) having the highest (Figure 1). Indiana's prevalence of 31.8% corresponded to a rank of 9th highest in 2013. Indiana's 2013 prevalence was not significantly different than 2011 (30.8%) or 2012 (31.4%).

Many health conditions are not reportable; hence, prevalence data must be obtained from another source. The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys created by the CDC in 1984 to gather information on the health of non-institutionalized adults ages 18 years and older.

The BRFSS survey uses a complex sample design to randomly select respondents with either listed or unlisted landline and cell telephones. The BRFSS is an annual random digit-dial telephone survey conducted through a cooperative agreement with the CDC, and all states and the District of Columbia participate.

Figure 1



State health departments conduct the BRFSS surveys continuously throughout the year using a standardized core questionnaire and optional modules. The BRFSS is the primary source of state-level health risk factors, behaviors, and prevalence of certain chronic conditions.

The BRFSS relies on self-reported data. This type of survey has certain limitations that should be understood when interpreting the data. Respondents have the tendency to underreport behaviors that may be considered socially unacceptable, such as smoking and driving after drinking alcohol. Conversely, respondents may overreport behaviors that are desirable, such as physical activity. The differences reported in this article are statistically significant ($p < 0.05$) unless otherwise noted. The prevalence of healthy weight and obesity is obtained from self-reported height and weight. The prevalence of obesity is most likely underreported.

Poor Mental/Physical Health

Respondents are asked to report their general health status, and the number of days in the past month that their physical and/or mental health kept them from doing their usual activities. Adults with a healthy BMI were more likely than adults who were obese to report good or better health status (87.4% vs. 73.2%, respectively). Adults with a healthy BMI were also more likely than adults who are obese to report no days of poor health and less likely to have 15 or more days of poor health in the past month (Figure 2).

Figure 2

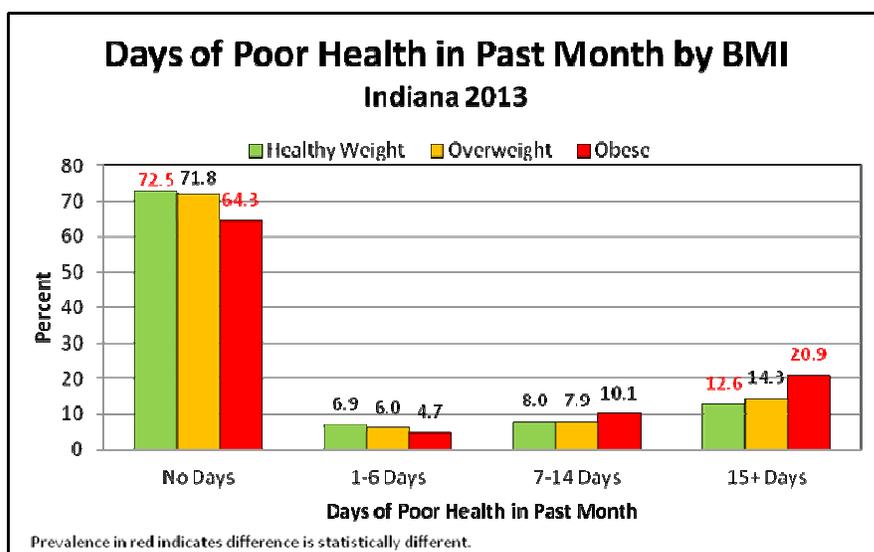
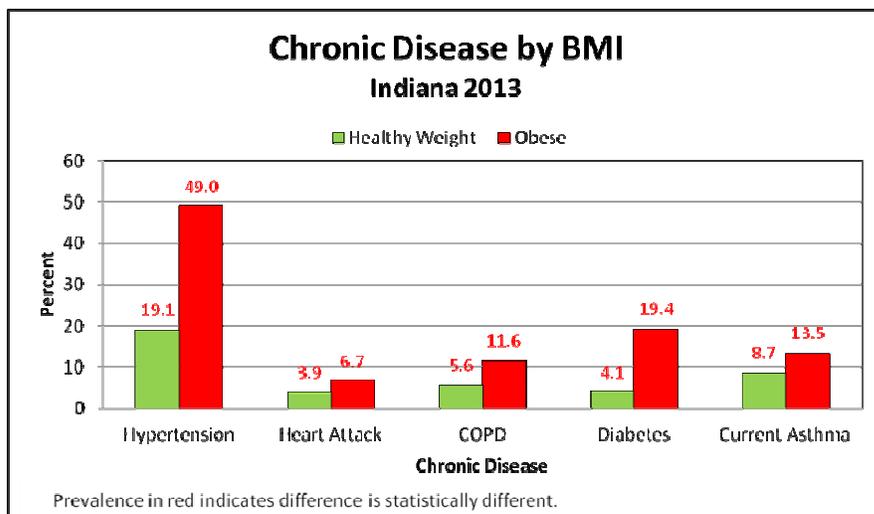


Figure 3

Chronic Disease

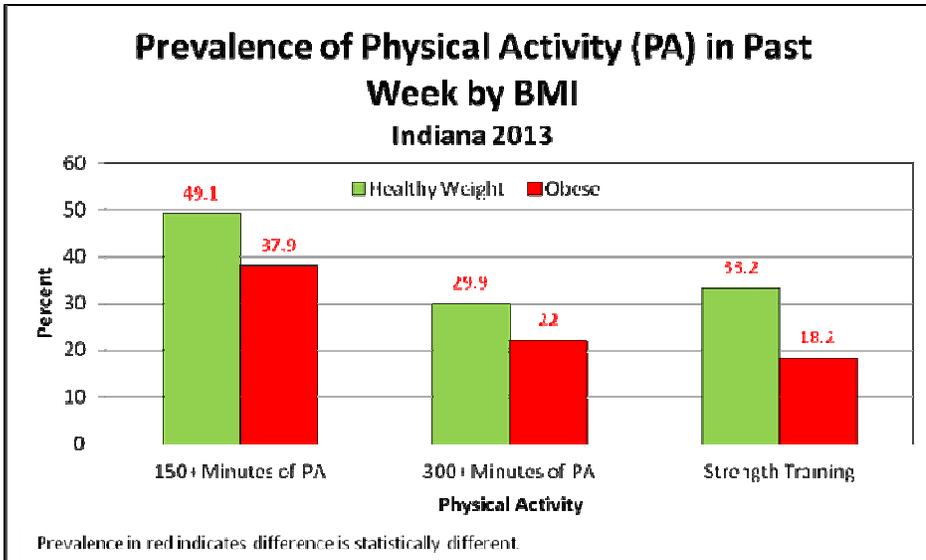
Respondents are asked if they have ever been told by a doctor or health care provider that they have certain chronic diseases. Adults with a healthy BMI were more likely than those considered obese to report a lower prevalence of select chronic conditions (Figure 3).



Physical Activity

Respondents were also asked about physical activity: type of activity (or activities) performed, how often, and the duration. This information is used to categorize level of physical activity as well as whether the activity was moderate or vigorous in effort. Adults at a healthy weight were more likely than those considered obese to report a higher prevalence of physical activity and strength training (Figure 4).

Figure 4



There are steps that can be taken to prevent or manage being overweight or obese:

- Maintain a proper diet and nutrition:
 - Eat more fruits and vegetables and fewer high-fat, high-sugar, and high-sodium foods.
 - Drink more water and fewer sugar-sweetened drinks.
- Be physically active:
 - Adults should do 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous-intensity aerobic activity each week.
 - Children should have at least 60 minutes 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
 - It is recommended that new mothers breastfeed for at least 12 months.

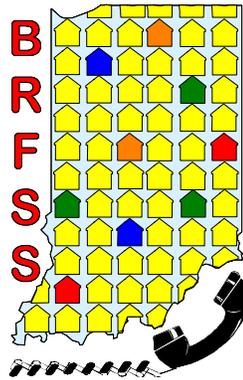
Even a modest weight loss (5-10 percent of body weight) is likely to produce health benefits that include reducing blood pressure and blood sugars (National Heart Lung and Blood Institute). For additional information on Indiana's strategic public health efforts to prevent and decrease overweight and obesity through policy and environmental changes, please visit the Indiana Healthy Weight Initiative at www.in.gov/isdh/25140.htm.



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