# **BRFSS** Brief

Number 1401

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention and administered by the New York State Department of Health. The BRFSS is designed to provide information on behaviors, risk factors, and utilization of preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death among the noninstitutionalized, civilian population aged 18 years and older.

# **Overweight and Obesity**

New York State Adults, 2012

### **Introduction and Key Findings**

Obesity and overweight are currently the second leading cause of preventable death in the United States (US) and may soon overtake tobacco as the leading preventable cause of death.<sup>1</sup> By the year 2050, obesity is predicted to shorten life expectancy in the US by 2-5 years.<sup>2</sup> Obesity is a significant risk factor for many chronic diseases and conditions including type 2 diabetes, asthma, high blood pressure, high cholesterol, stroke, heart disease, certain types of cancer, and osteoarthritis.<sup>3-6</sup> Increasingly, these conditions are being seen in children and adolescents.<sup>7,8</sup>

Creating community environments that promote and support healthy food and beverage choices and physical activity is a major goal in the effort to prevent and reduce the burden of chronic disease and a focus of the New York State Department of Health Prevention Agenda 2013-2017. Maintaining healthy weight should start early in childhood and continue throughout adulthood.

#### **KEY FINDINGS**

Nearly one-quarter (23.6%) of adults in New York State (NYS) are obese and another 37% are overweight, an estimated 8.7 million residents. The rate of obesity is higher among adults who are non-Hispanic black (31.5%), earn an annual household income less than \$25,000 (27.9%), have less than a college education (26.0%), or are currently living with a disability (36.6%) [Table].

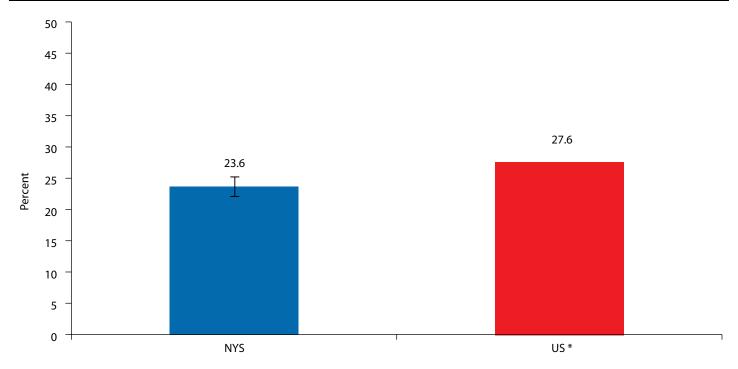
Since becoming a nationwide surveillance system in 1993, the BRFSS has collected height and weight data from all participating states, territories, and the District of Columbia. Comparing NYS obesity prevalence ranks to the rest of the states is one method of showing improvement in the condition. After reaching a peak in 2007, the obesity prevalence ranking of NYS has declined annually and is currently ranked 5<sup>th</sup> lowest in obesity prevalence among all states and the District of Columbia [Figure 2].

## **BRFSS** questions

- 1. About how much do you weigh without shoes?
- 2. About how tall are you without shoes?

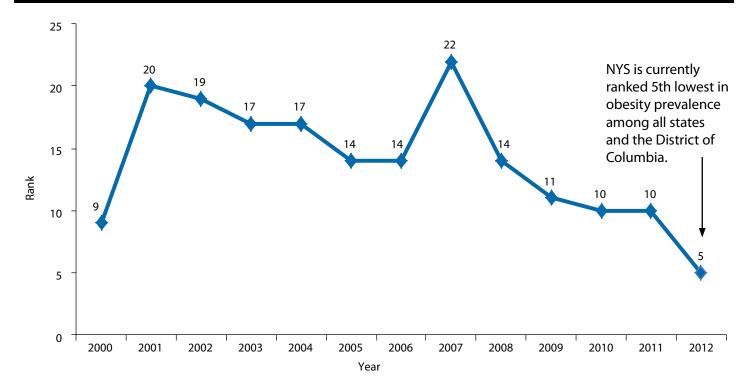
Weight and height responses were used to determine body mass index (BMI), calculated as weight in kilograms divided by the square of height in meters. Respondents were classified as overweight if their BMI was equal to or greater than 25.0, but less than 30.0. They were classified as obese if their BMI was 30.0 or greater.

Figure 1. Obesity among US and NYS adults: 2012 BRFSS



<sup>\*</sup>Median percent; includes data from all 50 states and the District of Columbia. Note: Error bars represent 95% confidence intervals.

Figure 2. Obesity prevalence ranking\* of NYS among the US states and the District of Columbia



<sup>\*</sup>ascending order from least obese (rank #1) to most obese (rank #51)

	Neither overweight nor obese		Overweight <sup>b</sup>		Obese <sup>c</sup>	
	% <sup>d</sup>	95% CI <sup>d</sup>	%	95% CI	%	95% CI
New York State (NYS) [n=6,060]	39.4	37.7-41.2	37.0	35.2-38.8	23.6	22.1-25.1
Sex						
Male	32.1	29.6-34.7	43.6	40.9-46.4	24.3	22.1-26.6
Female	46.5	44.1-49.0	30.6	28.4-32.9	22.9	20.9-25.0
<b>Age</b> (years)						
18-24	62.5	56.3-68.3	24.9	20.0-30.5	12.7	9.0-17.6
25-34	41.8	37.3-46.4	38.7	34.0-43.6	19.5	16.1-23.5
35-44	38.5	34.1-43.2	35.8	31.5-40.2	25.7	22.0-29.8
45-54	29.5	26.1-33.0	43.9	39.9-48.1	26.6	23.2-30.4
55-64	32.7	28.7-36.9	38.7	34.3-43.2	28.7	25.2-32.4
65+	36.9	33.6-40.4	37.4	34.0-40.9	25.7	22.4-29.4
Race/ethnicity						
White non-Hispanic	40.9	38.9-42.9	35.9	34.0-37.9	23.2	21.6-25.0
Black non-Hispanic	31.3	26.1-36.9	37.3	31.6-43.3	31.5	26.4-37.0
Hispanic	34.2	29.6-39.1	40.7	35.8-45.7	25.1	21.0-29.8
Other non-Hispanic	50.0	42.3-57.7	37.8	30.4-45.8	12.2	8.0-18.1
Income						
<\$25,000	36.6	33.1-40.2	35.5	31.9-39.3	27.9	24.8-31.3
\$25,000-\$34,999	39.2	32.6-46.1	36.8	30.5-43.6	24.1	18.9-30.2
\$35,000-\$49,999	40.6	35.5-46.0	36.2	31.4-41.2	23.2	19.3-27.6
\$50,000-\$74,999	36.4	32.0-41.0	41.0	36.5-45.6	22.6	19.2-26.5
\$75,000 and greater	40.2	37.1-43.4	37.6	34.5-40.8	22.2	19.5-25.
Missing <sup>e</sup>	44.6	39.3-50.0	35.9	30.6-41.5	19.5	15.7-24.1
Educational attainment						
Less than high school (HS)	24.4	19.8-29.6	42.7	36.7-48.9	33.0	27.7-38.8
High school or GED	39.5	36.0-43.2	37.5	34.1-41.1	23.0	20.3-25.9
Some post-HS	38.7	35.1-42.3	35.9	32.5-39.4	25.4	22.4-28.
College graduate	47.1	44.5-49.7	35.0	32.5-37.6	18.0	16.0-20.
Disability <sup>f</sup>						
Yes	29.4	26.1-33.0	34.0	30.1-38.1	36.6	32.9-40.5
No	42.4	40.3-44.5	37.3	35.3-39.4	20.3	18.7-22.0
Region						
New York City (NYC)	42.4	39.3-45.7	36.1	32.9-39.4	21.5	18.9-24.3
NYS exclusive of NYC	37.2	35.2-39.3	37.7	35.7-39.7	25.1	23.4-26.9

<sup>&</sup>lt;sup>a</sup> Based on categories of body mass index (BMI), calculated as weight in kilograms divided by the square of height in meters.

<sup>&</sup>lt;sup>b</sup> Overweight, 25.0<BMI<30.0

<sup>&</sup>lt;sup>c</sup> Obese, BMI>30.0

<sup>&</sup>lt;sup>d</sup> % = weighted percentage; CI = confidence interval.

e "Missing" category included because more than 10% of the sample did not report income.

f All respondents who report activity limitations due to physical, mental, or emotional problems OR have health problems that require the use of special equipment.

#### References

- 1. Jia H and Lubetkin El. Trends in quality-adjusted life-years lost contributed by smoking and obesity. Am J Prev Med 2010;38(2):138-144.
- Ludwig DS. Childhood obesity The shape of things to come. NEJM 2007; 357:2325 2327.
- 3. U.S. Surgeon General, "Overweight and Obesity: Health Consequences". Available at: www.surgeongeneral.gov/topics/obesity/calltoaction/fact\_consequences.htm
- 4. National Heart, Lung, and Blood Institute. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: the evidence report. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute; 1998. Available at: www.nhlbi.nih.gov/guidelines/obesity/ ob\_gdlns.htm. Accessed May 10, 2011.
- US Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity 2001. Rockville, MD: US Department of Health and Human Services, US Public Health Service, Office of the Surgeon General; 2001. Available at: www.surgeongeneral. gov/topics/obesity/calltoaction/CalltoAction.pdf . Accessed May 10, 2011.
- Malnick SD, Knobler H. The medical complications of obesity. QJM. 2006;99(9):565-579.
- 7. Barker DJP. Obesity and early life. Obesity Rev 2007;8 Suppl 1:45-9.
- 8. Thompson DR, Obarzanek E, Franko DL, et al. Childhood overweight and cardiovascular disease risk factors: the National Heart, Lung, and Blood Institute Growth and Health Study. J Pediatrics 2007;150(1):18-25.

# **Program Contributions**

New York State Department of Health Bureau of Chronic Disease Evaluation and Research Bureau of Community Chronic Disease Prevention

#### **Order Information**

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