BRFSS Brief

Number 1908

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, 2017

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.¹ By the year 2050, obesity is predicted to shorten life expectancy in the US by 2-5 years.² 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.³⁻⁶ Increasingly, these conditions are being seen in children and adolescents.^{7,8} New York State ranks second among states in medical expenditures attributable to obesity at \$11.1 billion.⁹

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 Prevention Agenda 2019-2024. Maintaining healthy weight should start early in childhood and continue throughout adulthood.

Key Findings

One-quarter (25.7%) of adults in New York State (NYS) have obesity and another 35.5% have overweight; these two conditions affect over 8.6 million people in NYS. The prevalence of obesity in NYS is higher among adults who are non-Hispanic black (35.5%), are currently living with disability (35.9%), and those who live in the region outside of New York City (28.0%). Obesity is less prevalent among adults who earn an annual household income greater than \$50,000 (22.7%), and those with a college degree (18.7%).

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.

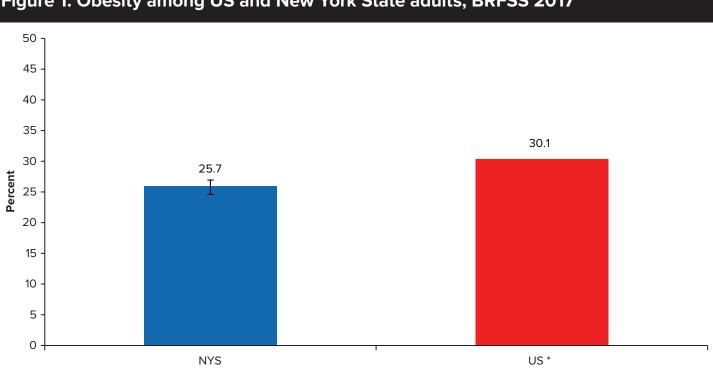


Figure 1. Obesity among US and New York State adults, BRFSS 2017

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

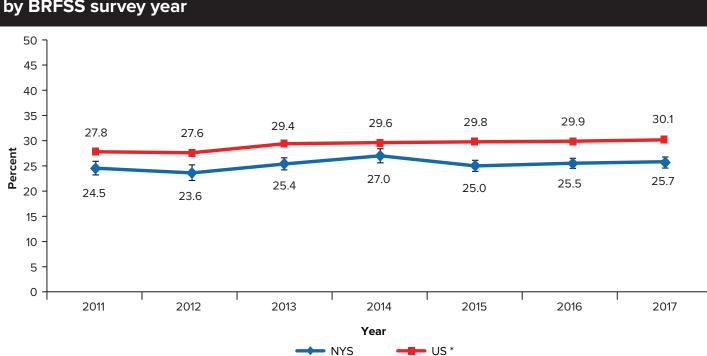


Figure 2. Prevalence of obesity among US and New York State adults, by BRFSS survey year

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

Overweight and obesity^a among New York State adults, 2017 BRFSS

	Neither overweight nor obese		Overweight ^b		Obese	
	% ^d	95% Cl ^d	%	95% CI	%	95% CI
New York State (NYS) [n=11,180]	38.7	37.4 - 40.0	35.5	34.3 - 36.8	25.7	24.6 - 26.9
Sex						
Male	31.6	29.8 - 33.3	42.3	40.5 - 44.1	26.1	24.5 - 27.8
Female	45.7	43.9 - 47.6	29.0	27.4 - 30.6	25.3	23.8 - 26.8
Age (years)						
18-24	60.7	56.1 - 65.3	27.0	22.7 - 31.3	12.3	9.4 - 15.3
25-34	46.5	43.1 - 49.9	31.5	28.4 - 34.7	22.0	19.1 - 24.9
35-44	35.9	32.5 - 39.3	35.4	32.2 - 38.6	28.7	25.6 - 31.8
45-54	31.7	28.8 - 34.5	39.2	36.3 - 42.2	29.1	26.4 - 31.8
55-64	29.9	27.3 - 32.6	38.4	35.6 - 41.2	31.7	29.0 - 34.4
65+	34.7	32.4 - 37.0	38.3	36.0 - 40.7	27.0	24.8 - 29.1
Race/ethnicity						
White non-Hispanic	39.3	37.7 - 41.0	35.4	33.8 - 36.9	25.3	23.9 - 26.7
Black non-Hispanic	29.1	25.6 - 32.6	35.4	32.0 - 38.9	35.5	32.1 - 38.9
Hispanic	32.4	29.5 - 35.3	40.5	37.4 - 43.5	27.1	24.3 - 29.9
Other non-Hispanic	59.2	54.4 - 64.0	27.1	22.9 - 31.2	13.8	10.3 - 17.3
ncome						
<\$25,000	35.4	32.7 - 38.0	33.6	31.1 - 36.1	31.0	28.6 - 33.5
\$25,000-\$49,999	37.5	34.6 - 40.3	34.1	31.3 - 36.9	28.4	25.8 - 31.1
\$50,000 and greater	39.3	37.4 - 41.2	38.0	36.1 - 39.9	22.7	21.1 - 24.2
Missing ^e	45.3	41.4 - 49.1	33.0	29.5 - 36.6	21.7	18.6 - 24.8
Educational attainment						
Less than high school (HS)	30.9	26.8 - 34.9	35.9	31.9 - 39.9	33.3	29.3 - 37.2
High school or GED	37.0	34.4 - 39.7	34.9	32.4 - 37.4	28.1	25.8 - 30.4
Some post-HS	37.5	34.9 - 40.0	34.3	31.9 - 36.8	28.2	26.0 - 30.4
College graduate	44.4	42.5 - 46.3	36.9	35.1 - 38.7	18.7	17.3 - 20.1
Disability ^f						
Yes	30.7	28.2 - 33.2	33.4	30.9 - 35.9	35.9	33.4 - 38.4
No	41.1	39.6 - 42.6	36.3	34.8 - 37.7	22.6	21.4 - 23.9
Region						
New York City (NYC)	41.7	39.6 - 43.8	35.6	33.7 - 37.6	22.7	20.9 - 24.4
NYS exclusive of NYC	36.5	34.9 - 38.1	35.5	33.9 - 37.1	28.0	26.6 - 29.5

a Based on categories of body mass index (BMI), calculated as weight in kilograms divided by the square of height in meters

b Overweight, 25.0≤BMI<30.0

c Obese, BMI≥30.0

d % = weighted percentage; CI = confidence interval.
e "Missing" category included because more than 10% of the sample did not report income.
f All respondents who reported having at least one type of disability (cognitive, mobility, vision, self-care, independent living or deafness)

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.
- 2. 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
- 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.
- 5. 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.
- 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.
- 9. Trogdon JF, Finkelstein EA, Feagan CW and Cohen JW. State-and payer-specific estimates of annual medical expenditures attributable to obesity. *Obesity* 2012;20(1):214-220.

Program Contributions

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

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