

POINTS OF INTEREST



WAIT! WE'RE HOW MUCH OVERWEIGHT?

Over 97 million adults in the United States are overweight. During 1999, 11.5 million of these were in California. Based on new guidelines developed by the National Heart, Lung and Blood Institute (NHLBI), 52.9 percent of California adults were overweight, an 18.6 percent increase since 1990. The rapid increase in prevalence nationwide has led the Centers for Disease Control and Prevention to declare obesity a nationwide epidemic.

Overweight, together with poor diet and physical inactivity, is the second leading cause of preventable death in the United States.



This condition raises a person's risk of dying from many diseases, including four of the ten leading causes of death: coronary heart disease, cancer, stroke and type 2 diabetes. In California, overweight is most prevalent in males, in the black and Hispanic populations, and in adults with a high school education or less.

The Nation's goal in *Healthy People 2010* is to "increase to at least 60 percent the proportion of adults who are at a healthy weight." About 45 percent of California adults report being at a healthy weight, and trends since 1984 are unfavorable.

Overweight is a very difficult public health problem caused by the combination of social, behavioral, cultural, physiological, metabolic and genetic factors. It is agreed that creating an environment which supports healthy eating and physical activity—specifically more fruits, vegetables and other fiber-rich plant foods and fewer foods high in fat and sugar, combined with daily exercise and less physical inactivity—is necessary to control the epidemic.



The California Behavioral Risk Factor Surveillance System (BRFSS) has included questions on height and weight since its inception in 1984.

Using reported height and weight, an individual's Body Mass Index (BMI) is calculated as:

Body Weight in Kilograms/(Height in Meters)²

New standards from the NHLBI sets a BMI of 18.5-24.9 as normal weight, a BMI of 25.0-29.9 as overweight and a BMI greater than or equal to 30.0 as obese. For the purposes of this report a BMI of 25 or higher is considered overweight.

The BRFSS data were weighted to the 1990 California population and analyzed by population subgroups. Race-specific data were age-adjusted to the 1990 population. Results show that since 1984 overweight has been increasing in California. This trend is consistent throughout all subgroups of the population. Males are more likely to report being overweight than females, with over 60 percent of males reporting an overweight BMI in 1999. Blacks and Hispanics are at greater risk for being overweight than whites, while the Asian/other population are at the least risk for being overweight with approximately 35 percent reporting an overweight BMI in 1999. When reviewed by education, those respondents with less than a high school education are at the greatest risk for overweight, followed by those with a high school education, although an upward trend appears in all education categories. Overweight generally increases with age, but appears not to be affected greatly by income (data not shown). When analyzed by sex and race/ethnicity, Hispanics, blacks and whites show the greatest risk for overweight among males, while blacks and Hispanics are at highest risk among females.

Sources:

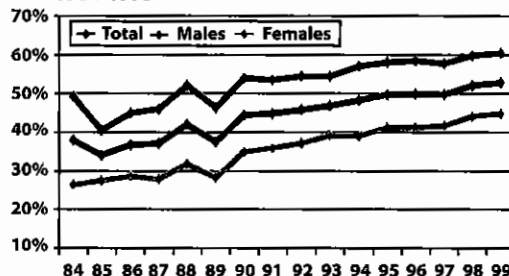
Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, NIH, NHLBI, Preprint June 1998.

Mokdad AH, Serdula MK, Dietz WH, Bowman BA, Marks JS, Koplan JP. The spread of the obesity epidemic in the United States, 1991-1998. *JAMA*. 1999 Oct 27;282(16):1519-22.

U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.

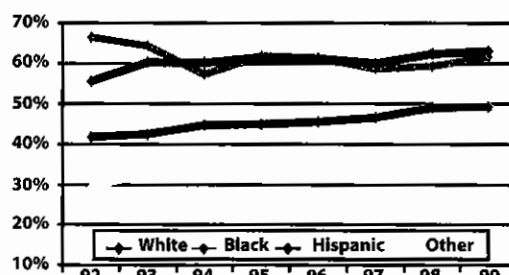
For further information please contact: Sharon B. Sugerman, MS, RD, FADA, California Dept. of Health Services, Cancer Prevention and Nutrition Section, (916)324-3059, ssugerman@dhs.ca.gov

Percent of California Adults (18+) Who Are at Risk for Overweight*, by Sex and Year California BRFSS, 1984-1999



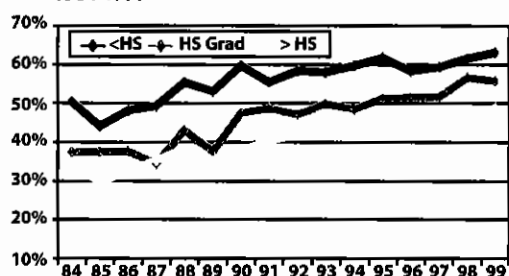
Weighted to the 1990 California population; * Overweight=BMI of 25 or higher
Source: California Department of Health Services, Cancer Surveillance Section, SRG

Percent of California Adults (18+) Who Are at Risk for Overweight*, by Race/Ethnicity and Year California BRFSS, 1992-1999



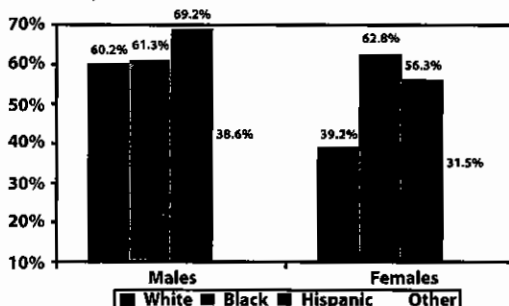
Age-adjusted to the 1990 California population; * Overweight=BMI of 25 or higher
Source: California Department of Health Services, Cancer Surveillance Section, SRG

Percent of California Adults (18+) Who Are at Risk for Overweight*, by Education and Year California BRFSS, 1984-1999



Weighted to the 1990 California population; * Overweight=BMI of 25 or higher
Source: California Department of Health Services, Cancer Surveillance Section, SRG

Percent of California Adults (18+) Who Are at Risk for Overweight*, by Race/Ethnicity and Sex California BRFSS, 1999



Age-adjusted to the 1990 California population; * Overweight=BMI of 25 or higher
Source: California Department of Health Services, Cancer Surveillance Section, SRG

The California Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing effort by the California Department of Health Services (Prevention 2000 Block Grant Funding) in conjunction with the U.S. Centers for Disease Control and Prevention (CDC) and the Public Health Institute to assess the prevalence of and trends in health-related behaviors in the California population aged 18 years and older. It is supported in part by funds from Cooperative Agreement No. U58/CCU910655-06 from CDC, the U.S. Public Health Service, and part by funds from the California Department of Health Services, Tobacco Control Section and other programs and state departments. Data are collected monthly from a random sample of California adults living in households with telephones. The BRFSS database contains information on Californians from 1984 through the present.

The BRFSS questionnaire is developed each year by the CDC in collaboration with participating state agencies. Whenever possible, questions have been selected from previously conducted national surveys for comparability. The questionnaire has three components. The first component consists of a core set of questions that are administered by all states participating in the BRFSS collection effort.

The second component of the questionnaire consists of a series of topical modules developed by the CDC. States have the option of adding as many modules as they wish to the core questionnaire each year. California has used several of the CDC modules, although the same modules have not been used consistently across all years of the survey.

The final component of the questionnaire consists of questions designed and administered by individual states to address issues of local concern. These have been revised annually in California to address the needs of as many programs as possible. However, the time constraints of a telephone interview have limited the number of questions that can be placed on the survey in any one year.

Participants in the California BRFSS are asked about a wide variety of behaviors such as seat belt use, exercise, weight control, diet, tobacco and alcohol consumption, utilization of cancer screening procedures and other preventive measures. They also are asked for basic demographic information such as age, race/ethnicity, marital and employment status, household income, and education. Participation in the BRFSS is completely voluntary and anonymous.

The age, race/ethnicity, and sex characteristics of the BRFSS sample differ to some extent from the age, race/ethnicity, and sex characteristics of the California population. Weighting adjustments are used to compensate for these differences. Prior to analyzing the BRFSS data, the sample is weighted so that age, race/ethnicity, and gender composition match that of the California population. This allows the findings to be generalized to the California population.

For more information on the BRFSS, contact Bonnie Davis, California Department of Health Services, Cancer Surveillance Section, SRG (916) 779-0331, bonnie@ccr.ca.gov.

CALIFORNIA DEPARTMENT OF HEALTH SERVICES
SURVEY RESEARCH GROUP
1700 Tribute Road, Suite 100
Sacramento, CA 95815-4402