

Obesity – Data Brief

2013 Vermont Behavioral Risk Factor Survey (BRFSS)

Background

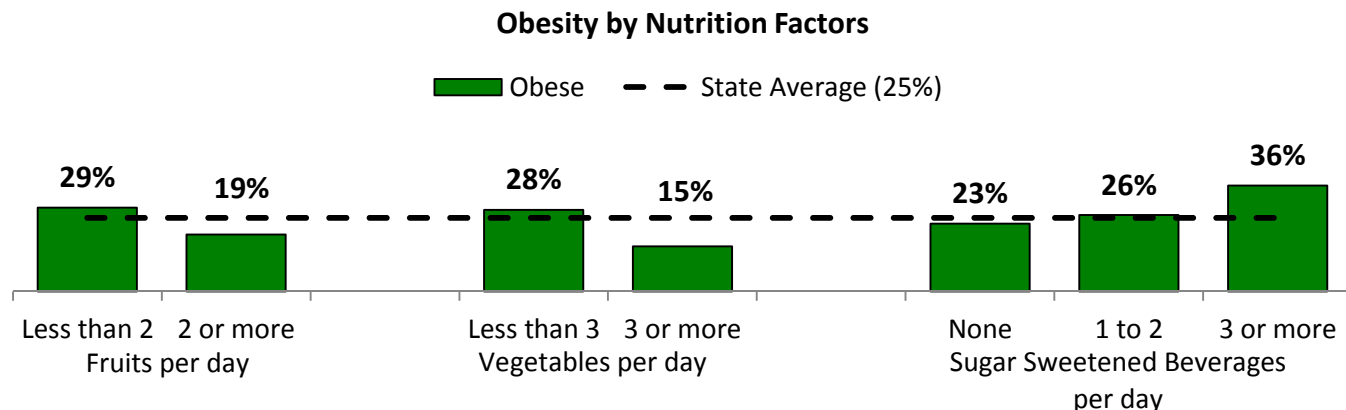
Overweight and obesity, defined as body mass indexes of 25 and 30 or higher, respectively, are known to increase the risk of conditions such as type 2 diabetes, some cancers (i.e. breast and colon), hypertension, coronary heart disease, stroke, and osteoarthritis. Obesity is estimated to result in approximately \$147 billion dollars in medical costs annually (2008 dollars) in the U.S.¹

Using BRFSS data, one quarter of Vermont adults reported being obese² and an additional 37% were overweight, but not obese in 2013. In total, more than six in ten (63%) Vermont adults were either overweight or obese.

Nutrition

Nutritional factors such as fruit and vegetable consumption and drinking sugar sweetened beverages can contribute to weight and body mass index. In 2013, adults who ate fewer than two fruits per day during the last month were significantly more likely to report being obese compared to those eating two or more daily (29% vs. 19%). This was also true when comparing vegetable consumption; those eating less than three vegetables were significantly more likely to report being obese compared to those eating at least three (28% vs. 15%).

Obesity rates increase with the frequency of sugar sweetened beverage consumption. Those drinking three or more beverages per day are significantly more likely to be obese than those having no or one to two drinks daily. Twenty-three percent of those who don't drink any sugar sweetened beverages daily report obesity, compared with 26% of those having one to two daily, and more than a third (36%) of those having three or more daily. Sugar sweetened beverages include regular soda, sugar-sweetened fruit drinks such as Kool-Aid and lemonade, sweet tea, sports or energy drinks. Diet soda, 100% fruit juice, and artificially sweetened drinks are not counted.



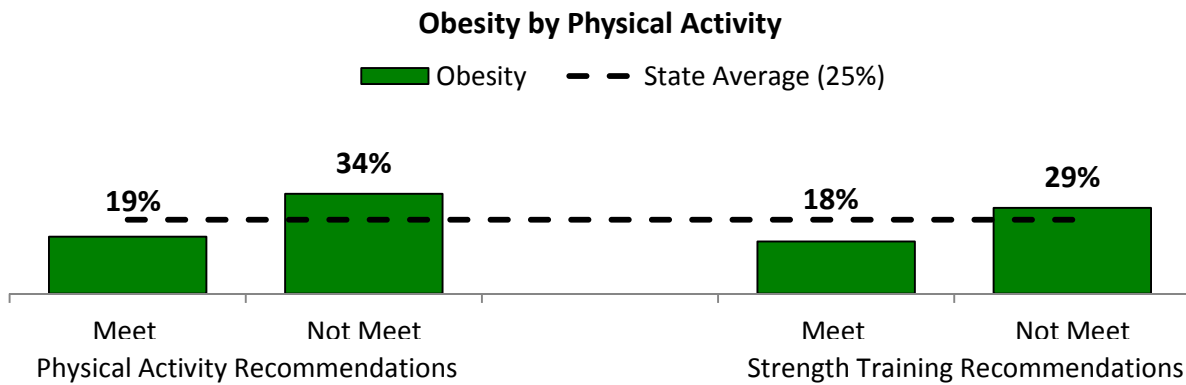
Physical Activity

As might be expected, participation in physical activity also can influence body weight and obesity. Adults who did not meet aerobic physical activity or strength training recommendations were significantly more likely to report being obese than those who met recommendations. A third of those not meeting physical activity

¹ Centers for Disease Control and Prevention (<http://www.cdc.gov/obesity/adult/causes/index.html> and <http://www.cdc.gov/obesity/data/adult.html>)

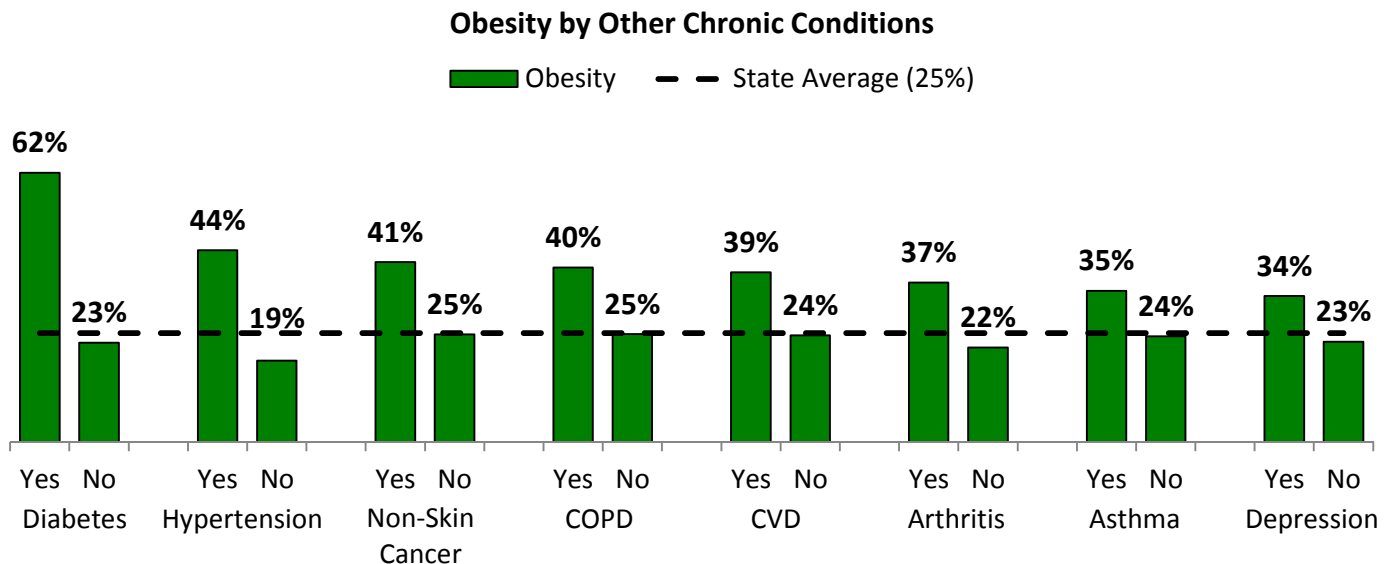
² Vermont obesity and overweight data are limited to adults 20 and older and age adjusted to the U.S. 2000 population.

guidelines were obese, compared with 19% of those who met the guidelines. About two in ten (18%) of those not meeting strength training recommendations were obese versus three in ten among those who met the guidelines (29%). Aerobic physical activity guidelines are defined as 150 minutes of moderate or 75 minutes of vigorous activity per week. Strength training is recommended at least twice per week.



Other Chronic Conditions

Obesity prevalence is significantly higher among those with other chronic conditions. Adults with diabetes were nearly three times as likely as those without diabetes to report being obese (62% vs. 23%) in 2013. Those with hypertension were more than twice as likely as those without to report obesity (44% vs. 19%). Differences in obesity were not as striking for other conditions, but were still statistically significant. About four in ten adults ever diagnosed with a non-skin cancer, COPD, cardiovascular disease (CVD), or arthritis each reported being obese, compared with approximately a quarter of those without a diagnosis. Similarly about a third of those with current asthma or a depressive disorder were obese, compared with a quarter of those without the conditions.



Demographics

Men and women reported obesity at similar rates (26% vs. 25%). Adults ages 20-24 were statistically less likely than those 25 and older to report obesity (14% vs. 27%). Obesity decreases as education level increases, those with a college degree or higher (15%) were significantly less likely to be obese than those with some college education (29%) or a high school degree or less (32%).

For more information on the BRFSS or to suggest ideas for future BRFSS Data Briefs, contact Jessie Hammond, M.P.H. (Jessie.Hammond@state.vt.us).