

Perception of Weight – Data Brief

2014 Vermont Behavioral Risk Factor Survey (BRFSS)

Background

Six in ten Vermont adults are either overweight or obese and are, as a result, at an increased risk of premature death and conditions such as type 2 diabetes, some cancers (i.e., breast and colon), hypertension, coronary heart disease, stroke, and osteoarthritis. However, many adults misperceive their weight status, meaning that adults who are overweight or obese may think they are not. This misperception can prevent the adoption of healthy eating and behaviors, such as increased physical activity, as well as other health assessments¹. In 2014, the Vermont BRFSS included a question asking respondents their perception of their weight.

Overall

More than half (57%) of Vermont adults think they are about the right weight. A third (35%) said they are overweight and only five percent think they are obese. This differs significantly from the population's actual weight status, as classified by body mass index, or BMI. Using BMI², about four in ten (38%) adults are about the right weight, 35% are overweight, and 25% are obese.

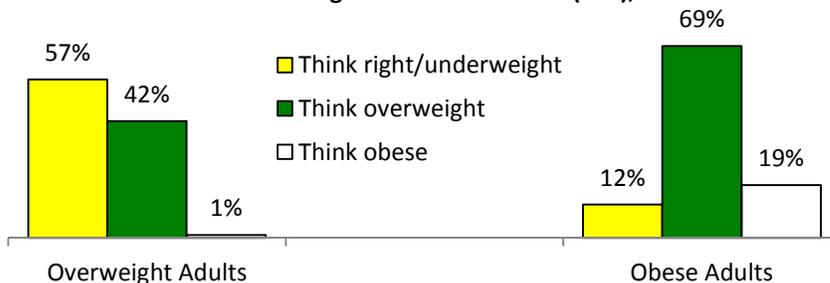


A majority of overweight adults said they are about the right weight or underweight (57%); an additional one percent said they are obese.

Eight out of ten obese adults do not consider themselves obese. Two-thirds said they are overweight and 12% of obese adults said they think they are about the right weight.

Perception of Weight by BMI Category

Vermont Overweight and Obese Adults (18+), 2014



Distribution by Demographic Variables

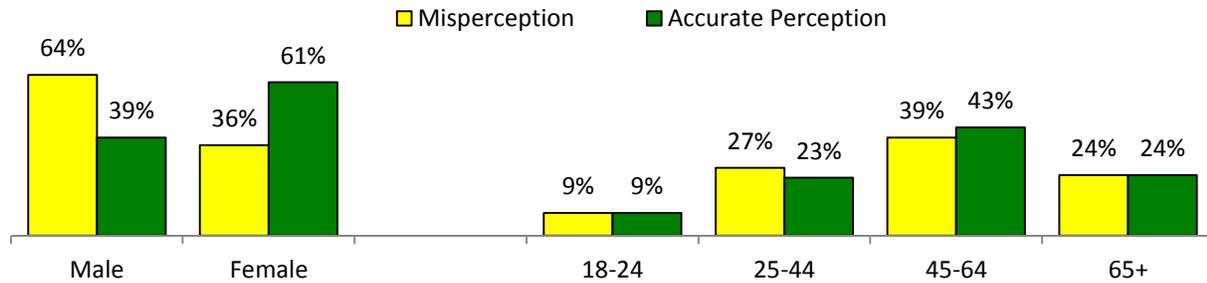
Among overweight and obese adults, about two-thirds (64%) of those with a misperceived weight status are male and 36% are female. This is almost the opposite gender distribution compared with those whose weight perception matches their weight status, where 39% are male and 61% are female. Four in ten overweight and obese adults with a misperception about their weight status are ages 45-64, and about a quarter each are 25-44 and 65 and older. The age distributions of those with and without a weight status misperception are similar.

¹ International Journal of Behavioral Nutrition and Physical Activity 2011, 8:20. The electronic version of this article can be found online: <http://www.ijbnpa.org/content/8/1/20>

² Note: obesity data referenced here are different than reported with Healthy Vermonters 2020. The data in this brief are for all adults and are not age adjusted.

Gender and Age Distribution by Weight Status Perception

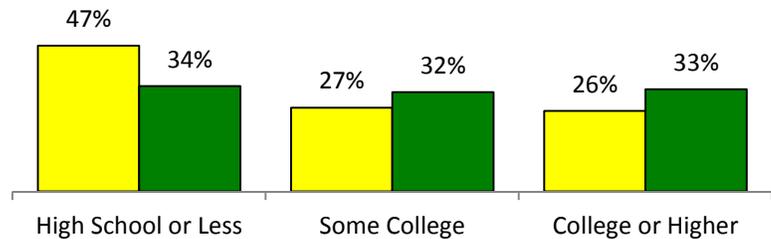
Vermont Overweight and Obese Adults (18+), 2014



About half of overweight and obese adults with a weight status misperception have a high school degree or less; a quarter each reported having some college education and a college degree or higher. Those with a weight status misperception are more likely than those without one to have high school degree or less (47% vs. 34%) and less likely to have a college degree or higher (26% vs. 33%).

Educational Status Distribution by Weight Status Perception

Vermont Overweight and Obese Adults (18+), 2014



Overweight and obese adults with misperceived weight status are also less likely to have a household income of \$75,000 or more, compared to those without one (26% vs. 32%).

Risk Behaviors and Access to Care

Among obese and overweight adults participation in leisure time physical activity does not vary by perception of weight status. Likewise, smoking and binge drinking are reported at similar rates among those with and without a weight status misperception.

Access to care is also reported at similar rates among obese and overweight adults, regardless of the perception of their weight status.

Prevalence of Risk Factors and Access to Care by Weight Status Perception Among Overweight and Obese Adults		
	Weight Status Perception	
	Misperception	Accurate Perception
No Leisure Time Physical Activity	20%	19%
Current Smoker	17%	17%
Binge Drank (Last Month)	19%	15%
Have Primary Care Physician	88%	90%
Routine Checkup in Last Year	68%	71%

For more information on the BRFSS or to suggest ideas for future BRFSS Data Briefs, contact Jessie Hammond, M.P.H. (jessie.hammond@vermont.gov).