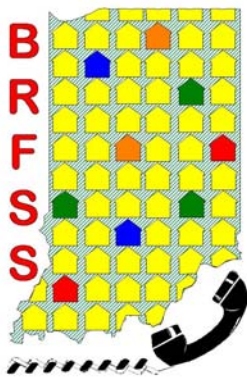


Indiana BRFSS Newsletter

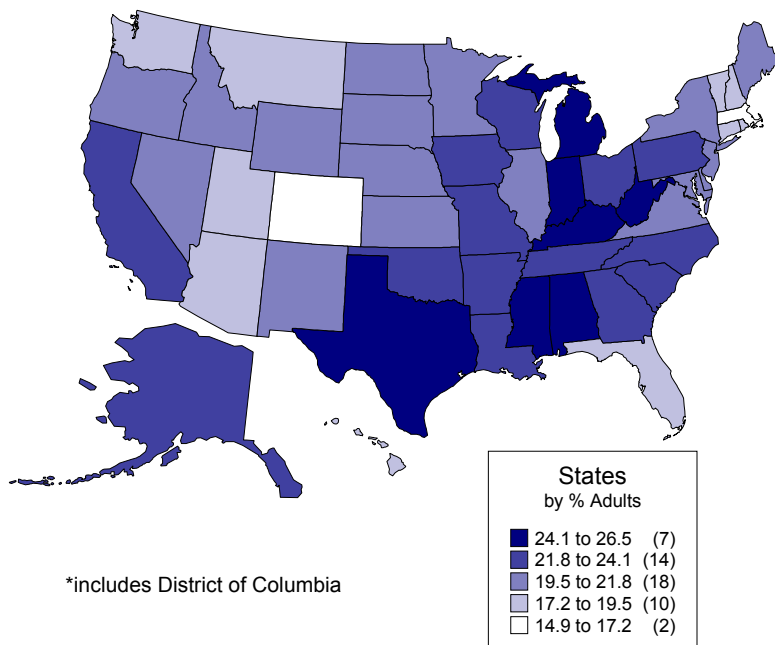
Indiana State Department of Health Epidemiology Resource Center Data Analysis



Obesity

Overweight and obesity are chronic conditions that are increasingly present in adults in the United States (see map below). The percent of Indiana adults age 18 and older that are obese increased 62% from 1991 to 2002 (from 14.8% to 24.1%). The percent of adults that are overweight increased 9% from 1991 to 2002 (from 34.0% to 37.2%). Body mass index (BMI) is used to estimate overweight and obesity. The BMI is calculated as weight in kilograms divided by the square of height in meters (W/H^{**2}). A BMI between 19 and 24.9 is desirable. Overweight is defined as a BMI between 25.0 and 29.9, while obese is defined as a BMI of 30 or greater.

Percent BMI ≥ 30 by State*, 2001 BRFSS



*includes District of Columbia

Individuals classified as overweight and obese are at increased risk for health problems including high blood pressure, Type 2 (non-insulin dependent) diabetes, coronary heart disease, congestive heart failure, stroke, osteoarthritis and certain types of cancer (breast, colon, prostate).



Overweight and obesity are not reportable conditions to state or federal health agencies, thus prevalence data must be found from another source. The Behavioral Risk Factor Surveillance System (BRFSS) survey provides BMI data annually. The BRFSS is an annual random-dial telephone survey of adults age 18 years and older. The survey is done through a cooperative agreement with the Centers for Disease Control and Prevention and all 50 states participate. The BRFSS relies on self-reported data. This type of survey has certain limitations that should be understood in the interpretation of the data. Many times respondents have the tendency to underreport some behaviors that may be considered socially unacceptable (smoking, body weight). Conversely, respondents may over-report behaviors that are desirable (physical activity).

General findings from the 2002 Indiana BRFSS indicate that the risk of being overweight or obese (BMI of 25.0 or more) increased from the 18-24 age group (36.7%) to the 55-64 age group (69.0%). There was a slight decrease in the 65 and older age group (62.0%). (See Figure 1).

Overall, males were more likely than females to be at risk (68.8% vs 58.7%, respectively). Respondents that were employed or retired/unable to work were more likely to be overweight or obese than those not employed or students/homemakers (61.1% and 65.2% vs. 49.7% and 41.6%, respectively). There was little difference among education levels.

Figure 1
At Risk for Overweight/Obese* by Age
Indiana, 2002

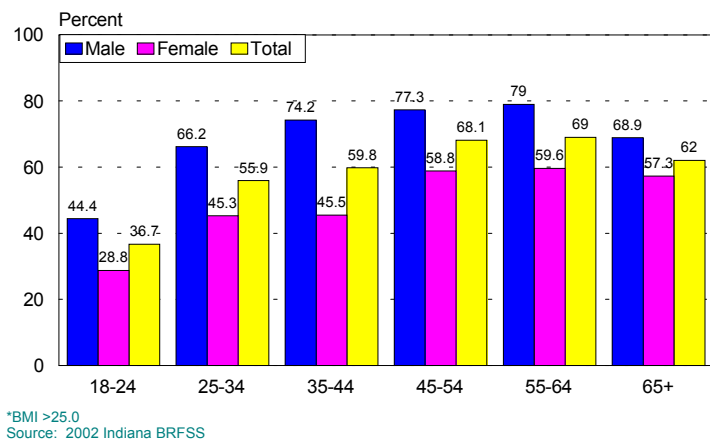
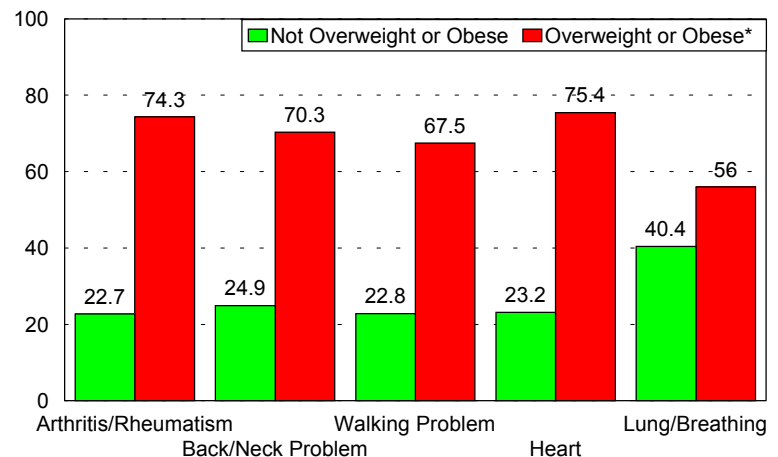


Figure 2
BMI by Reported Health Problems
Indiana, 2002



Individuals that are overweight or obese tended to have more self-reported health problems than those not overweight or obese. Overweight or obese individuals reported more problems with arthritis, back or neck problems, walking problems, heart problems and lung/breathing problems (see Figure 2). For some problems, those that are overweight or obese are three times more likely to have difficulties than those not overweight or obese.

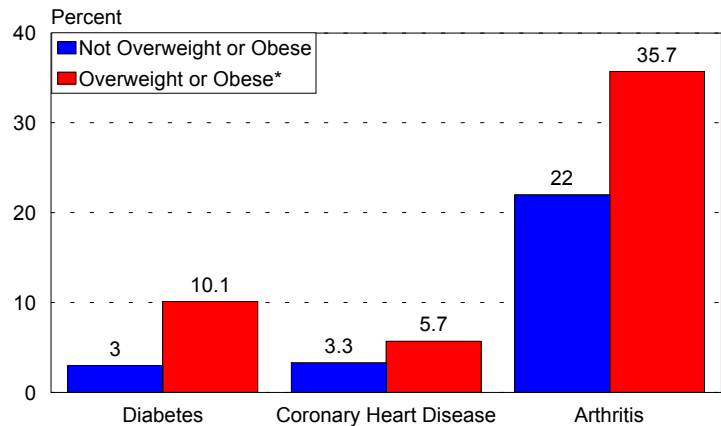
Chronic conditions are more prevalent in individuals that are overweight or obese. These individuals were more likely to have diabetes, coronary heart disease/angina and arthritis. (Figure 3)

Respondents that were overweight or obese were much more likely to receive advice from a doctor, nurse, or other health professional to eat less fat/high cholesterol foods, eat more fruits and vegetables and be more physically active (Figure 4).

Figure 3

BMI by Reported Chronic Conditions

Indiana, 2002

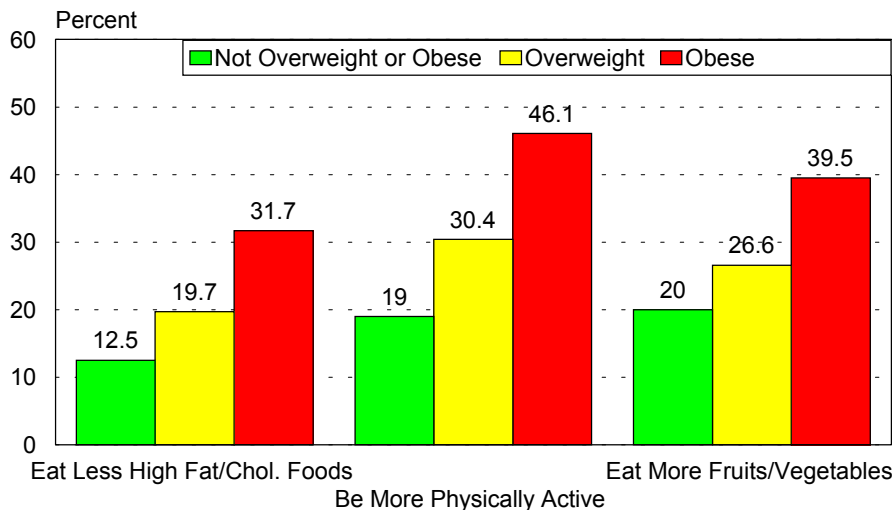


*BMI > 25.0
Source: 2002 Indiana BRFSS

Figure 4

BMI by Physician Advice

Indiana, 2002



Source: 2002 Indiana BRFSS

There was little difference among the three BMI groups that followed the medical advice to eat fewer high fat/high cholesterol foods (range of 54.9% to 60%) or to eat more fruits and vegetables (range of 68.6% to 69%). In regards to medical advice to increase physical activity, those that were normal or overweight were more likely than those that were obese to follow that advice (67.2% and 67.6% vs 58%).

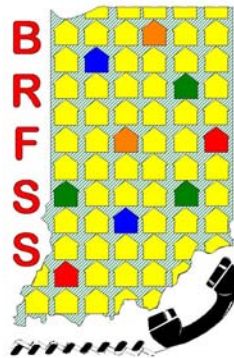
Many behaviors that will result in overweight or obesity begin in childhood. Overweight children have a 70% chance of being overweight or obese as adults, and this risk increases to 80% if one or both parents are overweight or obese. In August, the American Academy of Pediatrics recommended in a policy statement that all children should have their BMI measures evaluated yearly. The policy urges pediatricians to identify and follow patients that are at increased risk due to family history, ethnic or cultural factors. The statement also calls for limiting television or video watching to no more than two hours a day, encouraging parents to promote healthy eating and promoting anti-obesity programs in communities. The Indiana State Department of Health also recognizes the importance of healthy weight, and has made the reduction of overweight and obesity in residents of all ages a priority.



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FIND US ON THE WEB AT:
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