



Obesity and Overweight Among Colorado Adults

Revised May 2009

Cause for Concern

The proportion of obese and overweight adults in the United States has increased steadily over the past 20 years, to the point that obesity is now considered an epidemic. Obesity plays a role in the leading causes of death and disability, including cardiovascular disease, diabetes, cancer, and asthma. Unhealthy eating and lack of adequate physical activity are primary factors that contribute to obesity, overweight, and related health problems.

The U.S. Department of Health and Human Services has developed national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. All states are working toward achieving *Healthy People 2010* (HP 2010) objectives as a way of improving health over the first decade of the new century.

Obesity in Colorado

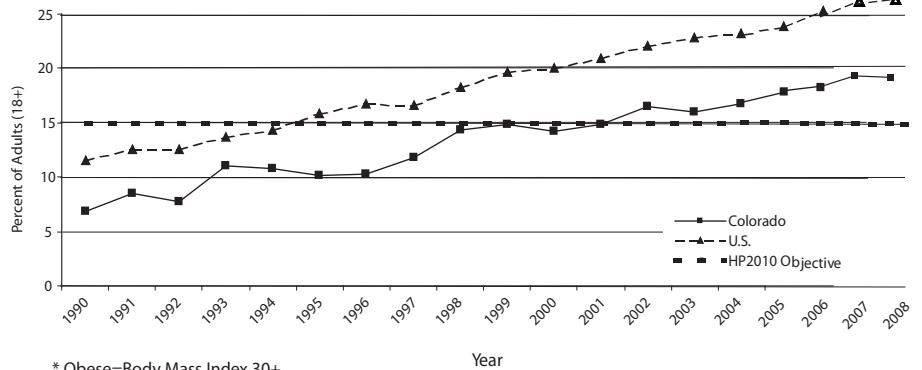
In 2008, 19.1% of Coloradans were obese (vs. 26.6% nationwide). Men were more likely to be obese (19.8%) than women (18.4%). Both Hispanics (25.4%) and Blacks (26.6%) were more likely to be obese than Whites (17.3%).¹

Overweight in Colorado

In 2007, 36.4% of Coloradans were overweight (vs. 36.6% nationwide). Men were much more likely to be overweight (45%) than women (27.3%). Whites were slightly less likely to be overweight (35.2%) than Hispanics (41.9%) and Blacks (43.8%).

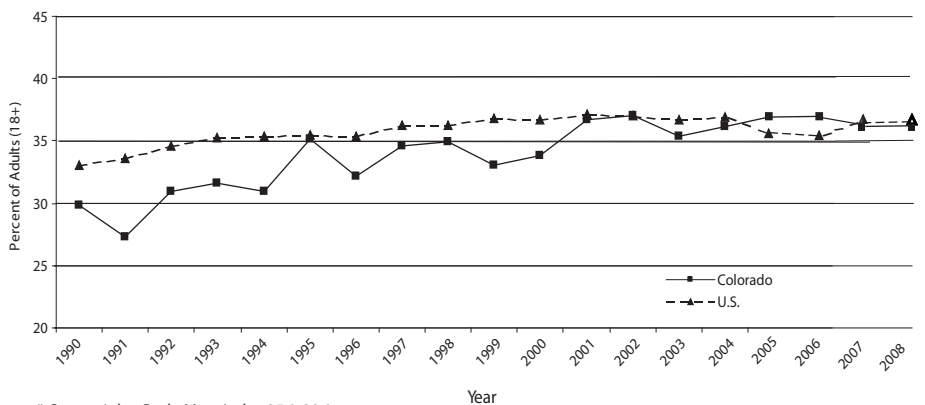
Overall, 44.1% of Coloradans were at a normal weight (not obese or overweight). The U.S. Surgeon General has set a *Healthy People 2010* objective of having at least 60 percent of adults at a healthy weight.

Figure 1. Obesity* prevalence among adults ages 18 and older: Colorado and U.S. BRFSS, 1990-2008



* Obese=Body Mass Index 30+

Figure 2. Overweight* prevalence among adults ages 18 and older: Colorado and U.S. BRFSS, 1990-2008



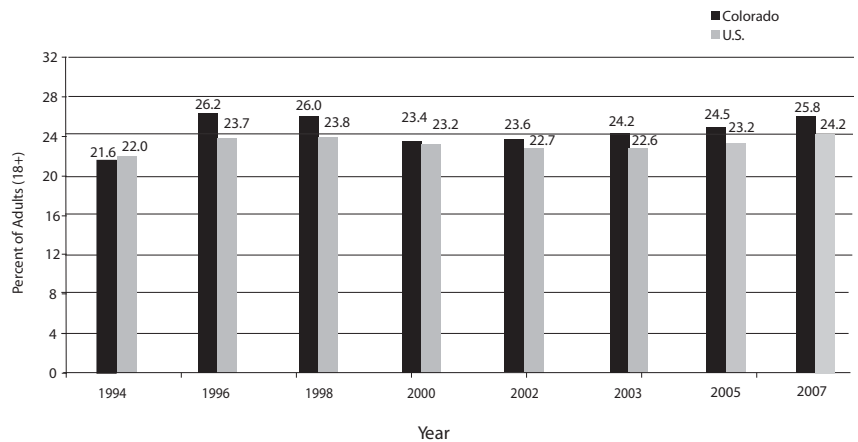
* Overweight=Body Mass Index 25.0-29.9

Consumption of Fruits and Vegetables

In 2007, 25.8% of Coloradans were eating at least 5 servings of fruits and vegetables daily, compared with 24.2 percent nationally. Women (31.5%) were more likely to reach the 5-serving mark compared to men (20.2%). Whites were most likely to eat 5 servings of fruits and vegetables per day (26.3%) followed by Hispanics (23.2%) and Blacks (19.6%).

The Healthy People 2010 objective is to have 75 percent of those age 2 and older consume a minimum of 2 servings of fruits daily and 50 percent consume at least 3 daily servings of vegetables, with at least one-third being dark green or orange vegetables.

Figure 3. Adult Consumption of 5 Servings of Fruits and Vegetables Per Day: Colorado and U.S. BRFSS, 1994-2007



Physical Activity

In October 2008, the U.S. Department of Health and Human Services released the *2008 Physical Activity Guidelines for Americans* report providing a new definition for aerobic physical activity (i.e., activity that increases breathing and heart rate) and muscle strengthening physical activity. The new guidelines call for the minimum recommended aerobic physical activity to equal 150 minutes of moderate-intensity activity per week, or 75 minutes vigorous-intensity activity per week, to produce substantial health benefits in adults. Based on the 2008 guidelines, 72% of Colorado adults were classified as physically active in 2007, compared to 64.5% nationally. In Colorado, more men (74%) met the physical activity guidelines than women (70%); Whites were more likely to meet the guidelines (74%) than Blacks (67%) and Hispanics (64%).

What is BMI?

Obesity and overweight categories are defined by the BMI, or *Body Mass Index*. It is a number that shows body weight adjusted for height. For adults ages 20 years and older, BMI falls into one of these categories: underweight (below 18.5), normal weight (18.5-24.9), overweight (25.0-29.9), and obese (30.0 and above).

The formula to calculate BMI is:

$$\left(\frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \right) \times 703$$

Notes

¹ The Health Statistics Section joins the Centers for Disease Control and Prevention in recognizing that race and ethnicity do not represent valid biological or genetic categories but are social constructs with cultural and historical meaning.

Additional Information

For more information about state and local efforts to prevent obesity in Colorado, contact the Colorado Physical Activity and Nutrition (COPAN) Program at the Colorado Department of Public Health and Environment: (303) 692-2441 or cdphe.pscopan@state.co.us. Visit the COPAN website at <http://www.cdphe.state.co.us/pp/COPAN/COPAN.html>.

This factsheet was revised by the Epidemiology, Planning, and Evaluation Branch at the Colorado Department of Public Health and Environment.

About BRFSS

All the data in this report come from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS includes all fifty states, three territories, and the District of Columbia, making it the largest ongoing telephone health survey in the world. The Colorado BRFSS was initiated in 1990 as a joint project of the Colorado Department of Public Health and Environment and the Centers for Disease Control and Prevention. The BRFSS is designed to monitor the prevalence of health behaviors and preventive health practices associated with the leading causes of premature death, disability, and disease. Data collected over an entire year are combined and weighted to the age and sex distribution of the state to develop statewide estimates of various health behaviors.