

Overweight and Obesity in Colorado

MANY OF US ARE NOT DOING AS WELL AS OTHERS

Colorado adults, teens and children

HOW DO WE MEASURE OVERWEIGHT AND OBESITY? BODY MASS INDEX

Calculation of adult Body Mass Index

Body Mass Index (BMI) is a formula standardized by the National Institutes of Health, used to describe an individual's weight in comparison to height. This measurement is an estimate of the amount of body fat an individual carries. For most adults, the higher the BMI, the higher the lifetime risk for chronic disease, disability and early death. For youth and children the same method is used, but in addition, the BMI is compared to age- and sex-specific ranges. Body Mass Index is a screening tool, not a diagnostic tool. Most health professionals use this tool and most of the data presented below use BMI as a measurement of weight classification and health risk.

weight (in pounds) \div height (in inches) 2 x 703 = BMI example: 140 lbs \div 66 inches² (4,356) = .032 $.032 \times 703 = 22.57$

30 or higher obese WHY DO WE MONITOR OVERWEIGHT AND OBESITY?

BMI... **BMI Calculators** lower than 18.5 underweight **ADULTS** 18.5-24.9.....healthy weight 25-29.9 overweight

HEALTH CONSEQUENCES

Overweight and obese people have an increased risk of developing several diseases and conditions, including:

- High blood pressure Type 2 diabetes
- Cardiovascular disease Gallbladder disease
- Osteoarthritis Stroke
 - Sleep apnea Several cancers, including

WHAT CAUSES OVERWEIGHT AND OBESITY?

- breast, endometrial, liver, kidney and colon.

Depression

Anxiety

TEENS & CHILDREN

ECONOMIC COSTS our health care system and economic output.

The economic costs of overweight and obesity are a significant burden on The annual national obesity-related medical

costs have been estimated to be \$147 billion. Estimates of national productivity costs of obesity-related absenteeism range from \$3.38 billion (\$79 per obese individual) to \$6.38 billion (\$132 per obese individual). Medical expenditures attributable to obesity in

Colorado are estimated to exceed \$1.6 billion each year.

weight, but many. Even though some risk factors for overweight and obesity are non-modifiable—such as an individual's genetics—there are many environmental and

At a basic level, these conditions are a result of too much energy intake (calories) compared to energy use. There is usually not one factor that affects a person's

COMPLEX SYSTEMS OF INFLUENCE

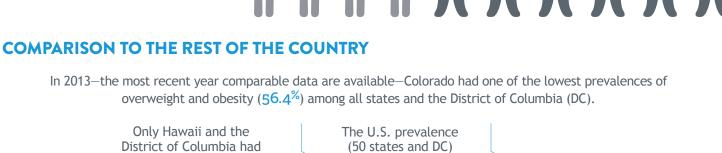
behavioral risk factors that can be modified by individuals, friends and families, communities, and societies to reduce the risk of becoming overweight or obese. PHYSICAL AND SOCIAL ENVIRONMENT: where individual health-related choices are made **GREATER POPULATION IMPACT**

you, your family member, friend,



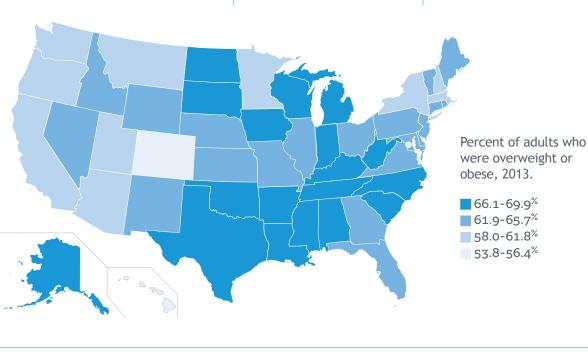
NEARLY 6 IN 10 ADULTS IN COLORADO ARE OVERWEIGHT OR OBESE

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District of Columbia had

In 2014, Colorado's figure a lower prevalence of overweight and obesity (55.4% and 53.8% respectively). was **64.8**%. was **57.4**%.



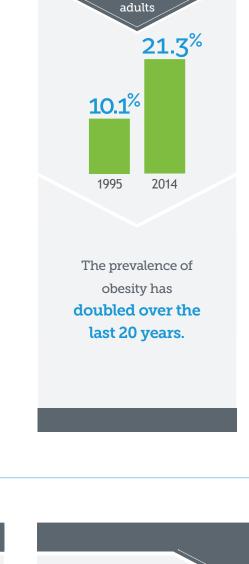




TRENDS

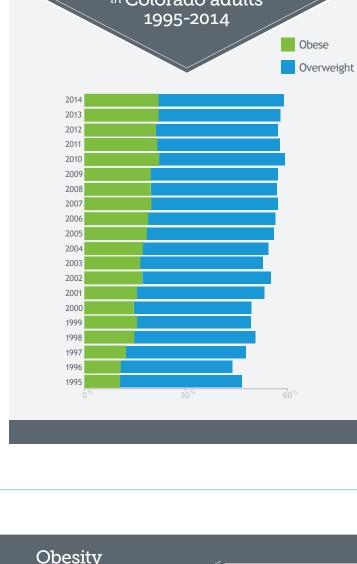


2014

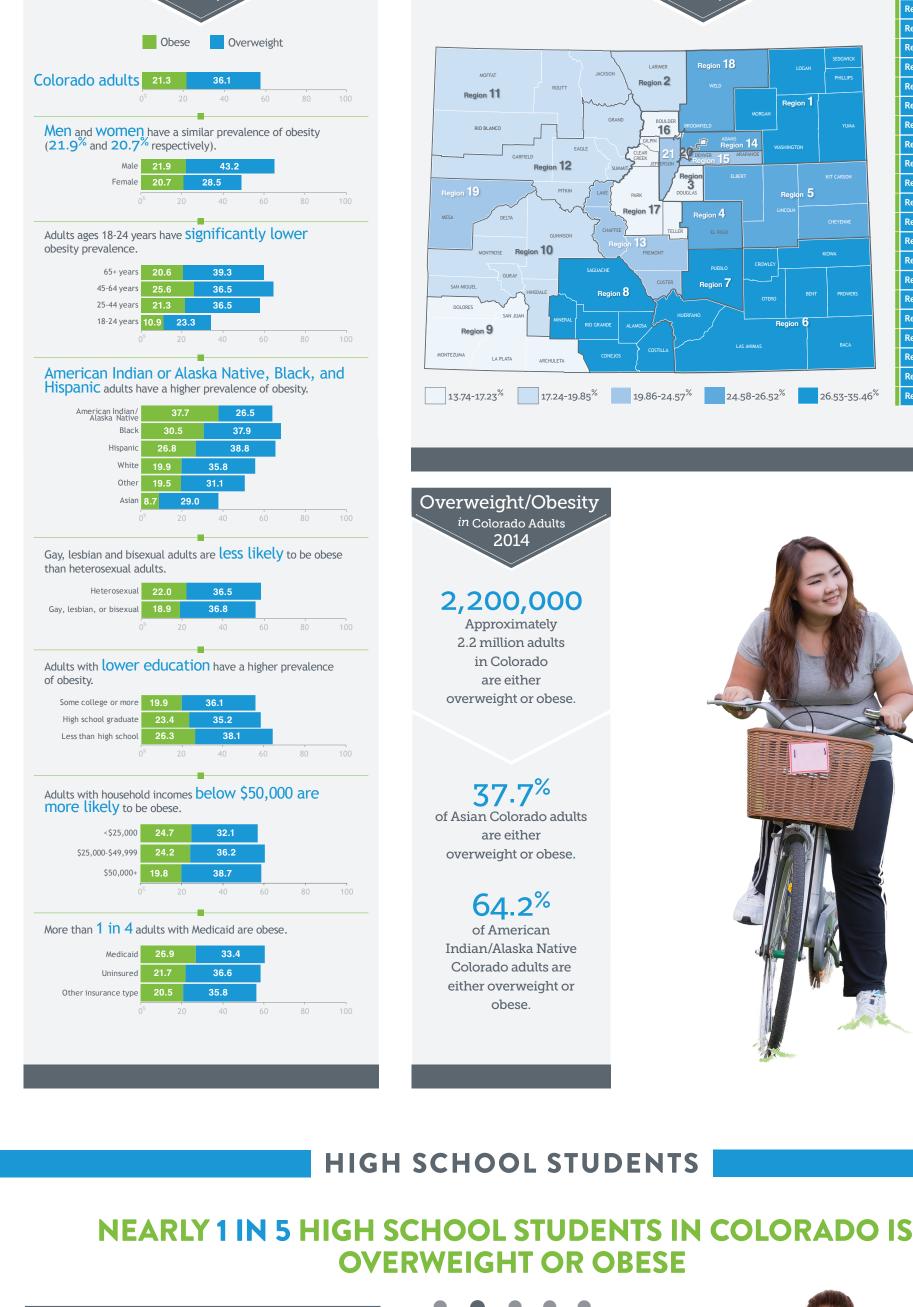


Obesity trend

in Colorado



Colorado 21.3



Overweight/Obesity in Colorado high school students 2013

Male 12.1 10.5

Female **5.4 10.6**

Asian **5.2 9.1**

English 7.3 10.5

Other race 9.6

Other language 11.9

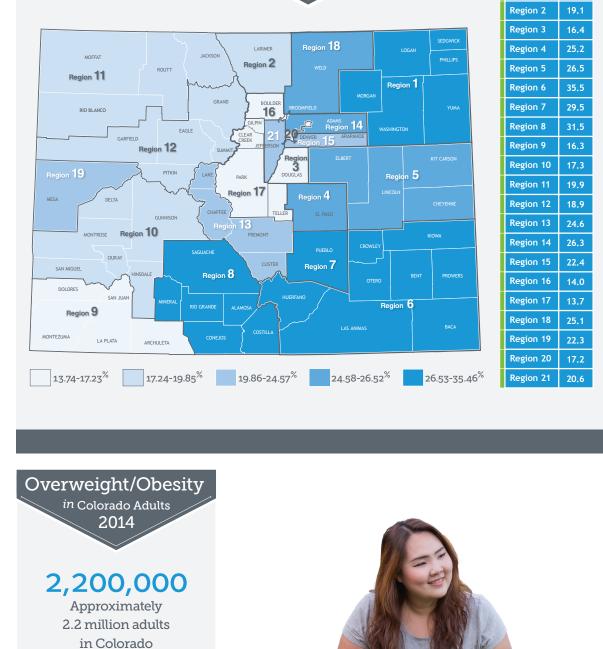
White, non-Hispanic 5.9 9.1 White Hispanic 11.8

Black or African American 12.2

Native Hawaiian or other Pacific Islander 9.7

Obese

Overweight



in Colorado adults

by region

2014

of Asian Colorado adults are either overweight or obese. 64.2% Indian/Alaska Native Colorado adults are either overweight or obese. HIGH SCHOOL STUDENTS **OVERWEIGHT OR OBESE**

are either

overweight or obese.



of Colorado high school students are obese.

Overweight/Obesity *in* Colorado high school students

2013

41,000

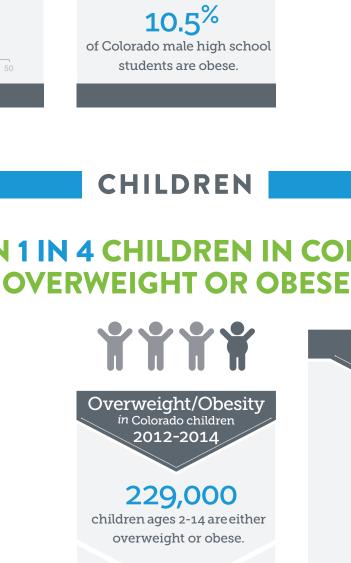
15%

of Colorado LGB high school

students are obese.

Heterosexual (straight) 7.1 10.5 of Colorado male high school Gay, lesbian, or bisexual 15.0 students are obese. 40 **CHILDREN**

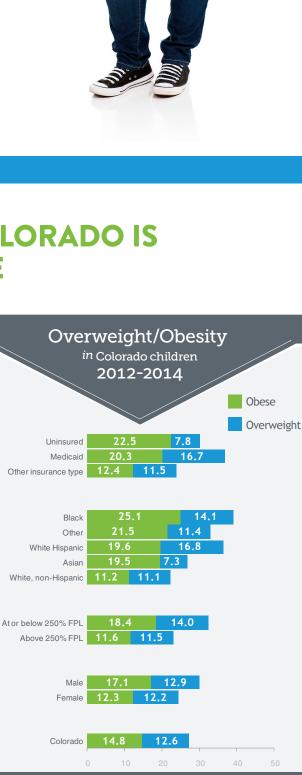




14.8%

of Colorado children (ages

2-14 years) are obese.



OBESITY PREVENTION CURRENT COLORADO EFFORTS

STATEWIDE GOAL: Reverse the upward obesity trend by aligning efforts to develop a culture of health.



BATTLES

STATEWIDE GOAL: Intensify efforts to create conditions to achieve healthy weight across the lifespan. **STATEWIDE GOAL:** Increase statewide capacity for coordinated obesity **surveillance**.

■ Colorado Healthy Hospital Compact
■ Early childhood obesity prevention
■ Healthy schools ■ Built environment ■ Worksite wellness Healthy food environments

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■ HEALTHY KIDS COLORADO SURVEY, CDPHE COLORADO CHILD HEALTH SURVEY, CDPHE ■ FINKELSTEIN EA1, TROGDON JG, COHEN JW, DIETZ W. ANNUAL MEDICAL SPENDING ATTRIBUTABLE TO OBESITY: PAYER-AND SERVICE-SPECIFIC ESTIMATES. HEALTH AFF (MILLWOOD). 2009 SEP-OCT;28(5):W822-31. DOI: 10.1377/HLTHAFF.28.5.W822.

VITAL STATISTICS UNIT, CDPHE

■ TROGDON JG, FINKELSTEIN EA, HYLANDS T, DELLEA PS, KAMAL-BAHL. INDIRECT COSTS OF OBESITY: A REVIEW OF THE CURRENT LITERATURE. OBES REV.2008;9(5):489–500. THE STATE OF HEALTH: COLORADO'S COMMITMENT TO BECOME THE HEALTHIEST STATE

HEALTHY COLORADO: SHAPING A STATE OF HEALTH, COLORADO'S PLAN FOR IMPROVING

WWW.COLORADO.GOV/CDPHE/COLORADOS10WINNABLEBATTLES

■ WWW.CDC.GOV/OBESITY/HEALTH_EQUITY/ADDRESSINGTHEISSUE.HTML

PUBLIC HEALTH AND THE ENVIRONMENT, 2015-2019

WWW.CDC.GOV/OBESITY/ADULT/CAUSES.HTML

WWW.CHD.DPHE.STATE.CO.US/WEIGHT/OBESITY-IN-COLORADO-INFOGRAPHIC.HTML SOURCES: COLORADO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, CDPHE

Tackling obesity is one of Colorado's 10 Winnable Battles and an initiative within the Governor's 2013 State of Health Report. In addition, healthy eating, active living and obesity prevention have been designated as a flagship priority in the plan, Shaping a State of Health (2015-2019). This

