Healthy People 2010 Operational Definition

19-2. Reduce the proportion of adults who are obese.

National Data Source National Health and Nutrition Examination Survey

(NHANES), CDC, NCHS.

State Data Source Behavioral Risk Factor Surveillance System

(BRFSS), CDC, NCCDPHP (see Comments).

Healthy People 2000

Objective

Adapted from 2.3 (Nutrition) (also 1.2, 15.10, 17.12)

Leading Health

Indicator

Overweight and Obesity.

Changes since the

2000 Publication

None.

Measure Percent (age adjusted-see Comments).

Baseline (Year) 23 (1988-94)

Target 15

Target-Setting Method Better than the best racial/ethnic subgroup.

For a discussion of target-setting methods, see Part

A, section 4.

Numerator Number of persons aged 20 years and older with a

BMI equal to or greater than 30.0

Denominator Number of persons aged 20 years and older.

Population Targeted U.S. civilian, noninstitutionalized population.

Questions Used To Obtain the National

Baseline Data

Not applicable.

Expected Periodicity

Periodic.

Comments The NHANES obtains measured weights and

heights without shoes. BMI is calculated by dividing

weight in kilograms by the square of height in

meters.

BMI will be used as a proxy for overweight and obesity in adults until a better measure of body fat is developed. In 1997, a Consultation on Obesity

convened by the World Health Organization recommended standardizing the classification of overweight and obesity. Overweight was defined as a BMI of 25.0 or greater and obesity was defined as a BMI of 30.0 or greater. Further classification of obesity was made as follows: 30.0-34.9 was defined as Class I obesity, 35.0-39.9 as Class II, and 40.0 or greater as Class III.

The Expert Panel on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, convened by NIH, recently adopted general concepts of the World Health Organization classification system^{1, 2} and it has now been endorsed by more than 50 professional medical societies, consumer groups, and government agencies. For this objective, therefore, a BMI cutoff point of 30.0 was chosen for adults aged 20 years and older. Since 1960, essentially all of the increased prevalence of overweight and obesity in adults in the United States has occurred at a BMI greater than or equal to 30.0.^{1, 2, 3}

Pregnant women are excluded from the numerator and denominator.

Data (except those for people with chronic conditions) are age adjusted to the 2000 standard population using the age groups 20-29, 30-39, 40-49, 50-59, 60-69, 70-79 and 80 years and over. Data for those with chronic conditions, e.g., arthritis, diabetes and high blood pressure are age-adjusted using the age groups 20-49, 50-59, 60-69 70-79 and 80 years and over. Age-adjusted rates are weighted sums of age-specific rates. For a discussion of age adjustment, see Part A, section 7.

State-level data on self-reported heights and weights are collected annually in BRFSS for adults aged 18 years and older. This data source enables States to estimate the proportion of the population that reports heights and weights in the healthy range and to track trends, although the method of measurement (through telephone interview) differs from the national measures. Body weight prevalence estimates derived from self-reported heights and weights tend to be lower than those

derived from measured height and weight.

This objective is one of the measures used to track the Overweight and Obesity Leading Health Indicator. See Appendix E for a complete list.

Objective 19-2 differs from Healthy People 2000 objective 2.3 (Nutrition), which defined overweight as a BMI greater than or equal to 27.8 for men and 27.3 for women. The values used for Healthy People 2000 corresponded with the gender-specific 85th percentile of the 1976-80 NHANES II reference population 20 - 29 years of age and were not age adjusted.

For some measures, data do not meet the criteria for statistical reliability, data quality, or confidentiality and have been suppressed. Information on suppression of data for the major Healthy People 2010 data systems has been published in a *Healthy People Statistical Note.*⁴

See Part C for a description of NHANES and Appendix A for focus area contact information.

References

- WHO. Obesity: Preventing and Managing the Global Epidemic. Report of a WHO Consultation on Obesity, Geneva, June 1997. Geneva, Switzerland: WHO, 1998.
- National Institutes of Health. Clinical guideline on the identification, evaluation and treatment of overweight and obesity in adults - The Evidence Report. NIH. Obesity Research 6 (Suppl. 2):51S-209S, 1998.
- 3. Flegal, K.M.; Carroll, M.D.; Kuczmarski, R.J.; et al. Overweight and obesity in the United States: Prevalence and trends, 1960–1994. *International Journal of Obesity* 22:39-47, 1998.
- 4. Klein, R.J.; Proctor, S.E.; Boudreault, M.A.; Turczyn, K.M. Healthy People 2010 Criteria for Data Suppression. *Statistical Notes* No. 24. Hyattsville, MD: National Center for Health Statistics. 2002.

Operational Definition: Objective 19-2

State Operational Definition

19-2. Reduce the proportion of adults who are obese.

State Data Source Behavioral Risk Factor Surveillance System

(BRFSS), CDC, NCCDPHP (see Comments).

National Data Source National Health and Nutrition Examination Survey

(NHANES), CDC, NCHS.

Measure Percent (age adjusted-see Comments).

Numerator Number of persons aged 20 years and older with a

BMI equal to or greater than 30.0

Denominator Number of persons aged 20 years and older.

Population Targeted State-specific civilian, non-institutionalized adult

population residing in households with telephones

(see Comments).

Questions Used To Obtain the State Baseline Data From the 1998 Behavioral Risk Factor Surveillance

System:

[NUMERATOR:]

About how much do you weigh without shoes?

➤ About how tall are you without shoes?

Expected Periodicity Annual.

Comments Data for this objective are collected using the core

component of the BRFSS. Thus the data are available for all 50 states and the District of

Columbia.

National data from the NHIS and state data from the BRFSS may not be comparable for a number of reasons, including mode of question administration, context of questions, question wording, and survey

sampling frame.

BRFSS obtains self-reported weights and heights without shoes. BMI is calculated by dividing weight in kilograms by the square of height in meters. The selection of a BMI cut point to establish the healthy

weight range is based on the relationship of overweight or obesity to disease or death.

Overweight was defined as a BMI of 25.0 or greater and obesity was defined as a BMI of 30.0 or greater and obesity was defined as a BMI of 30.0 or greater. In addition, Body weight prevalence estimates from self-reported heights and weights tend to be lower than those derived form measured height and weight.

Pregnant women are excluded from the numerator and denominator.

Data (except those by education status) are age adjusted to the 2000 standard population using the age groups 20-39, 40-59, and 60 years and over. Data by education status are age adjusted using the age groups 25-39, 40-59, and 60 and over. Ageadjusted percents are weighted sums of agespecific percents. For a discussion of age adjustment, see Part A, section 7.

For some measures, data do not meet the criteria for statistical reliability, data quality, or confidentiality and have been suppressed. Information on suppression of data for the major Healthy People 2010 data systems has been published in a *Healthy People Statistical Note.*¹

See <u>www.cdc.gov/brfss</u> for a description of BRFSS and Appendix A for focus area contact information.

References

1. Klein, R.J.; Proctor, S.E.; Boudreault, M.A.; Turczyn, K.M. Healthy People 2010 Criteria for Data Suppression. *Statistical Notes* No. 24. Hyattsville, MD: National Center for Health Statistics. 2002.

Operational Definition: Objective 19-2