



Overweight and Obesity in Colorado

Colorado adults, teens and children

MANY OF US ARE NOT DOING AS WELL AS OTHERS

HOW DO WE MEASURE OVERWEIGHT AND OBESITY?

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.

Calculation of adult Body Mass Index

$$\text{weight (in pounds)} \div \text{height (in inches)}^2 \times 703 = \text{BMI}$$

example: $140 \text{ lbs} \div 66 \text{ inches}^2 (4,356) = .032$
 $.032 \times 703 = 22.57$

BMI...

- lower than 18.5 **underweight**
- 18.5-24.9 **healthy weight**
- 25-29.9 **overweight**
- 30 or higher **obese**

BMI Calculators

- ADULTS**
- TEENS & CHILDREN**

WHY DO WE MONITOR OVERWEIGHT AND OBESITY?

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
- Depression
- Anxiety
- Sleep apnea
- Several cancers, including breast, endometrial, liver, kidney and colon.



ECONOMIC COSTS

The economic costs of overweight and obesity are a significant burden on our health care system and economic output.



- 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.

WHAT CAUSES OVERWEIGHT AND OBESITY?

COMPLEX SYSTEMS OF INFLUENCE

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 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 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



ADULTS

NEARLY 6 IN 10 ADULTS IN COLORADO ARE OVERWEIGHT OR OBESE



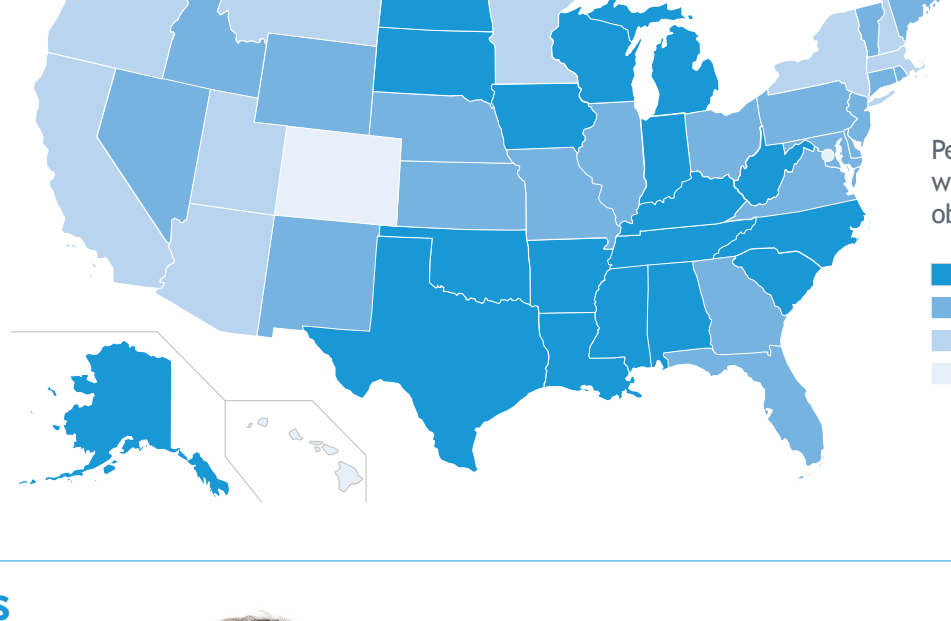
COMPARISON TO THE REST OF THE COUNTRY

In 2013—the most recent year comparable data are available—Colorado had one of the lowest prevalences of overweight and obesity (**56.4%**) among all states and the District of Columbia (DC).

Only Hawaii and the District of Columbia had a lower prevalence (**55.4%** and **53.8%** respectively).

The U.S. prevalence (50 states and DC) of overweight and obesity was **64.8%**.

In 2014, Colorado's figure was **57.4%**.

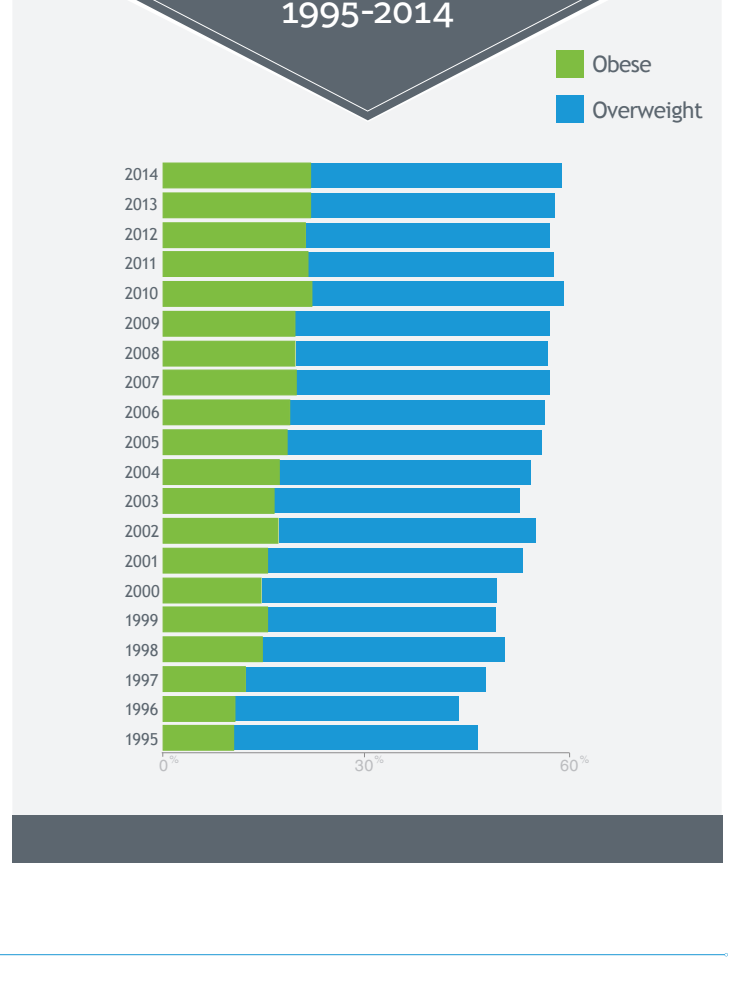
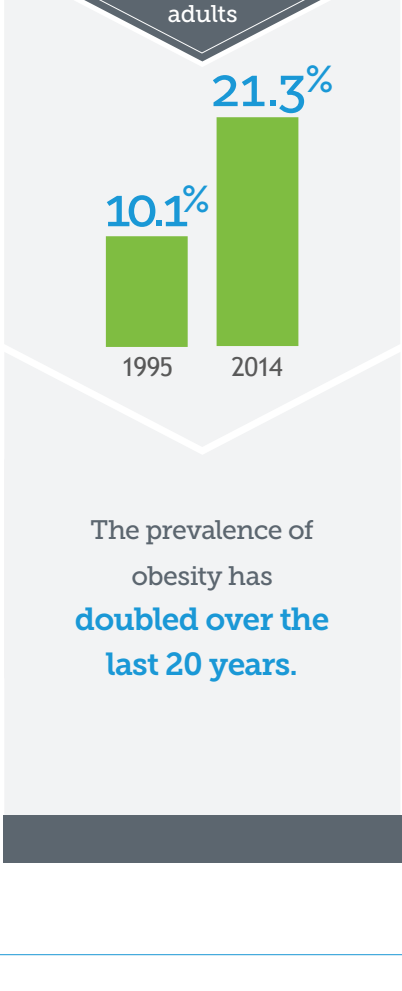


Percent of adults who were overweight or obese, 2013.

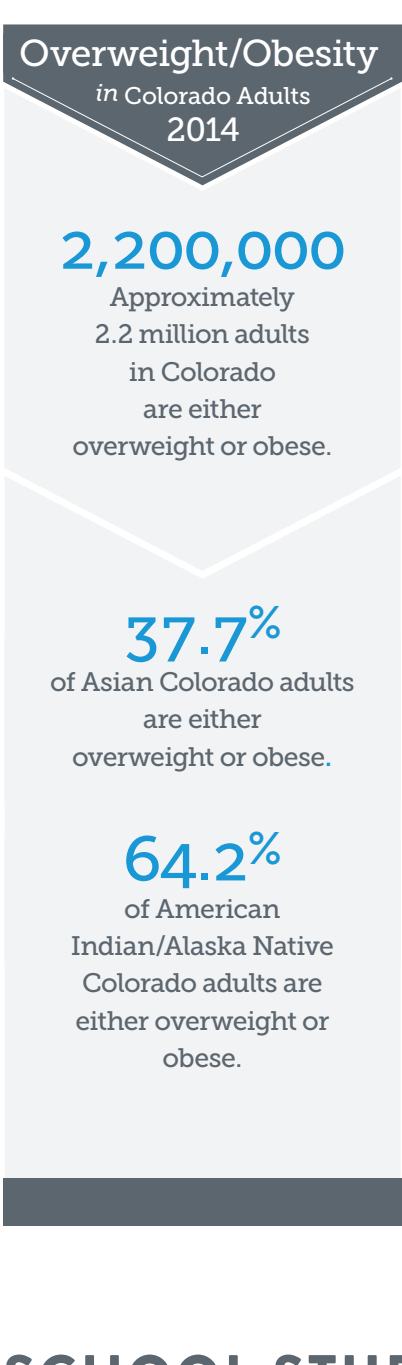
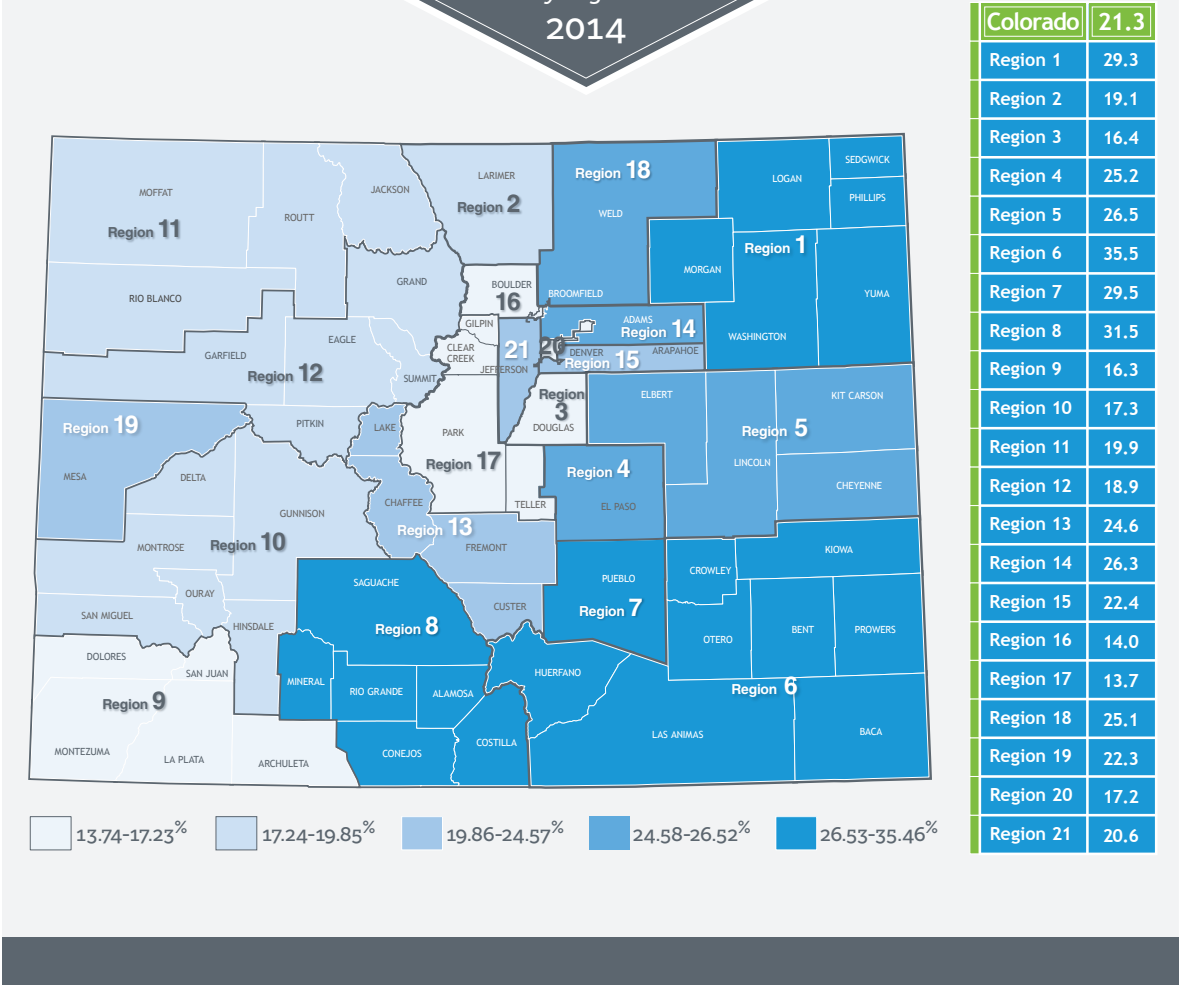
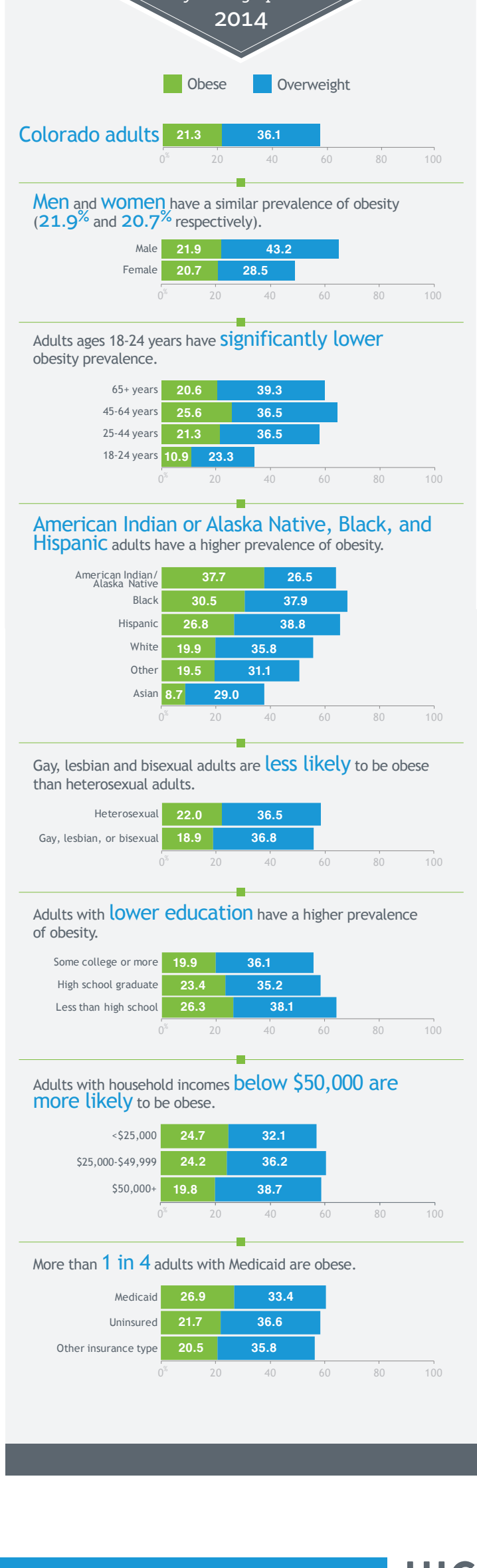
- 66.1-69.9%
- 61.9-65.7%
- 58.0-61.8%
- 53.8-56.4%



TRENDS

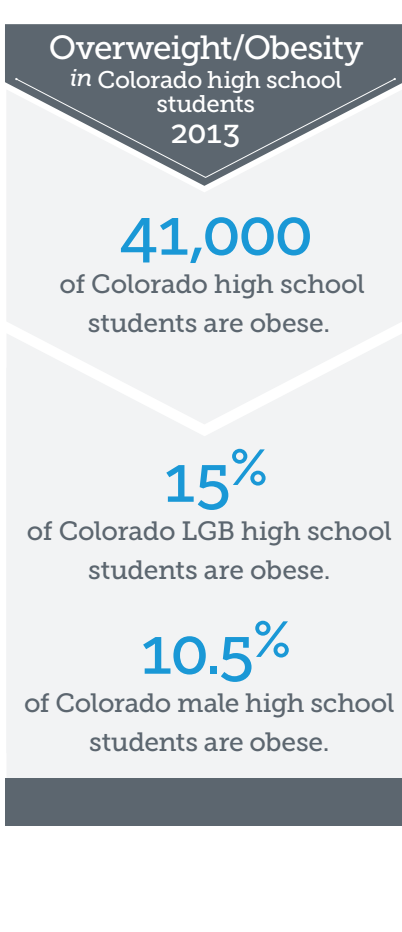
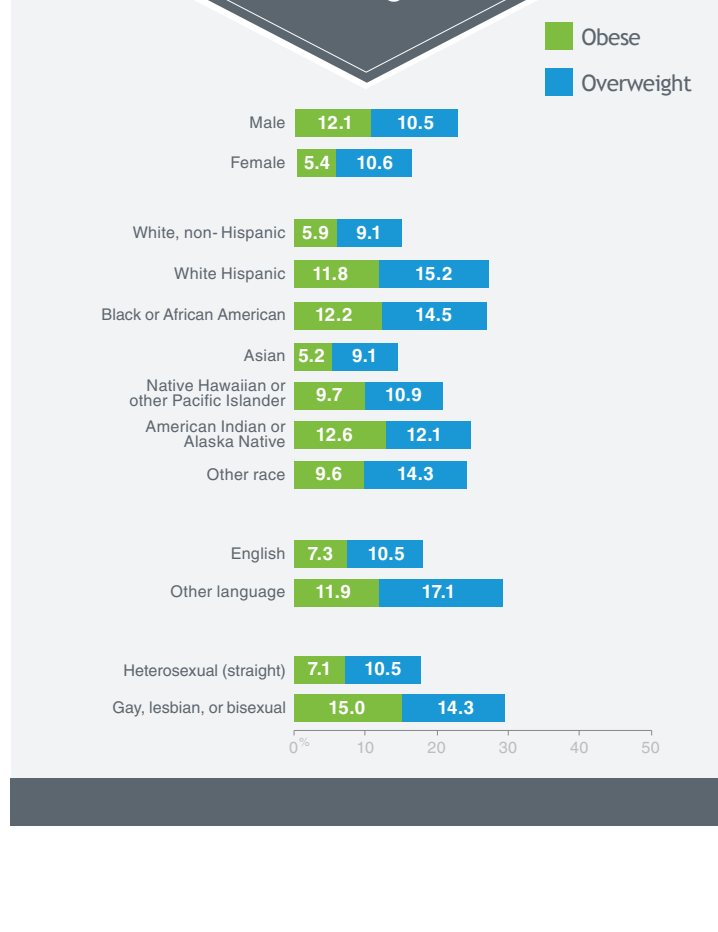


DEMOGRAPHICS AND GEOGRAPHY



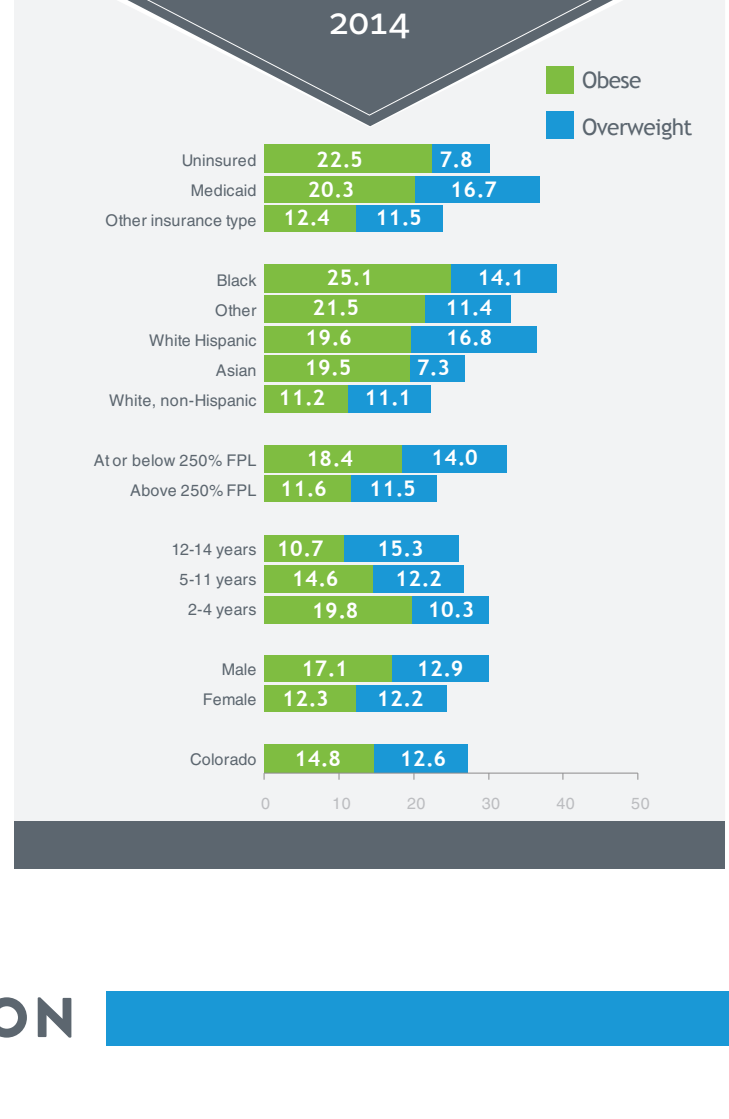
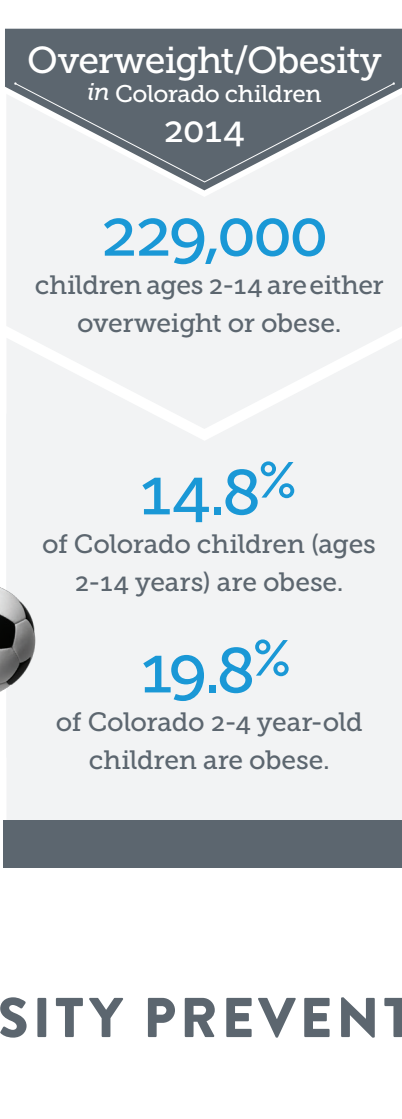
HIGH SCHOOL STUDENTS

NEARLY 1 IN 5 HIGH SCHOOL STUDENTS IN COLORADO IS OVERWEIGHT OR OBESE



CHILDREN

MORE THAN 1 IN 4 CHILDREN IN COLORADO IS OVERWEIGHT OR OBESE



OBESITY PREVENTION



CURRENT COLORADO EFFORTS

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 plan outlines goals and strategies to implement at the state and local levels with numerous partners and stakeholders from across Colorado:

- STATEWIDE GOAL: Reverse the upward obesity trend by aligning efforts to develop a **culture of health**.
- STATEWIDE GOAL: Intensify efforts to **create conditions** to achieve healthy weight across the lifespan.
- STATEWIDE GOAL: Increase statewide capacity for coordinated obesity **surveillance**.

Current Colorado priority initiatives include the following areas:

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



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 WWW: CHD.DPHE.STATE.CO.US/WEIGHT/OBESITY-IN-COLORADO-INFOGRAPHIC.HTML

SOURCES: ■ COLORADO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, CDPHE
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