



Methods

- Data were analyzed from all states that participated in the Behavioral Risk Factor Surveillance System (BRFSS) from 1991 to 1998.
- The BRFSS is a cross sectional random-digit-dialed telephone survey of noninstitutionalized civilian adults aged 18 years or older.
- SAS and SUDAAN data analysis programs were used because of the complex sampling design.





Limitations and Implications

- Weights and heights were self-reported. Because overweight individuals tend to underestimate their weight, true obesity rates could be underestimated.
- Only households with telephones are included in BRFSS. People without telephones are likely to be of lower socioeconomic status, a factor associated with obesity.





Results

- The prevalence of obesity (BMI greater than or equal to 30 kg/m²) increased from 12% of the U.S. population in 1991 to 17.9% in 1998.
- Obesity increased in every state, in both sexes, and across all age groups, races, and educational levels, regardless of an individual's smoking status.





Recommendations

- Strategies and programs for weight maintenance and weight reduction must become a higher priority.
- Public health messages should focus increasingly on balancing caloric intake with physical activity.





Recommendations

A wide range of participants, including physicians, public health professionals, legislators, communities, and organizations must become engaged to control the obesity epidemic.





Research Needs

- Identify periods of risk across the life span for developing obesity and the factors that most contribute to the complex problem of obesity.
- Explore and identify individual behavioral change and environmental interventions that work in medical settings, schools, worksites, and communities.

















































