

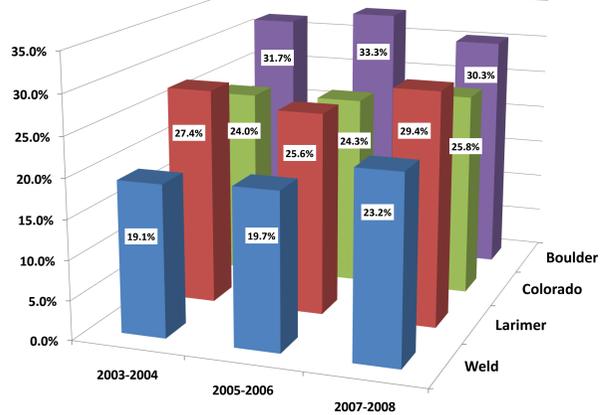
www.larimer.org/foodassessment/

Linking Eating Behavior to Health Outcomes

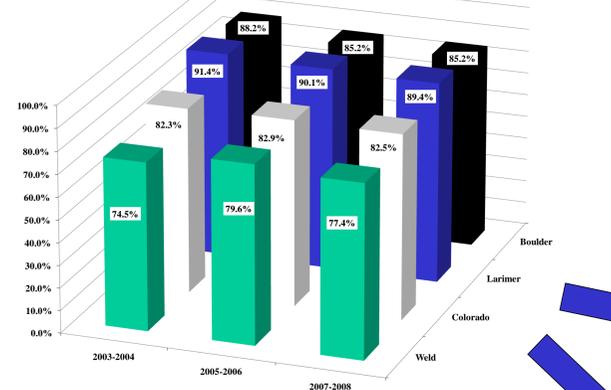
The following data on individuals' reported behavior (for the periods 2003/2004, 2005/2006 and 2007/2008), has implications for potential health outcomes in terms of:

1. obesity & overweight
2. incidence of diabetes
3. death from diabetes
4. increased risk of heart disease
5. and many other illnesses.

Percent of Individuals Who Ate 5 or More Servings of Fruits and Vegetables per Day



Percent of Individuals Getting Any Leisure Time Activity



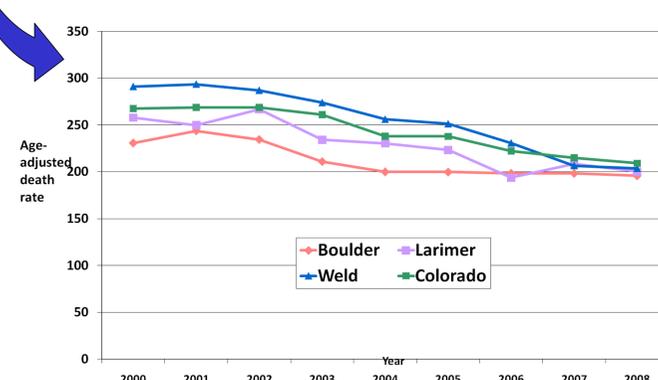
Northern Colorado Outcomes

Weld: data show the greatest increase in vegetable consumption, and in exercise → resulting in greatest *decreases* in obesity and overweight, but an *increase* in diabetes incidence

Larimer: increase in vegetable consumption, but decrease in exercise → shows the greatest *increase* in reported incidence of diabetes and obesity.

Boulder: greatest decrease in reported vegetable consumption, as well as decrease in regular exercise → greatest *increase* in overweight, *increase* in obesity, but *decrease* in reported incidence of diabetes.

Age-Adjusted Death Rates from Cardiovascular Diseases



Economic Costs of Health Outcomes

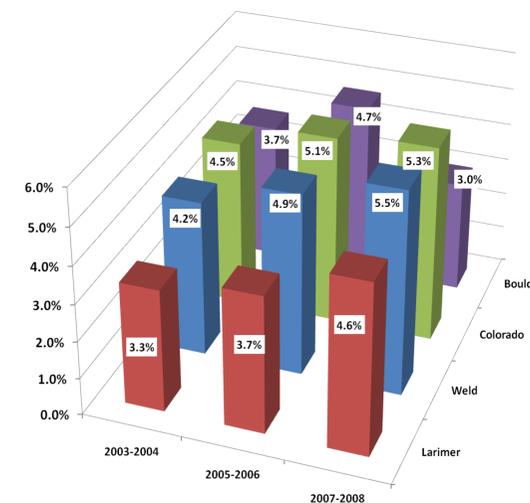
The cost of individuals' poor health and nutrition decisions extends to everyone. The direct and indirect costs of obesity are estimated at \$100 billion annually, accounting for 6 percent to 10 percent of all U.S. health care spending. Obesity accounted for 27 percent of the growth in real U.S. health care spending between 1987 and 2001.

From the Yale Center for Public Policy, accessed August 2010
http://www.yaleruddcenter.org/what_we_do.aspx?id=82.

Percent of Obese, Individuals (BMI** > 30)

	2003-2004	2005-2006	2007-2008	Change from 2003-2004 to 2007-2008
Larimer	12.1%	14.4%	17.1%	5.0%
Boulder	11.0%	11.8%	14.4%	3.4%
Colorado	16.6%	18.3%	19.4%	2.8%
Weld	24.3%	23.1%	24.0%	-0.3%

Percent of Individuals Diagnosed With Diabetes



Acknowledgment

Funding of this research project by Colorado Department of Local Affairs Heritage Planning Grant #00192 is gratefully acknowledged.

Organizations in your area

LiveWell Colorado

LiveWell Colorado is a nonprofit organization committed to reducing obesity in Colorado by promoting healthy eating and active living. In addition to educating and inspiring people to make healthy choices, LiveWell Colorado focuses on policy, environmental and lifestyle changes that remove barriers and increase access to healthy behaviors.

Boulder

LiveWell Longmont

Longmont YMCA
 Melissa Trecoske Houghton
 720.652.4721
<http://www.livewellcolorado.org/community-initiatives/livewell-colorado-communities/livewell-longmont>

Larimer

LiveWell Fort Collins & LiveWell Loveland

Coalition for Activity and Nutrition to Defeat Obesity (CanDo)
 Poudre Valley Health System
 Virginia Clark, MS, RD
 CanDo Coordinator
 970.495.7517

Weld

LiveWell Weld

Weld County Department of Public Health and Environment
 Bobbie Puckett
 970.304.6470, x2381
<http://livewellweldcounty.org/>

Learn more from these organizations



Centers for Disease Control

<http://www.cdc.gov/brfss/index.htm>

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors. The BRFSS was established in 1984 by the Centers for Disease Control and Prevention (CDC); currently data are collected monthly in all 50 states. For interactive databases, surveys and data to download, refer to: <http://www.cdc.gov/brfss/>.



Colorado Department of Public Health and Environment

Behavioral Risk Factor Surveillance System
 Tel. #: (303)692-2160
 E-mail: health.statistics@state.co.us
<http://www.cdph.state.co.us/hs/datahome.html>

The Colorado Behavioral Risk Factor Surveillance System (BRFSS) is a system of telephone surveys sponsored by the Centers for Disease Control to monitor lifestyles and behaviors related to the leading causes of mortality and morbidity. In recent years, health professionals and the public have become increasingly aware of the role of such lifestyle factors as cigarette smoking, overweight, sedentary lifestyle, and the nonuse of seat belts in contributing to injury, illness and death.

Some Trends in Health Outcomes

According to the Healthy People 2010—a set of national health objectives—“physical activity and overweight/obesity are two of the 10 leading health indicators that greatly affect the health of individuals and communities in the U.S.”

Although there are many causes of obesity and overweight, for many people bottom line is:

1. poor nutrition (eating more high-fat and high-sugar foods that are low in vitamins and other essential nutrients), and
2. less than the recommended amount of physical activity.

More than 2/3 of states have adult obesity rates above 25%. Colorado has the lowest adult prevalence in the US at 19.1%, however this is an increase from around 7% in 1990, and 14.2% in 2000.

Note: Obesity is defined as having a Body Mass Index (BMI) of 30 and above.

Source: “The Weight of the State: 2009 Report on Overweight and Obesity in Colorado from the Colorado Department of Public Health and Environment; and The Centers for Disease Control, <http://apps.nccd.cdc.gov/brfss/display.asp?cat=OB&yr=2000&qkey=4409&state=CO>, July 2010.

Data sources for charts:

Behavioral data from the Survey Research Unit at the Colorado Department of Public Health and Environment which conducts the Colorado Behavioral Risk Factor Surveillance System (BRFSS) survey and selects respondents using a random digit dialing sampling technique.