

Nutrition and Overweight

Nutrition is essential for growth and development, health, and well being. Behaviors to promote health should start early in life with breastfeeding and continue through life with the development of healthful eating habits. Nutritional, or dietary, factors contribute substantially to the burden of preventable illnesses and premature deaths in the United States. Indeed, dietary factors are associated with 4 of the 10 leading causes of death: coronary heart disease (CHD), some types of cancer, stroke, and type 2 diabetes. Dietary factors also are associated with osteoporosis, which affects more than 25 million persons in the United States and is the major underlying cause of bone fractures in postmenopausal women and elderly persons. (Healthy People 2010)

The Dietary Guidelines for Americans, 2005 recommends consuming fewer calories, becoming more physically active and making wiser choices within and among food groups. Visit www.health.gov/dietaryguidelines to see the full report.

Data Analysis

BRFSS

Relatively little data is available by which to judge the state of nutritional behavior and bodyweight levels in a community. Currently the state provides only data collected through the Behavioral Risk Factor Surveillance System (BRFSS) surveys. The most recent local level survey was conducted in 2002 and carries a citation date of 2003. The BRFSS only surveys adults age 18 years and over.

In the most recent survey Cortland and Tompkins Counties were surveyed together and are reported as a single data point. Many other rural counties were also grouped in twos and threes for the survey and the data is reported as such. This is done in order to maintain a consistency, to the extent possible, of sample size across the state. This in turn is a way to improve the confidence intervals and thereby the reliability of the data as true and not just do to random occurrence.

Almost all data detailing the current national “obesity epidemic” is obtained through self-reporting systems like the BRFSS survey. A common concern of these survey data is that respondents stretch their answers towards “normal”; that is, overweight and obesity are under-reported.

Even given the inherent statistical problems, the data is worth reviewing on a comparative basis. Local level data is not available over a span of years, so only regional comparisons are offered along with some breakout by demographic groups within the Cortland–Tompkins sample set.

Obese or Overweight Cortland–Tompkins,

About half of the Cortland–Tompkins population is overweight or obese according to the 2003 BRFSS. This is the best score regionally

BMI=25+, 2003	
Male.....	61.6
Female.....	41.7
High school edu or less	61.8
Edu more than high school.....	47.2
[95% C.I. 5.8–7.9]	

Fruit and vegetable consumption

HP 2010	
Target daily consumption	
Veg: 3 srvgs.....	50%

and statewide though the closer comparisons may not be statistically significant. (See *Figure 154, page 164.*)

A demographic breakout for Cortland–Tompkins is shown graphically in *Figure 155, page 165*. The data is also presented in table form to show the 95% confidence intervals (C.I.) which vary widely among the different groups.

Still, two of the comparisons appear to be statistically significant: the gender gap and the education gap. Cortland–Tompkins men have a higher incidence of overweight than do women. Similarly, those whose education went no farther than high school are more likely to be overweight than those with schooling beyond high school.

Additional graphics showing regional comparisons for different Body Mass Index (BMI) levels are shown in *Figure 156, Figure 157 and Figure 158, starting on page 166.*

The BRFSS tracks nutritional behavior through questions about fruit and vegetable consumption and about an individual’s attempts to loose or maintain weight.

A number of years ago the National Cancer Institute (NCI) established that consuming a minimum of 5 servings a day of fruits and vegetables was important for maintaining health. More recently the recommendation has been upgraded to eating from 5–9 servings a day, with the emphasis on the higher level. The BRFSS asks respondents whether or not they eat at least 5 fruit or vegetable servings a day.

Regionally the responses do not vary within the margins of error, with plus-or-minus a quarter of the population confirming that they eat “five-a-day.” The rate for Cortland–Tompkins is 27 percent. See *Figure 159, page 167* for details. One thing that is indisputable regarding this data is that fruit and vegetable consumption is extremely low based on the NCI recommendation.

Of further interest — due to statistical significance — is the demographic differences within Cortland–Tompkins. There may be a significant difference between those age 18–34 years and those age 55 and over, with greater numbers of the older population eating their 5-a-day. More well defined is the difference between education levels: those with high school or less appear to be far less likely to include the recommended numbers of fruits and vegetables in their diet than those with an education beyond high school. (See *Figure 160, page 168.*)

The implication would be that any interventions to increase fruit and vegetable consumption may better serve the constituency by targeting younger populations and those with fewer years of school.

Healthy People 2010 (HP2010) has set targets for fruit and vegetable consumption among those age 2 years and older. They are for 50 percent of the population to eat at least 3 servings of vegetable daily

Fruit: 2 srvgs.....75% and 75 percent to eat a minimum of 2 daily servings of fruit.

Community Resources

TCHD TCHD’s Health Promotion Program promotes worksite programs that encourage healthy eating. Technical assistance is provided upon request or through the web site. Employers can learn how to implement a “5 a day Challenge,” institute a healthy “snack bowl” or how to include healthy menu choices at worksite functions. www.tompkins-co.org/wellness

WIC The Supplemental Nutrition Program for Women, Infants and Children at TCHD strives to improve the nutrition and health status of participating women, infants and children through the provision of nutritious foods, nutrition and health education, breastfeeding promotion and support and connections with health and human service organizations.

Healthy CNY In 2004, The Commission for a Healthy Central New York conducted a regional health assessment of eight counties: Cayuga, Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego, and Tompkins Counties. Obesity was identified as a problem in the region. The Commission is seeking to establish collaborative relationships of stakeholders and health care providers to tackle the problem on a regional basis.

Figures and Tables

Figure 154 — Overweight or obese, regional comparison

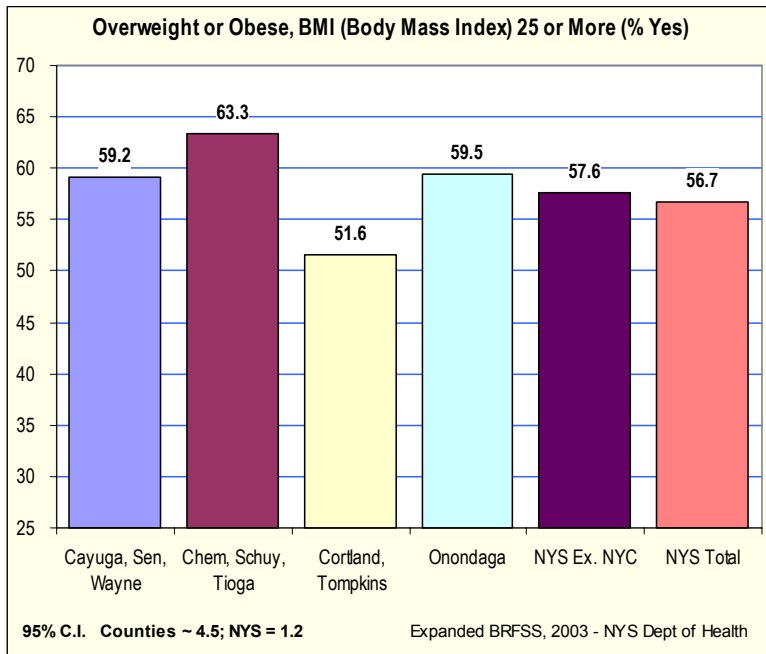
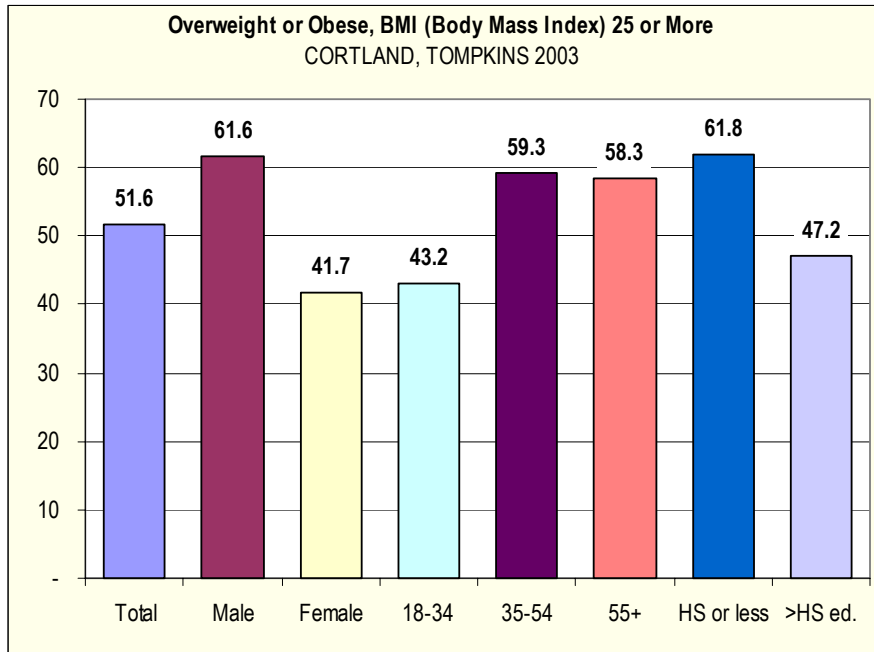


Figure 155 — Overweight or obese, Tompkins–Cortland



Overweight or Obese, BMI (Body Mass Index) 25 or More
CORTLAND, TOMPKINS 2003

Dem Groups	n ¹	Yes % ²	n	No %	C.I. ³
Total	326	51.6	294	48.4	4.7
Male	163	61.6	99	38.4	6.8
Female	163	41.7	195	58.3	6.2
18-34	67	43.2	103	56.8	8.6
35-54	134	59.3	104	40.7	6.7
55+	125	58.3	85	41.7	7.4
HS or less	125	61.8	77	38.2	7.9
>HS ed.	201	47.2	217	52.8	5.8

Expanded BRFSS, 2003 - NYS Dept of Health

¹Use pct's based on row denominators <50 with caution

²Weighted Percent

³95% Confidence Interval

Figure 156 — Underweight /Normal, regional comparison

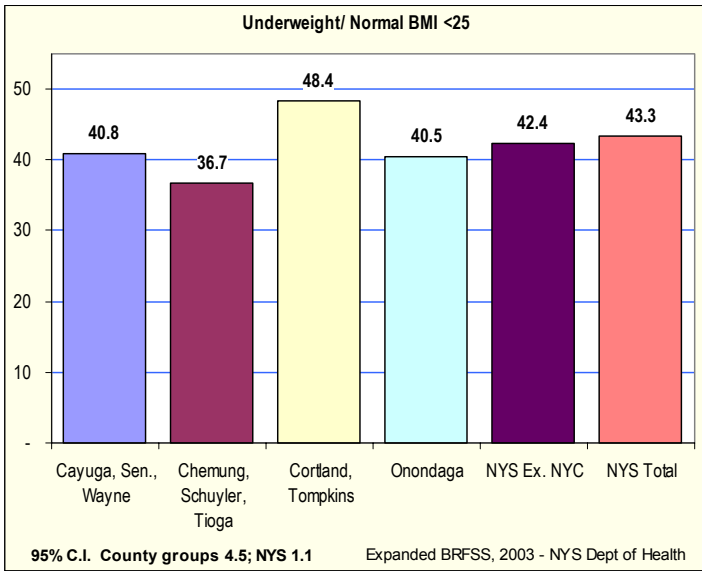


Figure 157 — Overweight, regional comparison

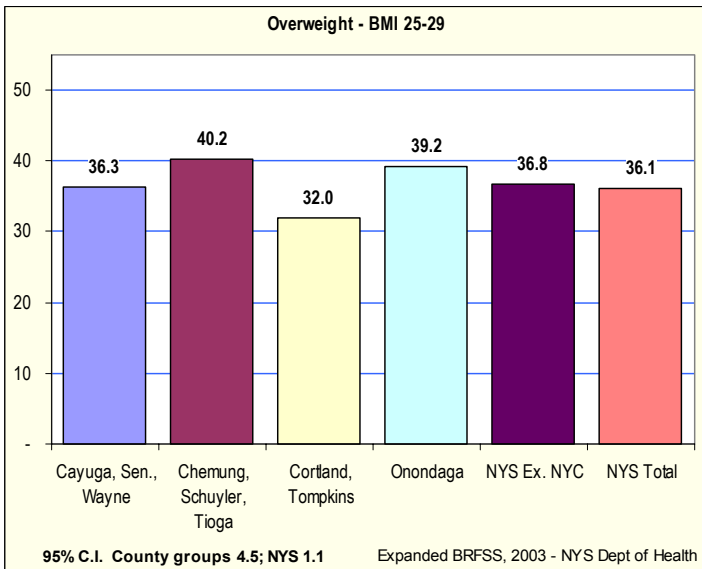


Figure 158 — Obese, regional comparison

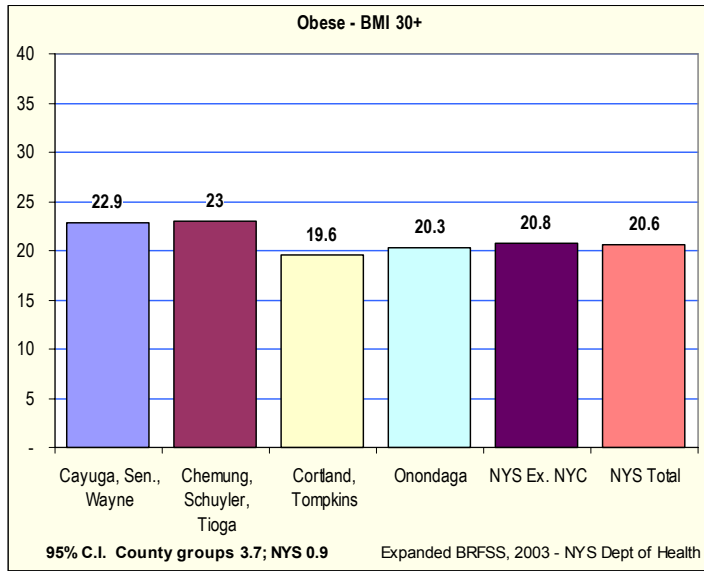


Figure 159 — Eat 5-A-Day, regional comparison

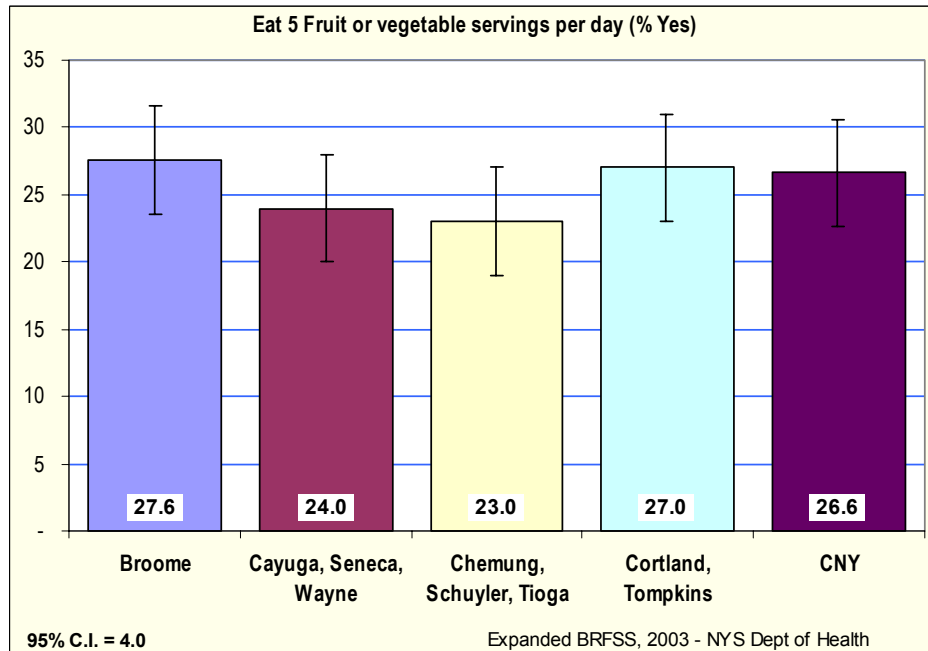


Figure 160 — Eat 5-A-Day, Tompkins–Cortland

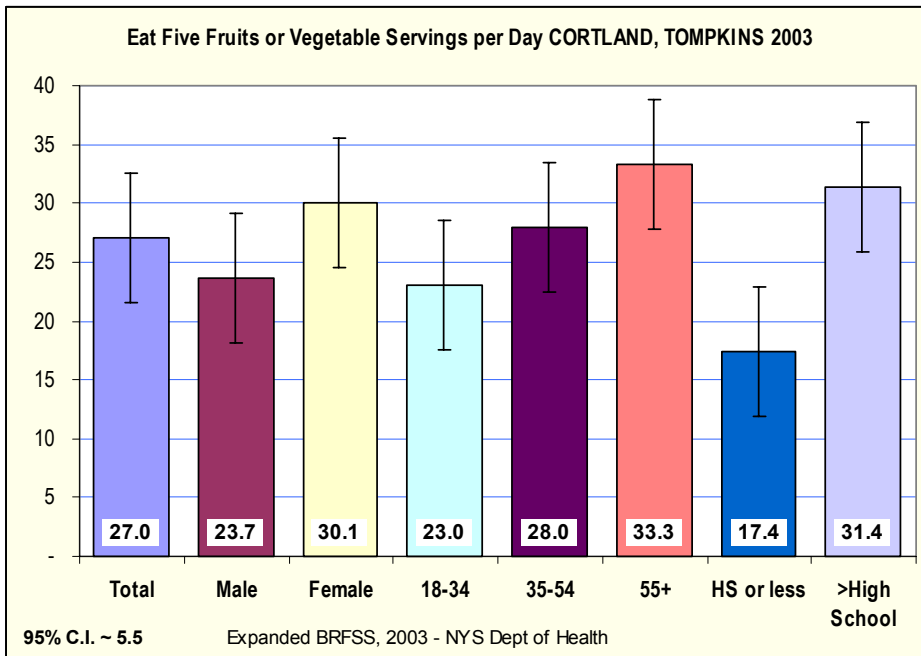


Figure 161 — Trying to lose weight, regional comparison

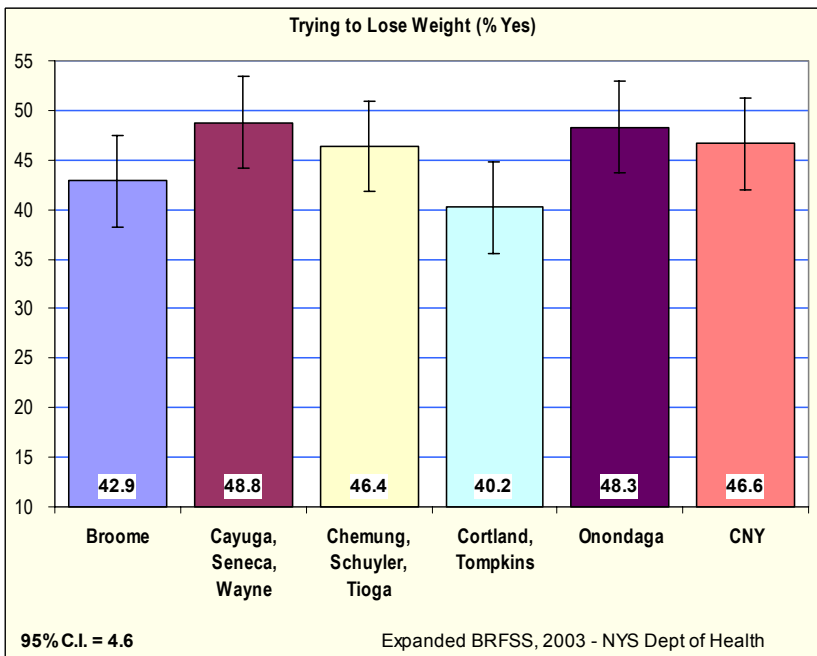


Figure 162 — Trying to maintain current weight, regional comparison

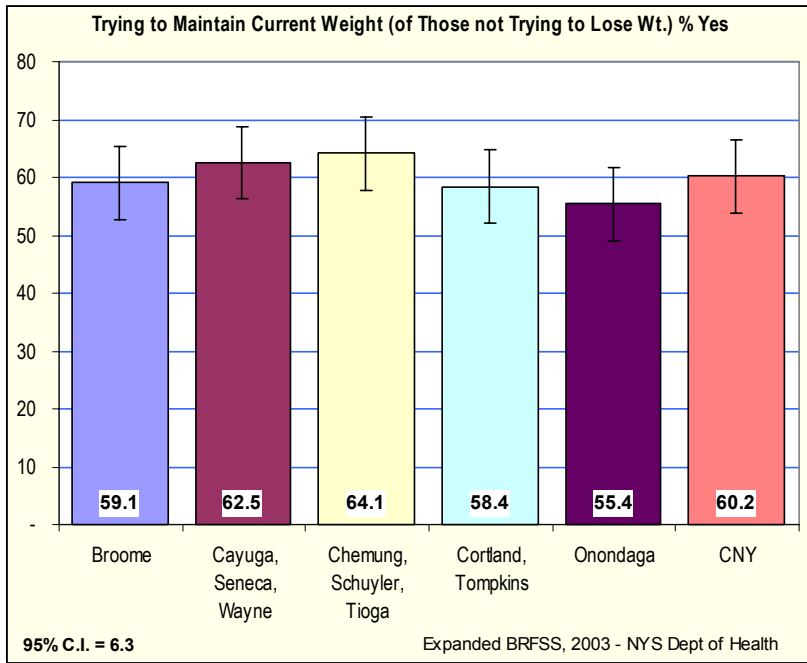


Figure 163 — Changing diet to lose or maintain weight, regional comparison

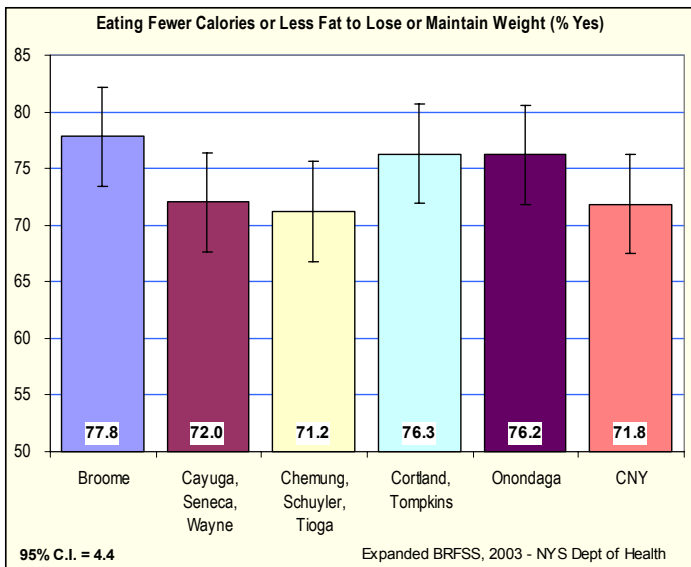


Figure 164 — Changing physical exercise to lose or maintain weight, regional comparison

