Obesity Prevalence among Delaware Adults Has Been Level for Past Decade

Nearly a third of Delaware adults reported a Body Mass Index (BMI) considered "obese" in the 2017 Delaware Behavioral Risk Factor Survey (BRFS).

The survey asks respondents for their height and weight, from which BMI is calculated. BMI, while not the ideal measure for individuals, is an appropriate measure for large population studies. In 2017, 31.8 percent of Delaware adults reported being obese, and another 36.7 percent reported BMIs considered "overweight" — more than the recommended weight levels, but not obese. About 29.5 percent of adults in Delaware reported weights in the recommended or healthy range. The pie chart below shows adult prevalence by BMI category:

![Pie Chart](image)

Obesity is a major public health problem, according to the U.S. Centers for Disease Control and Prevention (CDC). Obesity (a BMI greater than 30) increases the risk of chronic diseases and other health conditions, including: heart disease, stroke, high blood pressure, high cholesterol, liver and gall bladder disease, sleep apnea, joint problems, and infertility.

There was no statistically significant difference for obesity prevalence between men and women. However, men were more likely to be overweight than women. Nearly 41 percent of men reported being overweight, compared to 32.5 percent of women.

However, there was a significant disparity by race. Slightly more than 40 percent of non-Hispanic African American adults reported BMIs considered obese, compared to 30.4 percent of non-Hispanic white adults, and 30.3 percent of Latino/Hispanic adults.

Obesity prevalence increases with age. Only 15.5 percent of adults age 18 - 24 are obese, compared to 37.3 percent of adults age 55 - 64.
Obesity Trends in Delaware

During the two decades from 1990 to 2010, obesity prevalence among Delaware adults doubled from 14.4 percent in 1990 to 28.7 percent in 2010. However, since 2011 the obesity prevalence has remained fairly steady at around 30 percent. Likewise, the prevalence of overweight has remained relatively level since 2011 (see chart below).

Current Trend in Obesity Prevalence Among Adult Delawareans

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<tbody>
<tr>
<td>Overweight</td>
<td>35%</td>
<td>39.1%</td>
<td>33.5%</td>
<td>36.8%</td>
<td>37.2%</td>
<td>37.3%</td>
<td>36.7%</td>
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<tr>
<td>Obese</td>
<td>28.8%</td>
<td>27%</td>
<td>31%</td>
<td>30.7%</td>
<td>29.7%</td>
<td>30.7%</td>
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Obesity and Chronic Disease

Overweight and obesity are major contributing factors for developing diabetes. In Delaware, 19.6 percent of adults who report being obese have been diagnosed with diabetes, compared with 6.1 percent of adults who report normal weights. About 83.5 percent of adults with diagnosed diabetes are either overweight or obese.

Obesity among Delaware adults doubled between 1990 and 2010; and the prevalence of diagnosed diabetes also doubled during those decades. Prevalence of both obesity and diabetes has been fairly level for the past decade. Demographic factors for diabetes closely parallel the factors related to overweight and obesity. Adults with lower educational levels and low income have higher prevalence of both obesity and diabetes. Diabetes prevalence is higher in Kent and Sussex counties, where obesity prevalence also is higher than it is in New Castle County.

Obesity and Overweight among Youth

The Division of Public Health also conducts the school-based Youth Risk Behavior Survey (YRBS) of Delaware public high school students. In 2017, 15.1 percent of Delaware public high school students reported BMIs considered obese. At the high school level, males (17.3 percent) have a higher obesity prevalence than females (12.9 percent). Prevalence is slightly higher among black or African American students (18 percent) than Hispanic students (15.1 percent) or white students (13.4 percent). Obesity prevalence for high school students has not changed significantly during the past seven years.

Another 16.6 percent of Delaware public high school students report being overweight, but not obese. Female students have a slightly higher prevalence of overweight, but the difference is not statistically significant.
Obesity Prevention

Weight is influenced by a variety of factors, including physical activity levels, diet, and genetics. What we eat and our levels of physical activity are keys to maintaining or achieving a healthy weight and being physically fit. Public Health experts at the U.S. Centers for Disease Control and Prevention (CDC) have published recommendations for physical activity. They recommend that children and youth get at least 60 minutes of physical activity a day on at least five days of every week. Adults should do at least 30 minutes of moderate or vigorous aerobic physical activity every day. Additional health benefits are provided by increasing time up to 60 minutes a day. Adults should also do muscle-strengthening activities that involve all the major muscle groups on 2 or more days a week.

How Active are Residents of Delaware?

As would be expected, youth are physically more active than adults. According to the 2017 Youth Risk Behavior Survey (YRBS), 50 percent of Delaware public middle school students reported an hour of physical activity a day on five or more days of the week. Among Delaware public high school students, 43.5 percent met recommended levels of physical activity—at least an hour of physical activity a day on five or more days of the week.

The BRFS uses a formula, based on a set of eight questions, to determine what percentage of the adult population meets recommendations for exercise and physical activity. In 2017, 27.6 percent of adults met recommended levels of aerobic physical activity. However, only 19 percent of Delaware adults met recommendations for both strength building and aerobic activity. This is statistically unchanged from the 2015 prevalence.

Healthy Eating and Nutritional Risk Factors

What we eat or drink also can put us at greater risk for obesity—or help protect us from related health problems. The Division of Public Health promotes healthy eating and physical activity through a campaign called 5-2-1-Almost None, primarily aimed at developing good habits among children and youth. The campaign stands for eating 5 or more vegetables and fruits each day, trying to limit leisure screen time to 2 hours a day, being physically active for at least 1 hour a day, and consuming no or "almost no" sugar-sweetened beverages. These are generally good goals for adults as well.

Unfortunately, 2017 BRFS data show that Delaware adults do not come close to the goal of five or more fruits and vegetables a day. Only about 19 percent of Delaware adults report drinking fruit juice once or twice a day. Only 44.6 percent of adults report eating fruit once or twice a day; and about half (51.7 percent) report eating vegetables other than potatoes once or twice a day.
Five-a-Day

The Delaware BRFS uses a formula to determine what percentage of the state's adults eat the recommended five fruits and/or vegetables a day. In 2017, only 15.5 percent of Delaware adults reported eating any combination of five fruits and vegetables per day on a regular basis. In 2015, the five-a-day prevalence was 15.2 percent, which is not a statistically significant difference [it should be noted that there were changes in the questions between the 2015 and 2017 surveys].

Sugar-Sweetened Beverages

Data on consumption of sugar-sweetened beverages show that fewer than half the state's adults drink no sugar-sweetened beverages. In 2017, 41.2 percent of Delaware adults reported that they "never" drink sodas that contain sugar. The prevalence of this healthy behavior is significantly higher among women. While only 35.9 percent of men said they do not consume sugar-sweetened soda, 45.8 percent of women avoid sugary soda.

The BRFS also asks about consumption of other sugar-sweetened beverages, such as lemonade, sweet tea, and sports or energy drinks. In 2017, nearly half (49.2 percent) of Delaware adults reported they never drink these other sugar-sweetened beverages. Again, prevalence of this positive behavior was significantly higher among women (53.9 percent) than among men (43.8 percent).