

Healthy Vermonters 2010 Objectives

- Increase the percentage of adults (18+ years) who engage in regular physical activity (30 minutes per day/5 days per week)
Target: 30%
- Increase the percentage of middle and junior high schools that require daily physical education for all students.
Target: 25%
- Reduce the percentage of youth who are overweight.
Target: 5%
- Increase the percentage of people who eat at least two daily servings of fruit.
Target: 75%
- Increase the percentage of people who eat at least three daily servings of vegetables.
Target: 50%
- Reduce the percentage of adults (age 20+) who are obese
Target: 15%

References and Data Notes

References

1. U.S. Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity. [Rockville, MD]: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; [2001].
2. *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*. [Bethesda, MD]:NHLBI, 1998
3. Hammer LD, Kraemer HC, Wilson DM, Ritter PL, Dornbusch SM. Standardized percentile curves of body-mass index for children and adolescents. *American Journal of Disease of Child*. 1991; 145:259–263. <http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm>
4. Pietrobelli A, Faith MS, Allison DB, Gallagher D, Chiumello G, Heymsfield, SB. Body mass index as a measure of adiposity among children and adolescents: A validation study. *Journal of Pediatrics*. 1998; 132:204–210. <http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm>
5. Trust for America's Health. F as in Fat: how obesity policies are failing in America. Issue Report October 2004.Washington, DC. <http://www.healthyamericans.org/reports/obesity/>
6. Finkelstein EA, Fiebelkorn IC, Wang, G. State-Level Estimates of Annual Medical Expenditures Attributable to Obesity. *Obesity Research* Vol 12 No 1. January 2004.
7. Olshansky SJ, Passaro DJ, Hershow RC, Layden, J, Carnes BA, Brody, J, Hayflick, L, Butler, RN, Allison, DB, Ludwig, DS. A Potential Decline in Life Expectancy in the United States in the 21st Century. *N Engl J Med* 352;11 March 17, 2005.
8. Calle EE, Thun MJ, Petrelli JM, Rodriguez C, Heath CW. Body Mass Index and Mortality in a Prospective Cohort of U.S. Adults. *N Engl J Med* 341 (15):1097-105 October 7, 1999.
9. U.S. Department of Health and Human Services. HHS Blueprint for Action on Breastfeeding, Washington, D.C. Office of Women's Health, 2000.
10. www.marchofdimes.com/aboutus/10651_12183.asp
11. Rocchini AP. Childhood obesity and a diabetes epidemic (editorial). *N Engl J Med* 346 (11): 854-855 March 14, 2002.
12. American Academy of Pediatrics Committee on Nutrition. Policy statement. Prevention of overweight and obesity. *Pediatrics* 2003;112(2):424-430. <http://aapolicy.aapublications/cgi/content/full/pediatrics;112/2/424>
13. http://www.marchofdimes.com/aboutus/10651_12183.asp
14. http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_consequences.htm
15. <http://www.cdc.gov/nccdphp/dnpa/obesity/defining.htm>
16. Vermont Behavioral Health Risks among Race and Ethnic Groups. Report to the Vermont Department of Health Minority Health Program, 2003.
17. http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_glance.htm

18. Vermont Disease Control Bulletin, Vermont Department of Health, December 2004.
19. Polhamus B, Dalenius K, Thompson D, Scanlon K, Borland E, Smith B, Grummer-Strawn L. *Pediatric Nutrition Surveillance 2003 Report*. Atlanta: US Department of Health and human services, Centers for Disease Control and Prevention; 2004. <http://www.cdc.gov/nccdphp/dnpa/pednss.htm>
20. Murphey DA, Lomonda KH, Carney JK, Duncan P. *Journal of Adolescent Health 2004;34:184-191*.
21. Thorpe KE, Florence CS, Howard DH, Joski P. *Health Affairs* 20 October 2004. DOI 10.1377/hlthaffW4.480-486 Project HOPE – The People-to-People Health Foundation, Inc.

Data Notes

- The Behavioral Risk Factor Surveillance System (BRFSS) data shown are based on data collected on adults 18 years and older. The BMI classifications used on the BRFSS data in this document are the clinical guidelines published in 1998 by the National Heart, Lung, and Blood based on adults 20 years and older.
- The graphs presented in this document from the Youth Risk Behavior Survey combine the categories of at risk for underweight (6-15th BMI percentiles) and average weight (16-84th percentiles) into “healthy weight”.
- The BMI weight categories used in the Pregnancy Nutrition Surveillance System (PNSS) and in the 2002 Vermont Vital Statistics Report (VVS) are slightly different from the 1998 National Heart, Lung and Blood Institute (NHBLI) guidelines and are shown in the following table.

1998 NHBLI

Classification	BMI: kg/m ²
Underweight	<18.5
Healthy weight	18.5-24.9
Overweight	25.0-29.9
Obese	≥30

PNSS, VVS

Classification	Pre-Pregnancy BMI: kg/m ²
Underweight	< 19.8
Healthy weight	19.8-26.0
Overweight	26.1-29.0
Obese	> 29.0

Directions for possible future research

- Conduct logistic regression on risk factors.
- Calculate some relative risks/odds ratios for certain risk factors and obesity.
- Breastfed at 1 year and obesity trends
- Hunger and obesity data from Rod?
- Closer look at pre-pregnancy overweight/obese and infant/mother outcomes

Acknowledgements

The following contributed to this report:

Bister, Donna
Braner, Moshe
Brosseau, Jessie
Coburn, Susan
Dawson, Caroline
Decher, Laurel
Hale-Lamonda, Kelly
Howe, Alison
McCormick, Rodney
Nyland-Funke, Michael
Roberts, Jason