



# Obesity in Cleveland

2005-2006

March 2008

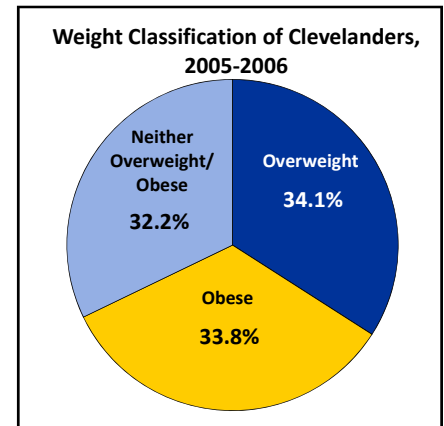
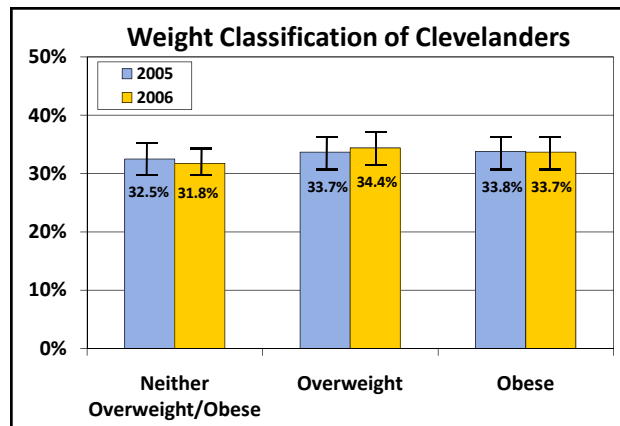
Data Brief

## Report Contents

- Weight Classification of Clevelanders
- Local, State and National Trends in the Prevalence of Obesity
- Obesity by Demographic Characteristics
- Nutrition, Physical Activity, and Obesity
- Obesity and Other Medical Conditions
- Obesity and Physical and Mental Health
- Local Resources for Healthy Eating, Activity, and Weight Loss
- What are Clevelanders doing about their weight?

The Cleveland Behavioral Risk Factor Surveillance Survey is funded by Steps to a Healthier Cleveland.

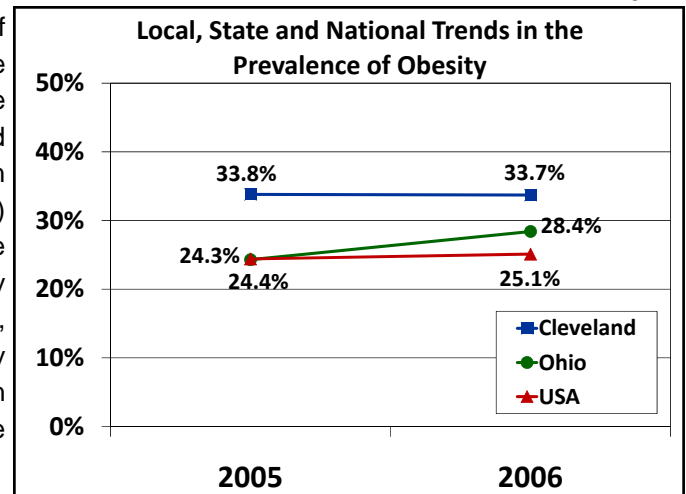
## Weight Classification of Clevelanders



According to Body Mass Index (BMI) classifications computed from self-reported height and weight, just over one-third of Clevelanders were obese in 2005-2006 (33.8% in 2005 and 33.7% in 2006). In addition to those who were obese, another third of Clevelanders were overweight (33.7% in 2005 and 34.4% in 2006). When taken together, in 2005-2006, nearly 70% of Cleveland adults were beyond their recommended total body fat, or BMI range, putting them at increased risks for various health conditions, diseases, and even death.

## Local, State and National Trends in the Prevalence of Obesity

While the national prevalence of obesity remained fairly stable between 2005-2006, the prevalence in Ohio increased from 24.3% in 2005 to 28.4% in 2006. Local (Cleveland) prevalence was similar to the nation with regard to stability between 2005-2006; however, the prevalence was significantly higher than that of the nation (33.7% vs. 25.1%) and the state (33.7% vs. 28.4%).

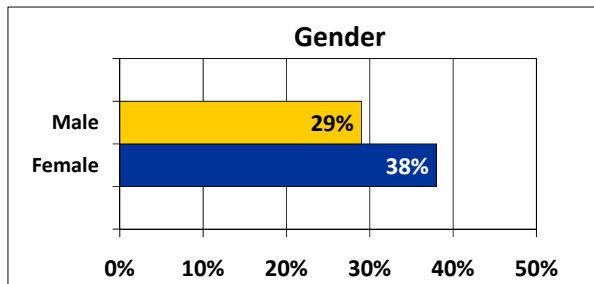


While national trends in obesity have been stable in recent years, there have been sharp long-term increases over the past several decades. It is interesting to note, that as part of this trend, the percentage of overweight adults has remained fairly stable, while the percentage of under- and normal-weight individuals has continually decreased.

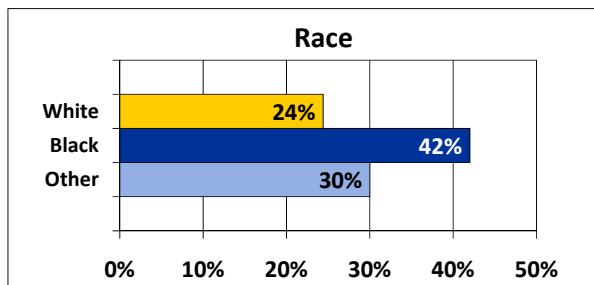


## Obesity by Demographic Characteristics, 2005-2006

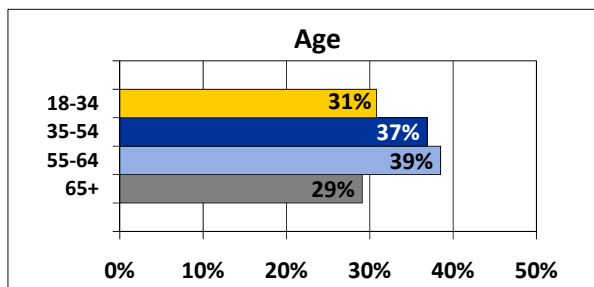
**GENDER:** State and national data (not shown) show that the prevalence of obesity is similar among men and women. In Cleveland, however, obesity was more prevalent among women (38%) than among men (29%).



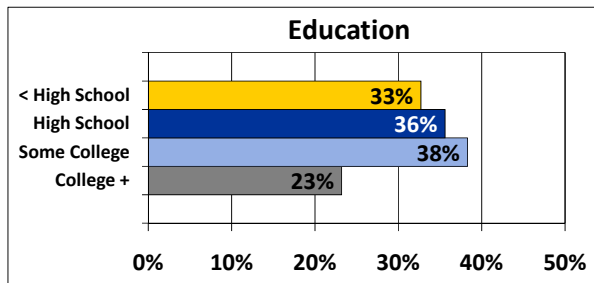
**RACE:** State and national data (not shown) also typically show that black adults are disproportionately affected by obesity when compared to other racial groups. Similarly, in Cleveland, black adults had the highest prevalence of obesity (42%), followed by those of other racial/ethnic backgrounds (30%) and white adults (24%).



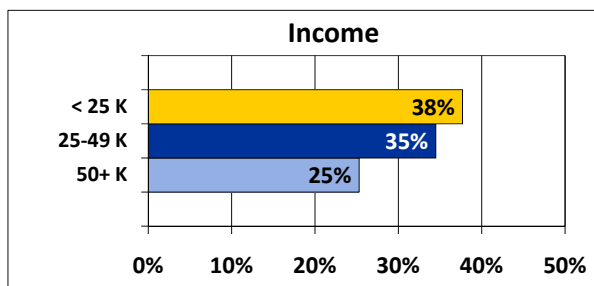
**AGE:** Consistent with data from the nation and other states (not shown), obesity in Cleveland increased with age before eventually declining after the age of 65. Adults aged 18-34 had a prevalence of obesity of 31%, followed by those aged 35-54 (37%) and those aged 55-64 (39%). The prevalence of obesity declined to 29% among adults aged 65 and older.



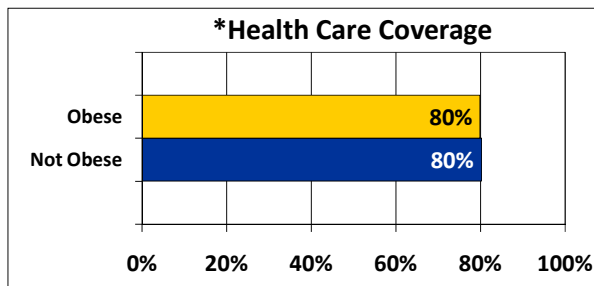
**EDUCATION:** Similar to the trend with age, obesity in Cleveland increased with education for those with less than a college education. Adults with less than a high school degree had a prevalence of obesity of 33%, followed by those with only a high school degree (36%) and those with some college experience (38%). The prevalence of obesity, however, declined considerably to only 23% among adults with a college degree or more.



**INCOME:** Like many other diseases, state and national data (not shown) show that obesity decreases as income increases. Likewise, Cleveland adults reporting the least amount of income (< \$25,000) also had the highest prevalence of obesity (38%), followed by those making \$25,000 to \$49,000, who had a prevalence of obesity of 35%. Adults with an income of \$50,000 or more had only a 25% prevalence of obesity.



**\*HEALTH CARE COVERAGE:** Overall, 80% of Clevelanders reported having health care coverage (data not shown). Similarly, 80% of both obese and non-obese Clevelanders reported having health care coverage. Still, one-fifth of obese Cleveland adults (20%) did not report having current health care coverage.



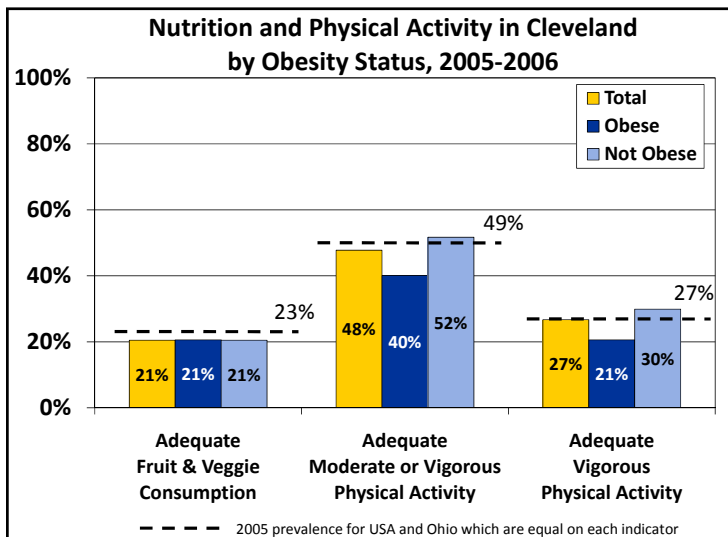
*\*The Health Care Coverage graph should be interpreted as the percentage of obese and non-obese adults who have health care coverage; all other graphs should be interpreted as the percentage of men, women, etc. who are obese.*

## Nutrition, Physical Activity, and Obesity

Healthy eating and regular physical activity are essential to preventing and reducing obesity, as well as many other chronic diseases and health conditions. However, a large gap exists between the recommended and actual diet and activity levels that Americans engage in.

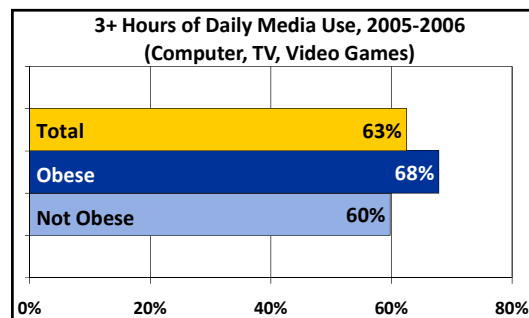
As shown in the figure to the right, obese and non-obese Clevelanders did not differ in their reporting of adequate fruit and vegetable consumption, at five or more per day (both 21%). Additionally, the percentage of Clevelanders eating five or more fruits and vegetables a day was not far below the nation and state at 23%. Even so, it is alarming that nearly 80% of all Clevelanders reported not getting the adequate amount of fruits and vegetables in their daily diet.

Obese and non-obese Clevelanders were more disparate in physical activity. Roughly half (52%) of non-obese Clevelanders reported getting the appropriate amount of moderate or vigorous physical activity (moderate = at least 30 minutes 5 days a week; vigorous = at least 20 minutes 3 days a week), which is just over that of the state and nation at 49%. More specifically, nearly a third (30%) of non-obese Clevelanders reported getting the appropriate amount of vigorous physical activity, which is slightly higher than that of the state and nation at 27%. In contrast, far fewer obese Cleveland adults reported adequate physical activity levels. Only 40% of obese adults reported getting adequate moderate or vigorous physical activity, while only one-fifth (21%) reported getting an adequate amount of vigorous physical activity per week. Although these differences by obesity are disconcerting, it is alarming that in general, more than half of all Clevelanders did not report getting adequate weekly amounts of even moderate forms of physical activity.



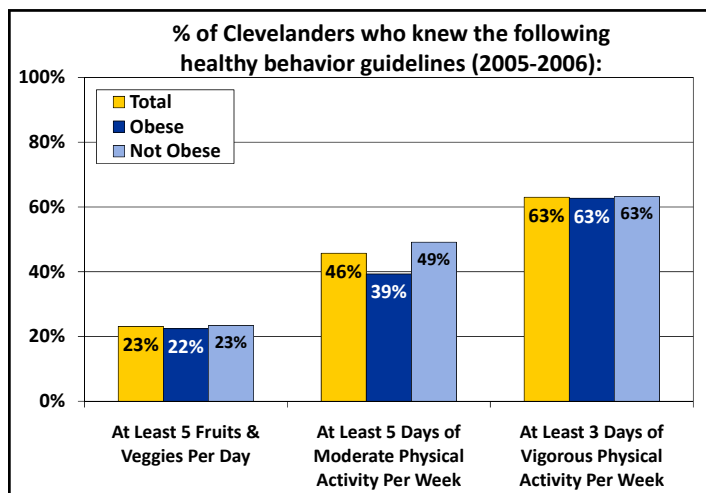
## Media Use

Sedentary behaviors are also highly linked to obesity and weight-related outcomes. This includes increased media time, or use of electronics such as computers, televisions, and video games. Likely coexisting with their inactivity, 68% of obese Clevelanders reported engaging in three or more hours per day of media use (computer, television, or video game). In contrast, fewer non-obese Clevelanders (60%) reported media use at three or more hours per day.



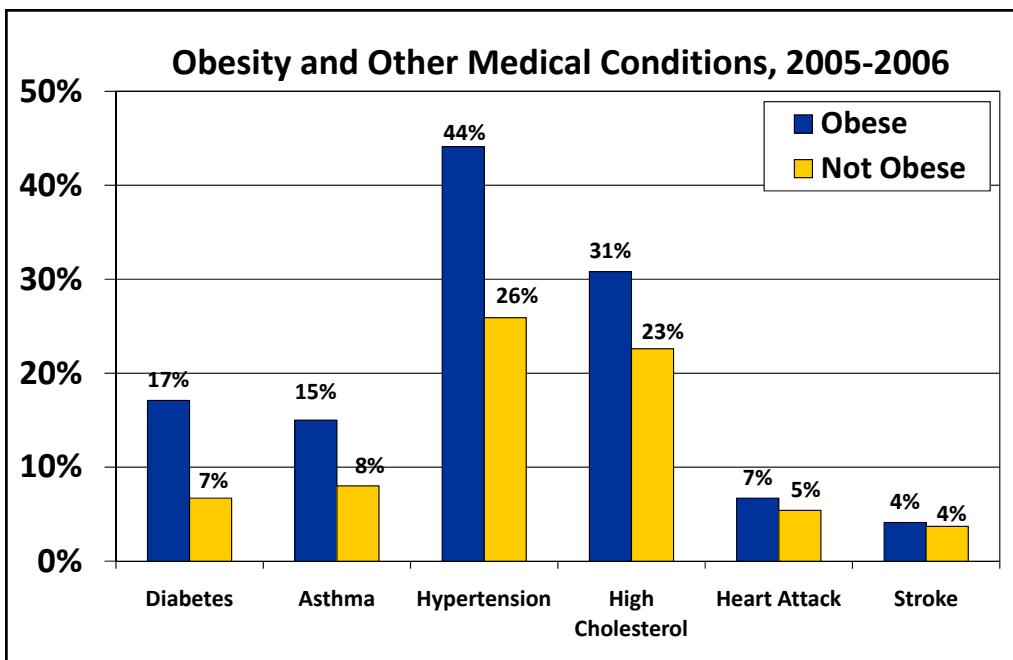
## Knowledge about Nutrition and Physical Activity

Lack of knowledge about nutrition and physical activity could contribute to Clevelanders' lack of adequate daily fruit and vegetable consumption or weekly physical activity. Less than one-quarter of Clevelanders, obese or not, knew that they should eat at least five fruits and vegetables per day. While the majority of all Clevelanders, obese or not, knew that they should engage in vigorous physical activity at least three days a week (63%), less than half knew that they should engage in moderate physical activity at least five days a week. Additionally, knowledge about moderate activity differed by obesity status; fewer Clevelanders who were obese reported understanding the moderate activity guidelines than those who were not obese (39% vs. 49%).



## Obesity and Other Medical Conditions

Obese individuals have an increased risk for a great number of other health conditions, including diabetes, high blood pressure, arthritis-related disabilities, and some cancers<sup>1</sup>. As shown to the right, obese and non-obese adults were compared on the prevalence of various obesity-associated diseases and health risks: diabetes, asthma, hypertension, high cholesterol, heart attack, and stroke. In most cases, obese Clevelanders appeared more likely to experience each health outcome when compared to those who were not obese. In particular, Clevelanders who were obese

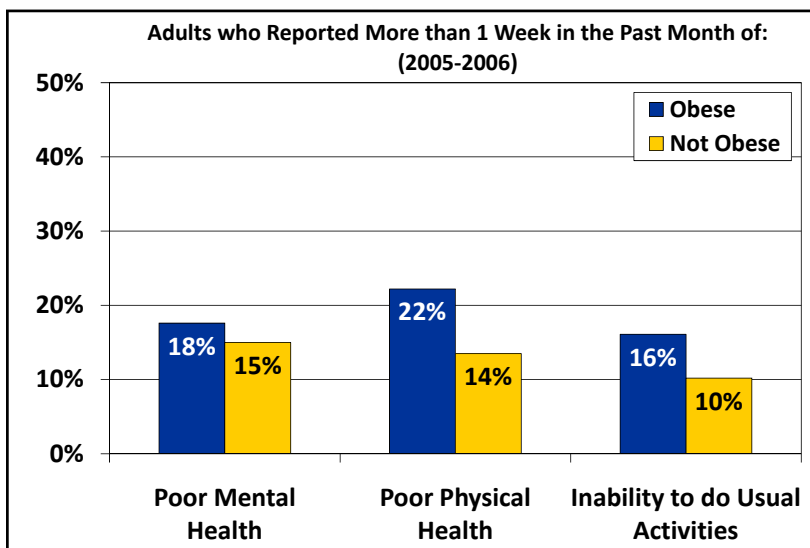


were more than twice as likely to report having diabetes (17% vs. 7%) and nearly twice as likely to report having asthma (15% vs. 8%). Obese and non-obese Clevelanders were also quite disparate on experiences of hypertension (44% vs. 26%) and high cholesterol (31% vs. 23%).

Also of interest, though nutrition (fruit and vegetable consumption) was not associated with differences in experiences with these medical conditions, lack of sufficient physical activity, like obesity, was related to increased reports of diabetes (14% vs. 7%), hypertension (39% vs. 24%), high cholesterol (31% vs. 20%), and heart attacks (8% vs. 4%) (data not shown).

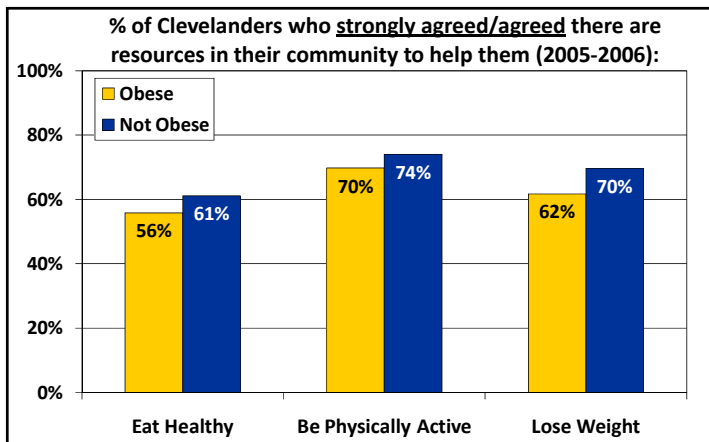
## Obesity and Physical and Mental Health

Just as it can be linked to the experience of additional, specific adverse health conditions, obesity can be associated with an individual's general sense of their physical and mental well-being and quality of health. When asked questions about their general daily health, almost one-fifth of obese Cleveland adults (18%) reported more than one week of poor mental health during the past month, while 22% reported more than one week of poor physical health, and 16% reported more than one week of an inability to do their usual activities as a result of their poor physical or mental health. In comparison, fewer non-obese Clevelanders reported more than a week's worth of poor mental (15%) and physical (14%) health, and a resulting inability to do their usual activities (10%).



When asked to rate their general health within a range of excellent to poor, 29% of Cleveland adults who were obese rated their health as either fair or poor, as compared to only 21% of adults who were not obese (data not shown).

# Local Resources for Healthy Eating, Activity, and Weight Loss

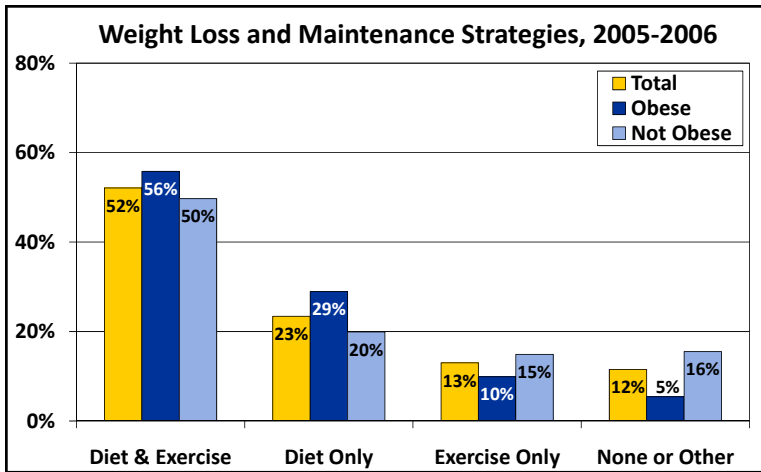
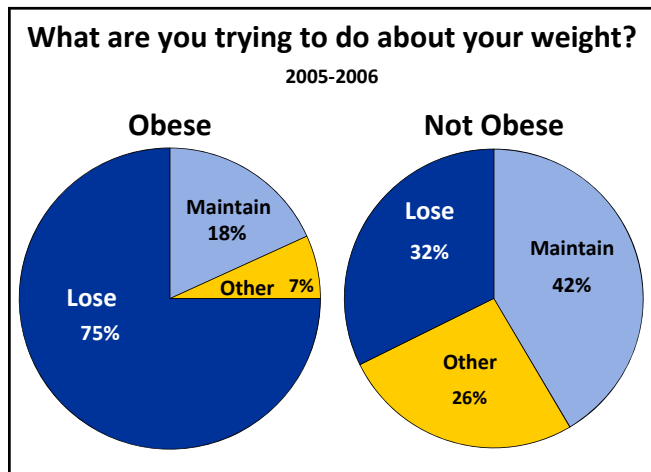


**% of Clevelanders who used the following local resources in the past year (2005-2006):**

Resource	Obese	Not Obese
City-Run Recreation Centers	30%	33%
Bike Paths or Walking Trails	38%	52%
Playgrounds or Parks	58%	66%
Nutrition Classes	16%	9%
Organized Health Promotion Activities	20%	16%

In general, Clevelanders who were obese were less likely than those who were not obese to agree that there are resources in their community to help them eat healthy (56% vs. 61%), be physically active (70% vs. 74%), and lose weight (62% vs. 70%). When asked about their actual usage of existing local resources, obese Clevelanders reported using city-run recreation centers, bike paths or walking trails, and playgrounds or parks less frequently than non-obese Clevelanders. Interestingly, obese Clevelanders reported more use of nutrition classes and organized health promotion activities, when compared to those who were not obese.

## What are Clevelanders doing about their weight?



All Clevelanders were asked a series of questions about what they are presently doing about their weight. Of those who were not obese, the majority (42%) were trying to maintain their weight, followed by 32% who were trying to lose weight. The remaining quarter (26%) did not report trying to lose or maintain their weight, and were perhaps trying to gain or do nothing at all about their weight. In contrast, it is promising that an overwhelming majority (75%) of obese Clevelanders reported currently trying to lose weight. In addition, of the 76% of Clevelanders who reported seeing a doctor in the past 12 months, only 16% of those who were not obese reported being given advice about their weight (data not shown). However, 49% of obese adults reported receiving advice about their weight, including nearly all (95%) who were advised to lose weight (data not shown).

Clevelanders were also asked about their diet and exercise strategies for weight loss and maintenance. While approximately half (52%) of all Clevelanders trying to lose or maintain their weight reported that they were using both diet (eating fewer calories and/or less fat) and physical activity or exercise, this dual approach was more often reported particularly by those who were obese (56%) as compared to those who were not (50%). Clevelanders who were obese were also more likely than those who were not to express diet only as a strategy (29% vs. 20%). In contrast, use of physical activity or exercise only was more often reported by those who were not obese (15%) as opposed to those who were (10%), a possible reflection of the mobility issues related to obesity, and the additional need for diet modification.



**Notes:**

- All sample sizes are at least N=30.
- Confidence intervals are provided for overall obesity, overweight, and neither overweight/obese prevalence; for confidence intervals for all other estimates, please refer to the data tables on the Center for Health Promotion Research website ([www.case.edu/affil/healthpromotion](http://www.case.edu/affil/healthpromotion)) available in May 2008.

**References:**

1. Centers for Disease Control and Prevention. At a glance: Physical activity and good nutrition - Essential elements to prevent chronic disease and Obesity. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.

**Local Data Source:** Cleveland Steps Behavioral Risk Factor Surveillance Survey (Steps-BRFSS), 2005-2006.

**State/National Data Sources:** Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005-2006. (See website: <http://apps.nccd.cdc.gov/brfss/>)

**Methodology:** The Steps-BRFSS is a point-in-time survey modeled after the CDC's state-based system of health surveys administered annually by each state. The BRFSS is conducted via telephone interviews of randomly selected adults from randomly sampled, telephone-equipped households. A total of 2,657 adults in Cleveland were surveyed between 2005 and 2006. All participants' answers were aggregated and weighted, based on Census population figures, so that the sample represents all Cleveland adults. For more information on the methodology, including the sample description, as well as variable definitions used in this report, please refer to the Cleveland Steps Behavioral Risk Factor Surveillance Survey Methodology Brief, available on the Center for Health Promotion Research website at: [www.case.edu/affil/healthpromotion](http://www.case.edu/affil/healthpromotion).

**Funding Source:** The Steps-BRFSS is funded by *Steps to a Healthier Cleveland*. Under the direction of the Cleveland Department of Public Health, *Steps to a Healthier Cleveland* is a city-wide program designed to engage Clevelanders to live longer, better, and healthier lives. A part of the U.S. Department of Health and Human Service's *Steps to a HealthierUS* (5-year) Cooperative Agreement, the local program is one of 40 funded communities nationwide implementing chronic disease prevention and health promotion efforts. The aim of this initiative is to reduce the burden of diabetes, overweight/obesity, and asthma, and to address the three related risk factors of physical inactivity, poor nutrition, and tobacco use. In order to help inform the direction of programmatic efforts and to evaluate their effectiveness, the Center for Health Promotion Research at Case Western Reserve University is responsible for managing the collection of local data via the Steps-BRFSS. For more information on *Steps* and the Cleveland Department of Public Health, please visit: <http://www.clevelandhealth.org/steps>.

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