Data and Methods

This Health Equity Report on Obesity and Physical Activity presents national, state and county level information on weight status, physical activity, and diet. The data sets available depend on the level of geography. The Report's purpose is to review obesity, physical activity and nutrition-related indicators by health equity in the Capital Region. It utilizes commonly used definitions for overweight, obesity and physical activity. The Report takes a broad definition of equity that includes: race/ethnicity; gender; age; and socioeconomic status. It is hoped that the Report will be useful in determining high-risk populations for targeting and or evaluating obesity, and/or physical activity-related interventions. The communities being assessed in this report include the counties of Albany, Columbia, Greene, Rensselaer, Saratoga, and Schenectady. Comparisons were made to the Capital Region as a whole and to New York State. A map of school children obesity rates by Capital Region risk quartile was presented by school district for the six Capital Region counties. Capital Region obesity, overweight or obesity, leisure time physical activity, sugary beverage, and fast food consumption indicators were assessed utilizing the 2013-14 Expanded Behavioral Risk Factor Surveillance System (EBRFSS). This 2013-14 survey collected county-specific information representative of adults 18 years of age and older. The EBRFSS-based graphs and tables included in the report present crude and age-adjusted prevalence rates and respective confidence intervals. Many county-level EBRFSS tables and charts came directly from the NYSDOH 2013-14 EBRFSS County and Regional Chartbooks.[22]

Definitions: Weight Status

Body Mass Index (BMI) in adults--BMI is a person's weight in kilograms divided by the square of height in meters. BMI is an attempt to quantify the amount of tissue mass (muscle, fat, and bone) in an individual and then categorize that person as underweight, normal weight, overweight and obese based on that value. BMI ranges are: underweight-<18.5, normal weight-18.5-24.9; overweight-25.0-29.9; obese-30.0 and over.

Body Mass Index (BMI) in children—overweight and obesity in children, are defined using BMI-for-age percentiles from CDC. Overweight is defined as falling between the 85th and 95th percentile; obese is defined as falling in or above the 95th percentile.

Definitions: Physical Activity

Leisure Time Physical Activity (LTPA)—LTPA is based on responses to the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise."

Aerobic Physical Activity (Physical Activity Guidelines)—Aerobic physical activity was based on responses to three questions: "What type of physical activity or exercise did you spend the most time doing during the past month"; "How many times per week or per month did you take part in this activity in the past month; "And when you take part in this activity, for how many minutes or hours do you usually keep at it". Aerobic physical activity is defined as

engaging in at least 150 minutes per week of moderate-intensity aerobic physical activity or 75 minutes of vigorous-intensity aerobic physical activity per week, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity.

Physical Activity in High School Students (Youth Risk Behavior Survey-YRBSS)—Physical activity was defined as being physically active at least 60 minutes per day on all seven days before the survey (doing any kind of physical activity that increased their heart rate and made them breathe hard).

Data Sets at National Level

National Health and Nutrition Examination Survey (NHANES)—NHANES III was a nationwide probability sample of 40,000 persons aged 2 months and older. NHANES was used for national overweight and obesity rates for children aged 2-19 years and for adults aged 20 and older.

Data Sets at State and National Level

Youth Risk Behavior Surveillance System (YRBSS)—The YRBSS was developed to monitor health risk behaviors among youth and include information on unhealthy dietary behaviors, inadequate physical activity, and prevalence of obesity. YRBSS is a self-administered school-based survey representative of public school students in the 9th through 12th grades. Surveys are conducted every two years, usually during the spring. YRBSS are available at the national and state levels, the last year available is 2015.

Behavioral Risk Factor Surveillance System (BRFSS)—The BRFSS is an annual statewide random telephone and cellular surveillance survey designed by the Centers for Disease Control and Prevention (CDC). The survey is conducted in all 50 states and US territories. BRFSS monitors modifiable risk behaviors and other factors contributing to the leading causes of morbidity and mortality in the population. The BRFSS sample is representative of the non-institutionalized civilian adult population, aged 18 years and older. The last year available is 2015.

Data Sets at State and Local (County and/or School District) Level

Pediatric Nutrition Surveillance System (PedNSS)—The PedNSS provides data on the prevalence and trends of nutrition-related indicators for low-income children attending federally-funded maternal and child health and nutrition programs. In New York State, data on overweight and obesity are available for children 2-4 years of age participating in the Special Supplemental Program for Women, Infants, and Children (WIC Program). The last year available is 2015.

School Weight Status Category Reporting System (SWSCR)—The SWSCR collects weight status category data (underweight, healthy weight, overweight or obese, based on BMI-for-age percentile). The dataset includes separate estimates of the percent of students overweight, obese, and overweight or obese for all reportable grades within the county, school district, and by grade groups (elementary and middle/high school). SWSCR includes weight status data collected from all public school districts outside New York City. Because school district boundaries do not align

with county boundaries, the county estimates reflect data from students attending schools assigned a particular county code, and not based on county of residence. These data should not be considered to represent all school-aged children attending school in a district due to parents/guardians ability to request that their child's weight status data be excluded from reporting. The last years available are 2014-16.

Expanded Behavioral Risk Factor Surveillance System (Expanded BRFSS)—The Expanded BRFSS augments the BRFSS which is conducted annually in New York State. Expanded BRFSS is a random-digit-dialed telephone survey of adults 18 years of age and older representative of the non-institutionalized civilian population with landline and cellular telephones living in New York State. The goal of the Expanded BRFSS is the collection of data representative of the county's adult population. The latest Expanded BRFSS took place during the period April 2013-March 2014.

Data Sets at Local (Capital Region and County) Level

2016 Capital Region Community Health Survey-- Healthy Capital District Initiative (HCDI) conducted a Community Health Survey of residents in the Capital District during March to April 2016. The aim of the survey was to learn more about behavioral health/lifestyle practices, health care utilization and needs, challenges to practicing healthy behaviors and accessing care, and acceptability of community health programs. The Siena College Research Institute was contracted to collect the data for this Community Health Survey. A random-digit-dialed telephone survey of Capital Region adult residents with landline or cellular telephones was utilized to recruit a representative sample of 2,408 participants. Approximately 400 residents in each of the 6 counties (Albany, Columbia, Greene, Rensselaer, Saratoga, and Schenectady) participated in the survey. The sample from each county was statistically weighted to the proportionate share of the population of the entire region, making the overall margin of error including the design effects of weighting +/- 2.7 percentage points at the 95% confidence level.