Overweight and Obesity in Nevada

A Comparison of Behavioral Risk Factor Surveillance System and Department of Motor Vehicles Data

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Overview

- Problem statement
- Objective
- Background
- Analysis
- Results
- Conclusion
- Questions

Public Health Issue

- Obesity is a major public health issue affecting adults and children.
- Being overweight or obese increases the risk of various health conditions.
- In 2012, 62.5% Nevada adults were overweight or obese compared to 64.2% nationwide.¹

Objective

 To explore whether body mass index (BMI) computed from DMV data is comparable to BMI from BRFSS data.

Background BRFSS

- Established in 1984 by CDC
- Largest health survey system in the world
- Cross-sectional, state-based survey
- Used widely to monitor public health

Background BRFSS

- Core and optional modules and stateadded questions
- Gathers information on:
 - Chronic diseases and conditions
 - Health-risk behaviors
 - Emerging health problem
 - Preventive services

Background DMV

- Nevada's DMV records release to third parties is governed by NRS 481.063.
- Some entities that can access DMV data include:
 - Government agencies
 - Researchers
 - Car insurance companies
 - Dealers of motor vehicles
 - Employers
 - Private investigators
 - Reporters

Background DMV

- Information available on DMV data include:
 - Name
 - Date of Birth
 - Height
 - Weight
 - Mailing and physical address
 - Date of issuance
 - Sex

BRFSS and DMV Data

- Inaccurate height and weight
 - Under reporting for weight and BMI^{3,5,6}
 - Over reporting of height^{3,5,6}
 - Underestimating overweight and obesity 6

Body Mass Index (BMI)

Body mass index =
$$\frac{\text{weight (kg)}}{[\text{height (m)}]^2}$$

Example:

Weight = 68 kg, Height = 165 cm (1.65 m)

BMI calculation: $68 \div (1.65)^2 = 24.98$

BMI Interpretation

• CDC's standard weight status categories²

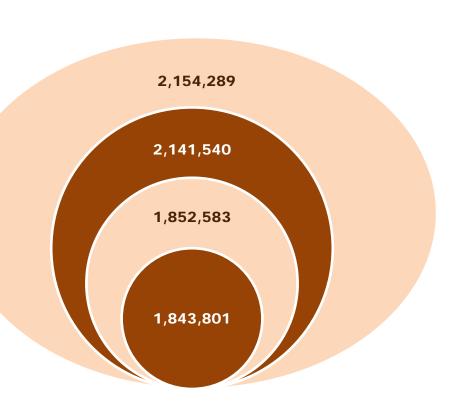
ВМІ	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Healthy Weight
25.0 – 29.9	Overweight
30.0 and Above	Obese

DMV Data Analysis

In 2012, 2,154,289 total records

The following records were excluded:

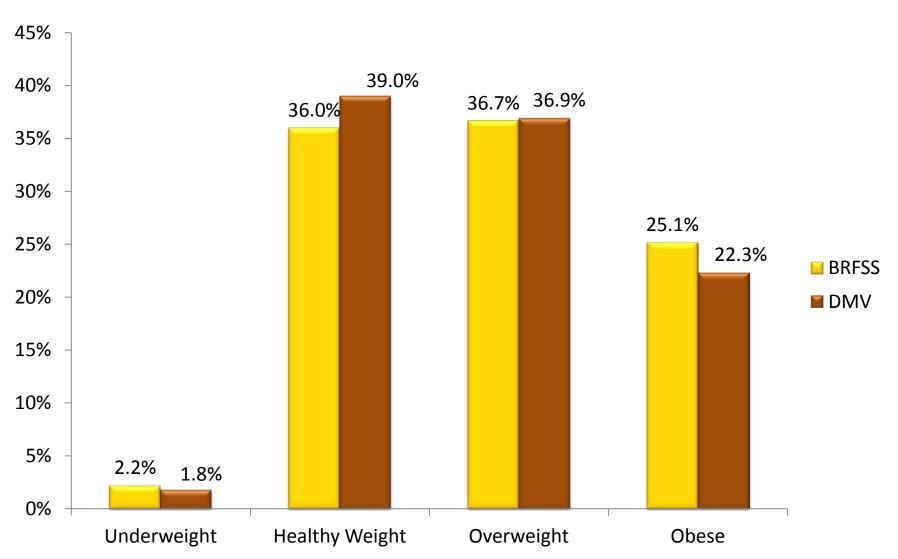
- Issue years 1976-2007
- Duplicates
- No Nevada physical address
- Ages 10-19 years
- Biologically implausible values for height and BMI



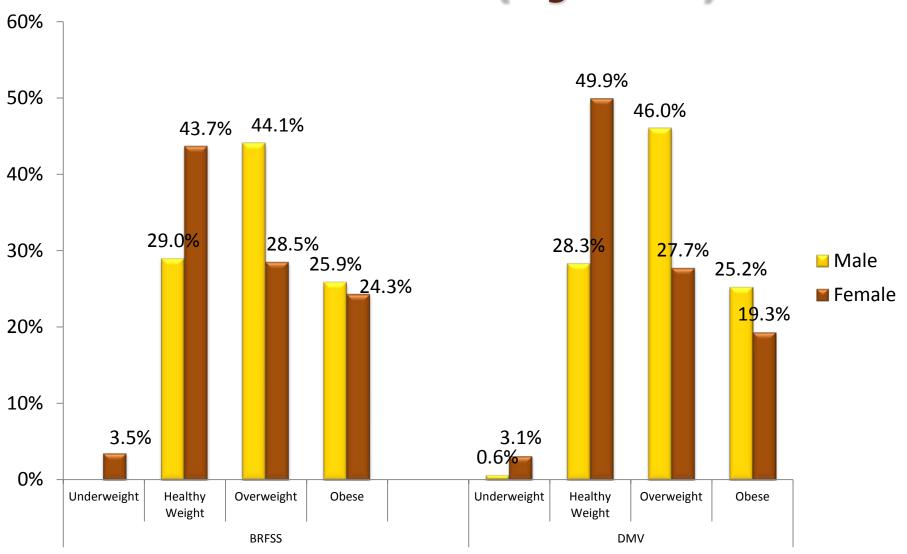
Results

- Overall, BRFSS and DMV BMI estimates appear similar.
- BMI differences by sex
- DMV male estimates are within BRFSS confidence intervals (CIs)
- Only overweight DMV female estimate is within the BRFSS CIs

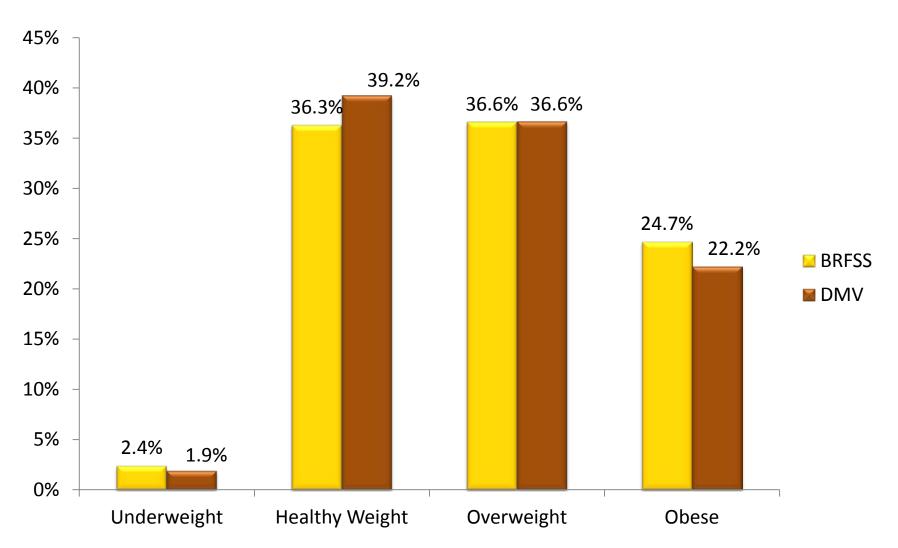
Nevada: BRFSS 2011 vs. DMV 2008-2012



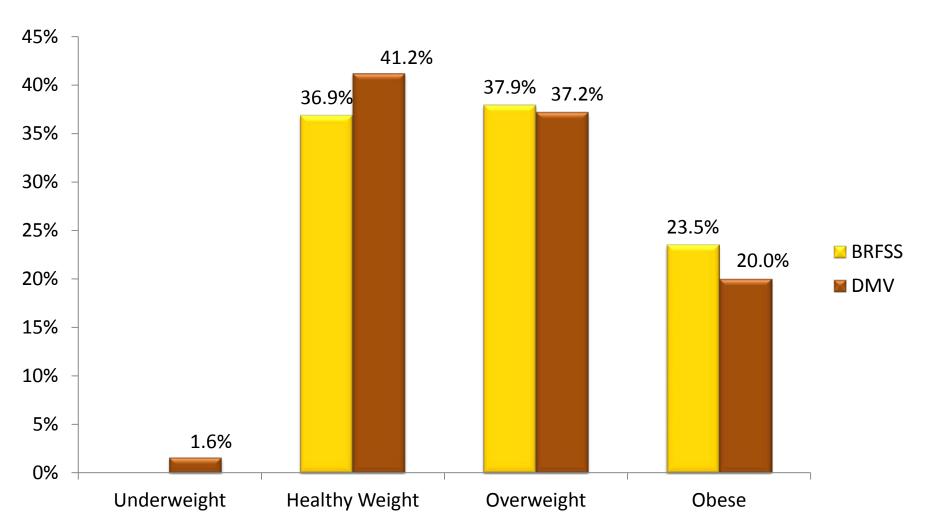
Nevada: BRFSS 2011 vs. DMV 2008-2012 (by Sex)



Clark: BRFSS 2011 vs. DMV 2008-2012



Washoe: BRFSS 2011 vs. DMV 2008-2012



Strengths of BRFSS data

- Sampling is representative
- Data is collected in all 50 states DC, Guam, and U.S. Virgin Islands
- Data is collected annually
- Data is readily available

Strengths of DMV data

- Overall estimates similar to BRFSS, however, by sex estimates are different
- Provides adequate counts for analysis in all Nevada counties
- Height and weight data for individuals aged 10 + years
- Minimal cost for acquiring data
- Street address

Limitations

- BRFSS
 - Self-report
 - Small counts for counties
 - Persons without phones

- DMV
 - Self-report
 - Seasonal residents
 - Persons without a license or ID card

Conclusion

- BRFSS is a good source for health data.
- All self-reported data is subject to bias.
- Nevada DMV renewal form contains height and weight items.

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Thank you!

Questions?

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