

CWHHS

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES AND CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Data Points

RESULTS FROM THE 2009 CALIFORNIA WOMEN'S HEALTH SURVEY

Weight loss is a health goal for many overweight and obese Americans, especially women. Nationally, women reported being nearly 1.5 times more likely than men to report trying to lose weight.¹ In California, about half of all women were overweight or obese in 2009, and low income women were significantly more likely to be so (55.6 percent vs. 45.2 percent, respectively).² The generally recommended strategy for weight loss is concurrent reduction of energy consumed and increased energy expended; yet only about one-third of Americans trying to lose weight report using this combination.³⁻⁵ Increasing consumption of low energy-dense foods such as fruits and vegetables is another strategy promoted for weight loss and weight maintenance.³

Several California Department of Public Health programs have obesity prevention and chronic disease risk reduction as a goal of their work. For instance, the *Network for a Healthy California* mission includes increasing consumption of fruit and vegetables and daily physical activity. The *Network* provides nutrition education to Food Stamp Program⁶ (FSP) recipients and other low income Californians whose household income is less than 185 percent of the Federal Poverty Guidelines (FPG). An analysis stratified by income examining perceived effective weight control strategies would be useful for informing program design.

These analyses were conducted with 4,226 women participating in the 2009 California Women's Health Survey who answered the open-ended question: *People use*

many strategies to lose weight and to keep the weight they have lost off. What is the (one) strategy you think is most effective in helping people to successfully lose weight or keep off the weight they have lost? Women were also asked household size and income questions to classify their household income by ratio to the FPG and to identify their participation in the FSP, which has an upper income qualification limit of 130 percent FPG. Income related groups were categorized based on U.S. Department of Agriculture guidelines for participation in FSP nutrition education: FSP participants; non-FSP recipients with income at or below 130 percent of the FPG (income eligible women); women with income between 131 and 185 percent of the FPG (potentially eligible women); and non-eligible women from households with income greater than 185 percent of the FPG.

Responses to the weight control strategy question were categorized and close-coded. The relationship between FSP participation, household income, and perceived effective strategies for weight control was examined for statistical significance using bivariate analysis. P less than .05 was considered statistically significant. Responses were weighted in these analyses by age and race/ethnicity to reflect the 2000 California adult female population.

- Overall, three weight control strategies were most commonly reported: combining physical activity and dietary change (31.8 percent); being active with no mention of diet (28.8 percent); and restricting food intake (e.g., limiting

Perceived Effective Weight Control Strategies by Supplemental Nutrition Assistance Program Participation and Income Among California Women, 2009

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Public Health Message:
Less than one-third of California's low income women and one quarter of very low income women identified the recommended strategy for weight loss, pairing increased energy expenditure with reduced energy intake. Mandatory menu labeling can raise Californian women's awareness of the caloric implications of their food choices, while public health messaging can emphasize the importance of both calories consumed and energy spent. Environmental changes that foster energy output can be supportive in many settings.

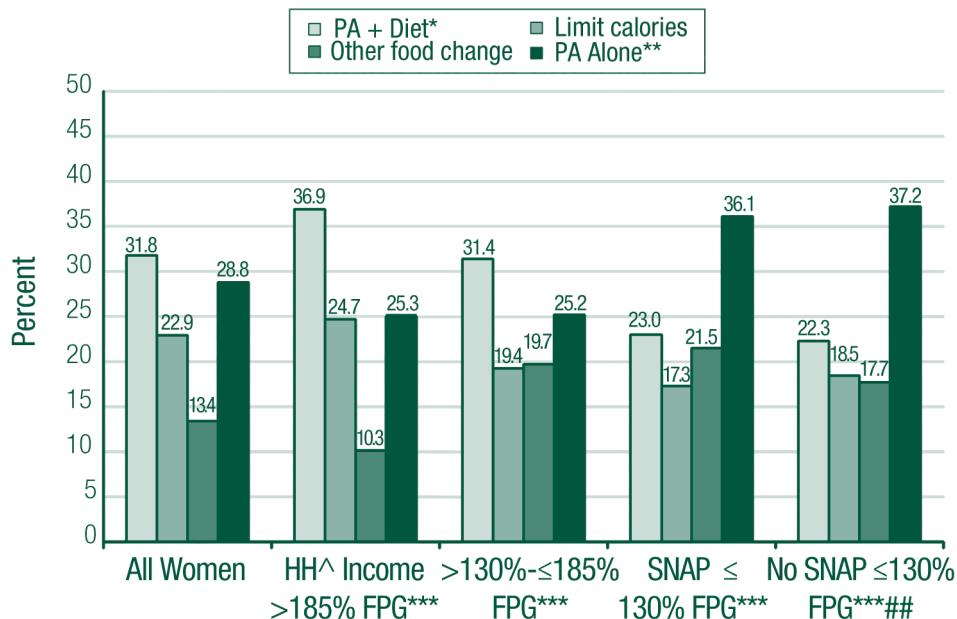
Perceived Effective Weight Control Strategies by Supplemental Nutrition Assistance Program Participation and Income Among California Women, 2009

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- calories, reducing portion size) with no inclusion of physical activity (22.9 percent).
- Another 13.4 percent of women recommended changing food habits (e.g., eat “better” food, consume more fruits and vegetables, follow a vegetarian diet), but not limiting calories or serving sizes.
 - A very small proportion, 3.2 percent, identified non-diet or physical activity strategies such as social support, will-power, medical intervention, drinking water, or other lifestyle changes.

- The two higher income groups of women were significantly more likely to report the recommended concurrent reduction of energy consumed and increased energy expended than were the two lowest income groups. The combination strategy of food restriction and increased physical activity was articulated by 36.9 percent of women from the greater than 185 percent of the FPG group and 31.4 percent of women from the 131 to 185 percent of the FPG group, while significantly fewer women from FSP households and income eligible households not receiving FSP benefits (both groups \leq 130 percent of the FPG) reported the recommended strategy (23.0 percent and 22.3 percent, respectively) (Figure 1).

Figure 1
Perceived Effective Weight Control Strategies by SNAP# (CalFresh) Participation and Income Among California Women, 2009



Supplemental Nutrition Assistance Program , now named CalFresh in California

^ Household

* Physical activity plus diet; $P < .05$ lower between both \leq 130% FPG group and each of the higher income groups

** Physical activity alone, $P < .05$ higher between both \leq 130% FPG group and each of the higher income groups

*** Federal Poverty Guideline

Not a SNAP participant, but household income is at SNAP qualifying cutpoint \leq 130% Federal Poverty Level

Source: California Women's Health Survey, 2009

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Weight Control Strategies
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Assistance Program
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- 1 Andreyeva T, Long MW, Henderson KE, Grode GM. Trying to lose weight: diet strategies among Americans with overweight or obesity in 1996 and 2003. *J Am Diet Assoc.* 2010;110(4):535-542.
- 2 Behavioral Risk Factor Surveillance System California data unpublished analysis, California Department of Health Services. Sacramento, CA. 2009.
- 3 United States Department of Agriculture Center for Policy and Promotion. Dietary Guidelines.gov. Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2010, Part B. Section 2: The Total Diet: Combining Nutrients, Consuming Food. www.cnpp.usda.gov/DGAs2010-DGACReport.htm. Updated July 2010. Accessed October 2010.
- 4 Shaw K, Gennat H, O'Rourke P, Del Mar C. Exercise for overweight or obesity. *Cochrane Database Syst Rev.* 2006;(4):CD003817.
- 5 Kruger J, Galuska DA, Serdula MK, Jones DA. Attempting to lose weight: specific practices among U.S. adults. *Am J Prev Med.* 2004;26(5):402-406.
- 6 The federal Food Stamp Program is now called the Supplemental Nutrition Assistance Program (SNAP), and in California the program is now called CalFresh. SNAP-Ed is the acronym for the nutrition education provided to SNAP participants.

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