



## California *State Nutrition, Physical Activity, and Obesity Profile*

Obesity has important consequences on our nation's health and economy. It is linked to a number of chronic diseases, including coronary heart disease, stroke, diabetes, and some cancers (NIH Clinical Guidelines, 1998). Among adults, the medical costs associated with obesity are estimated at 147 billion dollars (Finkelstein, 2009). Many American communities are characterized by unhealthy options when it comes to diet and physical activity. We need public health approaches that make healthy options available, accessible, and affordable for all Americans.

# California - State Nutrition, Physical Activity, and Obesity Profile

CDC's Division of Nutrition and Physical, and Obesity (DNPAO) supports the nation's capacity to address public health in all policies and establish successful and sustainable interventions to support healthy eating and active living. The Division provides support (i.e., implementation and evaluation guidance, technical assistance, training, surveillance and applied research, translation and dissemination, and partnership development) to states, communities and national partners to implement policy, system, and environmental strategies. The goal is to improve dietary quality, increase physical activity and reduce obesity across multiple settings—such as child care facilities, workplaces, hospitals and medical care facilities, schools, and communities.

## State Population of California

Estimated Total Population 2010<sup>(1)</sup>  
= 37,253,956

Adults age 18 and over<sup>(2)</sup>  
= 75.0% of the total population in 2010

Youth under 18 years of age<sup>(1)</sup>  
= 25.0% of the total population in 2010

<sup>(1)</sup> U.S. Census Bureau. State and County QuickFacts. 2011. Available online at <http://quickfacts.census.gov/qfd/index.html>

<sup>(2)</sup> Calculated estimated = 100% minus percent of the total population under 18 years old, using State and County QuickFacts, 2010 data from the U.S. Census.

## Adult Overweight and Obesity

### Overweight and Obesity<sup>(3)</sup>

- 60.7% were overweight, with a Body Mass Index of 25 or greater.
- 24.0% were obese, with a Body Mass Index of 30 or greater.

### Dietary Behaviors<sup>(4)</sup>

- 40.1% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 26.8% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

### Physical Activity<sup>(5)</sup>

- 46.0% of adults achieved at least 300 minutes a week of moderate-intensity aerobic physical activity or 150 minutes a week of vigorous-intensity aerobic activity (or an equivalent combination).
- 22.1% of California's adults reported that during the past month, they had not participated in any physical activity.

#### Source of Adult Obesity Data:

<sup>(3)</sup> CDC. Behavioral Risk Factor Surveillance System: Prevalence and Trend Data—Overweight and Obesity, U.S. Obesity Trends, Trends by State 2010. Available online at <http://www.cdc.gov/brfss/>

#### Source of Adult Fruit and Vegetable Data:

<sup>(4)</sup> CDC. *MMWR* September 2010 State-Specific Trends in Fruit and Vegetable Consumption Among Adults United States, 2000–2009. Available online at <http://www.cdc.gov/mmwr/pdf/wk/mm5935.pdf>

#### Source of Adult Physical Activity Data:

<sup>(5)</sup> CDC. BRFSS Behavioral Risk Factor Surveillance System: Prevalence and Trend Data—Physical Activity, U.S. Physical Activity Trends by State 2009–2010. Available online at <http://www.cdc.gov/brfss/>

## Adolescent Overweight and Obesity

2009 Youth Risk Behavior Surveillance System (YRBSS) adolescent obesity data is not available, as California's overall response rate was below 60%, the minimum necessary for statewide reporting. (continued on next page)

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## ✦ The 2010 California School Health Profiles assessed the school environment, indicating that among high schools<sup>(6)</sup>

- 44.1% did not sell less nutritious foods and beverages anywhere outside the school food service program
- 14.9% always offered fruits or non-fried vegetables in vending machines and school stores, canteens, or snack bars, and during celebrations whenever foods and beverages were offered
- 65.1% prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations. All school-related locations were defined as in school buildings; on school grounds, including on the outside of the school building, on playing fields, or other areas of the campus; on school buses or other vehicles used to transport students; and in school publications.

### Sources of Adolescent Obesity, Fruit and Vegetable, Sugar-sweetened Beverages, and Physical Activity Data:

<sup>(6)</sup>CDC, Division of Adolescent and School Health. The 2010 School Health Profiles. Available online at <http://www.cdc.gov/healthyyouth/profiles/index.htm>

## Child Overweight and Obesity

### ✦ Breastfeeding<sup>(8)</sup>

Increasing breastfeeding initiation, duration, and exclusivity is a priority strategy in CDC's efforts to decrease the rate of childhood obesity throughout the United States.

- 86.6% of infants were Ever Breastfed.
- 59.1% of infants were Breastfed for at least 6 months.

### ✦ Body Mass Index<sup>(9)\*</sup>

Among California's children aged 2 years to less than 5 years\*

- 16.0% were overweight (85th to < 95th percentile BMI-for-Age).
- 17.2% were obese ( $\geq$  95th percentile BMI-for-Age).

### Sources of Breastfeeding Data:

<sup>(7)</sup>CDC. Division of Nutrition, Physical Activity, and Obesity Breastfeeding Report Card 2011. Centers for Disease Control and Prevention National Immunization Survey, Provisional Data, 2008births. Available online at <http://www.cdc.gov/breastfeeding/data/reportcard2.htm>

### Sources of Child Obesity Data:

<sup>(8)</sup>CDC. Division of Nutrition, Physical Activity, and Obesity. 2010 Pediatric Nutrition Surveillance System, Table 6 (PedNSS). [http://www.cdc.gov/pednss/pednss\\_tables/tables\\_health\\_indicators.htm](http://www.cdc.gov/pednss/pednss_tables/tables_health_indicators.htm)

\* BMI data only includes low-income children from the PedNSS sample and do not represent all children.

\* BMI data is based on 2000 CDC growth chart percentiles for BMI-for-age for children 2 years of age and older.

## California's Response to Obesity

### ✦ Funding for Local Obesity Prevention Plans

Using a competitive process, the CDPH California Obesity Prevention Program (COPP) funded communities to implement obesity prevention activities primarily focusing on policy and environmental changes to increase physical activity, consumption of fruits and vegetables, and breastfeeding; and to decrease television viewing, consumption of sugar-sweetened beverages, and consumption of high-energy dense foods (high calorie/low nutrient foods).

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# California - State Nutrition, Physical Activity, and Obesity Profile

## Statewide Evaluation Plan

The CDPH surveillance systems currently address baseline prevalence rates for each priority target area in at least one population group. CDPH has created an inventory of target area obesity and chronic disease measures and information sources, and has achieved consensus regarding standardized measures of policy and environmental recommendations, their implementation, and their impacts. In addition, the CDPH COPP formed an evaluation advisory group to conceptualize ways to evaluate the state Plan as well as succinctly communicate surveillance data to state and community partners.

## Technical Assistance, Training, and Resources

The California Active Communities Program ([www.caactivecommunities.org](http://www.caactivecommunities.org)), The Food Supplemental Program for Women, Infants, and Children (WIC); California Project LEAN ([www.californiaprojectlean.org](http://www.californiaprojectlean.org)); and the Cancer Prevention and Nutrition Section (CPNS) all provide trainings to local health departments and other community stakeholders around nutrition, physical activity, and the built environment. The California Obesity Prevention Program provides leadership in sharing existing tools and resources, identifying gaps to be filled, disseminating evidence-based best practice models, and sharing successes and challenges across all partnering program lines.

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## References

NIH. Clinical Guidelines Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. 1998. Available online at [http://www.nhlbi.nih.gov/guidelines/obesity/ob\\_gdlns.htm](http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.htm)

Finkelstein, EA, Trogon, JG, Cohen, JW, and Dietz, W. Annual medical spending attributable to obesity: Payer- and service-specific estimates. *Health Affairs* 2009; 28(5): w822-w831.

