



Minnesota *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.

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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 Minnesota

- Estimated Total Population 2010⁽¹⁾
= 5,303,925
- Adults age 18 and over⁽²⁾
= 75.8% of the total population in 2010
- Youth under 18 years of age⁽¹⁾
= 24.2% of the total population in 2010

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

⁽²⁾ 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⁽³⁾

- 62.3% were overweight, with a Body Mass Index of 25 or greater.
- 24.8% were obese, with a Body Mass Index of 30 or greater.

Dietary Behaviors⁽⁴⁾

- 31.2% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 26.4% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

Physical Activity⁽⁵⁾

- 45.0% 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).
- 15.8% of Minnesota's adults reported that during the past month, they had not participated in any physical activity.

Source of Adult Obesity Data:

⁽³⁾ 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:

⁽⁴⁾ 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:

⁽⁵⁾ 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

Minnesota does not participate in the CDC Youth Risk Behavior Surveillance System. Instead, the state conducts its own Minnesota Student Survey. According to the latest Survey conducted in 2007:

Overweight and Obesity⁽⁶⁾

Overweight (85th to less than the 95th percentile BMI for age and sex according to CDC Standards):

- 15% of 9th grade boys
- 12% of 9th grade girls
- 13% of 12th grade boys
- 12% of 12th grade girls

Obese (95th and above percentile BMI for age and sex according to CDC Standards):

- 12% of 9th grade boys
- 6% of 9th grade girls
- 13% of 12th grade boys
- 5% of 12th grade girls

Unhealthy Dietary Behaviors⁽⁶⁾

- Fruit and vegetable consumption: Fewer than 20% of elementary, middle and high school students surveyed reported eating the recommended 5 servings of fruits and vegetables per day.
- Sugar-sweetened beverage consumption: 65% of 12th grade boys and 47% of 12th grade girls reported drinking at least one soda per day.

Physical Inactivity⁽⁶⁾

- Below recommended levels of activity: When asked "On how many of the last 7 days were you physically active for a combined total of at least 30 minutes," 49% of 12th grade boys and 67% of 12th grade girls reported not participating in physical activities on 5 or more days per week.
- Television viewing time: 49% of 12th grade boys and 37% of 12th grade girls reported watching television or videos for 6 hours or more per week.

The 2010 Minnesota School Health Profiles assessed the school environment, indicating that among high schools⁽⁷⁾

- 25.7% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- (continued on next page)

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- 11.4 % 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.
- 53.8 % 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:

* Physical activity defined as “any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.”

⁽⁶⁾ Minnesota Department of Education. 2007. Minnesota Student Survey. Available online at http://education.state.mn.us/MDE/Learning_Support/Safe_and_Healthy_Learners/Minnesota_Student_Survey/index.html OR www.health.state.mn.us/divs/chs/mss/

⁽⁷⁾ CDC, Division of Adolescent and School Health. The 2010 School Health Profiles. Available online at <http://www.cdc.gov/healthyouth/profiles/index.htm>

Child Overweight and Obesity

✦ Breastfeeding⁽⁸⁾

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.

- 82.5% of infants were Ever Breastfed.
- 50.9% of infants were Breastfed for at least 6 months.

✦ Body Mass Index^{(9)*}

Among Minnesota’s children aged 2 years to less than 5 years*

- 16.4% were overweight (85th to < 95th percentile BMI-for-Age).
- 12.7% were obese (≥ 95th percentile BMI-for-Age).

Sources of Breastfeeding Data:

⁽⁸⁾ 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:

⁽⁹⁾ 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

* 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.

Minnesota’s Response to Obesity

✦ Minnesota Statewide Health Improvement Program (SHIP) Technical Assistance

SHIP emphasizes policy and environmental strategies to reduce the percentage of Minnesotans who are overweight or obese. Nutrition, Physical Activity, and Obesity (NPAO) Program staff were instrumental to the development and continued success of SHIP, serving as subject matter experts and providing Community Health Boards with technical assistance and training. State funds were awarded for the period of July 2009 to June 2011 to 53 Community Health Boards, representing all 87 counties and 8 of the 11 Tribal Governments, covering virtually all of Minnesota. For June 2012 through June 2013, SHIP’s funds were reduced and efforts are no longer statewide, now with 18 grantees covering 51 counties. For a description of SHIP, visit www.health.state.mn.us/ship.

✦ Active Living Coordination Plan

The Minnesota Active Living Advisory Group (ALAG), a committee of key stakeholders in and out of government such as the Minnesota Housing Finance Agency and Explore Minnesota Tourism, collaborates on assessment, implementation, training and technical assistance for partners’ active living projects. Areas of collaboration include training programs, Safe Routes to School efforts, and leveraging funding related to active living across agencies. ALAG was actively involved in supporting two successful applications by Blue Cross and Blue Shield of Minnesota (BCBS) – one to facilitate the Minnesota SRTS Network and one to host the National SRTS Conference in Minneapolis held August 16-18, 2011. MDH and several other ALAG partners participated in the conference planning steering committee. A subgroup of ALAG also advised NPAO staff that provided statewide SRTS training to SHIP grantees as a part of the CPPW: STI Component I grant to MDH.

✦ Improving Nutrition

Nutrition as part of the NPAO grant began with focus on support and capacity building and leveraging several statewide efforts such as the Fresh Fruit and Vegetable Program, the Specialty Crop Block Grant, SHIP technical assistance, Farm to School efforts (as part of CPPW: STI Components I and II, and SHIP), and nutrition training. Coalition work included efforts with the Minnesota School Nutrition Association and the Minnesota School Food Buying Group, and supporting Minnesota’s Communities Putting Prevention to Work (CPPW) Component II called Great Trays. NPAO funded staff worked through Great Trays to ensure there are policy, system, and environmental changes that will sustain their two priorities: (continued on next page)

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1) improved access to fruits and vegetables and
2) institutionalized training for school food service staff to support planning, purchasing, preparing and promoting menus designed to meet standards recommended by the Institute of Medicine and recently updated USDA regulations.

See resources related to these initiatives:

Farm to School, <http://www.health.state.mn.us/divs/hpcd/chp/cdr/nutrition/FTS/stepbystep.html>; *Safe Routes to School Handbook*, <http://www.health.state.mn.us/divs/oshii/docs/SRTShandbook.pdf>; *Great Trays*, <http://www.health.state.mn.us/schools/greattrays/>; and, *SHIP support for local grantees*, <http://www.health.state.mn.us/healthreform/ship/index.html>.

Early Childhood

MDH Early Childhood efforts continue to provide training and technical assistance in early care and education settings. Through the mechanism of SHIP, NPAO staffs assist local communities to facilitate healthy nutrition and physical activity environments in child care settings, identifying and supporting evidence-based practices, working toward quality physical activity and nutrition standards for preschoolers, and enhancing relationships between child care staff and community partners to better serve children and their families. One focus for this work is the *Learning About Nutrition through Activities (LANA)* program, training local public health and SHIP staff to then train child care providers in ways to improve their menus, create more positive eating environments and build these new practices into their program policies. In addition, MDH staff partnered with Head Start to offer a three-day The I Am Moving I Am Learning training of trainers so that they may teach child care providers how to improve the quantity and quality of physical activity in their programs.

Worksite Policy and Environmental Support

With NPAO staff support, over half of the SHIP grantees implemented comprehensive worksite wellness. NPAO staff hosted SHIP grantee teleconferences for networking among grantee coordinators, conducted several webinars and in person trainings, and provided technical assistance to grantees upon request. A webinar was conducted in January 2011 that featured a representative from the American Cancer Society (ACS) sharing information about ACS worksite wellness support that could be provided to grantees. In addition, two key worksite wellness partnerships were *the Alliance for a Healthier Minnesota*, a unique business-led and focused effort including some of the largest employers in the state, and *the Presidents Network*, focusing on small businesses and conducting roundtables across the state.

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