Overweight and Obesity

September 2012



Tennessee *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.

National Center for Chronic Disease Prevention and Health Promotion Division of Nutrition, Physical Activity and Obesity



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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 Tennessee

- Estimated Total Population $2010^{(1)}$ = 6,346,105
- Adults age 18 and over⁽²⁾
 = 76.4% of the total population in 2010
- Youth under 18 years of age⁽¹⁾ = 23.6% 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⁾

- 67.2% were overweight, with a Body Mass Index of 25 or greater.
- 30.8% were obese, with a Body Mass Index of 30 or greater.

Dietary Behaviors⁽⁴⁾

- 26.4% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 33% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

Physical Activity⁽⁵⁾

- 29.8% 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).
- 31.0% of Tennessee'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://nccd.cdc.gov/ NPAO_DTM/

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://nccd.cdc.gov/NPAO_DTM/

Adolescent Overweight and Obesity

Overweight and Obesity⁽⁶⁾

- 16.1% were overweight (≥ 85th and < 95th percentiles for BMI by age and sex, based on reference data)
- 15.8% were obese (≥95th percentile BMI by age and sex, based on reference data)

Unhealthy Dietary Behaviors⁽⁶⁾

- *Fruit consumption*: 72.6% ate fruits or drank 100% fruit juice less than 2 times per day during the 7 days before the survey (100% fruit juice or fruit).
- Vegetable consumption: 87.9% ate vegetables less than 3 times per day during the 7 days before the survey (green salad; potatoes, excluding French fries, fried potatoes, or potato chips; carrots; or other vegetables).
- Sugar-sweetened beverage consumption: 41.3% drank a can, bottle, or glass of soda or pop (not including diet soda or diet pop) at least one time per day during the 7 days before the survey.

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🛉 Physical Activity 🕫

- Achieved recommended level of activity: Only 24.2% were physically active* for a total of at least 60 minutes per day on each of the 7 days prior to the survey.
- *Participated in daily physical education:* 22.9% of adolescents attended daily physical education classes in an average week (when they were in school).

🐳 Physical Inactivity (6)

- *No activity*: 17.7% did not participate in at least 60 minutes of physical activity on any day during the 7 days prior to the survey.
- *Television viewing time*: 37.7% watched television 3 or more hours per day on an average school day.

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

- 61.4% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- 9.9% 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.
- 41.5% 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⁾ CDC, Division of Adolescent and School Health. The 2009 Youth Risk Behavior Survey. Available online at http://www. cdc.gov/HealthyYouth/yrbs/index.htm
- ⁽⁷⁾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⁽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.

- 65.6% of infants were Ever Breastfed.
- 35.5% of infants were Breastfed for at least 6 months.

Body Mass Index^{(9)*}

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

- 15.2% were overweight (85th to < 95th percentile BMI-for-Age).
- 14.5% were obese (\geq 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.

Tennessee's Response to Obesity

Obesity Mini-Grants

In cooperation with the Tennessee Obesity Taskforce (TOT), the Tennessee Department of Health is supporting local communities implementing one or more of the objectives from the state nutrition, physical activity, and obesity plan. The plan, entitled "Eat Well, Play More Tennessee," was created by members of TOT and serves as a statewide call to action. The TOT taskforce has successfully linked scientists, clinicians, city planners, school officials, state agencies, policymakers, transportation experts, nutritionists, and parents in addressing the needs of vulnerable populations in Tennessee.

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🌞 Healthy Vending

In 2010, Tennessee Governor Phil Bredesen signed Executive Order No. 69 promoting healthy options for food and beverages sold through vending facilities on properties within the executive branch of state government. The order applies to all vending machines on public properties within the executive branch of state government under the authority of the Department of Human Services. Tennessee Health and Human Services has developed and published the nutritional guidelines and incorporated them into the state's minimum standards. The Department of Health also plans to publish recommendations for nutritional food and beverages provided to state employees at breaks, meetings, conferences and other work-related events held on public property.

🌞 Gold Sneaker Initiative

Two hundred and forty two Child Care Centers throughout the Tennessee have been designated thus far as Gold Sneaker facilities for their having successfully implemented nutrition and physical activity-related policy interventions. The program's website (http://health. state.tn.us/goldsneaker.htm) provides instructions, training materials, and all forms that child care centers need to adopt policies that promote age-appropriate physical activities, limit television and screen viewing time, and promote a healthy eating environment.

🜞 Join Nashville on the Move!

Held the first Friday of every month, Nashville on the Move is a free lunchtime walking event designed to encourage employees to be more active during their workday. The walks are organized by the YMCA of Middle Tennessee in partnership with Metro Public Health and several local employers.

🜞 Connect With Tennessee Campaign

With an abundance of 749 trails and greenways, the state's "Connect with Tennessee" campaign encourages use of these resources. The website www.connectwithtn.com offers news about upcoming park events and provides helpful guidance concerning the many ways individuals and families can enjoy parks, trails and greenways throughout Tennessee.

Contacts

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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

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

