



District of Columbia *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 District of Columbia

Estimated Total Population 2010⁽¹⁾
= 601,723

Adults age 18 and over⁽²⁾
= 81.0% of the total population in 2010

Youth under 18 years of age⁽¹⁾
= 16.8% 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⁾

- 56.4% were overweight, with a Body Mass Index of 25 or greater.
- 22.2% were obese, with a Body Mass Index of 30 or greater.

Dietary Behaviors⁽⁴⁾

- 40.2% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 32.3% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

Physical Activity⁽⁵⁾

- 48.2% 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).
- 19.6% of District of Columbia'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

Overweight and Obesity⁽⁶⁾

- 17.8% were overweight ($\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentiles for BMI by age and sex, based on reference data).
- 17.7% were obese ($\geq 95^{\text{th}}$ percentile BMI by age and sex, based on reference data).

Unhealthy Dietary Behaviors⁽⁶⁾

- *Fruit consumption:* 70.6% 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:* 30.3% 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.

Physical Activity⁽⁶⁾

- Achieved recommended level of activity: Only 30.2% 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: 16.3% of adolescents attended daily physical education classes in an average week (when they were in school).

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Physical Inactivity⁽⁶⁾

- No activity: 23.5% 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: 52.5% watched television 3 or more hours per day on an average school day.

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

- 62.8% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- 11.1% 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.
- 55.9% 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.

- 74.8% of infants were Ever Breastfed.
- 48.6% of infants were Breastfed for at least 6 months.

Body Mass Index^{(9)*}

Among the District of Columbia’s children aged 2 years to less than 5 years*

- 14.9% were overweight (85th to < 95th percentile BMI-for-Age).
- 13.7% 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, 2008 births. 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.

District of Columbia’s Response to Obesity

Farmers’ Markets at High Pedestrian Traffic Areas

The District of Columbia is working to expand access to affordable fresh produce at targeted government sites with high pedestrian traffic. They are focusing on produce sold at DC Parks and Recreation sites made feasible by offering technical assistance to DPR to help implement a provision of the DC Healthy Schools Act, and DC Housing Authority Sites. DC’s strategy includes putting healthy food carts in high need neighborhoods in high pedestrian traffic areas through a licensing waiver. Nutrition education is also being provided to various food stamp eligible low-income groups (seniors, children, parents) through SNAP-ED to promote availability of fresh produce at targeted locations, thus helping to create and build market acceptance of both the food carts and the newly reinvigorated Healthy Corner Stores Project. In July 2010 the FEED (Food Environment and Economic Development) Act was introduced which supports healthy retail activities. The FEED DC Act will create a public/private partnership to attract and renovate grocery stores in the District’s food deserts. The bill is currently supporting the reestablishment of Healthy Corners Stores in high need communities that will help existing corner stores sell fresh produce and healthy foods. It will further establish environmental incentives to assist food retailers in lowering their operating costs.

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DC Park Prescription Program

The CDC has determined that creation of or enhanced access to places for physical activity, like parks or recreational facilities, can result in a 25% increase in the percentage of people who are physically active at least three times per week (Kahn et al 2002). Washington D.C. is filled with parks: the District is graced with more green space per person than any other US city of the same size, where these resources are equally distributed throughout the city. These spaces have the ability to not only improve people's health, but the health of a community.

The DC Park Prescription program is designed to engage youth, families and physicians to utilize the District's parks. Health care providers will write a prescription (Rx) for outdoor activity and supply children and their families with a "treatment" - information on nearby parks. This booklet (in print and web-based and the creation of an electronic medical record prompt for tracking) will include an informational page for every park, noting park amenities, resources and address, garnered through a standard park assessment tool. The park pages will then be organized in chapters according to their respective quadrants (NW, NE, SW, SE). Organizing the parks in this way will facilitate physicians to easily suggest parks that are not only close and convenient to patients, but also identify attractive amenities (like pools and athletic fields) that the family and youth enjoy.

The foundation has been set for this initiative to be effective: the number and distribution of parks, partnerships with the National Park Service, DC DOH, the DC Chapter of the American Academy of Pediatrics, Children's National Medical Center, Unity Health Care Clinics (both of which serve 80% of DC's youth), DC Primary Care Association, Groundwork's Anacostia, the Summit Health Institute for Research and Evaluation (SHIRE) and the National Park Trust. Just as important, this initiative has the potential for multi-year sustainability, as DC is in the process of restructuring its TANF (Temporary Assistance for Needy Families) the major source of workforce development funding and programs.

Wellness Policies, Practices and Programs

The District of Columbia is working to implement joint-use agreements, expand policies and opportunities to support physically inactive District residents to become more active, and explore policy to include 3rd-party reimbursement for community-based fitness instructors/programs.

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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, 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.

