Division of Nutrition, Physical Activity, and Obesity

At A Glance

CDC’s Division of Nutrition, Physical Activity, and Obesity protects the health of Americans at every stage of life by encouraging regular physical activity, good nutrition, and healthy weight. Through its support of state and community partners, it provides data, programs that work, and practical tools so that Americans have the best possible chance to achieve healthier lives and avoid chronic diseases. These efforts have contributed to more adults meeting national guidelines for physical activity and more babies being born in hospitals that follow global standards for supporting breastfeeding.
What We Do

With an FY 2019 budget of $103.8 million, CDC’s Division of Nutrition, Physical Activity, and Obesity (DNPAO) focuses on improving nutrition, supporting breastfeeding, increasing physical activity, reducing obesity, and reducing disparities, which are differences in health status or access to health care across different geographic, racial, ethnic, and socioeconomic groups. To meet these goals, DNPAO works to:

- Measure and report trends in breastfeeding, nutrition, physical activity, and obesity at national, state, and territorial levels and for specific populations.
- Study interventions to identify the best ways to create healthier environments in early care and education (ECE) facilities, worksites, hospitals, and communities.
- Fund and help guide states, universities, and other community, national, and global partners to use programs that work.
- Share information to help decision makers understand how to improve their communities to support healthy eating and active living.

Why We Do It

Poor nutrition and inadequate physical activity are significant risk factors for obesity and other chronic diseases, such as type 2 diabetes, heart disease, stroke, certain cancers, and depression. Fewer than 1 in 10 children and adults eat the recommended daily amount of vegetables. Only half of adults get the physical activity they need to help reduce and prevent chronic diseases, and more than 93 million have obesity. During 1999–2016, obesity prevalence increased from 31% to 40% for adults and from 13.9% to 18.5% for children.

- 50% of adults don’t get enough physical activity.
- 13 million children aged 2–19 have obesity.
- $147 billion a year is spent on health care for obesity.
- 1 in 4 young adults is too heavy to join the military.
Promote and Support Breastfeeding

Breastfeeding is the best first source of nutrition for most infants. It can reduce the risk of some short- and long-term health conditions for both infants and mothers. Although more than 80% of mothers start out breastfeeding, about 60% stop sooner than they planned.

Low rates of breastfeeding add more than $3 billion a year to medical costs for women and children in the United States.

DNPAO promotes breastfeeding by:

• Helping to ensure that mothers who want to breastfeed get the support they need while in the hospital and once they return home. DNPAO helps hospitals improve maternity care practices that support breastfeeding and promotes breastfeeding support for mothers and babies in worksites, child care settings, and communities.

• Measuring progress by conducting the national Maternity Practices in Infant Nutrition and Care (mPINC) survey. The Breastfeeding Report Card also tracks national progress by compiling data on breastfeeding practices and supports in all states, the District of Columbia, Puerto Rico, Guam, and the US Virgin Islands.

Examples of Our Impact

- The percentage of babies who started out breastfeeding increased from 70.3% in 2000 to 83.2% in 2015.

- Over 1 million babies—more than 26% of all births in 2018—were born in hospitals that had optimal policies and practices that support mothers who want to breastfeed. This represents an increase from less than 2% of births in 2007.

- Almost half (49%) of US employers have worksite lactation support programs.
Promote a Healthy Childhood

Good nutrition (including the consumption of key micronutrients) and increased physical activity are vital for healthy growth and development. In contrast, poor nutrition and low levels of physical activity contribute to childhood obesity. Multiple settings influence a child’s diet and physical activity, including the home, ECE centers, schools, communities, and clinics.

DNPAO works to improve nutrition and physical activity for children by:

• Sharing effective strategies to promote good nutrition among young children in the United States and globally.
• Promoting best practices in nutrition, breastfeeding, screen time, and physical activity in ECE settings. CDC also develops tools and resources to improve obesity prevention standards and practices in ECE settings.
• Helping communities create safe places for children to get physical activity daily.
• Working with health care and community partners through Childhood Obesity Research Demonstration (CORD) Projects to improve obesity screening and counseling services and refer children to healthy lifestyle programs in their communities when needed.

Examples of Our Impact

More than 26,000 individual ECE providers and several large national networks of ECE centers have voluntarily pledged to adopt obesity prevention practices in child care centers across the nation. From 2012 to 2018, DNPAO worked with 15 states to improve their statewide ECE systems to better support obesity prevention, affecting thousands of ECE programs.

Results from the CORD 1.0 project found that when prevention and treatment programs were fully implemented in facilities with limited resources, the health of low-income children improved.

Since 2000, DNPAO has provided technical assistance to over 75 countries to improve micronutrient nutrition by addressing vitamin and mineral deficiencies.
Increase Access to Healthy Foods

People with healthy eating patterns live longer and have fewer chronic diseases. However, fewer than 1 in 10 adults eat the recommended daily amount of fruits and vegetables. In 2014, about 79 million people in the United States lived in neighborhoods that did not have access to at least one healthy food retailer. The availability of healthy, affordable foods can make it easier for people to choose healthier options.

DNPAO works with states, communities, and national partners to help increase healthy food options for people in places where they live, learn, work, and play. The division also:

• Collects data to track the amount of fruits and vegetables that US children and adults eat.
• Works with partners to promote healthier food options in worksites and hospitals by developing guidelines and tools to help employers make changes in cafeterias and retail settings.
• Works with Salad Bars to Schools, a public-private partnership that promotes and sponsors salad bars in schools.
• Helps schools provide healthier foods for students by supporting farm to school networks in counties with high obesity rates.

Examples of Our Impact

From 2009 to 2014, a total of 10 states adopted food service policies that require healthy foods and beverages, including fruits and vegetables, be sold or served in government worksites and on property owned or controlled by the state.

Since 2010, more than 5,300 schools nationwide have set up new salad bars, giving 2.7 million children easier access to fruits and vegetables each day.
Improve Environments to Promote Physical Activity

Physical activity is one of the best things people can do to improve their health. Inadequate physical activity costs the nation $117 billion a year and contributes to a range of chronic diseases and premature death. Other potential benefits include better school performance, improved mental health, healthier aging, and improved military readiness. Only about half of adults and about one-quarter of children and adolescents get the recommended amounts of aerobic physical activity.

Unfortunately, many Americans live in communities that lack safe, convenient places to be physically active. To help fix this problem, DNPAO launched Active People, Healthy Nation™ to help 27 million Americans become more physically active by 2027. Through this initiative, DNPAO:

• Partners with states and local governments to promote improvements in community design that make physical activity safer and more convenient for people of all ages and abilities.
• Educates the public about the health benefits of physical activity and tracks how much physical activity young people and adults are getting.
• Provides support for training networks to help communities make physical activity safer and more convenient.

Examples of Our Impact

△ The percentage of adults meeting the national guideline for aerobic physical activity increased from 44% in 2008 to 54% in 2017.
△ As of December 2017, more than 1,300 planning organizations or government agencies at local, regional, and state levels have adopted Complete Streets policies that make it easier for people to cross streets, walk to shops, and bicycle to work.
How We Do It

Fund States and Communities to Reduce Risk Factors for Obesity and Other Chronic Diseases

CDC supports states, national and community organizations, universities, and other partners to ensure that all Americans have access to good nutrition and regular physical activity and can maintain a healthy weight. Partners are supported through the following programs:

State Physical Activity and Nutrition (SPAN) Program
Building on the work of CDC’s State Public Health Actions program, the SPAN program provides technical assistance and training to all US states and the District of Columbia and funds 16 states to strengthen state and local efforts to use interventions that support healthy nutrition, safe and accessible physical activity, and breastfeeding.

High Obesity Program (HOP)
CDC funds 15 land-grant universities to work with their cooperative extension services to increase access to healthier foods and safe, accessible places for physical activity in counties where more than 40% of the adult population has obesity. Residents of these communities tend to have less access to healthy foods and fewer ways to be physically active.

Examples of Our Impact

Because of the efforts of state programs funded during 2013–2017:

- 10,098 ECE facilities, 2,343 worksites, and 271 community settings adopted or implemented food service guidelines or nutrition standards. Community settings include parks, concession stands, community centers, sports arenas and stadiums, and restaurants.

- 2,274 communities developed or adopted a pedestrian or master transportation plan. These plans can include changes to the physical environment that support physical activity in small geographic or urban areas—for example through land use policies and urban design.
Racial and Ethnic Approaches to Community Health (REACH)
The REACH program began in 1999 and is one of the only CDC programs that explicitly focuses on improving chronic diseases for specific racial and ethnic groups in communities with high rates of disease. REACH currently funds 31 state and local organizations to address racial and ethnic health disparities by supporting culturally tailored interventions to promote breastfeeding, healthy eating, and physical activity and to increase access to health care and preventive care programs.

Examples of Our Impact

- Because of the efforts of state programs funded during 2013–2017, a total of 447 birthing facilities began using recommended breastfeeding practices, 141 facilities were designated as Baby-Friendly, 2,623 community sites provided professional and peer support for breastfeeding, and 1,909 employers provided space and time for nursing mothers to express breastmilk.
- Since 2014, REACH communities have reached over 2.7 million people with interventions designed to improve nutrition and over 650,000 people with interventions designed to reduce tobacco use and exposure.

CDC’S NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

We Work to Improve Health Across the Life Span

Where People Live, Learn, Work, and Play

- **Infants**: Reduce the leading causes of infant death and illness.
- **Children and Adolescents**: Help support healthy communities, child care programs, and schools so children can eat well, stay active, and avoid risky behaviors.
- **Adults**: Help adults lead healthy and active lives and increase the use of preventive services like cancer screenings.
- **Older Adults**: Promote quality of life and independence for people as they age.

For more information, contact

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April 2019