Many American communities lack environments that could support healthy diets and regular physical activity. Healthy dietary and physical activity practices can lower the risk for heart disease, type 2 diabetes, and some cancers.¹,²

In addition, excess calorie intake and physical inactivity contribute to obesity, which is associated with some of the leading preventable chronic diseases, including heart disease, stroke, type 2 diabetes, and some cancers. Among adults, the medical costs associated with obesity are an estimated $147 billion.¹,²,³

Public health approaches can help make healthy options available, accessible, and affordable. The Centers for Disease Control and Prevention’s Division of Nutrition, Physical Activity, and Obesity (DNPAO) supports the nation to establish sustainable programs to improve dietary quality, increase physical activity, and reduce obesity and overweight. DNPAO funds and works with state health departments through a cooperative agreement (State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health program).

This profile highlights data on dietary quality, physical activity, and obesity in Massachusetts and select activities funded with this cooperative agreement. For more information about CDC’s work to support healthy eating and physical activity, please see the DNPAO website.

### Population Statistics

Estimated Population of Massachusetts: 6,794,422⁴

### Adult Statistics

**Dietary Behaviors⁵**
- 32.8% of adults reported consuming fruit less than one time daily.
- 20.1% of adults reported consuming vegetables less than one time daily.

**Physical Activity⁵**
- 54.5% of adults achieved the equivalent of at least 150 minutes of moderate intensity physical activity per week.

**Overweight and Obesity⁵**
- 35.6% of adults were overweight.
- 23.3% of adults had obesity.

### Adolescent Statistics

**Physical Activity⁵**
- 23.0% of adolescents were physically active at least 60 minutes per day on all 7 days in the past week.

**Overweight and Obesity⁵**
- 12.9% of adolescents were overweight.
- 10.2% of adolescents had obesity.

### Child Statistics

**Breastfeeding⁵**
- 86.3% of infants were ever breastfed.
- 57.2% of infants were breastfed for at least 6 months.

**Overweight and Obesity⁵**
- 16.2% of children aged 2 to 4 years in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program were overweight.
- 16.9% of children aged 2 to 4 years in WIC had obesity.
State Activities

Massachusetts worked on the following select activities during the first 2 years of the State Public Health Actions program.

- Worked with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to promote Zipmilk, a web-based resource for mothers to identify local breastfeeding support. Included Zipmilk promotional materials in WIC packets used by health care providers.

- Collaborated with the Early Childhood Services Program to provide professional development opportunities for Mass Children at Play mentors. Mentors discuss best practices and share lessons learned through professional development opportunities.

- Expanded the dissemination of the Healthy Meeting and Event Guide to partners and worksites across the state, such as WIC programs, worksites who apply for the Wellness Tax Credit, and the Massachusetts Fruit and Vegetable Nutrition listserv. The Healthy Meeting and Event Guide provides guidance on healthy meal and snack options and is available for free download or order through the MA Health Promotion Clearinghouse.

- Expanded the Massachusetts Nutrition Standards to include two new guidelines: healthy vending and healthy meetings. Training is provided on the expanded standards, and affected agencies are being encouraged to voluntarily adopt additional guidelines.

- Incorporated Complete Streets indicators into the Massachusetts Healthy Community Design Toolkit for dissemination to Massachusetts communities. The toolkit supports improved health outcomes by making planning tools more accessible to public health advocates.

References


