



## Colorado *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.

# Colorado - State Nutrition, Physical Activity, and Obesity Profile

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 Colorado

Estimated Total Population 2010<sup>(1)</sup>  
= 5,029,196

Adults age 18 and over<sup>(2)</sup>  
= 75.6% of the total population in 2010

Youth under 18 years of age<sup>(1)</sup>  
= 24.4% of the total population in 2010

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

<sup>(2)</sup> 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<sup>(3)</sup>

- 56.8% were overweight, with a Body Mass Index of 25 or greater.
- 21.0% were obese, with a Body Mass Index of 30 or greater.

### Dietary Behaviors<sup>(4)</sup>

- 35.5% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 25.3% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

### Physical Activity<sup>(5)</sup>

- 52.1% 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).
- 17.7% of Colorado's adults reported that during the past month, they had not participated in any physical activity.

Source of Adult Obesity Data:

<sup>(3)</sup> 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:

<sup>(4)</sup> 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:

<sup>(5)</sup> 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<sup>(6)</sup>

- 11.1% were overweight ( $\geq 85^{\text{th}}$  and  $< 95^{\text{th}}$  percentiles for BMI by age and sex, based on reference data).
- 7.1% were obese ( $\geq 95^{\text{th}}$  percentile BMI by age and sex, based on reference data).

### Unhealthy Dietary Behaviors<sup>(6)</sup>

- *Fruit consumption*: 66.8% 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*: 83.8% 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*: 24.6% 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<sup>(6)</sup>

- Achieved recommended level of activity: Only 26.9% 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: 20.7% of adolescents attended daily physical education classes in an average week (when they were in school).

### Physical Inactivity<sup>(6)</sup>

- No activity: 11.3% 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: 25.1% watched television 3 or more hours per day on an average school day.



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## Report to the Kitchen! LiveWell Colorado's Boot Camps

Four School Chef Culinary Boot Camps were held in communities across the state during the summer of 2011. Each boot camp provided five days of hands-on training courses designed to teach schools how to prepare fresh, from scratch meals and sustain programs focused on healthful eating for students. Food service directors and nutrition directors were invited to participate free of charge if they represented school districts with more than 5,000 students and with at least 40% of the student population qualifying for free or reduced lunches. In addition, each participating school district received a \$1,000 grant for minor equipment to begin implementing the techniques learned at boot camp. Two New York chefs, Andrea Martin and Kate Adamick, served as boot camp instructors. Martin is also a New York City and state certified teacher specializing in school lunch reform. Adamick frequently speaks on institutional food system, sustainable agriculture and childhood obesity issues.

The boot camps were coordinated by LiveWell Colorado and funded by The Colorado Health Foundation as well as a federal grant from the American Recovery and Reinvestment Act facilitated by the Colorado Department of Public Health & Environment's (CDPHE) Colorado Physical Activity and Nutrition Program (COPAN).

## Worksite Wellness

The COPAN worksite leadership group promotes effective strategies that integrate comprehensive worksite wellness programs for a multi-dimensional chronic disease focus. Their Worksite Resource Kit is currently being redesigned to help any size worksite gain the resources and program ideas needed to start or improve worksite health promotion initiatives.

## Active Community Environments

The COPAN Active Community Environments (ACE) workgroup represents collaborations and partnerships with government, public health, transportation, planning, and design. Workgroup members strive to make it easier for people to integrate physical activity into their daily routines by assessing, training, and assisting partners and communities that wish to integrate smart growth principles into master land use and community health plans; develop school sites and routes to school that promote active community living; integrate parks and open spaces with recreation opportunities near every neighborhood and employment center, promote urban and suburban agriculture, address transportation alternatives, and promote pedestrian and bicycle safety.

## GIS Mapping

Multiple programs within the Colorado Department of Public Health and Environment (CDPHE) utilize Geographic Information Systems (GIS) technologies in order to visualize, update, integrate, manage and analyze spatial data pertaining to the well-being of Colorado's public health and environment. Customizable mapping makes possible the comparison of health metrics with demographic characteristics.

## Contact Information

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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](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.

