



## Delaware *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.

# Delaware - 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 Delaware

Estimated Total Population 2010<sup>(1)</sup>  
= 897,934

Adults age 18 and over<sup>(2)</sup>  
= 77.1% of the total population in 2010

Youth under 18 years of age<sup>(1)</sup>  
= 22.9% 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>

- 63.4% were overweight, with a Body Mass Index of 25 or greater.
- 28.0% were obese, with a Body Mass Index of 30 or greater.

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

- 32.5% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 27.7% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

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

- 46.4% 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).
- 21.9% of Delaware'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>

- 15.8% were overweight ( $\geq 85^{\text{th}}$  and  $< 95^{\text{th}}$  percentiles for BMI by age and sex, based on reference data).
- 13.7% were obese ( $\geq 95^{\text{th}}$  percentile BMI by age and sex, based on reference data).

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

- **Fruit consumption:** 71.6% 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:** Data Not Available
- **Sugar-sweetened beverage consumption:** 28.8% 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. (continued on next page)

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

- **Achieved recommended level of activity:** Only 23.8% 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:** 25.4% of adolescents attended daily physical education classes in an average week (when they were in school).

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

- **No activity:** 19.7% 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 Delaware School Health Profiles assessed the school environment, indicating that among high schools<sup>(7)</sup>

- 57.6% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- 11.0% 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.
- 58.4% 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."

<sup>(6)</sup> CDC, Division of Adolescent and School Health. The 2009 Youth Risk Behavior Survey. Available online at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

<sup>(7)</sup> 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<sup>(8)</sup>

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.

- 71.8% of infants were Ever Breastfed.
- 40.7% of infants were Breastfed for at least 6 months.

### Body Mass Index<sup>(9)\*</sup>

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

- Data Not Available

#### Sources of Breastfeeding Data:

<sup>(8)</sup> 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:

<sup>(9)</sup> 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](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.

## Delaware's Response to Obesity

### Food Policy at State Parks

Delaware has implemented healthy procurement practices and competitive prices in state parks and park facilities vending machines, campground shops and concession stands. The purpose of this intervention was to develop and implement procedures for healthy food choices at Delaware State Parks. Vending machine, camp store, and concession stand offerings were the primary areas of change – that is, to offer healthier options in place of options high in fat, sugar, salt.

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The Munch Code promotional campaign helps park visitors identify Go, Slow and Whoa foods and beverages based on guidelines developed by healthcare partner Nemours Health and Prevention Services. Evaluation in the 2010 summer season led to adding options for summer 2011. Healthier option examples include: chicken kabob, lean ground beef burger on a whole wheat bun, and grilled chicken tenders.

Early responses to customer surveys of parks visitors have been favorable. A summary of survey results of adults at the concession indicated: 94% had eaten at the concessions in the past, and 97% were in favor of menu selections. 53% said having calorie information is important. See more about the Munch Better Campaign and concessions menu for the Water Park Killen's Pond State Park at <http://destateparks.com/park/killens-pond/water-park/concession.asp>. See the Nemours Healthy Concessions Guide at <http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/resource/healthyconcession.pdf>.

## Complete Streets Policy

The state health department partnered with the Institute for Public Administration (IPA) at the University of Delaware to assist municipalities in implementing a Complete Streets Policy. On March 24<sup>th</sup> 2009, Governor Jack Markell signed a Complete Streets Executive Order ([http://governor.delaware.gov/orders/exec\\_order\\_06.shtml](http://governor.delaware.gov/orders/exec_order_06.shtml)). IPA also added components to the online Toolkit for a Health Delaware to support municipalities with Complete Streets and Health Impact Assessments implementation. These may be accessed at <http://www.ipa.udel.edu/healthyDEtoolkit/completestreets/> and <http://www.ipa.udel.edu/healthyDEtoolkit/hia/index.html>. Several municipalities received technical assistance and at least two have adopted Complete Streets principles into their master plans.

## Statewide Bicycle Facilities Map & East Coast Greenway Signage

Delaware partnered with the Delaware Department of Transportation (DelDOT) to provide support for bicycling infrastructure and signage for bike lanes/boulevards including a master signage plan for the entire East Coast Greenway (ECG) to increase bicycling as a mode of transportation. As a result of this project, all signs fabricated for the East Coast Greenway Signage project are installed and DelDOT's consultant has completed updates of Bicycle Facilities maps for each of Delaware's three counties.

A Map dissemination and community outreach plan was established. The plan includes four tiers, key messages, a website to be updated, and community forums. DelDOT has provided information along with the newly printed maps to over 25 organizations, including Boys and Girls Clubs, an urban bike project, and the Southbridge Community Center that serves a high risk low income area in Wilmington. Maps were also distributed at the Delaware Bike Summit 2011 held in Lewes at the University of Delaware Virden Retreat Center.

## Contact Information

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## References

NIH. 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, 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.

