



Iowa

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 Iowa

- Estimated Total Population 2010⁽¹⁾ = 3,046,355
- Adults age 18 and over⁽²⁾ = 76.1% of the total population in 2010
- Youth under 18 years of age⁽¹⁾ = 23.9% 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⁾

- 65.4% were overweight, with a Body Mass Index of 25 or greater.
- 28.4% were obese, with a Body Mass Index of 30 or greater.

Dietary Behaviors⁽⁴⁾

- 27.5% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 21.9% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

Physical Activity⁽⁵⁾

- 43.9% 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).
- 24.2% of Iowa'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

2009 Youth Risk Behavior Surveillance System (YRBSS) adolescent obesity data is not available, as Iowa's overall institutional response rate was below 60%, the minimum necessary for statewide reporting.

The 2010 Iowa School Health Profiles assessed the school environment, indicating that among high schools⁽⁶⁾

- 30.9% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- 7.8% 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.
- 34.5% 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:

⁽⁶⁾ (6) 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**⁽⁷⁾

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.

- 78.0% of infants were Ever Breastfed.
- 51.9% of infants were Breastfed for at least 6 months.

✦ **Body Mass Index**^{(8)*}

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

- 17.2% were overweight (85th to < 95th percentile BMI-for-Age)
- 14.7% were obese (≥ 95th percentile BMI-for-Age)

Sources of Breastfeeding Data:

⁽⁷⁾ 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:

⁽⁸⁾ 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.

Iowa's Response to Obesity

✦ **Partner to Re establish the Iowa Food Systems Council (IFSC)**

From 2000 to 2006, Iowa's first Food Policy Council was a 21-member Governor appointed Council of food system experts and state agency representatives who examined the Iowa food system and reported to the Governor's office policy recommendations to improve the food system in Iowa, focusing particularly on food security issues and local food production.

With assistance from the Kellogg Foundation and the Leopold Center, the Iowa Department of Public Health worked to re-establish an Iowa Food Systems Council by convening stakeholders in an 18-month strategic planning process. Together they objectively collected and analyzed data regarding Iowa's food systems to create informed research, program, and policy recommendations.

The findings are published in a report entitled: *Cultivating Resilience: A Food System Blueprint that Advances the Health of Iowans, Farms and Communities*. The report is available at <http://www.IowaFoodSystemsCouncil.org/cultivatingresilience/>

✦ **Pediatric Healthcare Provider Toolkit: Eat and Play the 5-2-1 Way**

In cooperation with the Iowa Health System, Iowans Fit for Life developed and implemented a pediatric healthcare toolkit for use by pediatric and family practice providers. Toolkit components include a Continuing Medical Education (CME) Module for physicians, patient educational materials promoting healthy eating and physical activity, and a state wide nutrition and physical activity referral network to assist with patient follow up. Eat and Play the 5-2-1 Way may be accessed at <http://www.eatplay521.com>.

✦ **Worksite Wellness Toolkit**

Iowans Fit for Life developed, piloted, and implemented the Healthy Iowa Worksite Toolkit, a resource designed to assist small businesses in developing sustainable worksite wellness programs. The resource includes sample worksite assessments, examples of policy and environmental change strategies, and how to steps for developing a worksite wellness program. Dissemination occurred through conference presentations, role modeling workshops, resource sharing through Community Wellness Grants and Community Transformation Grants, and partnership networking. The Healthy Iowa Worksite toolkit may be accessed at http://www.idph.state.ia.us/iowansfitforlife/common/pdf/healthy_worksites_toolkit.pdf.

✦ **Nutrition Environment Measurement Survey-Vending (NEMS-V)**

Iowans Fit for Life has evaluated the quality of vending machine selections available throughout the State Capital Complex by implementing their newly developed NEMS-V tool. Following up on their assessment, staff are working with vending operators to achieve a variety of selections that satisfy the criteria that a minimum of 30% of items offered in vending machines will be considered (continued on next page)

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“healthy” based on Institute of Medicine Nutrition Standards for Schools (with modifications for the adult population). The NEMS-V assessment tool was developed by Iowans Fit for Life in partnership with Iowa State University Extension through a Wellmark Foundation Grant, and is available online at <http://www.nems-v.com>.

◆ Iowa Healthy Communities Initiative: Wellness Grant Program

Community Wellness Grants supported local initiatives, administered by the Health Promotion unit of the Iowa Department of Public Health, to encourage healthier lifestyles and promote wellness. During 2010-2011, the state supported 35 Iowa communities funded for community projects based upon an intervention model of:

- Partnering with local public health
- Building local coalitions to sustain efforts
- Providing technical assistance to local projects through IDPH Health Promotion staff in the areas of nutrition, physical activity, chronic disease prevention and management, and worksite wellness.

◆ School and Community Intervention

The Iowa Department of Public Health is contracting with the Iowa Association of Regional Councils (Councils of Government) to provide technical assistance and training to local community coalitions that have completed initial strategic planning and asset mapping. By working together, Iowa officials are guiding one community in each of their six public health regions in creating environments that support physical activity and provide access to healthy foods. The school and community toolkit guiding the work of the communities may be accessed at http://www.idph.state.ia.us/iowansfitforlife/common/pdf/apple_a_day.pdf.

◆ Regional Student Summits

The state will collaborate with the Iowa Department of Education Team Nutrition, Iowa Partners: Action for Healthy Kids (IP-AFHK), Iowa State University Extension, and the Midwest Dairy Council to promote student involvement in nutrition and physical activity programs by participating in regional summits for middle school aged students and their adult school sponsors.

◆ Safe Routes to School: Iowans Walking Assessment Logistics Kit (I-WALK)

Safe Routes to School (SRTS) is a nation wide program that enables community leaders, schools, and parents to create safe environments that encourage children to enjoy walking or bicycling to school every day. By making a physically active transportation option convenient, safe, and fun, SRTS integrates health, fitness, traffic relief, environmental awareness, and safety into an overarching community based program.

Using Safe Routes to School grant funds, Iowans Fit for Life developed I-WALK and is working to implement the program in school sites in each of the state's six public health regions. The Iowa State University (ISU) Extension's Landscape Architecture Unit, the Bureau of Local Public Health Services, and local coalitions are partnering with Iowans Fit for Life to assist schools and communities in carrying out these activities. I-WALK may be accessed at <http://www.i-walk.org>.

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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.

