



Maryland *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 Maryland

- Estimated Total Population 2010⁽¹⁾
= 5,773,552
- Adults age 18 and over⁽²⁾
= 76.6% of the total population in 2010
- Youth under 18 years of age⁽¹⁾
= 23.4% 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.
- 27.1% were obese, with a Body Mass Index of 30 or greater.

Dietary Behaviors⁽⁴⁾

- 36.9% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 28.7% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

Physical Activity⁽⁵⁾

- 43.0% 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).
- 23.8% of Maryland'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

Overweight and Obesity⁽⁶⁾

- 15.6% were overweight ($\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentiles for BMI by age and sex, based on reference data).
- 12.2% were obese ($\geq 95^{\text{th}}$ percentile BMI by age and sex, based on reference data).

Unhealthy Dietary Behaviors⁽⁶⁾

- **Fruit consumption:** 64.0% 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:** 87.4% 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:** 21.3% 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⁽⁶⁾

- **Achieved recommended level of activity:** Only 20.8% 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:** 20.0% of adolescents attended daily physical education classes in an average week (when they were in school). (continued on next page)

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Physical Inactivity⁽⁶⁾

- **No activity:** 18.5% 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:** 39.1% watched television 3 or more hours per day on an average school day.

The 2010 Maryland School Health Profiles assessed the school environment, indicating that among high schools⁽⁷⁾

- 38.8% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- 12.9% 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.
- 51.2% 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."

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

⁽⁷⁾ 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⁽⁸⁾

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.

- 78.5% of infants were Ever Breastfed.
- 45.2% of infants were Breastfed for at least 6 months.

Body Mass Index^{(9)*}

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

- 16.5% were overweight (85th to < 95th percentile BMI-for-Age).
- 15.7% were obese (\geq 95th percentile BMI-for-Age).

Sources of Breastfeeding Data:

⁽⁸⁾ 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:

⁽⁹⁾ 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.

Maryland's Response to Obesity

PlanMaryland

The Maryland Department of Health and Mental Hygiene collaborated with the Maryland Department of Planning to ensure that policies that promote physical activity access were included in PlanMaryland, the state's first comprehensive policy plan for sustainable growth and development. Policy briefs were developed that identified strategies for increasing physical activity through comprehensive plans.

PlanMaryland goals include:

- Concentrate development and redevelopment in communities where there is existing and planned infrastructure.
- Preserve and protect environmentally sensitive and rural lands and resources from the impacts of development.
- Ensure that a desirable quality of life in Maryland's communities is sustainable.

The final draft of PlanMaryland is available online (<http://plan.maryland.gov/>). Objectives that support physical activity access include:

- Encourage mixed-use areas
- Build walkable communities
- Connect with nature
- Promote healthy communities
- Expand transportation choices

Social Support Walking Groups

The Department of Health and Mental Hygiene partnered with the University of Maryland to pilot Health Freedom Circle of Friends walking support groups and Celebration Walks in jurisdictions throughout the state to identify best practices and policy and environmental changes that facilitate the development and sustainability of physical activity social support groups in settings such as communities, schools, and workplaces.

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Food Policy Workgroup

The Food Policy Workgroup brought together representatives from nonprofit groups, government, academia, and private industry to explore opportunities for policy-level changes to improve nutrition and healthy food access in Maryland. The Workgroup discussed land use policy, access to healthy foods, school nutrition, artificial trans fats, sugar-sweetened beverages, and menu labeling and submitted recommendations to the Maryland General Assembly and other stakeholders in the Food Policy Workgroup Report.

Recommendations have supported:

- Legislation for farm-to-school reporting that requires each local education agency (24) to report their farm to school activities on a yearly basis to the Department of Agriculture.
- Maryland Healthy Stores implementation.

Maryland Healthy Stores

The Maryland Department of Health and Mental Hygiene's Office of Chronic Disease Prevention the Johns Hopkins Bloomberg School of Public Health, and the Charles County Department of Health piloted Maryland Healthy Stores (MHS) to determine best practices for improving healthy food availability in convenience stores and small grocery stores. Building upon evidence based work with urban food stores, MHS supports rural storeowners to implement store based environmental strategies that improve healthy food availability in conjunction with point of purchase promotion and nutrition education. Stores in low-income, rural communities with a low presence of WIC certified stores were prioritized to reach communities lacking healthy food access. MHS involved a four phase approach, and during each phase, in store point of purchase promotion materials such as posters, shelf labels, and other educational materials were utilized to promote the purchase of healthier beverages, snacks, and prepared foods. Post evaluation is in process. Preliminary evaluation results suggest an impact in stocking and sales of promoted foods. For example, skim and 1% milk are now available in all participating stores.

Contact Information

Audrey S. Regan, PhD
Acting Program Coordinator & MD Fruit & Vegetable Coordinator
Maryland Department of Health and Mental Hygiene
(410) 767-3431
aregan@dhmh.state.md.us

References

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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.

