



Mississippi *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 Mississippi

- Estimated Total Population 2010⁽¹⁾
= 2,967,297
- Adults age 18 and over⁽²⁾
= 74.5% of the total population in 2010
- Youth under 18 years of age⁽¹⁾
= 25.5% 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⁾

- 67.9% were overweight, with a Body Mass Index of 25 or greater.
- 34.0% were obese, with a Body Mass Index of 30 or greater.

Dietary Behaviors⁽⁴⁾

- 22.9% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 21.6% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

Physical Activity⁽⁵⁾

- 35.6% 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).
- 32.3% of Mississippi'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://nccd.cdc.gov/NPAO_DTM/

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://nccd.cdc.gov/NPAO_DTM/

Adolescent Overweight and Obesity

Overweight and Obesity⁽⁶⁾

- 16.5% were overweight ($\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentiles for BMI by age and sex, based on reference data)
- 18.3% were obese ($\geq 95^{\text{th}}$ percentile BMI by age and sex, based on reference data)

Unhealthy Dietary Behaviors⁽⁶⁾

- **Fruit consumption:** 70.8% 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:** 85.3% 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:** 40.2% 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.

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Physical Activity⁽⁶⁾

- **Achieved recommended level of activity:** Only 23% 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:** 26.1% of adolescents attended daily physical education classes in an average week (when they were in school).

Physical Inactivity⁽⁶⁾

- **No activity:** 21.2% 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:** 44.9% watched television 3 or more hours per day on an average school day.

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

- 51.1% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- 7.4% 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.
- 51.3% 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.
- 50.3% of infants were Ever Breastfed.
 - 22.4% of infants were Breastfed for at least 6 months.

Body Mass Index^{(9)*}

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

- 14.9% were overweight (85th to < 95th percentile BMI-for-Age).
- 13.7% 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.

Mississippi's Response to Obesity

Take Charge of Your Health, Mississippi!

The Take Charge of Your Health, Mississippi Task Force, under the leadership of the Mississippi Department of Public Health involves state and local partners organized in active workgroups to address the following settings: worksite, school, early child care, faith-based, community, and healthcare.

Physical Activity in afterschool/child care facilities

The Center of Education Innovation is working with Mississippi's Department of Health to pilot the Allies program to improve nutrition and physical

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activity in child care facilities. Day care workers have been trained on The Nutrition and Physical Activity Self-Assessment for Child Care (NAP-SACC) and pilot center nutritionists are working to educate staff on basic nutrition. In addition, the Mississippi State Department of Health is working with the Mississippi Child Care Facilities Licensure to revise existing child care center regulations pertaining to physical activity and nutrition policies according to national standards.

Breastfeeding

The Mississippi State Department of Health is working closely with the Women, Infants and Children (WIC) program, Preventive Health, and various state agency worksite wellness champions to implement a lactation room policy within state agencies. Although only a few state agencies have expressed interest, the state worksite wellness liaison is reaching out to each individual wellness champion to increase adoption efforts. In addition, efforts are underway to establish a statewide Baby Friendly Hospital Initiative for Mississippi.

Healthy Vending

The Mississippi State Department of Health is partnering with the Mississippi Blind Vendors Association to implement Eat Right-Get Active vending campaign, Fit Pick. The Fit Pick vending program is being implemented in state agencies which host vending programs to increase access to healthy snacks. The Mississippi Blind Vendors Association has converted over 95% of all state agency vending machines to include FitPick snack selections and are distributing program materials to all state worksite wellness champions to aid in the campaign promotion process.

Joint Use Agreement Policy

The Mississippi State Department of Health and the Mississippi Department of Education (MDE) are presently partnering to incorporate and implement joint use agreements between school districts and communities within the state. These Joint Use Agreements will be an addendum to the existing school wellness policies that are used by each of the school districts within the state.

The MDE supports this initiative and are taking steps to implement a policy model using the guidance from the National Policy & Legal Analysis Network (NPLAN). MSDH is providing school districts participating in the Joint Use Agreement initiative a \$1,000 mini-grant which may be used to purchase equipment, security, etc. The mini-grant will be given as a twofold sub-agreement:

- The school district must sign and agree to the policy for each school within the district
- The school district must submit a quarterly evaluation to the MDE and/or MSDH to collect data on their facilities' community usage rates.

Contact Information

Victor D. Sutton, PhD
Director, Office of Preventive Health
(601) 576-7781
Victor.Sutton@msdh.state.ms.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.

