



## Arkansas *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.

# Arkansas - 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 Arkansas

Estimated Total Population 2010<sup>(1)</sup>  
= 2,915,918

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>

- 66.3% were overweight, with a Body Mass Index of 25 or greater.
- 30.1% were obese, with a Body Mass Index of 30 or greater.

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

- 24.5% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 26.9% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

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

- 42.7% 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).
- 29.8% of Arkansas'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>

- 15.7% were overweight ( $\geq 85^{\text{th}}$  and  $< 95^{\text{th}}$  percentiles for BMI by age and sex, based on reference data).
- 14.4% were obese ( $\geq 95^{\text{th}}$  percentile BMI by age and sex, based on reference data).

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

- *Fruit consumption:* 74.3% 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:* 88.3% 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:* 33.5% 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 24.3% 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: 22.7% of adolescents attended daily physical education classes in an average week (when they were in school).

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

- No activity: 19.5% 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: 36.4% watched television 3 or more hours per day on an average school day.

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## ✦ The 2010 Arkansas School Health Profiles assessed the school environment, indicating that among high schools <sup>(7)</sup>

- 52.6% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- 4.2% 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.
- 39.2% 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.”

<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.

- 63.9% of infants were Ever Breastfed.
- 34.0% of infants were Breastfed for at least 6 months.

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

Among Arkansas’ children aged 2 years to less than 5 years\*

- 16.2% were overweight (85<sup>th</sup> to < 95<sup>th</sup> percentile BMI-for-Age).
- 14.1% were obese (≥ 95<sup>th</sup> percentile BMI-for-Age).

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, 2008 births. 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.

## Arkansas’s Response to Obesity

### ✦ The Arkansas Coalition for Obesity Prevention (ArCOP)

The ArCOP brings together traditional and non-traditional partners for the purpose of fighting obesity in Arkansas. Strategic planning among the partners has led to collaborative activities focused on alleviating the burden of obesity throughout the state. The Coalition (ArCOP) and the Arkansas Department of Health are working with charitable organizations, insurers, faith-based coalitions, and Arkansas’ Wellness Coalition to improve public and professional access to chronic disease education by developing a centralized resource and directory of organizations that offer reputable chronic disease information.

### ✦ Growing Healthy Communities

The state is currently supporting policy and environmental interventions in twenty one “Growing Healthy Communities,” including Harrison, Little Rock, Batesville, Magnolia, and Helena/West Helena. A comprehensive Healthy Living Communities Toolkit provides community leaders with a variety of planning, implementation, and evaluation strategies aimed to establish healthier living environments.

### ✦ The Arkansas Healthy Employee Lifestyle Program (AHELP)

The Arkansas Healthy Employee Lifestyle Program is an incentive-based worksite wellness initiative that encourages participants to engage in and track their healthy behaviors. The program for state employees is based on qualitative research on a variety of internal and external factors that influence the work environment.

### ✦ The Annual Blue and You Fitness Challenge

Blue and You Fitness Challenge is an annual partnership event sponsored by the Arkansas Department of Health and Blue Cross Blue Shield of Arkansas. Employees of both organizations compete by their participation in certain health-related activities during a three-month period each year. Program administrators strive to increase the reach of the Annual Blue and You Fitness Challenge by 5% each year, targeting employers, organizations, schools, individuals, and families throughout Arkansas. To date, the program has been so successful that Blue Cross/ Blue Shield has made a commitment in its organization to expand the Blue & You Fitness Challenge nationwide.

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## Peer Exercise Program Promotes Independence (PEPPI)

The Arkansas PEPPI Program is designed to help older adults improve their physical fitness and independence through exercise. Regular sessions are led by peer leaders who have received training in flexibility, balance, strength, and endurance exercises appropriate for the older population. The Arkansas PEPPI program offers its older citizens fun opportunity to exercise correctly within a safe and social environment. Currently, the state supports 43 sustainable PEPPI sites, focusing primarily on those communities with a higher proportion of African Americans and in geographic areas with higher prevalence of obesity and other chronic diseases.

## Arkansas Healthy Restaurant Award Program

The Healthy Arkansas Restaurant Award is a voluntary program that provides public recognition to restaurants that successfully maintain a smoke-free environment and actively promote healthy menu choices using menu labels. Restaurants are encouraged to apply for the recognition by completing a self-report questionnaire about the smoke-free status of the facility, the number and types of healthy nutrition choices offered, and the methods used to market healthy menu items.

## Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)

Arkansas' NAP SACC Program is part of a nationwide intervention aimed at improving child care center nutrition and physical activity policies. Specific program elements address caregiver and child interactions, the nutritional quality of foods served, the quality of physical activities provided, and the amount of time children spend being physically active.

## Pick a Better Snack Program

The mission of the Pick a Better Snack Program is to encourage elementary school children to develop positive attitudes and behavior changes related to eating fruits and vegetables and engaging in regular physical activities. Based on a social marketing approach, healthy eating and physical activity lesson plans are incorporated into a school's traditional curriculum. Weekly fruit tastings and supplementary nutrition materials are shared in class, while additional information about fruit and vegetable preparation is sent home to the parents. Teacher surveys conducted each year document each teachers' observations of their students' attitudes and behaviors as they relate to the program's goals. The Arkansas Department of Health is expanded this nutrition education program to Head Start Programs, kindergarten classes, and special education classes in various communities throughout the state.

## Arkansas Safe Routes to School Web-based Resources

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. In addition, state staff promote the use of their Arkansas Safe Routes to School web-based toolkit with schools and communities throughout the state.

## Contact Information

Miriam Gaines, MACT, RD, LD  
Nutrition and Physical Activity Director  
Alabama Department of Public Health  
(334) 206-5649  
Mim.gaines@adph.state.al.us

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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.

