



## Michigan *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.

# Michigan - 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 Michigan

- Estimated Total Population 2010<sup>(1)</sup>  
= 9,883,640
- Adults age 18 and over<sup>(2)</sup>  
= 76.3% of the total population in 2010
- Youth under 18 years of age<sup>(1)</sup>  
= 23.7% 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>

- 66.1% were overweight, with a Body Mass Index of 25 or greater.
- 30.9% were obese, with a Body Mass Index of 30 or greater.

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

- 32.1% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 23.9% 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).
- 23.6% of Michigan'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>

- 14.2% were overweight ( $\geq 85^{\text{th}}$  and  $< 95^{\text{th}}$  percentiles for BMI by age and sex, based on reference data).
- 11.9% were obese ( $\geq 95^{\text{th}}$  percentile BMI by age and sex, based on reference data).

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

- **Fruit consumption:** 68.4% 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:** 88.4% 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:** 27.6% 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 25.3% 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:** 31.0% 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<sup>(6)</sup>

- **No activity:** 14.2% 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:** 29.6% watched television 3 or more hours per day on an average school day.

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

- 26.7% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- 16.8% 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.
- 49.4% 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/healthyouth/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.

- 69.3% of infants were Ever Breastfed.
- 42.9% of infants were Breastfed for at least 6 months.

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

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

- 16.3% were overweight (85<sup>th</sup> to < 95<sup>th</sup> percentile BMI-for-Age).
- 13.3% were obese ( $\geq$  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, 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.

## Michigan's Response to Obesity

### Building Healthy Communities (BHC)

The Michigan Nutrition, Physical Activity, and Obesity (MNPAO) Program works with local health departments and community coalitions through Building Healthy Communities to create policies and environments supportive of healthy eating and physical activity with the goal of reducing obesity and related chronic diseases. By 2010, community-based programs have actively engaged nearly 400 local partners and 1.2 million residents in projects such as enhancing 10 public parks covering 192 acres of recreational lands; creating or improving 72 miles of walking trails, building 11 new bicycle facilities; and providing new equipment, park benches, outdoor lighting, or signage in public parks to increase their safety and recreational use. Other BHC projects include planting 11 new neighborhood and school gardens, initiating sale of fruits and vegetables at 9 strategic locations (including gas stations and convenience stores) within reach of disparate populations, creating 6 new farmer's markets, and equipping 8 existing markets with electronic transfer technology used to process food stamps. The Michigan NPAO supports Building Healthy Communities with training, resources, and technical assistance. (continued on next page)

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## Faith-based Initiative

In partnership with the Institute for Black Family Development, the MNPAO is working with African American churches in the Detroit area to implement policy, environmental, and social support programs that promote healthy eating and physical activity. Twenty-four participating churches, representing all major African American Christian denominations, have used Michigan's Promoting Healthy Congregation toolkit to assess their physical activity and nutrition environments. MNPAO staff followed up with training and technical assistance on how to write action plans and track progress. With assessments and action plans completed, churches have successfully helped disparate communities gain access to fresh fruits and vegetables and to safe places where families can be physically active.

## Healthy Kids, Healthy Michigan

Healthy Kids, Healthy Michigan (HKHM) is a statewide coalition with over 100 government, non-profit, public, and private organization dedicated to reducing childhood obesity in Michigan through strategic initiatives. Other HKHM activities include adding body mass index (BMI) surveillance to the state's immunization registry (Michigan Care Improvement Registry or MCIR); educating pediatric healthcare providers on coding Medicaid for child obesity-related services as part of the well-child visit; and partnering with the Michigan Food Policy Council (MFPC) to support school gardens and other forms of urban agriculture.

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

The Michigan Nutrition and Physical Activity Program has partnered with the National Kidney Foundation of Michigan to promote healthy practices in child care settings serving low-income communities. Since 2008, Head Start has used NAP SACC, a policy and environmental change tool, to assess each Head Start Center's nutrition and physical activity policies, practices, and environment. In 2009-2010, 45 child care centers across Oakland and Wayne counties and the city of Detroit participated in the NAP SACC program reaching 5,341 children served within the catchment area.

## Contact Information

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## References

NIH. Clinical Guidelines 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, 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.

