



New Hampshire *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 New Hampshire

- Estimated Total Population 2010⁽¹⁾
= 1,316,470
- Adults age 18 and over⁽²⁾
= 78.2% of the total population in 2010
- Youth under 18 years of age⁽¹⁾
= 21.8% 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⁾

- 62.2% were overweight, with a Body Mass Index of 25 or greater.
- 25.0% were obese, with a Body Mass Index of 30 or greater.

Dietary Behaviors⁽⁴⁾

- 36.2% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 30.4% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

Physical Activity⁽⁵⁾

- 48.1% 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).
- 21.2% of New Hampshire'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⁾

- 13.3% were overweight (\geq 85th and $<$ 95th percentiles for BMI by age and sex, based on reference data)
- 12.4% were obese (\geq 95th percentile BMI by age and sex, based on reference data)

Unhealthy Dietary Behaviors⁽⁶⁾

- Fruit and vegetable consumption: Data not available
- Sugar-sweetened beverage consumption: 22.1% 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 Inactivity⁽⁶⁾

- Achieved recommended level of activity: Only 23.3% 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: 24.0% of adolescents attended daily physical education classes in an average week (when they were in school)

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Physical Inactivity⁽⁶⁾

- No activity: 13.2% 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: 23.0% watched television 3 or more hours per day on an average school day

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

- 35.5% did not sell less nutritious foods and beverages anywhere outside the school food service program
- 20.9% 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
- 59.1% 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/healthyouth/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.

- 82.4% of infants were Ever Breastfed
- 58.2% of infants were Breastfed for at least 6 months

Body Mass Index^{(9)*}

Among New Hampshire's children aged 2 years to less than 5 years

- 17.1% were overweight (85th to < 95th percentile BMI-for-Age)
- 14.2% 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.

New Hampshire's Response to Obesity

Healthy Eating, Active Living (HEAL) Initiative

The HEAL Action Plan created in 2008 is New Hampshire's blueprint for obesity prevention. More than 200 individuals from over 45 organizations were engaged in the plan's development. A convergence of local foundations is providing the funds and technical assistance needed by communities implementing and evaluating HEAL-related initiatives. The CDC-funded New Hampshire Obesity Prevention Program adds support by providing

- Technical assistance to both HEAL funded and unfunded communities implementing HEAL activities
- Staffing and support to HEAL committees in areas such as evaluation and sustainability
Surveillance of childhood obesity by administering the Third Grade Healthy Smiles Healthy Growth Survey
- Web-based tools and resources available by visiting <http://www.healnh.org/index.cfm>

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

NAP SACC is a research tested intervention aimed at improving child care nutrition and physical activity policies. Specific 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. In 2011-2012, NAP SACC consultants were selected to conduct child care program assessments covering the Claremont, Concord, Manchester and Nashua areas.

I Am Moving, I Am Learning (IMIL) Child Care Initiative

IMIL is a national program addressing childhood obesity among children participating in the Head Start Program. By implementing planned program components, Head Start Program staff strive to increase daily physical activity, improve the quality of movement activities, and promote healthy food choices daily. The New Hampshire Obesity Prevention Program is providing an IMIL trainer to support and collaborate with the New Hampshire Child Development Bureau and Head Start Programs in developing a plan to implement the IMIL Initiative statewide.

Fruit and Veggie Quantity Recipe Cookbook

The Fruit and Veggie Quantity Cookbook, Revised Edition was launched in November 2011 by the New Hampshire Obesity Prevention Program (OPP), Division of Public Health Services, Department of Health and Human Services. The OPP partnered with New Hampshire Hospital Food and Nutrition Services to test all 31 recipes. Each recipe serves 25, 50, or 100 and is designed for use in schools, child care settings, camps, hospitals, worksite cafeterias, college cafeterias, congregate meal sites, and restaurants. All the recipes comply with the Dietary Guidelines for Americans. The recipes can easily be used with National School Lunch and School Breakfast Programs, and the Child and Adult Care Food Program (CACFP). Family-size versions of the recipes are included, ready to copy and share. Taste-test survey forms are also included. The cookbook is being distributed via hard copy for purchase and free access on the website at <http://www.dhhs.nh.gov/dphs/nhp/healthyrecipescooking.htm>.

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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.

