



South Carolina

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.

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.

South Carolina - State Nutrition, Physical Activity, and Obesity Profile

State Population of South Carolina

- Estimated Total Population 2010⁽¹⁾
= 4,625,364
- 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⁾

- 66.9% were overweight, with a Body Mass Index of 25 or greater.
- 31.5% were obese, with a Body Mass Index of 30 or greater.

Dietary Behaviors⁽⁴⁾

- 23.3% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 22.9% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

Physical Activity⁽⁵⁾

- 41.6 % 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).
- 26.2% of South Carolina'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⁾

- 15% were overweight ($\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentiles for BMI by age and sex, based on reference data)
- 16.7% were obese ($\geq 95^{\text{th}}$ percentile BMI by age and sex, based on reference data)

Unhealthy Dietary Behaviors⁽⁶⁾

- **Fruit consumption:** 74.8% 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:** 91.2% 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:** 33.2% 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.

Physical Activity⁽⁶⁾

- **Achieved recommended level of activity:** Only 17.1% 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:** 16.8% of adolescents attended daily physical education classes in an average week (when they were in school).

Physical Inactivity⁽⁶⁾

- **No activity:** 21.3% 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:** 39.7% watched television 3 or more hours per day on an average school day.

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

- 28.8% did not sell less nutritious foods and beverages anywhere outside the school food service program
- 14.7% 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
- 46.6% prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations. All school-related locations (continued on next page)

South Carolina - State Nutrition, Physical Activity, and Obesity Profile

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.

- 62.5% of infants were Ever Breastfed.
- 26.5% of infants were Breastfed for at least 6 months.

Body Mass Index^{(9)*}

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

- 15.2% were overweight (85th to < 95th percentile BMI-for-Age).
- 12.8% 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.

South Carolina's Response to Obesity

Moving South Carolina Towards a Healthy Weight (State Plan)

In 2005, DHEC and its partners developed a comprehensive and strategic state plan for obesity reduction entitled, Moving South Carolina Towards a Health Weight: Promoting Healthy Lifestyles and Healthy Communities. Intended for use by policy makers, organizations, and individual leaders at all levels; the plan guides community actions and activities that create supportive environments for a healthier South Carolina. A supplemental revision, Options for Action, was created in 2008, to provide an easy to use framework for how to address healthy eating and active living within different settings at the local level. An online reporting system, consistent with this framework, enables partners to report what, where, and how they are addressing policy and environmental changes to support nutrition and physical activity.

Eat Smart, Move More Coalition of South Carolina (ESMM-SC)

South Carolina recognizes the value of partnerships and the Eat Smart, Move More Coalition of SC (ESMMSC) is a public-private partnership with a mission to lead a unified movement to make the healthy choice the easy choice regarding good nutrition and active living. Through advocacy, communication, training and implementation, ESMMSC builds capacity and provides resources, information, and guidance to support implementation of the state obesity plans goals. Recent accomplishments of the ESMM-SC Campaign include:

- Farmers' Market Toolkit that addresses increasing the availability and affordability of locally grown produce, which also benefits the local economy
- Online Options For Action, a web-based tool designed to provide guidance for implementation of obesity prevention programs and strategies in specific settings including schools, faith, worksite, communities, childcare and healthcare
- Online Breastfeeding Resource Guide, a web-based tool that provides trusted resources for breastfeeding promotion and support for professionals and the general public
- Annual Obesity Prevention Summit that brings together key stakeholders to develop and implement strategies to prevent obesity in South Carolina

South Carolina - State Nutrition, Physical Activity, and Obesity Profile

- Partners with the SC Department of Transportation's Safe Routes to School program to implement this model program in neighborhoods across the state
- Enhance Local Capacity for Physical Activity, Nutrition, and Obesity Programs

Grow Healthy Toolkit

The Eat Smart, Move More, Grow Healthy toolkit is an easy-to-use resource for child care providers that provides skill-building and educational activities for the classroom and home; and resources and tools that address the environment and policies and practices within the child care center. In 2010, the state was awarded funding to apply sustainable policy and environmental interventions within the state's voluntary child care voucher program that is also designed to improve the quality of participating child care programs. This funding enables healthful nutrition and physical activity of a child to be recognized and supported as an essential element of a child's overall growth and development.

Farm to School and School Gardens

The Farm to School and 'Eat Smart – It's in the Garden' initiatives are in partnership with the SC Department of Agriculture and the Department of Education. This initiative provides funding and technical support for the establishment of school gardens and Farm to School programs throughout the state by providing resources, a "how-to" manual, staff training, and mentorship.

Complete Streets

DHEC developed and is implementing a community based complete streets training program, including a training manual and an advocacy handbook intended to mobilize communities toward drafting, proposing, and adopting Complete Streets policies throughout the state.

Breastfeeding Support in the Workplace

DHEC is working with the SC Breastfeeding Coalition to support worksites in becoming breastfeeding-friendly. An initiative is ongoing that supports worksite practices and physical modifications to support continued breastfeeding among women returning to the workplace.

Ten Steps Breastfeeding Program

The SC BF Coalition has developed the SC Ten Steps Program with the goal of supporting evidence-based breastfeeding policies and practices in hospitals and birthing centers statewide. SC Ten Steps Program is designed as a recognition program with Bronze,

Silver, Gold, and Platinum levels that will help hospitals and birthing centers progress through the Ten Steps towards Baby-Friendly Hospital designation.

Health Impact Assessment

In July, 2010, DHEC conducted both a capacity building project to identify the infrastructure and support needed to utilize health impact assessments to address the modifiable risk factors for childhood obesity. A rapid HIA was conducted in one community in SC with the focus on a 'road diet.' The HIA examined the potential health impacts of the proposed re-striping and "road diet" of a downtown Spartanburg arterial road, Daniel Morgan Avenue. A road diet is a technique to reduce the number of lanes on a roadway to provide safe space for pedestrians and cyclists.

Contact Information

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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.