



## Utah

### *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.

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## State Population of Utah

- Estimated Total Population 2010<sup>(1)</sup>  
= 2,763,885
- Adults age 18 and over<sup>(2)</sup>  
= 68.5% of the total population in 2010
- Youth under 18 years of age<sup>(1)</sup>  
= 31.2% 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>

- 56.9% were overweight, with a Body Mass Index of 25 or greater.
- 22.5% were obese, with a Body Mass Index of 30 or greater.

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

- 31.5% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 24.4% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

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

- 51.9 % 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).
- 17.7% of Utah'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://nccd.cdc.gov/NPAO\\_DTM/](http://nccd.cdc.gov/NPAO_DTM/)

#### 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://nccd.cdc.gov/NPAO\\_DTM/](http://nccd.cdc.gov/NPAO_DTM/)

## Adolescent Overweight and Obesity

### Overweight and Obesity<sup>(6)</sup>

- 10.5% were overweight ( $\geq 85^{\text{th}}$  and  $< 95^{\text{th}}$  percentiles for BMI by age and sex, based on reference data)
- 6.4% were obese ( $\geq 95^{\text{th}}$  percentile BMI by age and sex, based on reference data)

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

- **Fruit consumption:** 69.0% 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:** 14.5% 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 17.3% 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:** 21.8% of adolescents attended daily physical education classes in an average week (when they were in school).

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

- **No activity:** 10.5% 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:** 16.3% watched television 3 or more hours per day on an average school day.

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

- 8.3% did not sell less nutritious foods and beverages anywhere outside the school food service program
- 14.8% 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
- 46.9% prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations. All school-related locations were (continued on next page)

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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.

- 84.5% of infants were Ever Breastfed.
- 61.5% of infants were Breastfed for at least 6 months.

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

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

- 12% were overweight (85<sup>th</sup> to < 95<sup>th</sup> percentile BMI-for-Age).
- 8.7% 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.

## Utah’s Response to Obesity

### Utah Partnership for Healthy Weight (UPHW)

In 2006, a non-profit organization called the Utah Partnership for Healthy Weight (UPHW) was established. The Utah Department of Health works collaboratively with the UPHW to engage partners representing over 35 organizations including government, media, communities, health care, schools, and worksites. These partners formed active workgroups that developed goals and strategies to guide statewide planning, development, and implementation of physical activity and nutrition interventions. Utah’s Physical Activity and Nutrition (PANO) Program staff currently provide management support to the many workgroups that remain active within the Utah Partnership for Healthy Weight.

### Utah Nutrition and Physical Activity Plan 2010-2020

Under the direction of the Utah Department of Health Physical Activity, Nutrition and Obesity (PANO) Program, the Utah Nutrition and Physical Activity plan 2010 to 2020 was developed as a 10-year action plan to reduce the burden of chronic diseases, such as obesity.

### Enhance Local Capacity for Physical Activity, Nutrition, and Obesity Programs

The Physical Activity, Nutrition, and Obesity (PANO) Program has conducted trainings with state and local partners to increase their capacity for policy and environmental change. In addition, the 12 local health departments (LHDs) are funded to implement physical activity, nutrition and obesity-related activities, including community-based policy and environmental strategies. The LHDs enter work plans and the state monitors performance through the reporting system known as the UDART (Utah Data, Analysis, and Reporting Tool).

### Complete Streets Framework

The state-level Healthy Communities Program incorporates a “Complete Streets” framework that gives equal thought to automobile, pedestrian, and cycling traffic. By working with a variety of partners, PANO strives to improve planning design for transportation, create walkable communities, improve accessibility for all residents, and achieve a healthier Utah.

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## ✦ A Healthier You Community Award Program

The Physical Activity, Nutrition, and Obesity (PANO) Program continues to work closely with the Utah League of Cities and Towns (ULCT) in promoting and conducting "A Healthier You Community Awards" in recognition of communities doing an outstanding job of creating environments that support physical activity, healthy eating and other healthy behaviors. Recently, the awards have been modified and expanded and will be promoted statewide through the Utah Department of Health (UDOH), local health departments, and ULCT listservs.

## ✦ Gold Medal Schools

PANO works with local health departments to recruit schools to participate in the Gold Medal School (GMS) Program. The GMS program provides incentives, training, and support to school administrators and staff to facilitate the development of school-level policies that support physical activity and healthy eating.

## ✦ Health Care Survey

The UPHW Health Care Workgroup's priorities include developing and administering a web-based survey to assess health care providers' knowledge, attitudes, and skills related to measuring and monitoring body mass index (BMI) and developing an inventory of existing community resources related to physical activity and healthy eating. The Utah Medical Association, University of Utah Pediatrics, and other physicians and partners will contribute their time toward fulfilling these goals.

## ✦ Schools Workgroup

The UPHW Schools Workgroup promotes safe and active transportation to and from school by working with the Utah Department of Health's Violence and Injury Prevention Program (VIPPP) and the Utah Department of Transportation's Safe Routes to School Program to promote Walk to School Day and Green Ribbon month. They also help schools develop Safe Neighborhood Access Routing Plans (SNAP) with corresponding maps.

## ✦ Healthy Worksites Award Program

The UPHW continue to coordinate and increase participation in the Healthy Worksites Award Program and holds annual worksite wellness conference for employers. The Utah Council for Worksite Health Promotion and associated partners are instrumental in the implementation of these objectives.

## 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.

