



## North Dakota *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.

# North Dakota - 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 North Dakota

- Estimated Total Population 2010<sup>(1)</sup> = 672,591
- Adults age 18 and over<sup>(2)</sup>  
= 77.7% of the total population in 2010
- Youth under 18 years of age<sup>(1)</sup>  
= 22.3% 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>

- 63.6% were overweight, with a Body Mass Index of 25 or greater.
- 27.2% were obese, with a Body Mass Index of 30 or greater.

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

- 31.1% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 24.6% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

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

- 44.4% 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).
- 26.8% of North Dakota'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>

- 13.5% were overweight ( $\geq 85^{\text{th}}$  and  $< 95^{\text{th}}$  percentiles for BMI by age and sex, based on reference data)
- 11.0% were obese ( $\geq 95^{\text{th}}$  percentile BMI by age and sex, based on reference data)

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

- **Fruit consumption:** 76.5% 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:** 92.0% 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:** 26.3% 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.

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

- **Achieved recommended level of activity:** Only 22.3% 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:** No data available.

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

- **No activity:** 13.7% 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:** 25.6% watched television 3 or more hours per day on an average school day.

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

- 41.2% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- 8.3% 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.
- 49.1% 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.”

<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.

- 71.4% of infants were Ever Breastfed.
- 46.1% of infants were Breastfed for at least 6 months.

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

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

- 16.8% were overweight (85<sup>th</sup> to < 95<sup>th</sup> percentile BMI-for-Age).
- 14.1% 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.

## North Dakota's Response to Obesity

### Infant Friendly Worksite Designation Program

The North Dakota Department of Health, Division of Nutrition and Physical Activity, implemented the new “infant friendly” worksite designation, which recognizes worksites that adopt a workplace breastfeeding policy that includes:

- Flexible work scheduling, including scheduling breaks and permitting work patterns that provide time for expression of breast milk.

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- A convenient, sanitary, safe and private location (other than a restroom), allowing privacy for breastfeeding or expressing breast milk.
- A convenient, clean and safe water source with facilities for washing hands and rinsing breast-pumping equipment located near the private location.
- A convenient place for temporarily storing breast milk, such as a refrigerator or cooler.

Training for professionals and other partners was conducted in June 2011; these professionals in turn reached out to businesses to increase awareness of the designation opportunity. The project breastfeeding consultant provided technical assistance to businesses to assure that all elements were in place for designation and continued to work with others developing policy and supports for future designation.

To coincide with World Breastfeeding Week in August 2011, the first nine North Dakota businesses were recognized through a press release as “Infant Friendly” including the North Dakota Department of Health. Since the beginning of the funding period 26 worksites in North Dakota have received “infant-friendly” designation, which is substantially greater than the initial goal of 10 worksites. The adopted breastfeeding policies in these workplaces affect over 4,000 women of childbearing age (15-49).

A new breastfeeding website was developed, and online ads and a 30-second TV ad were aired across North Dakota to encourage support at work for breastfeeding women. The names of all designated worksites are listed on the North Dakota Breastfeeding website at [www.ndhealth.gov/breastfeeding](http://www.ndhealth.gov/breastfeeding). The TV ad and materials to support businesses and working mothers are also available on the site that will be maintained beyond the project period.

### Improving the Child Care Environment for Physical Activity

The North Dakota Department of Health and child care partners (including the North Dakota Childcare Resource and Referral – ND CCR&R)

is providing recommendations to the North Dakota Department of Human Services to integrate physical activity best practices into the Child Care Licensing Policy Manual. The best practices include limiting screen time and assuring child care providers do not withhold active play time as punishment. The complete set of best practices can be found at this site: <http://www.ndchildcare.org/providers/nutrition-activity/best-practices.html>

To increase child care providers’ skills and motivate them to include more physical activity in their days, trainings and incentives are offered. The training hours meet the requirements for the Child Development Associate Credential. In addition to in-person trainings, a 12-minute DVD was produced that highlights physical activity best practices. The DVD plus cover materials have been mailed to 1,430 providers across North Dakota. Online ads and 30-second TV ads were aired across the state to promote physical activity in child care. ND CCR&R continues to offer trainings that include physical activity as a continuation of those provided through this project. Additional partners, such as Cooperative Extension, food program sponsors, and Head Start, trained during the project, will also conduct community trainings with providers.

### 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.