



Colorado *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 Colorado

Estimated Total Population 2010⁽¹⁾
= 5,029,196

Adults age 18 and over⁽²⁾
= 75.6% of the total population in 2010

Youth under 18 years of age⁽¹⁾
= 24.4% 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⁾

- 56.8% were overweight, with a Body Mass Index of 25 or greater.
- 21.0% were obese, with a Body Mass Index of 30 or greater.

Dietary Behaviors⁽⁴⁾

- 35.5% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 25.3% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

Physical Activity⁽⁵⁾

- 52.1% 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).
- 17.7% of Colorado'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://www.cdc.gov/brfss/>

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://www.cdc.gov/brfss/>

Adolescent Overweight and Obesity

Overweight and Obesity⁽⁶⁾

- 11.1% were overweight ($\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentiles for BMI by age and sex, based on reference data).
- 7.1% were obese ($\geq 95^{\text{th}}$ percentile BMI by age and sex, based on reference data).

Unhealthy Dietary Behaviors⁽⁶⁾

- *Fruit consumption*: 66.8% 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*: 83.8% 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*: 24.6% 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⁽⁶⁾

- Achieved recommended level of activity: Only 26.9% 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: 20.7% of adolescents attended daily physical education classes in an average week (when they were in school).

Physical Inactivity⁽⁶⁾

- No activity: 11.3% 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: 25.1% watched television 3 or more hours per day on an average school day.

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

- 38.4% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- 9.9% 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.
- 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.”

⁽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.

- 80.0% of infants were Ever Breastfed.
- 55.6% of infants were Breastfed for at least 6 months.

✦ Body Mass Index^{(9)*}

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

- 14.1% were overweight (85th to < 95th percentile BMI-for-Age).
- 9.1% were obese (≥ 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, 2008 births. 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.

Colorado's Response to Obesity

✦ The Colorado Obesity, Physical Activity, and Nutrition Program (COPAN)

COPAN's mission is to prevent obesity and related chronic diseases, and to promote healthy lifestyles for all state residents by implementing the Colorado Physical Activity and Nutrition State Plan (available by visiting <http://www.cdphe.state.co.us/pp/COPAN/2004stateplan.pdf>). COPAN coordinates its activities through the Colorado Physical Activity and Nutrition Coalition and LiveWell Colorado (<http://movement.livewellcolorado.org/>) a nonprofit strategic partner. Through the COPAN coalition and LiveWell Colorado, individuals and organizations interested in improving healthy eating and increasing physical activity work together by participating on a number of workgroups.

✦ Colorado Breastfeeding Promotion

The COPAN Breastfeeding Promotion Work Group participates as part of the Colorado Breastfeeding Coalition in promoting strategies to support a breastfeeding-friendly environment in hospitals, worksites and communities throughout the state. Breastfeeding promotion activities are comprehensive and include such projects as: providing breastfeeding education to health professionals, expectant mothers, and their families; encouraging hospitals to adopt breastfeeding-friendly environments; increasing protection, promotion, and support for breastfeeding mothers in the workplace, recognizing local companies for their standards and practices in support of breastfeeding women; giving scholarships to Colorado healthcare professionals who wish to become International Board Certified Lactation Consultants; and supporting telephone-based and peer counseling to health disparate populations.

✦ Smart Meals Program

The Smart Meals Program has as its goal to improve healthy eating options in eating establishments throughout the state. A Smart Meal Seal on restaurant menus assists customers in identifying menu items that meet specific nutritional requirements. The Smart Meal guidelines were developed from sources such as the American Heart Association and the FDA nutrition labeling food guidelines. All qualifying menu items undergo nutritional analysis by an independent menu analysis service before being approved for the Smart Meal Seal. During the 2010-2011 fiscal year, the state health department plans to expand the program to 50 new restaurants and to develop a Smart Meal communication campaign to include messaging, partner support, website development, and outreach. For more information, visit www.smartmealcolorado.com

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Report to the Kitchen! LiveWell Colorado's Boot Camps

Four School Chef Culinary Boot Camps were held in communities across the state during the summer of 2011. Each boot camp provided five days of hands-on training courses designed to teach schools how to prepare fresh, from scratch meals and sustain programs focused on healthful eating for students. Food service directors and nutrition directors were invited to participate free of charge if they represented school districts with more than 5,000 students and with at least 40% of the student population qualifying for free or reduced lunches. In addition, each participating school district received a \$1,000 grant for minor equipment to begin implementing the techniques learned at boot camp. Two New York chefs, Andrea Martin and Kate Adamick, served as boot camp instructors. Martin is also a New York City and state certified teacher specializing in school lunch reform. Adamick frequently speaks on institutional food system, sustainable agriculture and childhood obesity issues.

The boot camps were coordinated by LiveWell Colorado and funded by The Colorado Health Foundation as well as a federal grant from the American Recovery and Reinvestment Act facilitated by the Colorado Department of Public Health & Environment's (CDPHE) Colorado Physical Activity and Nutrition Program (COPAN).

Worksite Wellness

The COPAN worksite leadership group promotes effective strategies that integrate comprehensive worksite wellness programs for a multi-dimensional chronic disease focus. Their Worksite Resource Kit is currently being redesigned to help any size worksite gain the resources and program ideas needed to start or improve worksite health promotion initiatives.

Active Community Environments

The COPAN Active Community Environments (ACE) workgroup represents collaborations and partnerships with government, public health, transportation, planning, and design. Workgroup members strive to make it easier for people to integrate physical activity into their daily routines by assessing, training, and assisting partners and communities that wish to integrate smart growth principles into master land use and community health plans; develop school sites and routes to school that promote active community living; integrate parks and open spaces with recreation opportunities near every neighborhood and employment center, promote urban and suburban agriculture, address transportation alternatives, and promote pedestrian and bicycle safety.

GIS Mapping

Multiple programs within the Colorado Department of Public Health and Environment (CDPHE) utilize Geographic Information Systems (GIS) technologies in order to visualize, update, integrate, manage and analyze spatial data pertaining to the well-being of Colorado's public health and environment. Customizable mapping makes possible the comparison of health metrics with demographic characteristics.

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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

Finkelstein, EA, Trogdon, JG, Cohen, JW, and Dietz, W. Annual medical spending attributable to obesity: Payer- and service-specific estimates. *Health Affairs* 2009; 28(5): w822-w831.

