



Oklahoma

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 Oklahoma

- Estimated Total Population 2010⁽¹⁾
= 3,751,351
- Adults age 18 and over⁽²⁾
= 75.2% of the total population in 2010
- Youth under 18 years of age⁽¹⁾
= 24.8% 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⁾

- 66.3% were overweight, with a Body Mass Index of 25 or greater.
- 30.4% were obese, with a Body Mass Index of 30 or greater.

Dietary Behaviors⁽⁴⁾

- 18.1% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 23.5% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

Physical Activity⁽⁵⁾

- 41.5% 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).
- 31.4% of Oklahoma'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⁾

- 16.4% were overweight ($\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentiles for BMI by age and sex, based on reference data).
- 14.1% were obese ($\geq 95^{\text{th}}$ percentile BMI by age and sex, based on reference data).

Unhealthy Dietary Behaviors⁽⁶⁾

- **Fruit consumption:** 76.0% 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:** 89.9% 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:** 38.1% 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 Activity⁽⁶⁾

- **Achieved recommended level of activity:** Only 27.5% 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:** 31.4% of adolescents attended daily physical education classes in an average week (when they were in school).

Physical Inactivity⁽⁶⁾

- **No activity:** 16.3% 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:** 29.0% watched television 3 or more hours per day on an average school day.

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

- 27.4% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- 5.2% 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.

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- 37.3% 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/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.

- 67.5% of infants were Ever Breastfed.
- 36.1% of infants were Breastfed for at least 6 months.

Body Mass Index^{(9)*}

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

- Data not available.

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.

Oklahoma's Response to Obesity

State Food Policy Council/Committee and Farm to School TV Show & Cookbook

Oklahoma created a statewide State Food Policy Council/Committee to bring together key players invested in Oklahoma's food system. Oklahoma created a children's television show to discuss where food comes from and encourage kids to eat locally grown fruits and vegetables. All five (5) segments are twenty-two minutes long, have closed captioning features and can be played in the classroom. Both the TV show segments and Farm to School Cookbook are being distributed to all 537 Oklahoma school districts. A Farm to School cookbook is being created that contains recipes for locally grown fruits and vegetables. The priority audience to utilize the cookbook is school food service directors and managers. All recipes collected and in the cookbook have been analyzed by a dietitian to meet the nutritional standards for the federal requirements.

Physical activity in afterschool programs: CATCH/OAN policy recommendations

- Oklahoma conducted assessments of 13 maternity hospitals (representing one-third or approximately 22,000 babies born in Oklahoma) and training staff on maternity care practices and how to develop and implement breastfeeding support policies.
The long-term goals of training are: Providing basic evidence-based training to health care staff in facilities around the state of Oklahoma.
- Providing additional training to designated trainer/coordinator at participating facilities
- Providing ongoing support/resources/education via phone, email and website to facilitate change in maternity care practices and policies
- Increasing hospital and Oklahoma mPINC scores
- Increasing hours of education in lactation for hospital staff and physicians
- Implementing breastfeeding policies or improve existing ones
- Increasing number of hospitals that are OK Breastfeeding Friendly Worksites
- 6 hospitals are recognized as Baby Friendly
- Increasing number of hospitals that are working towards BFHI certification
- Eliminating “free” formula marketing bags.

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CATCH Kids-Club

(Coordinated Approach to Child Health) has been a part of Oklahoma After-School Programs since 2006. The Oklahoma State Department of Health, Director of Health Education, and the Chief Investigator for the CATCH Kids-Club program are building capacity for the CATCH Kid-Club program.

This evidence-based nutrition and physical activity program can be found in 76 sites across the state. County Health Department Health Educators and their after-school partners have been trained to present 32 nutrition lessons and hundreds of non-competitive physical activities for kids enrolled in the program. Children enrolled in CATCH Kids-Club are eating more fruits and vegetables, engaging in more regular physical activity, and involving more parents to make nutritional changes at home.

Safe Routes to School

In 2009, the Oklahoma Department of Transportation (ODOT) provided Safe Routes To School funding to 48 Oklahoma schools. ODOT has added 25 public for SRTS funding). Funded SRTS sites receive both infrastructure and non-infrastructure fund. Non-infrastructure funds can be directed to receive SafeCyclist training inclusive of curriculum and or AAA Safety Patrol kits.

SafeCyclist Program

In August 2010, the Oklahoma State Department of Health hosted a BikeTexas SafeCyclist Field Instructor Train the Trainer certification training event at the University of Central OK in Edmond, OK. Eighteen SafeCyclist Field Instructors were trained and certified on the delivery and implementation for the SafeCyclist curriculum. Upon completion, each SafeCyclist Field Instructor is required to teach a SafeCyclist training event with an emphasis on the five (5) core areas of the SafeCyclist curriculum. Five additional SafeCyclist trainings have been conducted since August 2010 at various elementary school sites. Participants attending have included physical education teachers, health educators, police officers, city planners, bike activists, school health liaison, classroom teachers, and elementary principals. Each school and/or community site receiving the training has signed a memorandum of agreement in partnership with the Oklahoma Department of

Transportation Safe Routes to School Program and the Oklahoma State Department of Health. The five core sections of the SafeCyclist curriculum are in alignment with the PASS objectives already being taught in elementary school. The Oklahoma State Department of Transportation incorporated in their 2009-2011 SRTS grant awards to selected school sites to include both infrastructure and non-infrastructure components in order to address the opportunity for a systems change, environmental impact and/or a policy development to occur within that school site while addressing increased physical activity and safe cycling to and from school.

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References

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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.

