Overweight and Obesity

September 2012

Oregon

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.

National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity and Obesity

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OREGON - *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 Oregon

- Estimated Total Population 2010[1] = 3,831,074
- Adults age 18 and over[2] = 77.4% of the total population in 2010
- Youth under 18 years of age[1] = 22.6% 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]

- 60.3% were overweight, with a Body Mass Index of 25 or greater.
- 26.8% were obese, with a Body Mass Index of 30 or greater.

Dietary Behaviors[4]

- 33.0% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 30.5% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

Physical Activity[5]

- 47.3% 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 Oregon'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

2009 Youth Risk Behavior Surveillance System (YRBSS) adolescent obesity data is not available, as Oregon's overall response rate was below 60%, the minimum necessary for statewide reporting.

The 2010 Oregon School Health Profiles assessed the school environment, indicating that among high schools[6]

- 47.9% did not sell less nutritious foods and beverages anywhere outside the school food service program
- 11.0% 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
- 49.8% prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations. All school-related locations were defined

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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.

- 91.2% of infants were Ever Breastfed.
- 62.5% of infants were Breastfed for at least 6 months.

Body Mass Index[9]*

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

- 17.7% were overweight (85th to < 95th percentile BMI-for-Age)
- 15.1% 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, 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.

Oregon's Response to Obesity

Oregon addressed obesity and tobacco use by developing policies that give nearly all state employees access to healthier food and beverage choices in tobacco-free facilities.

Oregon's state and school employee health care purchasers (Public Employees' Benefit Board—PEBB and Oregon Educator Benefit Board—OEBB) used employee survey results to guide health plan benefits design. For example, about two-thirds of these employees are overweight or obese and now have no-cost access to on-line WeightWatchers. Many also have access to WeightWatchers at work. OEBB covers WeightWatchers for dependents. PEBB in 2012 plans to cover WeightWatchers for spouses and domestic partners (Impact: about 84,000 PEBB and 130,000 OEBB).

Local public health systems are mobilizing key local partners to build capacity to advance worksite wellness in their communities.

Oregon has developed a worksite wellness website that supports employers of all sizes and types to assess their workplace culture and environment, tailor policies and practices to meet their organization's needs, inspire employers with success stories, and join the statewide Wellness@Work movement.

Oregon staff has been so successful in engaging partners that they are now getting requests to provide information to other business-related organizations.

Contact Information
Karen Girard
Health Promotion Manager
Oregon Public Health Division
(971) 673-1046
karen.e.girard@state.or.us

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.