

HEALTHY EATING & PHYSICAL ACTIVITY

IMPROVING THE HEALTH AND WELL-BEING OF NORTH DAKOTA'S MCH POPULATION

HEALTHY EATING & PHYSICAL ACTIVITY

For 2011 through 2015, the North Dakota Department of Health's Maternal and Child Health (MCH) programs have placed priority on supporting healthy eating and physical activity. A balanced diet and regular physical activity benefit the health of children and adults. Poor diet and physical inactivity contribute to many serious and costly health conditions including obesity, heart disease, diabetes, some cancers, unhealthy cholesterol and high blood pressure. Obesity is associated with increased blood pressure and unhealthy cholesterol; chronic diseases such as heart disease, diabetes, some cancers, and osteoarthritis; complications of pregnancy; and death at earlier ages.

During the 2011 Title V MCH Needs Assessment, the priority needs statement and performance measure for North Dakota were as follows:



Priority Needs Statement: Promote healthy eating and physical activity within the MCH population.¹

State Performance Measure: The percent of healthy weight among adults ages 18 through 44.¹

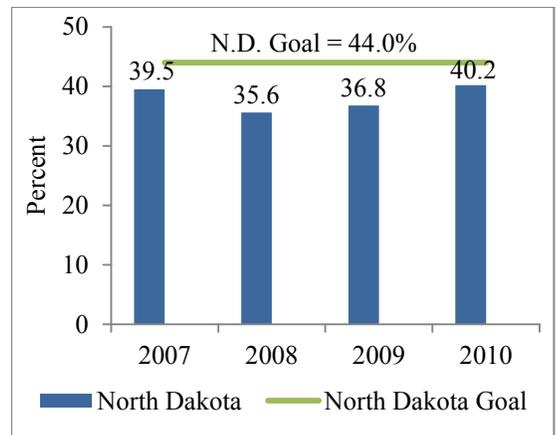
North Dakota's Title V MCH performance measures are consistent with applicable national Healthy People 2020 objectives.

HOW DO NORTH DAKOTA ADULTS MEASURE UP?

The percentage of North Dakota adults ages 18 through 44 who were at a healthy weight (i.e., not overweight or obese) in 2010 was 40.2 percent, falling short of North Dakota's goal of 44 percent (see Figure 1). The proportion of healthy-weight adults decreases with age. While 54.2 percent of North Dakota adults ages 18 through 24 were at a healthy weight in 2010, the percentage decreased to 38.5 percent among adults ages 25 through 34 and to 32.1 percent among adults ages 35 through 44.²

Among low-income women enrolled in North Dakota's Women, Infants, and Children (WIC) Program in 2009, 56.5 percent were considered overweight according to their pre-pregnancy body mass index. The national average was 52.1 percent. The data also showed important differences by race; 62.4 percent of American Indian women were overweight.³

Figure 1. The percent of healthy weight* adults ages 18 through 44 in North Dakota



*Healthy weight = a body mass index (BMI) of less than 25
 Source: Special calculations of Behavioral Risk Factor Surveillance System data by the North Dakota Department of Health²



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- Nutrition and Physical Activity
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References:

¹ North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program; www.ndhealth.gov/familyhealth/publications/NDNeedsAssessment2011-2015.pdf

² Behavioral Risk Factor Surveillance System; www.ndhealth.gov/brfss

³ Pregnancy Nutrition Surveillance System; www.ndhealth.gov/wic/publications/2009%20PNSS%20State.pdf

⁴ Pediatric Nutrition Surveillance System; www.ndhealth.gov/wic/publications/2010%20PedNSS%20state.pdf

⁵ 2007 National Survey of Children’s Health; www.childhealthdata.org

⁶ 2009 Youth Risk Behavior Survey; www.dpi.state.nd.us/health/YRBS

⁷ Centers for Disease Control and Prevention, School Health Profiles; www.cdc.gov/healthyyouth/profiles

HOW DO NORTH DAKOTA CHILDREN MEASURE UP?

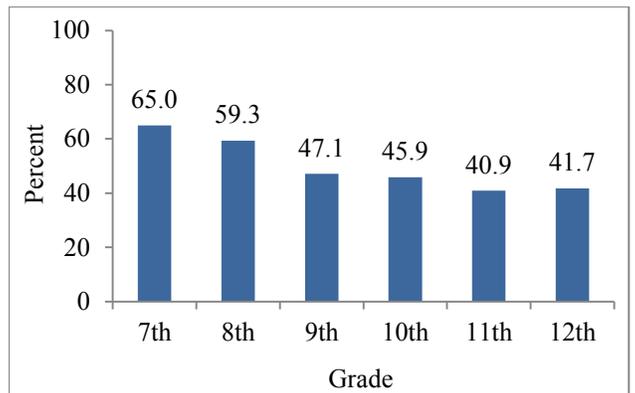
Overweight and obesity are occurring at younger ages. Among low-income North Dakota children ages 2 through 4 enrolled in WIC in 2010, nearly one in three was considered overweight (16.8%) or obese (14.1%). American Indian children were twice as likely to be obese as white children (22.1% compared to 11.2%).⁴

Among children ages 10 through 17 in North Dakota, 69.2 percent were at a healthy weight in 2007. Data suggest that the proportion of healthy-weight children increases as family income levels increase, that a larger proportion of females are at a healthy weight than males, and that a larger proportion of children without special health care needs are at a healthy weight than children with special health care needs.^{1,5}

While 65 percent of students in grade 7 met recommended levels of physical activity in 2009, only 41.7 percent of students in grade 12 did (see Figure 2).⁶ In 2008, nearly all North Dakota schools required physical education for students in grade 7 (97.8%), but only 32.9 percent required it for students in grade 12.⁷

Among North Dakota high school students in grades 9 through 12, only 13.7 percent consumed enough (i.e., at least five) servings of fruits and vegetables per day in 2009.⁶

Figure 2. The percent of North Dakota students in grades 7 through 12 who met recommended levels of physical activity,* 2009



*Recommended levels of physical activity are at least 60 minutes per day on five or more of the past seven days.
Source: 2009 Youth Risk Behavior Survey⁶

MOVING NORTH DAKOTA FORWARD

Health promotion programs can help youth make healthy choices and lead to an increase in the proportion of healthy weight adults. Healthy eating and physical activity for North Dakota’s MCH population is promoted by:

- Relaying consistent and effective messaging in healthy eating and physical activity for MCH programs.¹
- Collaborating with and providing technical assistance to organizations that support healthy eating and physical activity policies and initiatives.¹
- Analyzing and distributing results of collected data, and incorporating the results into program planning and implementation.¹
- Implementing physical activity into child-care programs.¹