

# Minnesota **O**BESITY *plan* *Executive Summary*

## Minnesota Plan to Reduce Obesity and Obesity-Related Chronic Diseases 2008-2013

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Promoting Healthy Eating, Physical Activity and  
Healthy Weight



Development of the Minnesota Plan to Reduce Obesity and Obesity-Related Chronic Diseases was facilitated by the Chronic Disease Risk Reduction (CDRR) Unit at the Minnesota Department of Health (MDH).

# MINNESOTA PLAN TO REDUCE OBESITY AND OBESITY-RELATED CHRONIC DISEASES

*Promoting Healthy Eating, Physical Activity and  
Healthy Weight*



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The recommendations outlined in this report were developed by the Chronic Disease Risk Reduction Unit with guidance provided by the Minnesota Department of Health's chronic disease programs along with their respective steering committees, alliances and statewide partnerships. We offer our sincere gratitude for the commitment of time and expertise provided by each contributing individual and to the organizations our partners represent.

# EXECUTIVE *Summary*

## **MINNESOTA PLAN** *to Reduce Obesity and Obesity-Related Chronic Diseases* *Promoting Healthy Eating, Physical Activity and Healthy Weight*

Obesity poses a serious threat to both Minnesota and the nation. As our aging population combines with an increasingly overweight and obese population, the cost of healthcare in Minnesota and nationally will become unsustainable. In addition, obesity threatens to undermine our economic security and our communities by creating an increasing chronically ill and disabled workforce and citizenry. It is time to carefully assess the causes of weight gain and obesity in our environment and to take significant steps to ensure those conditions change.

### **Obesity and obesity-related chronic diseases are on the rise**

Nationally, the proportion of children, youth and adults classified as overweight or obese is growing at an alarming rate. Prevalence of obesity among children and adolescents in the United States quadrupled among 6-11 year-olds and more than tripled among 12-19 year-olds between 1971-74 and 1999-2002 according to the National Health and Nutrition Examination Survey.<sup>1</sup> Meanwhile the prevalence of obesity for adults has increased from 15% to 33% in the last 25 years.<sup>2</sup>

The rising rates of overweight and obesity are alarming because they both parallel and are directly related to the sharp increases in obesity-related chronic diseases. Carrying excess weight places individuals at much greater risk for future development and early onset of a wide variety of chronic diseases and health conditions. Overweight and obesity are generally caused by lack of physical activity, unhealthy eating patterns, or a combination of the two, with genetics, lifestyle and the environment all playing important roles in determining a person's weight.

Minnesota mirrors national trends. According to the 2007 Behavioral Risk Factor Surveillance System (BRFSS) survey, many Minnesota adults are overweight or obese, have developed health problems and chronic diseases and continue to not practice healthy behaviors:

- 51 percent do not achieve weekly recommended physical activity recommendations;
- 81 percent consume fewer than five servings of fruits and vegetables per day;
- 1 in 4 are obese and 1 in 3 are overweight;
- 33 percent have high cholesterol;
- 22 percent have high blood pressure;
- 6 percent have diabetes and 26 percent have prediabetes.<sup>3,4</sup>

The prevalence of risk behaviors among youth in Minnesota is setting up the next generation of adults for earlier onset and more widespread chronic disease. According to the 2007 Minnesota Student Survey:

- 67 percent of 12<sup>th</sup> grade girls report not participating in moderate physical activity five or more days per week;
- 34 percent of 12<sup>th</sup> grade boys and 48 percent of 12<sup>th</sup> grade girls report not participating in vigorous physical activity at least three days per week;
- 49 percent of 12<sup>th</sup> grade boys and 37 percent of 12<sup>th</sup> grade girls report watching six hours or more of television or videos per week;
- 32 percent of 12<sup>th</sup> grade boys report playing computer or video games for six hours or more per week;
- Fewer than 20 percent of elementary, middle and high school students surveyed report eating the recommended five servings of fruits and vegetables a day; and
- 47 percent of 12<sup>th</sup> grade girls and 65 percent of 12<sup>th</sup> grade boys report drinking at least one soda a day.<sup>7</sup>

The environments in which people live have a tremendous influence on the choices that they make about eating healthy and being physically active. Dramatic changes in the world, especially over the past 30 years, have altered our daily lifestyles. Advances in technology have engineered physical activity out of our daily lives, while media advertising and easy access to large quantities of energy-dense food and beverages increase our overconsumption. The physiology of our bodies has become out of balance as our daily school, work and community environments increasingly promote unhealthy behaviors that lead to weight gain, chronic disease, earlier disability and death.

### **Excess weight is a burden to our health, productivity and healthcare system**

Escalating expenses associated with weight and weight-related conditions may involve direct (primary, secondary and tertiary care) and indirect costs (decreased productivity, restricted activity, absenteeism and premature death).<sup>2</sup> For example, obesity and morbid obesity are associated with increased rates of work absenteeism, costing the U.S. an estimated \$4.3 billion per year.<sup>32</sup> Nationally, productivity gains of \$254 billion could be realized by reductions in obesity alone.<sup>33</sup>

The overall financial burden of obesity in Minnesota, based on national estimates, was \$1.3 billion in 2004.<sup>34</sup> The financial burden of childhood obesity in Minnesota is difficult to estimate. However ties have been made between childhood obesity and future adult weight-related disease and healthcare costs.<sup>35</sup> Trends show diagnosis of weight-related disease occurring at younger and younger ages, which will likely lead to increased healthcare and other costs over larger portions of the lifecycle.

### **Obesity and obesity-related chronic diseases are preventable**

*The Minnesota Plan to Reduce Obesity and Obesity-Related Chronic Diseases* was developed in response to Minnesota's rising overweight and obesity rates as well as poor eating and physical activity behaviors of a majority of people in the state. The Plan is the first step in developing a coordinated effort to reduce obesity and obesity-related chronic diseases within the state. The Plan is intended for all stakeholders and sectors in Minnesota that have a stake in the following: (1) improving healthy eating and physical activity environments and people's health behaviors statewide from infancy and continuing throughout the lifecycle; (2) reducing obesity; (3) reducing obesity-related chronic diseases; and (4) eliminating obesity-related health disparities.

The Plan focuses on three priority issues: healthy eating, physical activity and healthy weight. The intention of the Plan is to provide high-level strategies that focus on changing behaviors that often lead to overweight or obesity. While individuals make their own behavior choices, the policies, systems and environments in which we live guide those choices. It is estimated that an additional 40 percent of annual premature deaths could be prevented by altering environmental conditions, social inequities and behavioral choices.<sup>32</sup>

The objectives and strategies highlighted in the Plan are intended to outline key examples of best and promising strategies for reducing overweight and obesity in Minnesota, while encouraging collaboration, coordination and the maximization of resources.

### **The Plan's vision, goals and three priority objectives**

**Vision:** People in Minnesota eat healthy, are physically active and maintain a healthy weight because they live in an environment designed to support healthy lifestyles across the lifespan.

**Goals:** To reduce obesity and obesity-related chronic diseases among all people in Minnesota.

## Objectives

### Long-Term Objective 1: Increase Healthy Eating among People in Minnesota

**Intermediate Objective 1.1:** Increase the number of environmental and policy supports to healthy eating

**Intermediate Objective 1.2:** Increase the availability of healthy food options

**Intermediate Objective 1.3:** Increase the number of people who recognize the importance of a balanced diet and its contribution to overall health.

**Intermediate Objective 1.4:** Increase fruit and vegetable consumption

**Intermediate Objective 1.5:** Increase the number of pregnant women who recognize the role of human milk in healthy infant development

**Intermediate Objective 1.6:** Reduce disparities in nutrition-related health behaviors by gender, age, race, socioeconomic class, education, ability and geographical region

### Long-Term Objective 2: Increase Physical Activity among People in Minnesota

**Intermediate Objective 2.1:** Increase the number of physical activity environmental and policy supports

**Intermediate Objective 2.2:** Increase the number of people who recognize the importance of physical activity for health and other benefits

**Intermediate Objective 2.3:** Increase the number of physical activity behavioral and social supports

**Intermediate Objective 2.4:** Decrease the amount of excessive sedentary time

**Intermediate Objective 2.5:** Reduce physical activity disparities by gender, age, race, socioeconomic class, education, ability and geographical region

### Long-Term Objective 3: Increase Healthy Weight among People in Minnesota

**Intermediate Objective 3.1:** Increase the number of people who recognize the value of a healthy weight

**Intermediate Objective 3.2:** Increase the number of people who have their BMI measured and reported on a routine basis and who understand the meaning of their results

**Intermediate Objective 3.3:** Increase initiation, exclusivity and duration of breastfeeding

**Intermediate Objective 3.4:** Promote healthy weight loss among people who are overweight or obese

**Intermediate Objective 3.5:** Reduce disparities in overweight and obesity by gender, age, race, socioeconomic class, education, ability and geographical region

In order to accomplish the Plan's goals and objectives, the resources, dedication and commitment of many sectors – government, education, healthcare, media, industry, worksites, community organizations and others – will be required to help ensure the health of our state. Many of the solutions require collaboration; financial support; dedication to research and evaluation; and the commitment to communicate lessons learned to avoid duplication and make the best use of available resources.

Individuals must be active and engaged in improving their own health and weight maintenance. However, to be successful, the healthy choice should become the easy, affordable, safe and attractive choice for all Minnesota residents. We must work together to ensure all corners of our state find the path to good health. Minnesota this is your call to action. Together we can create a state where people live long healthy lives and share a bright future.

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