



Nutrition and Physical Activity **NUPA**



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Adult obesity rates in California skyrocketed from 9.9 percent in 1990 to 24.2 percent in 2016 and it's estimated that in 2006, California incurred \$41.2 billion in health care and lost productivity costs due to overweight, obesity and physical inactivity.¹ The prevalence of obesity disproportionately affects African Americans, American Indians and Latinos.

To curb these growing rates, the Maternal, Child and Adolescent Health (MCAH) Division's Nutrition and Physical Activity (NUPA) initiative works to make good nutrition and regular physical activity the preferred and

easy lifestyle choice for California women of reproductive age and their families.

NUPA's mission is multi-fold. The initiative promotes the development of public health practices, trainings, and guidelines that support healthy eating and physical activity for MCAH programs, health care providers, schools, child care centers and employers. NUPA supports MCAH partners throughout the state in the development of and participation in local healthy eating and physical activity related coalitions. And finally, NUPA provides technical assistance for surveillance and evaluation of maternal nutrition and weight with the Maternal Infant Health Assessment (MIHA) Survey.

OUR GOAL: To make optimal nutrition and physical activity the cultural norm.

OUR WORK: Integrate and coordinate the latest evidence-based guidance into MCAH programs, local health jurisdictions (LHJs) and partner agencies.

WE SERVE: Women of reproductive age, pregnant and parenting mothers and their families; infants, children and adolescents; MCAH programs and local health jurisdictions; and other health care and public health programs and providers.

SERVICES PROVIDED: Science-based guidance is shared

with MCAH contacts via email and webinars. Toolkits, fact sheets and other resources are available and downloadable on the MCAH website.

OUTCOMES: The Title V Block Grant identifies several measures on key NUPA-related goals including: increasing the percent of women with recommended weight gain during pregnancy, increasing folic acid intake one month prior to pregnancy and reducing the proportion of WIC children aged 2-4 years who are overweight or obese by 2020.

FUNDING: Federal Title V Maternal and Child Health Block Grant.

Local Health

Jurisdiction Activities

Almost all of California's LHJs incorporate healthy diet and physical activity into their local MCAH Title V scopes of work, often assigning a coordinator to facilitate collaboration with partners. In 2016, 36 of the local MCAH programs worked with partners, most commonly Women, Infants and Children (WIC) to promote healthy weight of a mother during pregnancy.

Specific local program activities include:

- ◆ Providing obesity-related trainings to health care providers and nursing staff throughout the state.
- ◆ Working with local planning organizations to promote safe walking and fresh produce availability.
- ◆ Promoting folic acid in pregnancy and parenting programs for adolescents.

RESOURCES

The NUPA website serves as an information hub for the state. Many materials provided on the website are also available in Spanish.

- ◆ Systems and Environmental Change Toolkit
- ◆ Nutrition and Physical Activity Guidelines
- ◆ Educational materials, such as folic acid, teen cookbook, and MyPlate Resources

cdph.ca.gov/NUPA-MCAH



Diving Deeper: Maternal Weight

The obesity rate among California women has increased more rapidly than it has for men. It is best to achieve a healthy weight prior to pregnancy because the weight of the mother before and during pregnancy affects the overall health of the mother and baby. Uncontrolled maternal diabetes, abnormal birth weight and lack of breastfeeding are linked to being overweight or obese later in life.



CALIFORNIA SNAPSHOT

1 in 2



CA women entered pregnancy overweight or obese.

2 out of 5



CA mothers gained excessive amount of weight during pregnancy.

Data Source: MIHA Data Snapshots, 2013-14, www.cdph.ca.gov/MIHA.

Women who are overweight or obese before becoming pregnant and during their pregnancy have an increased likelihood of:

- ◆ Infertility
- ◆ Diabetes
- ◆ Chronic hypertension
- ◆ Labor induction and C-section
- ◆ Labor and delivery complications
- ◆ Poor breastfeeding outcomes
- ◆ Excess postpartum weight retention
- ◆ Maternal mortality

The baby of an overweight or obese mother is at risk for:

- ◆ Higher rate of newborn complications, including: Macrosomia (being an abnormally large baby) and birth defects, including heart defects, spina bifida, omphalocele and death
- ◆ Prematurity and or/small for gestational age
- ◆ Childhood obesity and diabetes

Systems and Environmental Change to Promote Healthy Behaviors

Systems and environmental change refers to altering the built environment to influence health across a population. Advice to eat well, exercise and breastfeed often does not take into account that the environment may not be conducive to these healthy activities. Addressing food availability, roads, sidewalks, housing, parks, businesses, urban sprawl and lactation accommodation can have a significant effect on the health of the community. LHJs are increasingly implementing strategies with a systems-level approach.

Examples of Systems and Environmental Change...

- ◆ Working to improve the availability of fruits and vegetables at local stores in low-income areas where healthy, nutritious food is not abundant in the community.
- ◆ Building safe sidewalks for children to walk or ride their bikes to school.

1. State of Obesity. <http://stateofobesity.org/states/ca/>