

Childhood Obesity in Connecticut



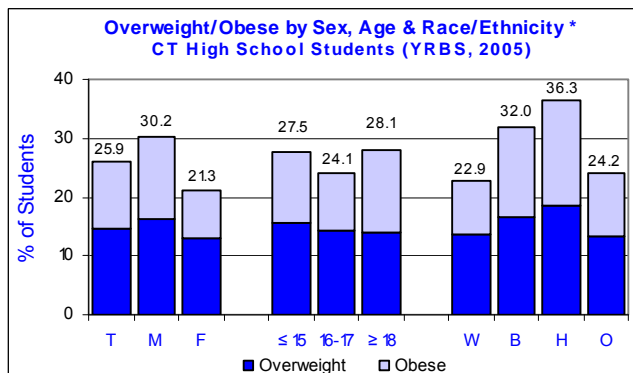
Keeping Connecticut Healthy

The Problem

- Obesity¹ is the second-leading cause of preventable death in the United States, after smoking.²
- The prevalence of obesity is increasing at an alarming rate across the country and around the world, regardless of age, sex, race or ethnicity.
- In just over one generation, US rates of obesity have approximately tripled among preschoolers and adolescents, and quadrupled among children aged 6 to 11 years.³
- Obesity is a major risk factor for many chronic conditions, including 4 of the 10 leading causes of death in the US: heart disease, stroke, diabetes & several forms of cancer.
- Direct medical costs attributable to overweight and obesity account for more than 9% of all US health expenditures.⁴

Connecticut High School Students (YRBS, 2005 data):⁵

- Overall, one-quarter (25.9%) of Connecticut high school students are either overweight (14.7%) or obese (11.2%).
- Male students are significantly more likely to be overweight or obese (30.2%; 16.3% overweight, 13.9% obese) than female students (21.3%; 12.9% overweight, 8.4% obese).
- Obesity rates are higher among Hispanic (36.3%; 18.4% overweight, 17.9% obese) and non-Hispanic black teens (32.0%; 16.6% overweight, 15.4% obese), compared to NH white teens (22.9%; 13.7% overweight, 9.2% obese).



* Total Students, Males & Females; Non-Hispanic White, NH Black, Hispanic & NH Other

The Impact

Overweight children and adolescents are at risk for the following serious physical, social and mental health problems, both during their youth and as adults:

Physical Health:

Asthma
Cardiovascular disease
Gall bladder disease
High blood pressure
High cholesterol
Orthopedic complications
Sleep & skin disorders
Type 2 diabetes
Shortened life expectancy

Social & Emotional Health:

Behavioral problems
Depression & withdrawal
Discrimination & stigma
Learning problems
Negative body image
Poor self-esteem
Social marginalization
Teasing & bullying
Decreased quality of life

Impact cont...

- Recent studies indicate that obesity is now causing health problems in children that were inconceivable 20 years ago:
 - 60% of overweight children already exhibit at least one risk factor for heart disease, the #1 cause of death.⁶
 - Type 2 diabetes—once referred to as “adult-onset” diabetes—represents up to 45% of new pediatric cases, compared with 4% a decade ago.⁷
- According to the American Academy of Pediatrics:
 - Adolescents who are overweight have an estimated 80% chance of being obese as adults; and,
 - If overweight begins before age 8, obesity in adulthood is likely to be more severe.
- An estimated \$856 million of adult medical expenditures are attributable to obesity each year in Connecticut.⁸
- Obesity kills more Americans each year than AIDS, cancer and injuries combined. At this rate, the current generation of children will not live as long as their parents.

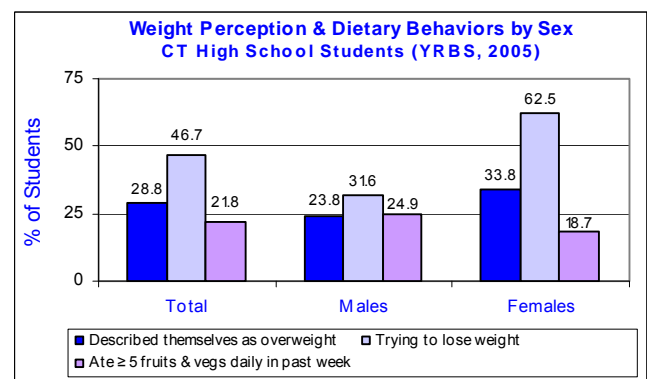
Contributing Factors

Genetic, biological, psychological, socio-cultural, behavioral & environmental factors all contribute to the obesity epidemic.

Dietary Habits (YRBS, 2005 data):

Unhealthy food choices & eating behaviors are major factors contributing to overweight and obesity.

Over one-quarter (28.8%) of the state's high school students describe themselves as overweight; nearly half (46.7%) are trying to lose weight. Yet only 1 in 5 (21.8%) eats the recommended 5 or more daily servings of fruits & vegetables.

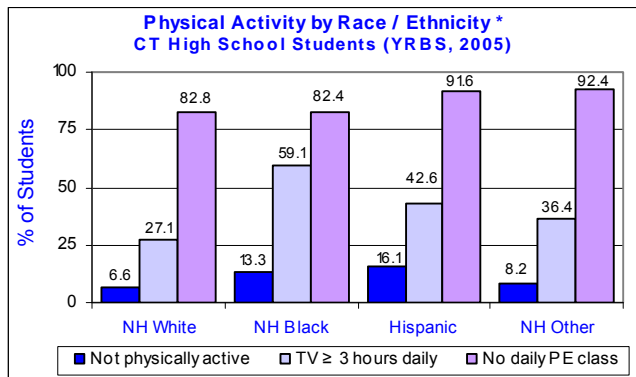


Physical Inactivity (YRBS, 2005 data):

Today's youth are considered the most inactive generation in history, according to the American Obesity Association.

- Nearly 1 student in 10 (8.8%) does not participate in any moderate or vigorous physical activity during an average week. The rates of physical inactivity are highest among Hispanic (16.1%) and black (13.3%) students.
- One-third (33.5%) of the state's high school students watch TV for 3 or more hours on an average school day. The rate is highest among black students (59.1%).

- Nearly nine out of every ten of the state's high school students (87.1%) did not meet the national recommendation of daily physical education classes in 2005. CT law requires only a "daily period of physical exercise for most students in grades K-5". [Public Act 04-224]



* NH = non-Hispanic

Healthy People 2010 Objectives

Healthy People 2010 objectives provide a useful framework for monitoring Connecticut's progress in meeting the nation's preventive health agenda for the first decade of this century:

Healthy Weight: Children & Adolescents

Obesity (selected objective)	HP 2010	CT 2005
19-3. Children/adolescents who are obese (i.e. at or above the 95th percentile for body mass index, by age and sex).	5.0%	11.2%

Healthy Diet: Persons 2 years & older

Food & Nutrition (selected objectives)	HP 2010	CT 2005
19-5. Consume at least 2 daily servings of fruit.	75%	21.8% (5 or more servings/day of fruits & vegetables)
19-6. Consume at least 3 daily servings of vegetables, at least 1 dark green/orange.	50%	

Active Lifestyle: Children & Adolescents

Physical Activity (selected objectives)	HP 2010	CT 2005
22-6. Moderate physical activity at least 30 minutes per day 5 or more days/week.	35%	25.4%
22-7. Vigorous physical activity for at least 20 minutes 3 or more days per week.	85%	63.1%
22-9. Participate in daily school physical education.	50%	12.9%
22-11. View television 2 or fewer hours on a school day.	75%	66.5% (viewed 3 or fewer hours)

Key Recommendations

The American Academy of Pediatrics (AAP), American Medical Association (AMA), and the Centers for Disease Control & Prevention (CDC), among others, endorse the following key recommendations to reduce the prevalence, and eliminate racial & ethnic disparities, in childhood obesity:

Recommendations cont...

- Dietary Intake:**
 - Encourage, support and maintain breastfeeding.
 - Eat at least 5 servings of fruits & vegetables daily.
 - Limit the consumption of sugar-sweetened beverages.
 - Limit the consumption of high-fat & high-calorie foods.
 - Eat a diet rich in calcium, high in fiber & other nutrients.
- Physical Activity:**
 - Participate in 60 minutes of moderate to vigorous physical activity each day.
 - Limit television & other screen time to no more than 1 or 2 hours of quality programming a day.
 - Remove television and computer screens from children's bedrooms.
 - Increase physical activity in school & childcare settings.
- Eating Behaviors:**
 - Eat breakfast daily, and share regular family meals.
 - Limit portion size, and learn to read nutrition labels.
 - Limit eating out, especially at fast food restaurants.
 - Avoid using food as a reward, especially foods high in sugar, fat and calories.
 - Emphasize healthful food choices rather than restrictive eating patterns.

Obesity prevention programs [should] encourage a health-centered, rather than weight-centered, approach that focuses on the whole child, physically, mentally, and socially. The emphasis is on living actively, eating in normal and healthful ways, and creating a nurturing environment that helps children recognize their own worth, and respects cultural foodways and family traditions. It is recognized that obesity, eating disorders, hazardous weight loss, nutrient deficiencies, size discrimination, and body hatred are all inter-related and need to be addressed in comprehensive ways that do no harm. (Society for Nutrition Education)⁹

¹ The June 2007 Expert Committee Recommendations on the Assessment, Prevention & Treatment of Child and Adolescent Overweight and Obesity (AMA, HRSA & CDC), define *overweight* as a body mass index (BMI) ≥ 85th percentile but < 95th percentile for age and sex, replacing the term "at risk of overweight" for individuals aged 2-18 years; BMI ≥ 95th percentile is considered *obese* for this population. In most children, such BMI values are known to correlate with elevated body fat, the presence or risk of obesity-related disease, and long-term mortality. http://www.ama-assn.org/ama/pub/upload/mm/433/ped_obesity_recs.pdf

² Wee, CC, et al. 2005. *Health care expenditures associated with overweight and obesity among US adults: Importance of age & race.* *American Journal of Public Health* 95:159-165.

³ Institute of Medicine. *Progress in Preventing Childhood Obesity: How Do We Measure Up?* Washington, DC: National Academies Press; 2006.

⁴ Finkelstein EA, Fiebelkorn IC, Wang G. 2003. *National medical spending attributable to overweight and obesity: how much and who's paying?* *Health Aff (Millwood)*.

⁵ Centers for Disease Control & Prevention (CDC), Youth Risk Behavior Survey (YRBS), 2005. <http://apps.nccd.cdc.gov/yrbss/index.asp>

⁶ National Governors Association. *NGA report on healthy living: Investing in Connecticut's health.* Washington, DC. www.nga.org

⁷ *Childhood obesity: What it means for physicians. Commentary.* *JAMA*, August 22/29, 2007. Vol. 298, No. 8. 3pp.

⁸ Finkelstein, EA, et al. 2004. *State-level estimates of annual medical expenditures attributable to obesity.* *Obesity Research* 12:18-24.

⁹ Society for Nutrition Education. *Guidelines for childhood obesity prevention programs: Promoting healthy weight in children.* *Journal of Nutrition Education & Behavior.* Vol. 35, No. 1, January-February 2003.