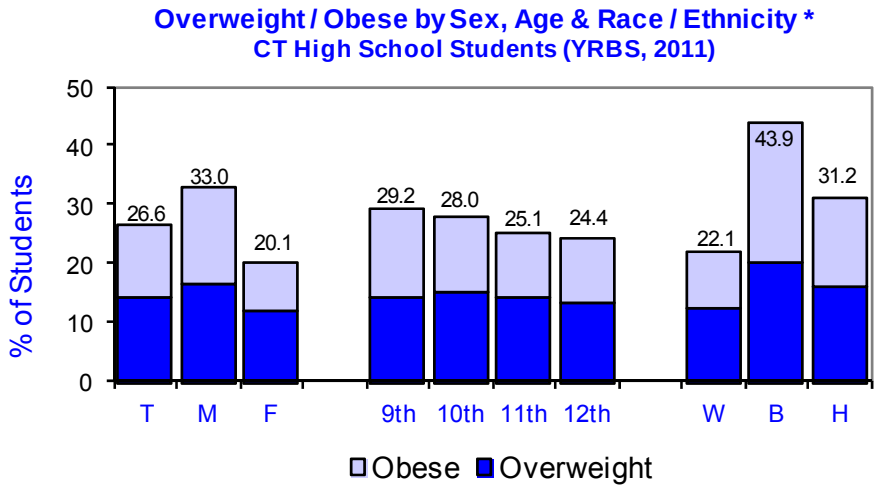
Childhood Obesity in Connecticut

The Problem

- Obesity[1] is the second-leading cause of preventable death in the United States, after smoking.[2]
- The prevalence of obesity has been increasing at an alarming rate across the country and around the world, regardless of age, sex, race or ethnicity.
- In just over one generation, U.S. 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 diseases, including 4 of the 10 leading causes of death in the U.S.: heart disease, stroke, diabetes & several forms of cancer.
- Direct medical costs attributable to overweight and obesity account for more than 9% of all U.S. health expenditures.[4]

Connecticut High School Students (YRBS, 2011 data[5]):

- Overall, one-quarter (26.6%) of Connecticut high school students are either overweight (14.1%) or obese (12.5%).
- Male students are significantly more likely to be overweight or obese (33.0%; 16.5% overweight, 16.5% obese) than female students (20.1%; 11.7% overweight, 8.4% obese).
- Hispanic (31.2%; 16.0% overweight, 15.2% obese) and non-Hispanic black teens (43.9%; 19.9% overweight, 24.0% obese) are more likely to be overweight or obese, compared to non-Hispanic white teens (22.1%; 12.3% overweight, 9.8% obese).



* **T**otal Students, **M**ales & **F**emales; Non-Hispanic (NH) **W**hite, NH **B**lack & **H**ispanic.

The Impact

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

Physical Health:	Social & Emotional Health:
Asthma	Behavioral problems
Cardiovascular disease	Depression & withdrawal
Gall bladder disease	Discrimination & stigma
High blood pressure	Learning problems
High cholesterol	Negative body image
Orthopedic complications	Poor self-esteem
Sleep & skin disorders	Social marginalization
Type 2 diabetes	Teasing & bullying
Shortened life expectancy	Decreased quality of life

- 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 only 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.

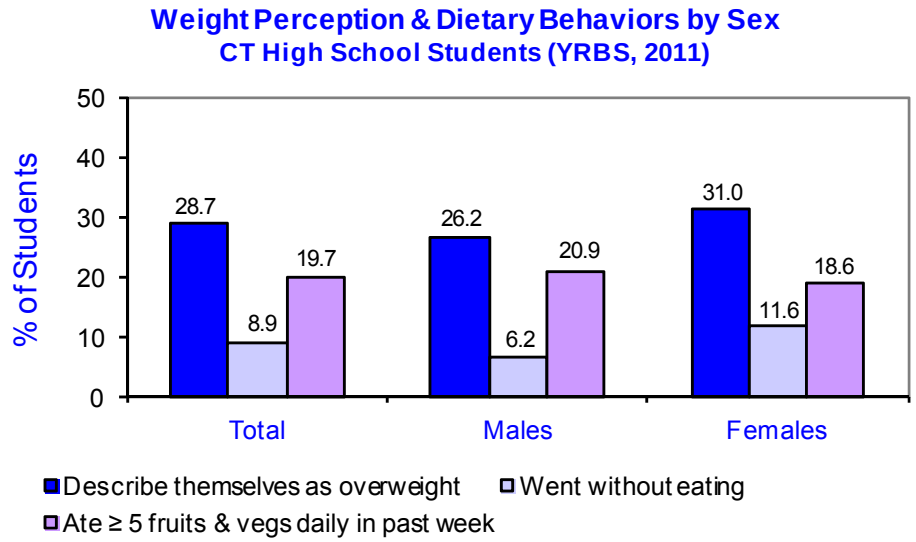
- An estimated $856 million of adult medical expenditures are attributable to obesity each year in Connecticut.[8]

- 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, 2011 data):



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

- Over one-quarter (28.7%) of the state's high school students describe themselves as overweight; 8.9% didn't eat for ≥ 24 hours to lose weight. Yet only 1 in 5 (19.7%) ate the recommended 5 or more daily servings of fruits & vegetables.

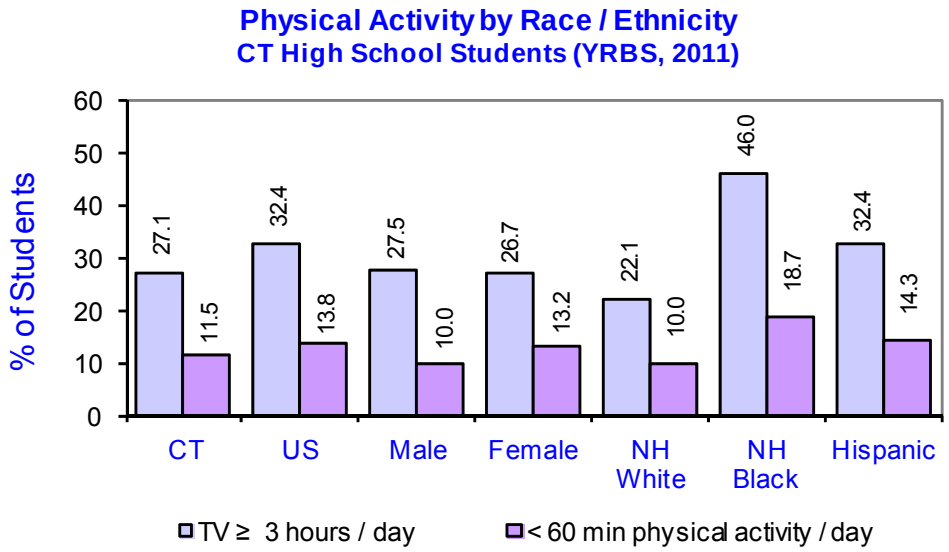
Physical Inactivity (YRBS, 2011 data):

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

- Two-thirds of Hispanic (61.1%) and black (65.9%), and half (45.3%) of white students, do not get the recommended level of physical activity during an average week.

- One out of every 9 students (11.5%) did not participate in at least 60 minutes of physical activity in the seven days prior to administration of the YRBS survey.

- More than 1 in 4 CT high school students watches TV for 3 hours or more on an average school day; this rate is highest among black (46.0%) and Hispanic (32.4%) students.



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:

- 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 interrelated and need to be addressed in comprehensive ways that do no harm.* (Society for Nutrition Education) [9]

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[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/ama1/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] Connecticut Department of Public Health, 2011 Connecticut School Health Survey Youth Behavior Component. Hartford, CT, June 2012. http://www.ct.gov/dph/lib/dph/hisr/pdf/cshsresults_2011ybcreport_web.pdf

[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.

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