



## Topic: Risky Health Behaviors

### 3. Pediatric Obesity and Overweight

Over the last forty years, the proportion of American children who are obese and overweight has increased dramatically. The Centers for Disease Control and Prevention (CDC) uses the term ‘Obese’ for children with a body mass index (BMI)-for-Age at or above the 95th percentile, and ‘Overweight’ for children between the 85th and 95th percentile, based on CDC BMI-for-Age growth charts.

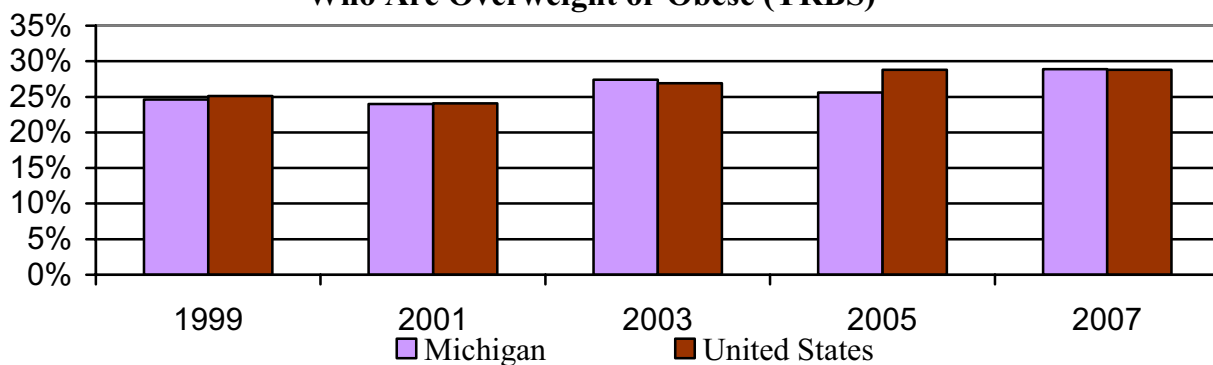
Breastfeeding is considered to be the best nutritional diet for infant feeding. Breastfeeding rates in Michigan have been steadily increasing. There has been a positive trend for breastfeeding rates in Michigan from 1991 (48.8%) to 2005 (69.1%). The six-month breastfeeding rate for 2005 is reported to be 35.5% for Michigan compared to 25.4% in 2000. Breastfeeding can contribute to healthy weights in infants, leading to healthier weights in childhood.

National Statistics provide the clearest picture of pediatric obesity and overweight. The National Health and Nutritional Examination Survey (NHANES) statistics are based on clinical measurements of height and weight to compute BMI, versus less reliable self-reports or parental reports which are available for Michigan. NHANES surveillance shows that nationally childhood overweight has increased dramatically. In the 1963-1970 era four percent of children ages 6 to 11, and five percent for ages 12 to 19 were classified as overweight. By the 1999-2002 survey the percentage of overweight children had tripled, 16% for ages 6 to 11, and 16% for ages 12 to 19. The percentages have steadily increased over the past three decades. Overweight children, especially adolescents, are more likely to become obese adults than children with a healthy weight. Serious health conditions – high blood pressure, high cholesterol, hypertension, early maturation, and orthopedic problems – occur with increased frequency in overweight youth. Type 2 diabetes, once regarded as an adult disease, has increased among children and adolescents.

#### *How are we doing?*

For ages 0 to 5, there is a limited amount of data available from surveillance systems such as Pediatric Nutrition Surveillance System (PedNSS) that tracks lower income children. In 2006, 13.3% of these low-income children, two to four-years-old, were at or above the 95<sup>th</sup> percentile or obese. There was another 16.2% that were overweight. Because childhood overweight often continues into adulthood, the long-term ramifications are significant.

**Percentage of 9th-12th Grade Population Who Are Overweight or Obese (YRBS)**



The Michigan Youth Risk Behavior Survey (YRBS) is conducted every two years by the Michigan Department of Education. In 2007, 12.4% of youth reported a weight that is classified as obese and an



additional 16.5% reported a BMI as overweight. The prevalence of obese youth in Michigan has increased from 10.9% in 1999 to 12.4% in 2007; this however is not a statistically significant change.

Various other risk factors point to increasing numbers of youth at risk of weight gain such as the lack of physical activity and nutrition. In 2007, 66% of students in grades 9-12 reported that they did not meet the physical activity recommendations, active for at least 60 minutes a day on five or more days a week. The increase in television viewing (32.6%) and video or computer games (22.9%) for 3 or more hours a day on an average school day adds to the physical inactivity in Michigan youth. Only 17% of youth reported eating 5 or more servings of fruits and vegetables per day. However, 28.9% consume 12 ounces or more of non-diet soda per day.

### ***How does Michigan compare with the U.S.?***

Michigan statistics, where available, are not significantly different from national averages. The 2003 National Survey of Children's Health looked at the weight status of children ages 10 to 17, using BMI-for-age and found Michigan children were similar to national measures. Nationwide 14.8% were overweight, and in Michigan, 14.4%. In 2007 the YRBS, reported 12.4% of youth in grades 9 to 12 were obese in Michigan which was below the U.S. (13.0%).

### ***How are different populations affected?***

In 2006 among the low-income two to four-year-old population in Michigan, Hispanics (19.7%) and American Indian/Alaskan Natives (17.2%) had the highest percent of children that were obese and Black non-Hispanics (9.8%) had the lowest prevalence of obesity.

Among youth in grades 9-12 there are noticeable differences in populations by gender and race. In 2007, 9.8% of the females were obese, compared to 15.0% of the males. Blacks (18.5%) had the highest prevalence of obesity, higher than Hispanics (14.5%) and Whites (11.2%).

### ***What is the Department of Community Health doing to improve this indicator?***

MDCH has launched several new prevention initiatives to address pediatric overweight. *Healthy Kids, Healthy Michigan* Childhood Obesity Prevention has developed a five-year policy agenda to reduce childhood obesity in Michigan. *The Nutrition and Physical Activity Self-Assessment for Child Care* program works in select Head Start Centers to assist staff with assessing and strengthening their policies that are believed to affect childhood obesity. *Shaping Positive Lifestyles and Attitudes through School Health (SPLASH)* is a project that provides free health education and physical education curricula, training and resources to over 250 low-income Michigan schools reaching 94,000 students and their families. Ongoing initiatives include working with the Michigan Quality Improvement Consortium (MQIC) to update clinical guidelines for the prevention, identification and treatment of childhood overweight and obesity, offering statewide professional conferences, supporting online assessment tools for schools with mini-grants and technical assistance to stimulate organizational change for healthy practices.

The WIC Division online client education site, [www.wichealth.org](http://www.wichealth.org), includes modules that support healthy eating and physical activity for young children. The new WIC data system, MI-WIC, recommends behavior changes related to healthy weight and healthy eating in young children. Behavioral change plans may be printed and signed by WIC parents, encouraging their commitment to making positive diet and lifestyle changes. The new WIC Food Package to be available in 2009 includes reduced fat milk for children 2 years and older, decreases juice provided, and includes whole grain bread/cereals and fresh fruits/vegetables for women and children, and baby food fruits and vegetables for infants 6 months and older.