

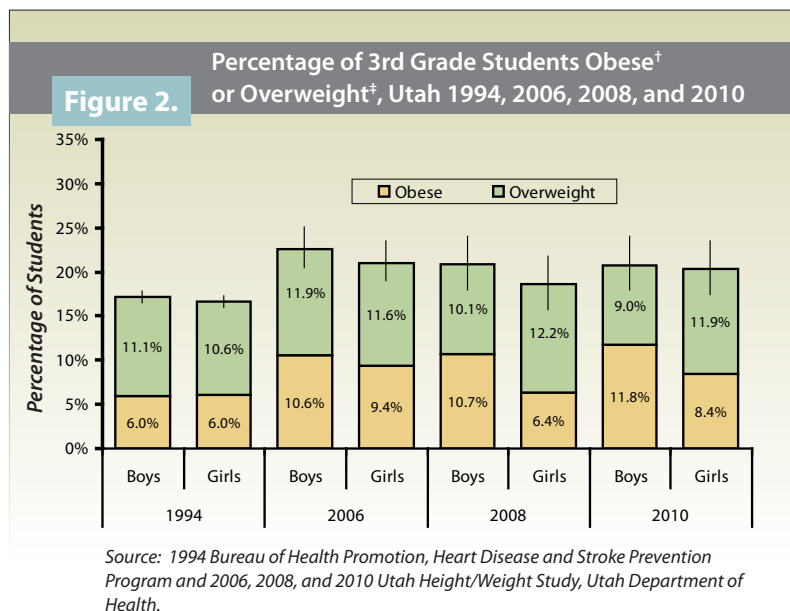
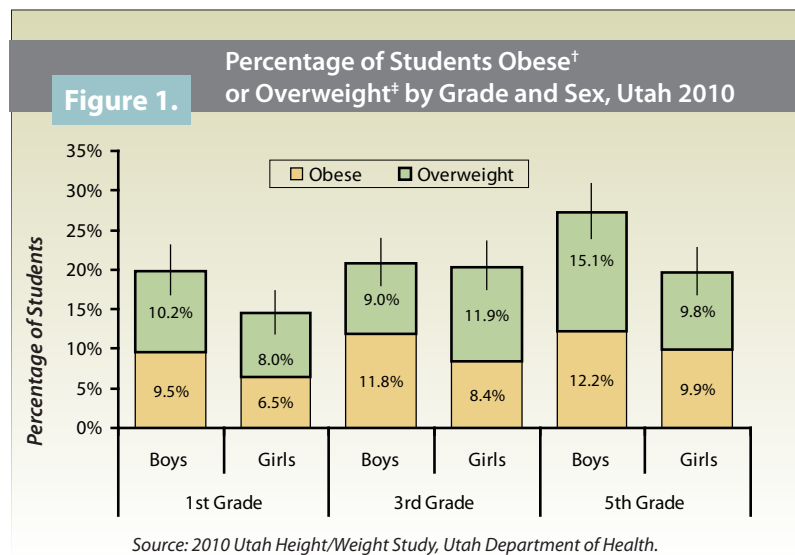
Childhood

Overweight in Utah, 2010

From January to May 2010, 4,310 first, third, and fifth grade students from 69 randomly selected public elementary schools throughout the state were weighed and measured to assess the extent of childhood overweight and obesity in Utah. The data were collected to be representative of all public elementary schools in Utah. This

ongoing study was conducted by the Utah Department of Health, local school districts, and school nurses. Findings from the study are as follows:

- More boys were overweight or obese at every grade.
- In 2010, the percentage of overweight boys increased dramatically from 3rd to 5th grade.
- In 2010, 20.4% of elementary school students were at an unhealthy weight (overweight and obese combined). The rate in 2008 was similar at 21.5%.
- In 2010, 9.7% of elementary school students were obese, similar to 2008 when 9.7% were obese.
- In 1994, 16.9% of 3rd graders were at an unhealthy weight (overweight and obese combined). In 2010, it increased to 20.4%, an increase of 17%.
- There was no evidence that the rate of overweight and obesity among elementary school students increased between 2008 and 2010.



Body Weight Terminology:

Body Mass Index (BMI) is a standardized measurement based on height and weight that is used to estimate the amount of body fat for an individual.

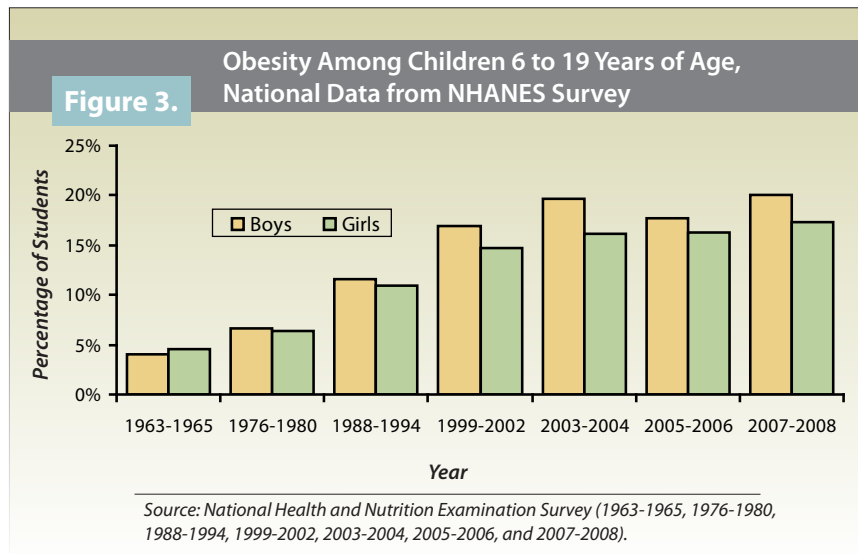
Classification of Unhealthy Weight (Barlow 2007)

| | |
|-------------|---|
| ‡Overweight | BMI ≥85th and <95th percentile for age and gender |
| †Obese | BMI ≥95th percentile for age and gender |

Reports prior to 2008 classified children as “at risk for overweight” with a BMI ≥ 85th and <95th percentile, and “overweight” with a BMI ≥95th.



National Childhood Obesity Data



National data for children show an increase in body weight over time.

- The percentage of obese children has more than tripled since the 1960s.
- More boys are obese compared to girls.
- The rates for boys and girls could be starting to level off.

The Effects of Childhood Overweight

Childhood overweight predicts obesity later in life

- 80% of children who were overweight at any time during the elementary period were overweight at 12 years of age (Nader, 2006)

Adult diseases now observed in overweight children

- Hardening of arteries, high blood pressure, and high cholesterol, which can lead to heart disease (Baker, 2007; Barlow, 2007; Weiss, 2004; Freedman, 1999; Berensen, 1998)
- Diabetes (Barlow, 2007; Weiss, 2004)
- Glucose intolerance (Shinha, 2002)
- Sleep-associated breathing disorders (Baker, 2007; Barlow, 2007)
- Non-alcoholic Fatty Liver Disease (NAFLD) (Barlow, 2007)

Social and psychological impact of childhood overweight

- Social isolation (Strauss, 2003)
- Increased rate of suicidal thoughts and attempts associated with weight-based teasing (Puhl, 2007; Eisenberg, 2003)
- Low self-esteem due to poor body image (Strauss, 2000)
- Increased rate of anxiety disorders and depression in overweight children (Gable, 2008; Barlow, 2007; Puhl, 2007; Anderson, 2006)
- Increased likelihood to report difficulties in school (Gable, 2008; Puhl, 2007; Schwimmer, 2003)
- Reduced self-assessed quality of life (Puhl, 2007; Williams, 2005)
- Increased likelihood of being bullied (Lumeng, 2010)

The State Plan

The Utah Nutrition and Physical Activity Plan 2010 to 2020 is a 10-year action plan to reduce the burden of obesity. The plan was developed in partnership with many organizations. The plan provides a framework to decrease overweight and obesity in Utah.

The plan emphasizes policy and environmental changes to enable Utah residents to make healthier choices related to nutrition and physical activity. The strategies outlined in the plan will be achieved through joint efforts of state and local government agencies, nonprofit organizations, business leaders, health care providers and insurers, and education organizations.

Childhood Obesity Strategies

- 1. Children should get at least 60 minutes of physical activity daily.**
 - Provide safe, accessible environments in communities, schools, and child care facilities that encourage regular physical activity.
- 2. Children should eat at least 1½ to 2 cups of fruit and 1½ to 3 cups of vegetables daily.**
 - Ensure access to affordable, quality fruits and vegetables in communities, schools, and child care facilities.
- 3. Children should rarely have sugar-sweetened drinks and should eat few high-calorie foods with little or no nutritional value.**
 - Increase the availability of and access to healthy foods and drinks (including water) in neighborhoods, schools, child care facilities, and other places where children go.
 - Establish nutrition standards for vending machines in schools and other places where children go.
- 4. Limit screen time (television, computer, and video games) to no more than 2 or hours per day.**
 - Provide opportunities for schools, communities, faith-based organizations, and health care providers to support alternatives to screen time at home and school.

How can we **impact children's lives** to change this trend?

By focusing on:

More Physical Activity

More fruits and vegetables

Less screen time

Fewer high-calorie foods

Fewer sugar-sweetened drinks



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Resources

- Utah Nutrition and Physical Activity Plan 2010 to 2020. (2010) Salt Lake City, Utah: Utah Department of Health. Available for download at <http://www.health.utah.gov/obesity>
- Obesity in Utah Web site. Utah Department of Health, Bureau of Health Promotion. Located on the Internet at <http://health.utah.gov/obesity/>
- Check Your Health. Utah Department of Health, Intermountain Healthcare, and KUTV Channel 2 News. Located on the Internet at <http://www.checkyourhealth.org/>

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