

RESEARCH BRIEF



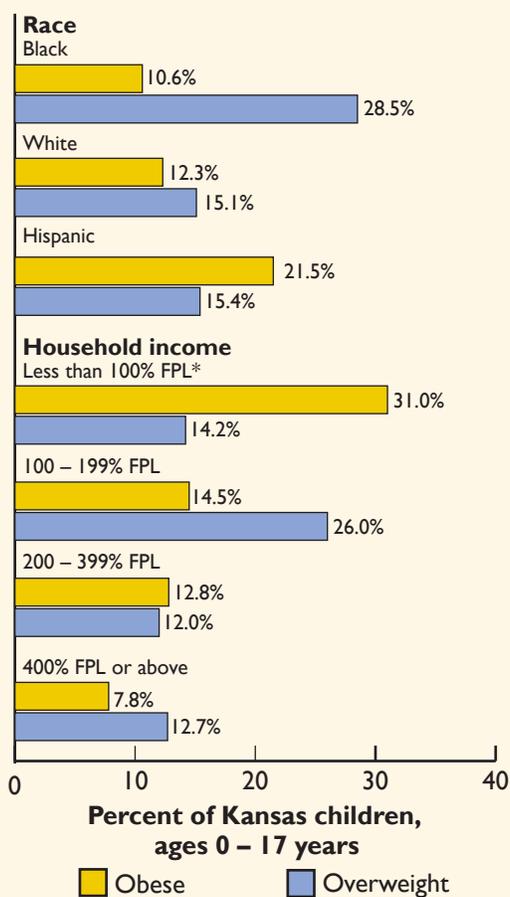
KANSAS
HEALTH
INSTITUTE

OBESITY IN KANSAS CHILDREN

National Survey of Children's Health finds that one in three Kansas children are overweight or obese.

By Tatiana Y. Lin, M.A., and Anne K. Nugent, M.P.H.

Figure 1. Childhood obesity in Kansas by race/ethnicity and income level



*FPL: Federal Poverty Level

Source: 2003 National Survey of Children's Health

Kansas children from poor households are more likely to be obese than their wealthier peers.

Obesity among Kansas children is a growing concern. Childhood obesity is associated with an increased risk of high cholesterol, asthma, sleep apnea, heart disease, liver abnormalities, type 2 diabetes and becoming an overweight adult.

Disparities in obesity relate to income and race

The 2003 National Survey of Children's Health found that 16 percent of Kansas children were overweight and 14 percent of Kansas children were obese. The obesity trend is most pronounced for Kansas black and Hispanic children. Approximately 28 percent of black children were overweight compared to 15 percent of white children; more than 21 percent of Hispanic children were obese compared to 12 percent of white children.

Kansas children living in poverty were more likely to be obese or overweight. Thirty-one percent of children in families that earn 100 percent or less of the Federal Poverty Level were obese, compared to about 8 percent of children in families earning 400 percent or more of the poverty level.

Children with complications from obesity are more likely to suffer from serious obesity-related health problems as adults.

Exercise, lifestyle, nutrition linked to childhood obesity

The national survey and others found four areas that contribute to childhood obesity in Kansas: Children did not exercise enough, watched too much television, did not eat enough fruit and vegetables and drank too many sugared beverages.

Kansas children don't exercise enough: About 11 percent of Kansas children were not physically active during any day of the week. This rate was higher among poor children and in certain minority groups. According to the survey, 22 percent of Hispanic children in Kansas did not exercise on any day of a given week, compared to about 10 percent of white Kansas children. Children in low-income families were more than 2.5 times as likely to not exercise at all during the week compared to children in upper-middle class families.

MEASURING WEIGHT STATUS IN CHILDREN

Body Mass Index (BMI), a measure of weight adjusted for height, is used to determine weight categories. BMI-for-age is determined using gender-specific growth charts that place a child in a percentile relative to weight and height. Weight categories, based on these percentiles, are as follows:

Underweight
< 5th percentile

Normal
5th to < 85th percentile

Overweight
85th to < 95th percentile

Obese
95th percentile and above

The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

Kansas Health Institute
212 SW Eighth Ave., Suite 300
Topeka, Kansas 66603-3936
Telephone 785.233.5443
Fax 785.233.1168

Copyright© Kansas Health Institute
2009. Materials may be reprinted with
written permission.

Kansas children spend too much time watching TV: According to the Centers for Disease Control and Prevention, television viewing is related to obesity in children because it replaces physical activity and often increases consumption of high-calorie foods. In Kansas, two in five children spent two or more hours watching television or playing video games on an average school day. Low-income children were more than six times as likely to spend four or more hours in front of the television on a school night compared to children in upper-middle class families. Thirteen percent of black children and 6 percent of Hispanic children reported watching four or more hours of TV on the average school day compared to 5 percent of white children.

Kansas children don't eat enough fruit and vegetables: Encouraging children age 2 years and older to eat at least two servings of fruit and three servings of vegetables each day is a key objective of Healthy People 2010, a federally sponsored initiative to improve the nation's health. The Healthy People objectives call for 75 percent of children to eat at least two servings of fruit each day, and 50 percent of children to eat at least three servings of vegetables each day. According to the Kansas Health, Activity and Nutrition Survey, Kansas children fell short of these goals in 2005 and 2006. About 51 percent of children ate two or fewer servings of fruit per day, and about 49 percent of children ate two or fewer servings of vegetables per day.

Kansas children drink too many sugared beverages: The national children's survey found that approximately 32 percent of children in Kansas consumed soda or other sugared beverages at least once each day.

Policy implications

The economic disparities of childhood obesity in Kansas mirror national findings that children in low-income families were more likely to be overweight or obese. Kansas rates were also similar to national rates, where minority children were more overweight and obese than white children.

State, local and school policies that are focused and coordinated can reduce the prevalence of obesity in Kansas children. In particular, school-based programs can reach a large and diverse number of Kansas children. School-based physical activity and nutrition initiatives could increase access to extracurricular programs and incorporate physical activity into a variety of classroom subjects and lessons.

Further, the school environment influences children's food choices, especially when nutritionally-poor and high-calorie foods and beverages are available in vending machines and snack lines. Restricting choices to those that are lower in fat, sugar and sodium, limiting portion sizes and increasing the availability of fruits and vegetables are realistic and effective measures.

Note about terminology

In order to define the childhood obesity problem and help doctors to prevent, diagnose and treat obesity, the Centers for Disease Control and Prevention adopted new terminology and changed the previous terms from "at risk of being overweight" to "overweight" and "overweight" to "obese." For the purpose of this research brief, we updated the NSCH obesity classifications to match the 2007 CDC obesity recommendations.