OAHP Key Adolescent Health Issue

Area 4

# Nutrition & Physical Activity

## *Introduction*

Healthy eating and daily physical activity are essential to healthy adolescent development. Habits formed during adolescence are often carried into adulthood and set the stage for positive and negative health outcomes throughout an adolescent's lifetime. Healthy eating and physical activity are linked to a wide range of health, social and educational outcomes, with adolescent obesity being a significant negative consequence of poor nutrition and lack of physical activity.

Obesity has risen to epidemic proportions in the United States in recent years, and Ohio is no exception. Based upon the 2011 Youth Risk and Behavioral Survey (YRBS), 15.2 % of the nation's adolescents are overweight and 13% are obese.[1] For Ohioans, those numbers are even higher with 15.3% of adolescents being overweight and 14.7% being obese[1]. Though pediatric obesity cuts across all racial, ethnic, economic and social lines, two groups stand out at the highest risk - African-American females and Hispanic males.[2, 3] By definition, overweight is having a body mass index (BMI) in the 85-94$^{th}$ percentile for age and sex, and obese is a BMI at or above the 95$^{th}$ percentile.[4] Though BMI is not a perfect marker for health, it is a significant predictor of health problems for adolescents both now and in the future. Unhealthy food and beverage choices along with inadequate physical activity puts everyone, including adolescents, at risk for developing a host of health issues such as type 2 diabetes, high cholesterol, high blood pressure, liver disease, joint disease, and depression.[5,6,7] These health issues can have a significant impact on a teen's self-esteem, academic achievement, and overall quality of life.

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The rise in pediatric and adolescent obesity stems from a combination of factors including the availability of inexpensive, low nutrient and high calorie foods coupled with a decrease in physical activity and an increase in sedentary activities including screen-time (i.e. computer, video games). These trends are intensified during adolescence when sedentary rates dramatically increase and physical activity rates decrease even further.[8] Increasing the levels of physical activity becomes even more complex when considering the combined impact of changes in the community and organizational structures over the past few decades (i.e. lack of sidewalks, increased use of cars) along with concerns for neighborhood safety.

Both public health and heath care experts have found that strong and connected families, together with other social supports, play a critical role in helping adolescents develop healthy lifestyles. The most effective approach is one focused on improving individual knowledge about healthy foods and eating habits while increasing opportunities to be active throughout the day and ensuring that all adolescents have access to healthy, affordable foods and beverages at all times. This multi-factorial approach requires sustainable environmental changes to reverse the trends in overweight and obesity and make a long-lasting impact.

Creating these sustainable environments requires coordination and collaboration among many stakeholders including medical providers, public health, government, schools, recreation systems, not-for-profit agencies, workplaces, and parents.

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***The following examples highlight some of the state and local level efforts addressing Nutrition & Physical Activity issues for adolescents and young adults:***

The **Ohio chapter of the American Academy of Pediatrics** (AAP) is promoting healthy eating habits to all families as well as the screening and treatment of childhood obesity in primary care offices in part through both their "Ounce of Prevention" and their "Pound of Cure" initiatives.

The **Alliance for a Healthier Generation Healthy Schools Program** works in thousands of schools across the nation and within Ohio helping teachers, school staff, parents, and community members bring about the specific, comprehensive changes their schools need to become healthier within seven content areas: Policy/Systems, School Meals, Foods and Beverages, Health Education, Physical Education, Employee Wellness and Student Wellness.

**Action for Healthy Kids** provides school leaders and volunteers with the resources they need to learn, act and transform their schools. They provide schools both in Ohio and across the country with evidence-based programs, services, funding and resources so schools can implement wellness practices.

**Let's Move!** is a national initiative, launched by the First Lady, that combines comprehensive strategies with common sense, providing healthier foods in our schools and helping youth become more physically active. **Let's Move! Active Schools** in Ohio participate in a comprehensive program that empowers school champions – P.E. teachers, classroom teachers, principals, administrators, and parents – to create active environments that enable all students to get physically active and to meet their nutrition standards goals. The champions are guided through a process that helps them build a team, take an inventory (powered and managed by the Alliance for a Healthier Generation), make a plan, and access free resources and tools to help them meet their goals.

Many communities, including those in urban, suburban, rural and Appalachian areas, are collaborating with public health and community leaders to increase access to healthy foods through farmers markets; improve the amount of fruits and vegetables in school lunches; and support the development of bike trails and other recreational structures that encourage physical activity.

## Ohio SNAPSHOT

- 15.3% of adolescents are overweight and 14.7% are obese – almost 2% higher than the national average.[1]
- 25.2% of youth drank at least one soda per day.[1]
- Only 17.3% of high school students ate 5 or more servings of fruits and vegetables per day as recommended.[1]
- Only 25.4% of adolescents get the recommended 60 minutes of physical activity per day.[1]
- 30.9% of adolescents watch greater than 3 hours of TV each day.[1]
- In 2007, only 29.5% of students reported eating breakfast every day.[9]

## *Goals and Objectives*

**Goal 9: Adolescents will engage in healthy eating behaviors.**

**Objective 9.1:** Increase the percentage of adolescents eating breakfast every morning.

**Objective 9.2:** Decrease the intake of sugar sweetened beverage by adolescents.

**Objective 9.3:** Increase the percent of adolescents getting 5 or more servings of fruits and vegetables a day.

**Goal 10: Adolescents will engage in recommended physical activity.**

**Objective 10.1:** Increase the percent of adolescents who are physically active at least 60 minutes a day.

**Objective 10.2:** Increase the percent of adolescents who spend less than 2 hours a day on recreational or optional screen time.

**Goal 11: Adolescents will have a healthy body mass index (BMI).**

**Objective 11.1** Increase the percent of adolescents having an annual BMI screening.

**Objective 11.2** Increase the percent of overweight or obese adolescents who are being screened for obesity-related co-morbidities.

**Objective 11.3** Increase the percent of overweight or obese adolescents who are receiving medical counseling and/or treatment.

## References


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