



Early Childhood Overweight and Obesity

Overweight or obesity is an excessively high body weight in relation to height. Body mass index (BMI) is a measure used to compare weight to height. In children, an individual's BMI is compared to other children of the same age and sex, using CDC growth charts to determine the BMI for the age and sex percentile. The child is then classified as obese, overweight, healthy weight or underweight.¹

Obese	BMI at or above the 95 th percentile
Overweight	BMI at or above the 85 th percentile, but below the 95 th percentile
Healthy	BMI at or above the 5 th percentile, but below the 85 th percentile
Underweight	BMI below the 5 th percentile

Health Impact

Children who are obese are at an increased risk for health problems, including those that were once primarily seen in adults:

- High blood pressure
- High cholesterol
- Glucose intolerance, insulin resistance and Type 2 Diabetes
- Asthma and heart dysfunction
- Joint problems
- Fatty liver disease, gallstones, gastro-esophageal reflux¹

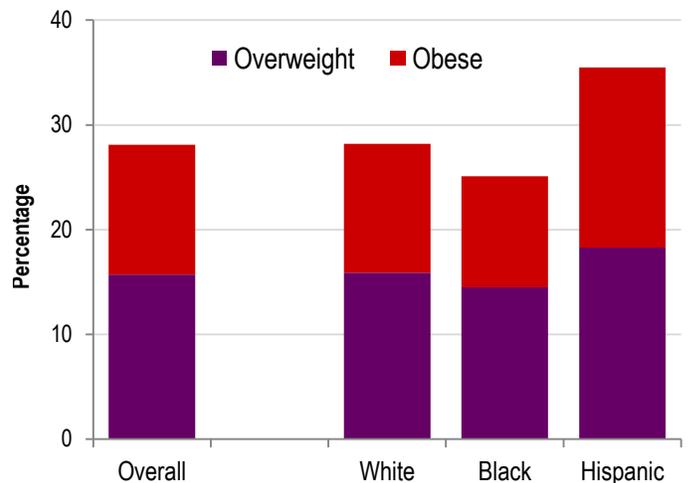
Childhood obesity can also lead to continued complications later in life. Overweight children are more likely to become overweight or obese as adults, with the same disease risks. Adult obesity can lead to serious health conditions, including heart disease, diabetes, and cancer.

Cost Impact

Childhood overweight and obesity in the U.S. leads to unnecessary medical costs associated with preventable diseases in both obese children and those that remain obese into adulthood. More than \$2.9 billion are spent in additional health costs for overweight and obese children in the U.S., compared with children who maintain a healthy weight.²

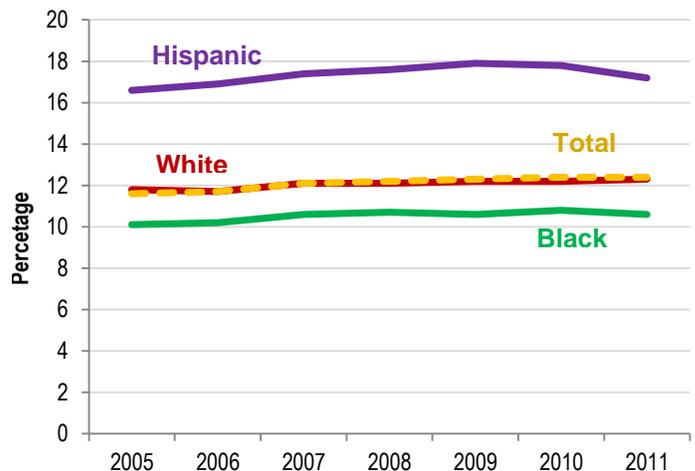
Chronic diseases – such as obesity – and related risk factors are estimated to cost Ohio nearly \$60 billion annually in health care cost and lost productivity. Without significant change, these costs are projected to increase by nearly \$100 billion by 2023.⁴

Prevalence of Obesity and Overweight among Low-Income Children aged 2 to <5 years, by Race and Ethnicity, Ohio, 2011



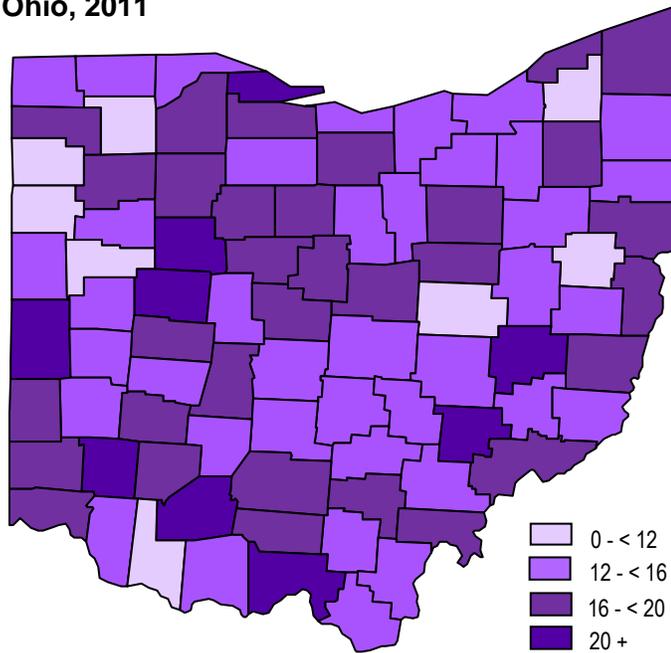
- Overall, 28.1 percent of low-income Ohio children aged 2 to < 5 years were overweight and obese.
- Prevalence of overweight and obesity ranged from 25.1 percent among Black children to 35.5 percent among Hispanic children.

Trends in Prevalence of Obesity and Overweight among Low-Income Children aged 2 to <5 years, by Race and Ethnicity, Ohio, 2005- 2011

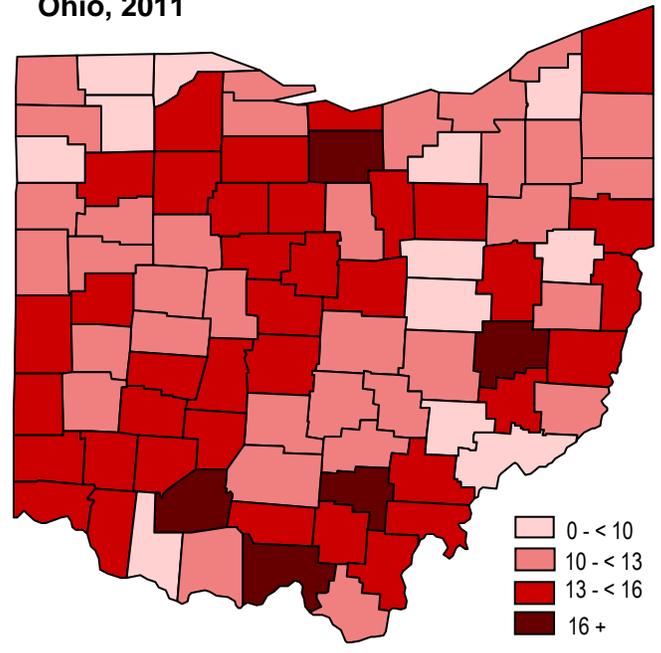


- From 2005 to 2011, the total prevalence of obesity among children aged 2 to < 5 years increased minimally but remained between 11 and 12 percent.

Prevalence of Overweight among Low-Income Children Aged 2 to < 5 Years, by County, Ohio, 2011



Prevalence of Obesity among Low-Income Children Aged 2 to < 5 Years, by County, Ohio, 2011



Source: CDC's Pediatric Nutrition Surveillance System (PedNSS)



What Is Being Done to Reduce Childhood Overweight and Obesity in Ohio?

Reducing obesity is one of the state's top priorities for improved health. Programs are being developed and implemented within ODH to fight the obesity epidemic among children. These include:

- **Ohio Healthy Program:** A collaborative effort with the Ohio Child Care Resource and Referral Association (OCCRRA) to assist child care facilities in providing a healthier environment for the children they serve through lessons on healthy habits, healthy policies, and healthy menus. Facilities can earn Step Up To Quality Credits (SUTQ) by successfully implementing this program.
- **Ounce of Prevention, Pound of Cure:** A collaborative effort with the Ohio Chapter of the American Academy of Pediatrics (Ohio AAP). The Ounce/Pound program trains physicians, healthcare providers, and home visitors to communicate with families about healthy eating and active living. It teaches healthy habits that are specific to developmental stages and weight. It helps practitioners and care-givers recognize behaviors that fuel excess weight gain and helps families take steps to change those behaviors.
- **WIC:** Specific to low-income families receiving WIC benefits (Women, Infants and Children), federal guidelines require healthcare professionals to refer all children within the specified overweight and/or obese BMI category to their primary care physician, and are encouraged to work together as a team to target the specified needs of that individual. The WIC Peer Helper Program promotes and supports breastfeeding, which may lower a child's risk for developing obesity.
- **Child and Family Health Services (CFHS) Program:** Serves uninsured and underinsured low-income women and children in racial and ethnic groups that are disproportionately affected by poor health outcomes. Subgrantee agencies can work to reduce the percentage of children who are overweight by working with childcare facilities and/or schools to increase nutrition education, access to healthy food choices, and/or physical activity.

Data Source: CDC's Pediatric Nutrition Surveillance System (PedNSS) representing children served by WIC in Ohio

References:

1. <http://www.cdc.gov/obesity/childhood/basics.html>
2. Trasande L, Chatterjee S. Corrigendum: The Impact of Obesity on Health Service Utilization and Costs in Childhood. *Obesity* 2009; 17(7):1473
3. IP et al. Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Agency for healthcare Research and Quality, 2007.
4. <http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/web%20team/features/ODH%20obesity%20Initiative%20-%20news%20release.ash>

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