

Obesity among Nebraska Youth

Most Nebraska youth are not meeting daily nutrition, physical activity, or screen time recommendations. Failure to meet daily recommendations places youth at increased risk for obesity, high blood pressure, type 2 diabetes, chronic diseases such as coronary heart disease, and even cancer; all positively associated with excess body weight. According to the 2012 National Survey of Children’s Health, **nearly 30% of Nebraska youth ages 10-17 are overweight or obese**. Studies have shown that once overweight is established during adolescence, it is likely to remain in adulthood. Addressing the issue at this stage of life has the potential for long-term impact on mental and physical health outcomes.

Criterion 1: The Problem is Worse than the Benchmark or Increasing

The US Office of Disease Prevention and Health Promotion recommends 60 minutes daily of moderate to vigorous physical activity, but data from the 2012 National Survey of Children’s Health indicate that only 23% of Nebraska youth age 12-17 engage in vigorous physical activity every day. Further, the American Academy of Pediatrics recommends less than two hours of screen time per day, but 12% of Nebraska children watch more than 4 hours on a typical weekday. Additionally, approximately 60% of Nebraska youth only eat one fruit and one vegetable per day, which is much less than the recommended amount of one serving of each per meal (Centers for Disease Control and Prevention, 2013).

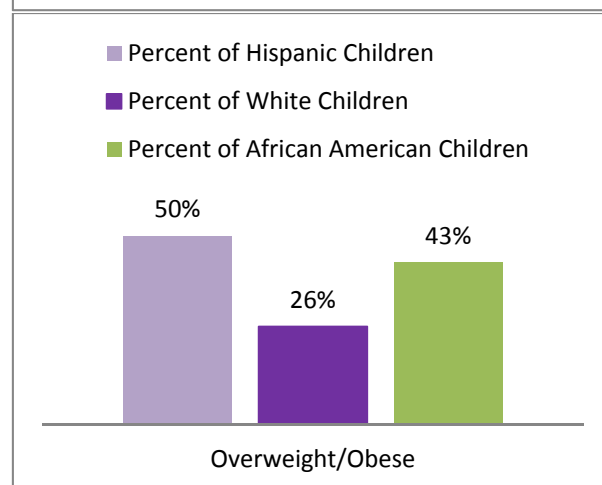
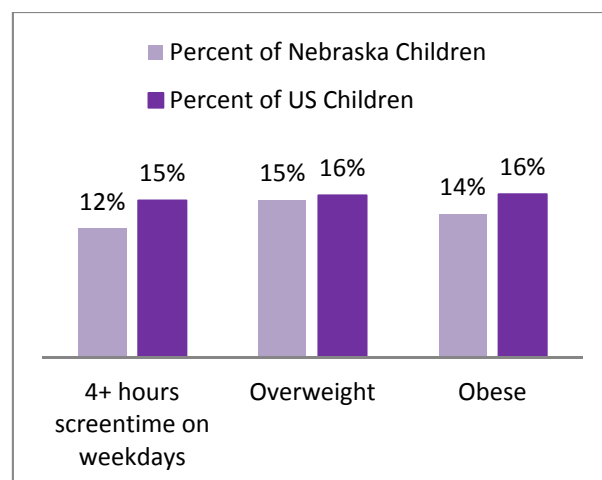
All of these behaviors contribute to childhood overweight and obesity in Nebraska. There have not been significant improvements over time, and Nebraska does not differ significantly from the United States in any of these measures (National Survey of Children’s Health, 2013).

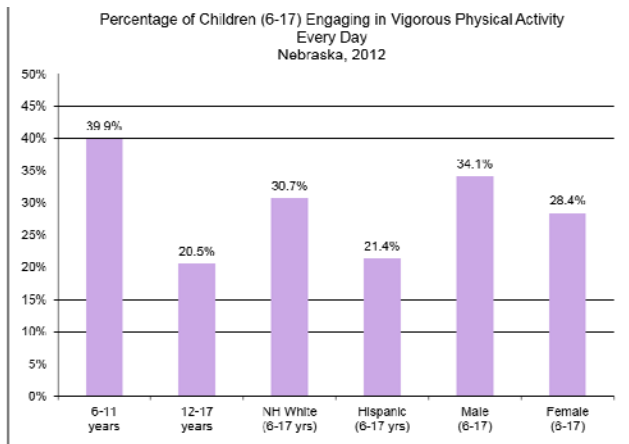
Criterion 2: Disparities Exist Related to Health Outcomes

There is strong evidence of long standing/historical inequities resulting in documented disparities in outcomes.

Data from the 2012 National Survey of Children’s Health indicate that as poverty level increases, overweight and obesity levels increase. The data also indicate that African American youth have

higher, and Hispanic youth have significantly higher overweight/obesity rates compared to White youth.





Criterion 3: Strategies Exist to Address the Problem/An Effective Intervention is Available

Evidence-based preventive strategies are to decrease overweight/obesity. These strategies include behavioral interventions to reduce recreational screen time and coaching/counseling interventions that utilize technology such as pedometers. Additionally, numerous school-based interventions, such as limiting access to unhealthy foods and beverages and allowing sufficient time and opportunities for physical activity during recess, are considered promising approaches (The Guide to Community Preventive Services, 2013; Waters et al., 2011).

Criterion 4: Societal Capacity to Address the Problem

Capacity and support for are growing with potential for more development as evidenced by:

- Title V priority the last 10 years
- Nebraska Physical Activity & Nutrition State Plan, promoting healthy weight and preventing chronic disease (2011 to 2016).
- Michelle Obama’s “Lets Move” campaign
- The ongoing development of promising and evidence-based interventions (Waters et al., 2011).

Criterion 5: Severity of Consequences

Overweight and obesity have a high likelihood of contributing to disability and death, which results in personal and societal costs.

Children who are overweight or obese in childhood are likely to remain overweight or obese into adulthood. Over time, the negative impacts of overweight and obesity are extensive. Overweight and obesity are associated with high blood pressure, type 2 diabetes, chronic diseases such as coronary heart disease, and cancer. In the long-term, these diseases are deadly (CDC, 2014).

References

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