

## Illness & Injury

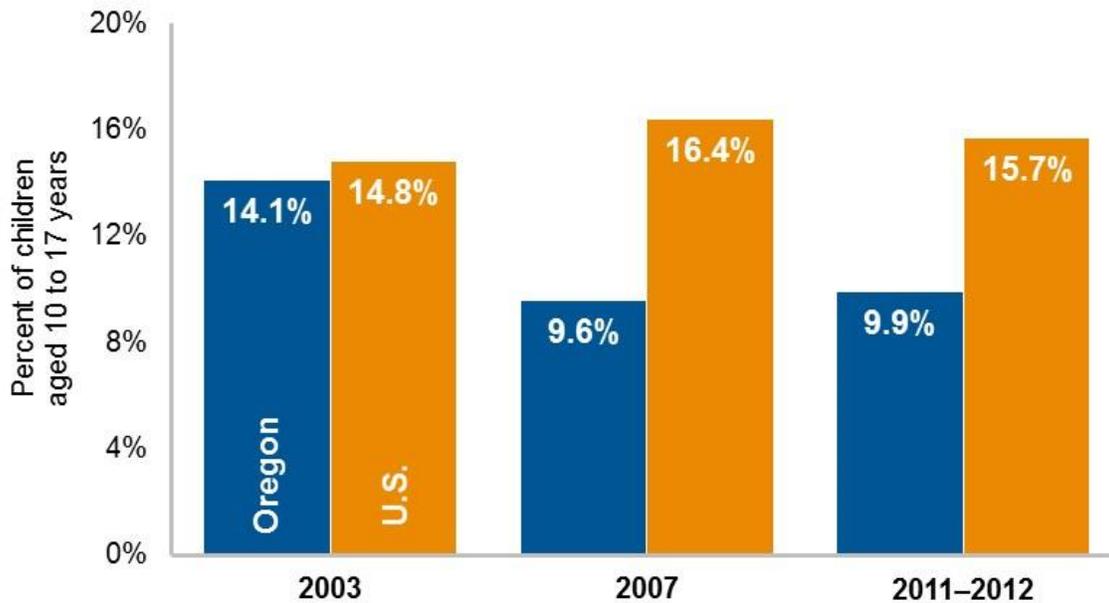
# Child obesity

Obesity is the second leading cause of preventable death in Oregon. Obesity is a major risk factor for current and future health risks in children and youth. Children who are obese have a greater risk of physical health issues such as high blood pressure, high cholesterol, type 2 diabetes, asthma, joint problems, fatty liver disease, gallstones, and gastro-esophageal reflux. Obese children are also at a greater risk for psychological stress such as depression, behavioral problems, issues in school, low self-esteem, low self-reported quality of life, and impaired social and emotional functioning.<sup>1</sup>

In 2011–2012, 9.9% of Oregon children aged 10 to 17 years were obese, compared to 15.7% in the U.S. (Figure 1). In Oregon, the prevalence of child obesity for this overall age group has decreased since 2003.

FIGURE 1

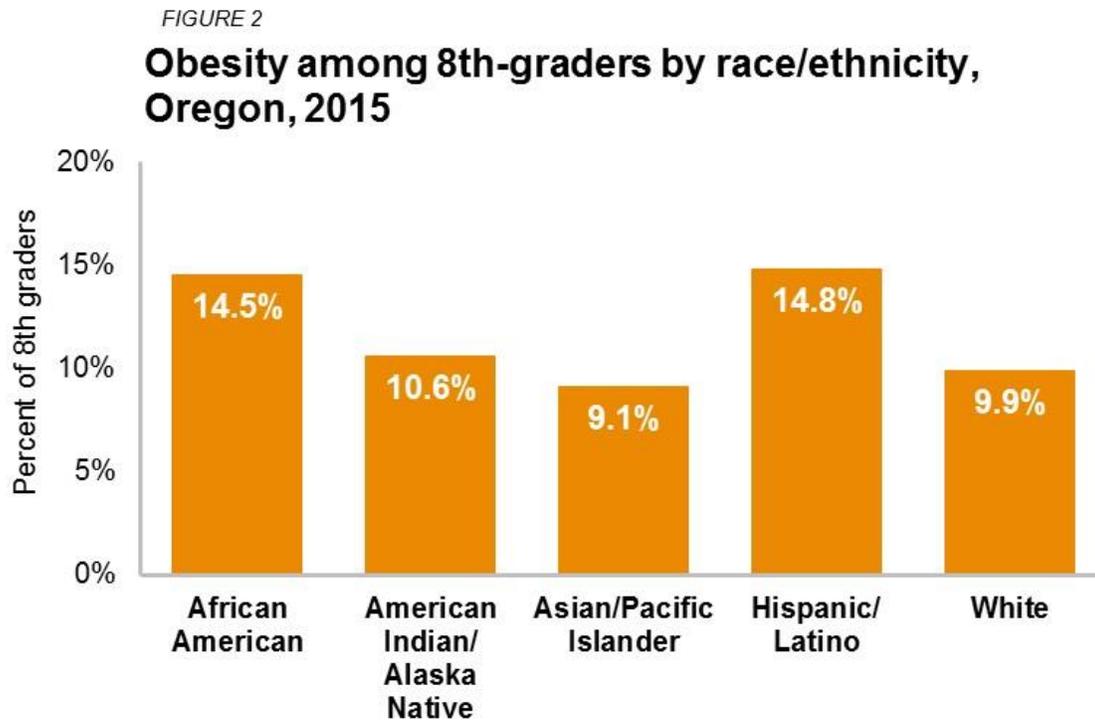
### Childhood obesity by year, Oregon & U.S.



Source: National Survey of Children's Health

<sup>1</sup> <http://www.cdc.gov/obesity/childhood/causes.html>

In 2015, among 8<sup>th</sup> grade youth (typically aged 13-14), African Americans (14.5%) and Hispanics (14.8%) were more likely to be obese than whites (9.9%), Asian/Pacific Islanders (9.1%) or American Indian/Alaska Natives (10.6%; Figure 2).



Notes: All other groups exclude Hispanic ethnicity  
Source: Oregon Healthy Teens Survey

Comprehensive strategies designed to improve diets and increase physical activity among Oregon’s population are urgently needed to address childhood obesity. The dietary and physical activity behaviors of children and adolescents are influenced by many sectors of society, including: families, communities, schools, child care settings, medical care providers, faith-based institutions, government agencies, the media, food and beverage industries and entertainment industries.

Eating five or more servings of fruits and vegetables a day and drinking sugar-sweetened beverages are used as markers of healthy and unhealthy diets respectively. During 2015, fewer than 1 in 4 (23.4%) of Oregon eighth-graders consumed five or more servings a day of fruits and vegetables. Overall, during 2015, 10.4% of Oregon eighth-graders (12.3% of boys and 8.6% of girls) reported drinking  $\geq 7$  more soft drinks per week. (Data source: Oregon Healthy Teens and Youth Risk Behavior Surveillance System)

For teens, being physically active for at least 60 minutes per day on most days of the week is recommended by CDC. Nearly 60% of Oregon eighth-graders met these recommendations in 2015. Boys were 34% more likely to achieve minimum physical activity recommendations than girls.

Improving the nutrition and increasing the physical activity of children and adolescents is a focus of the Oregon Public Health Division's Strategic Plan, with the ultimate goal of reducing childhood and adolescent overweight and obesity. CCO Community Health Improvement Plans (CHIPs) are tasked with identifying strategies to address childhood and adolescent obesity.

**Additional Resources:** [Data Resource Center for Child & Adolescent Health](#)

**About the Data:** The National Survey of Children's Health is only updated every 4 years. Data includes children aged 10 to 17 years. The child's age in months is used to calculate BMI-for-age. However, since the NSCH reports age only in years, all children were assumed to be at the midpoint of their age-year for this calculation. BMI-for-age is based on parents' recollection of the child's height and weight. The Oregon Healthy Teens Survey (OHT) is a pencil and paper or online survey conducted every two years among Oregon 8<sup>th</sup> and 11<sup>th</sup> graders within schools.

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[Oregon State Health Profile](#)

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