



Overview

- **Nearly 1 in 3 low-income children in Washtenaw will be overweight or obese by their 5th birthday.**
- **Children who are obese are more than twice as likely to die before the age of 55.**
- **Obesity rates for children with disabilities are 38% higher than for children without disabilities.**

Obese children are at increased risk for type 2 diabetes, high blood pressure, high cholesterol, asthma and sleep apnea and muscle and joint problems. 70% of children who are obese have at least one additional risk factor for cardiovascular disease such as elevated total cholesterol, triglycerides, insulin, or blood pressure.

Children with disabilities can find it more difficult to eat healthy, control their weight, and be physically active. This might be due to difficulty with chewing or swallowing food, medications that can contribute to weight gain, physical limitations that can reduce the ability to exercise, or a lack of accessible environments (for example, sidewalks, parks, and exercise equipment).

Obese children are more likely to be obese adults. Children who are obese after the age of 6 are 50% more likely to be obese as adults than kids with a healthy weight. Among overweight youth ages 10-19, 80% were obese at age 25. In 2011, Michigan was ranked as the 5th fattest state in the United States. If current trends continue, 50-60% of adults will be obese in Michigan by 2030.

Sources: *F as in Fat, 2012; CDC Disability and Health, 2012.*

Trends in overweight and obesity in children

Local: According to the 2012 Michigan Profile for Health Youth, 30.5% of Washtenaw County 9th and 11th graders are overweight or obese. In the Washtenaw County WIC program, 28% of low-income 2 to 5 year olds are overweight or obese (2012).

State: Based on the 2007 National Survey of Children's Health, Michigan ranks 25th for childhood obesity with 30.5% of Michigan children ages 10-17 being overweight or obese. In 2012, 30% of low-income 2 to 5 year olds participating in WIC were overweight or obese.

National: The national prevalence of overweight and obesity among 10-17 year olds in 2007 was 31.6%. The prevalence of obesity among children and youth in the United States increased steadily for all age groups from 1976 to 2008, with the rate of obesity tripling from 5% to over 15% during that time period (CDC, 2011). It has since peaked without showing any sustained improvement. Low income children are more likely to be obese than their higher income peers but the relationship is not consistent across race and ethnic groups (Ogden CL et al, 2010).

Overweight and Obesity Rates in Low-income Preschool Children (ages 2-5) in Washtenaw County and Michigan

	Washtenaw	Michigan
Total	28%	30%
White, non-Hispanic	27%	30%
Black, non-Hispanic	28%	25%
Hispanic	36%	38%

Source: *Women, Infants, and Children (WIC) data, 2012.*

Related Year 2020 HIP Objectives:

- Decrease the rate of overweight or obesity in low-income preschool children from 28% to 20%.
- Increase the proportion of children 10-17 years who attain at least 60 minutes of physical activity five days per week from 58% to 80%
- Increase consumption of five or more servings of fruits and vegetables from 13% to 28% among children 6-17 years of age.

Evidence Based Interventions — A Community-wide Approach

✓ *CDC Resource* — [Recommended Community Strategies and Measurements to Prevent Obesity in the U.S.](#)

In 2009, the CDC completed a rigorous selection process to identify and recommend 24 strategies to reduce and prevent obesity in places where we live, learn, work, and play. Strategies are divided into categories such as, “promote the availability of affordable healthy food and beverages,” “encourage breastfeeding,” and “create safe communities that support physical activity.”

[Read the full resource and all 24 strategies here.](#) Selected strategies and measures are below:

#7) Restrict Availability of Less Healthy Foods and Beverages in Public Service Venues

Measure: Prohibit the sale of less healthy foods and beverages (as defined by IOM) within local government facilities or on public school campuses.

#11) Increase Support for Breastfeeding

Measure: Require local government facilities to provide breastfeeding accommodations for employees that includes time and private space for breastfeeding/pumping during work hours.

#14) Increase Opportunities for Extracurricular Physical Activity

Measure: The percentage of public schools within the largest school district in a local jurisdiction that allow the use of their athletic facilities by the public during non-school hours on a regular basis.

#17) Enhance Infrastructure Supporting Bicycling

Measure: Total miles of designated shared-use paths and bike lanes relative to the total street miles (excluding limited access highways) that are maintained by a local jurisdiction.

[Read all 24 strategies](#) and see how your agency, community, or health system can follow these best practices.

Following Recommended Best Practices... and Leading the Way

Ann Arbor Pubic Schools Recreation & Education and the Ann Arbor Y

As part of [Michigan's Health and Wellness 4 x 4 Plan](#), Michigan Department of Community Health awarded grants totaling one million dollars to pilot joint use agreements between schools and community organizations with the goal of delivering afterschool and out-of-school physical activity and healthy eating programs to elementary youth. Ten one-year pilots were awarded throughout the state and two were to HIP partners. Ann Arbor Pubic Schools Community Education & Recreation and Ann Arbor YMCA will deliver evidence-based obesity prevention curricula to nearly 1,200 children in vulnerable communities which previously offered limited physical activity opportunities. Programs are activity based and feature a daily nutrition education component. Pilots will identify scalable, low-cost best practices that can serve as models statewide.

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Healthy Kids, Healthy Michigan

Healthy Kids, Healthy Michigan (HKHM), a coalition of over 120 organizations statewide, is dedicated to reducing childhood obesity in Michigan through strategic policy initiatives. Healthy Kids, Healthy Michigan's priorities focus on obesity prevention in schools, health care, childcare, and communities. Examples of HKHM's policy successes include the state's 2011 passing of Complete Street legislation and the addition of Body Mass Index (BMI) capabilities to the Michigan Care Improvement Registry. Currently, HKHM's efforts focus on Michigan's early eaters, strengthening nutrition and physical activity policies in childcare centers, and the creation of breastfeeding friendly environments. In schools, HKHM is advocating to strengthen physical and health education legislation, school siting guidelines, and coordinated school health team legislation. For more information and to become a partner, visit www.healthykidshealthymich.com

To learn more about HIP, access HIP data electronically, or become a partner, please visit <http://hip.ewashtenaw.org>