

### Overweight/Obesity, Children Ages 10 – 17 Years

2011 Greater Cincinnati/Northern Kentucky Child Well-Being Survey

The 2011 Child Well-Being Survey includes several questions about weight. Some of these questions have been asked on previous iterations of the Child Well-Being Survey (for example, child's weight and height, to calculate BMI-for-age, and parent's perception of child's weight). Other questions were new to the 2011 survey (for example, whether a provider had expressed concern over the child's weight). Together, these questions allow us to have a better understanding of childhood overweight and obesity.

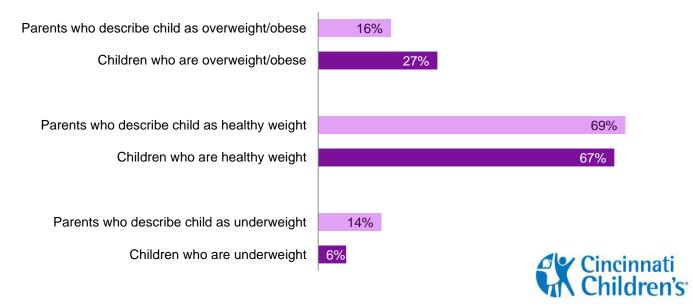
This report only includes children who are 10 - 17 years of age. Research indicates that parents' reports of their child's height and weight are less accurate for children under 10 years of age.

While the CWBS data can be used to calculate BMI percentiles for children of all ages, the results for children 10 and older are more aligned with data from other sources.

Using parent-reported height and weight to calculate BMI-for-age percentiles, 27% of children in the Greater Cincinnati/Northern Kentucky region are overweight or obese.

However, only 16% of parents actually describe their child as overweight or obese when asked to describe their child's weight. In addition, only 11% of parents reported that a health care provider has ever expressed concern about their child's weight.

#### Parent descriptions of child's weight and weight categories based on parent-reported height and weight, 2011

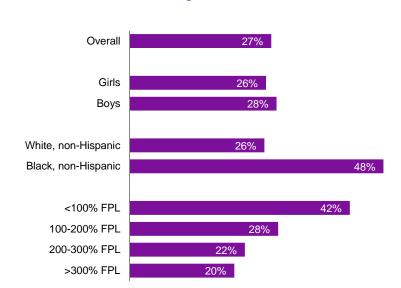


# The percentage of children who are overweight or obese varies by race and family socioeconomic status

The percentage of children who are overweight or obese is higher for some demographic groups than others. Children who are Black, non-Hispanic are far more likely to be overweight or obese than are children who are White, non-Hispanic.

According to parent-reported height and weight, 48% of Black, non-Hispanic children are overweight or obese, compared to 26% of children who are White, non-Hispanic.

The percentage of children who are overweight or obese increases with poverty: 42% of children in very low-income households (below 100% of the federal poverty level, defined as \$22,350 for a family of four in 2011) are overweight or obese compared to 20% of children in households above 300% FPL.



#### Percent Overweight/Obese, from parent-reported height and weight, 2011

## The percentage of children who are overweight or obese and parent descriptions of children as overweight or obese vary by location

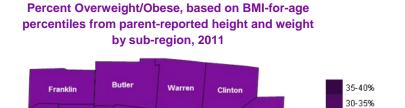
Within the region, childhood overweight/obesity is most pronounced within the City of Cincinnati, where 37% of children are overweight or obese, according to parent-reported height and weight. Over a quarter of these same parents described their child as overweight or obese. In the rural counties, where 26% of children are overweight or obese, only 13% of parents described their child as overweight or obese. This variation suggests that parents' perceptions of their child's weight are often not aligned with their child's actual weight.

25-30%

20-25%

15-20% 10-15%

5-10%





Parent description of child as "overweight/obese" by sub-region, 2011



The **Child Well-Being Survey (CWBS)** is a random-digit-dial (RDD) telephone survey of primary caregivers in the Greater Cincinnati/Northern Kentucky region. Primary caregivers, usually parents, are asked questions about one randomly selected child in their household. The CWBS was previously conducted in 2000 and 2005. The 2011 sample includes 2,083 completed surveys and covers several health topics, including: general health status, chronic conditions, usual source of care, oral health and preventive dental care, screen time and physical activity, food security, and neighborhood resources. The sampling error for the 2011 CWBS is ±2.1%; the margin of error for any sub-group of the sample will be higher.

The 2011 CWBS was supported by the United Way of Greater Cincinnati, the Health Foundation of Greater Cincinnati, the Center for Clinical and Translational Science and Training at the University of Cincinnati, and Vision 2015 of Northern Kentucky. For more findings from the 2011 Child Well-Being survey and past surveys visit <u>www.cchmc.org/service/j/anderson-center/health-policy/well-being/</u> or <u>www.HealthFoundation.org</u> For more information, please contact Rachel Sebastian, MA at (513) 803-2396 or rachel.sebastian@cchmc.org.