

HEALTHY CHILDREN FOR A HEALTHY FUTURE



A sure-fire way to improve our communities is to make positive changes for children, especially in health.

Decades of evidence shows that making greater investments in children's health sets in motion beneficial demographic changes, leading to more productive and better educated adults, and is therefore a valuable economic investment. Protecting health during childhood can be more important than at any other time because poor health during children's early years has been shown to have a long-lasting effect over the course of a person's life.



A health issue which children in Kentucky face that has risen to the top and needs to be addressed collaboratively and community-wide is that of **childhood obesity**. Childhood obesity is one of the most serious public health challenges of our times.

In Kentucky:

- **23.8%** of youth ages 10 to 17 have obesity, giving Kentucky a **ranking of 1** among the 50 states and D.C.
- **16.3%** of children ages 2 to 4 participating in WIC have obesity, ranking 6th among the 50 states and D.C.
- **18.4%** of high school students have obesity, ranking 5th among the 50 states and D.C.

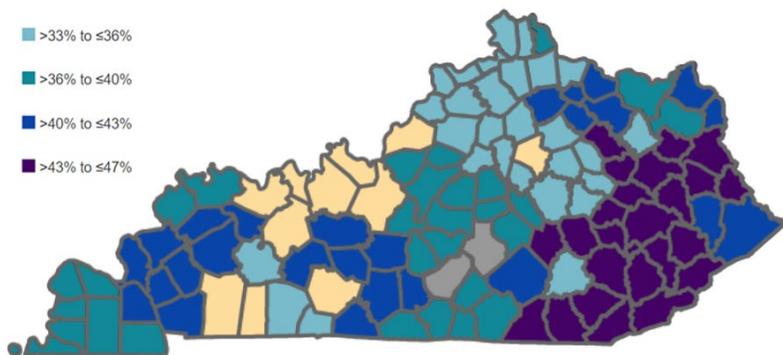
Children who are overweight and have obesity are:

- Likely to stay obese into adulthood
- More likely to develop diseases like diabetes, cardiovascular diseases at a younger age
- Experience breathing difficulties, increased risk of fractures, hypertension
- Experience early markers of cardiovascular disease, different forms of cancers, insulin resistance
- Experience psychological and emotional problems, lower self-esteem, are less popular with their peers; depression, anxiety, and obsessive-compulsive disorders can also occur as a result of childhood obesity

Prevalence of Obesity (percent adults)

2018-2020 - County Group

- ≥30% to ≤33%
- >33% to ≤36%
- >36% to ≤40%
- >40% to ≤43%
- >43% to ≤47%



If a child is overweight before eight years of age, obesity in adulthood is likely to be more severe.

Overweight and obesity now ranks as the fifth leading global risk for mortality. The adult obesity rate in Kentucky is 36.6%, ranking 6th in the nation, with some counties in Appalachia having obesity rates as high as a 44%.

(Sources: [County Health Rankings](#), [State of Childhood Obesity](#), [National Institute of Health](#))

BUILDING COMMUNITY POWER TO PREVENT AND REDUCE CHILDHOOD OBESITY

Fortunately, we know what works to prevent and reduce childhood obesity and that it's a collaborative effort involving county and city authorities, public health, schools, businesses, organizations, parents and caregivers, and the youth themselves.

WHAT WORKS

| Physical Activity Policies: All youth ages 6–19 should get sixty minutes of moderate-to-vigorous activity daily. | |
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| GOAL | SAMPLE POLICIES |
| Increase active transportation and recreation | <p>Community investments in built environment: sidewalks, bike lanes, walking paths in schools, parks and playgrounds, etc.</p> <p>Policies to promote safe places to walk, bike and play: e.g. complete streets policies, shared use agreements, Safe Routes to Schools, etc.</p> |
| Improve physical activity programs | <p>Quality Physical Education K-12 is probably one of the strongest physical activity policies. This will require funding and infrastructure.</p> <p>Other Physical Activities in and out of school, recess time, intramurals, Safe Routes to School.</p> |
| Reduce sedentary behavior | Reducing time on social media, TV, playing video games by expanding community activities for children and youth, youth engagement groups, summer and afterschool programs, etc. |
| Food & Nutrition Policies: Reduce the consumption of food and beverages high in energy density but low in overall nutritional value, such as food high in sugar and fat, associated with weight gain and obesity | |
| GOAL | SAMPLE POLICIES |
| Alternative relative food prices | <ul style="list-style-type: none"> • Tax policies to decrease consumption of unhealthy products: e.g. taxes on sugar sweetened beverages. • Price policies: decrease costs of healthier food, agricultural policies to influence what farmers grow—such as subsidies for growing fruits & veggies. |
| Shift exposure to food | <ul style="list-style-type: none"> • Increase exposure to healthy food: expansion of full-service groceries in underserved neighborhoods, expand and subsidize farmers' markets, farm-to-school programs, double dollar programs, <i>Farmacy</i> programs, community gardens, etc. • Promote policies to ensure students have access to clean drinking water. • Reduce exposure to unhealthy food: healthier vending machine policies, remove unhealthy food from schools, zoning restrictions to create buffer zones between fast-food and schools, etc. |
| Improve the image of healthy food while making unhealthy food less attractive | <ul style="list-style-type: none"> • Restrict food advertising targeted at children or ban advertising of unhealthy food to children (lawful restrictions by school districts on food and beverage advertising on campus). • Require menu labeling in fast food restaurants and promote healthier food options in retail venues. |

RESOURCES

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| Coordinated Approach to Child Health https://catch.org/ | Alliance for a Healthier Generation https://www.healthiergeneration.org/ |
| Safe Routes to School https://www.saferoutespartnership.org/safe-routes-school | Kentucky Farm to School https://www.kyagr.com/consumer/farm-to-school.html |
| Action for Healthy Kids https://www.actionforhealthykids.org/ | SNAP-ED Nutrition https://snaped.fns.usda.gov/ |