

2008 Ohio Family Health Survey

Health Policy Brief

Obesity in Children and Families Across Ohio

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Obesity is a silent killer, a top public health threat, and a national concern. To address obesity effectively in Ohio, information is needed on its scope and impact in the state. The 2008 Ohio Family Health Survey, involving 50,000 adults and 6,000 children (ages 10 to 17 years old), enables rigorous assessment of obesity across the state in order to develop informed policy options. This policy brief summarizes the full report (available for download at <http://grc.osu.edu/ofhs>) and is designed as a tool for policymakers, health care professionals, employers, and other stakeholders in Ohio.

- **Rates of overweight and obesity are currently very high in Ohio — both for children and for adults.**

Children: More than one of every three children (10 to 17 years old) in Ohio (35.6%) is overweight or obese (17.1% overweight, 18.5% obese). That translates into approximately 500,000 overweight or obese youth in Ohio.

Children (10-17 years old)

Adults

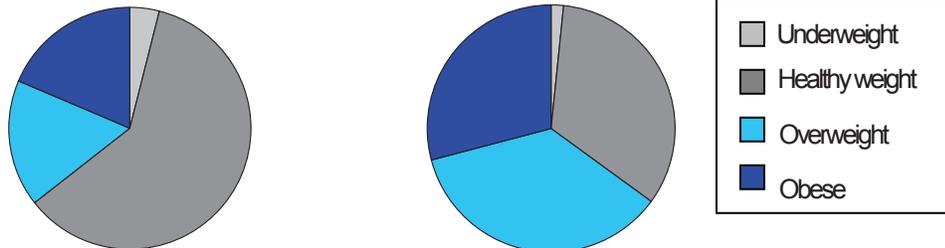


Figure 1. Rates of overweight and obesity in Ohio children (10-17 years old) and adults

Adults: Approximately two out of every three adults in Ohio (65%) are overweight or obese (35.9% overweight, 29.1% obese). That translates into 5.5 million overweight or obese adults in Ohio.

- **Obesity across the lifespan:** Obesity is widespread in Ohio's children — even by preschool age. Obesity rates increase by ages 10 to 17 and rise further by adulthood.

Children (2-5 yrs)*

Children (10-17 yrs)**

Adults**

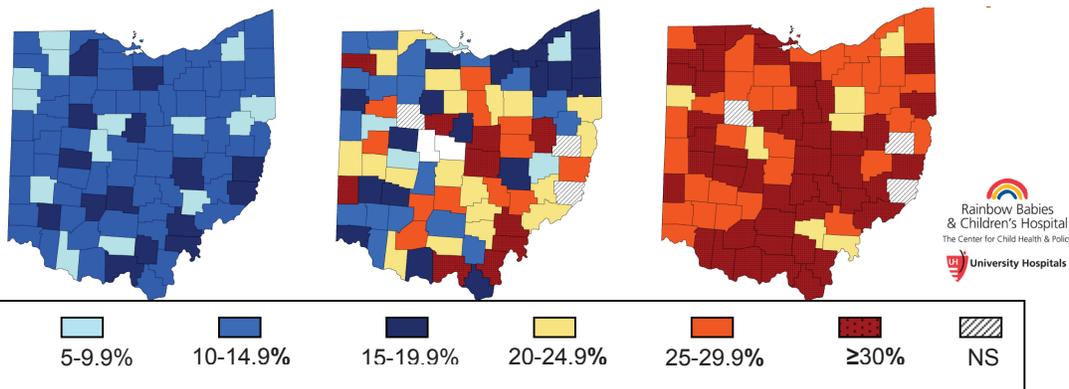


Figure 2. Obesity in Ohio across the lifespan: prevalence of obesity by county (*2006 PEDNSS; <http://www.cdc.gov/>; ** 2008 Ohio Family Health Survey)

Note: The data for each county are point estimates. Caution should be used in interpretation as sample size varies by county. For further information, see Appendix C of the full report.



- **Obesity in Ohio is pervasive, affecting every part of the state though certain demographic groups experience heightened risk. (Fig. 2)**
- **Children with an obese parent are at increased risk for becoming obese.**

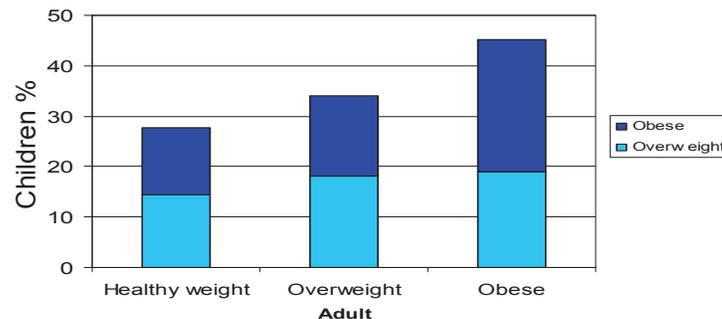


Figure 3. Adult weight status is strongly linked to child weight status

Obese children and adults have more reported disease

Compared with healthy weight children, Ohio's obese children are:

- 4.6-fold more likely to have diabetes
- 2.0-fold more likely to have poor health status
- 1.9-fold more likely to have limited ability to do things
- 1.8-fold more likely to have asthma
- 1.6-fold more likely to have poor mental health

Compared with healthy weight adults, Ohio's obese adults are:

- 5.3-fold more likely to have diabetes
- 3.1-fold more likely to have heart failure
- 2.4-fold more likely to have hypertension
- 2.1-fold more likely to have poor health status
- 2.0-fold more likely to have had a heart attack

Obesity markedly increases reported use of health services by children and adults

Compared with healthy weight children, Ohio's obese children are:

- 2.1-fold more likely to have had 2 or more hospitalizations in the past year
- 1.8-fold more likely to have had 2 or more ED visits in the past year
- 1.4-fold more likely to have special health care needs
- 1.4-fold more likely to use chronic medication

Compared with healthy weight adults, Ohio's obese adults are:

- 1.5-fold more likely to have had 2 or more hospitalizations in the past year
- 1.5 fold more likely to have had 2 or more ED visits in the past year
- 1.6-fold more likely to have special health care needs
- 1.6-fold more likely to use chronic medications

Policy Ramifications

Together, these data indicate that obesity in Ohio is now a major public health threat. Accordingly, policy interventions are needed. The data suggest that principles for obesity policy interventions in Ohio include:

- Start young (i.e. target children)
- Focus on families (i.e. focus on parents as well as children)
- Do not target any single geographic region in Ohio, but instead act broadly
- Develop global interventions as well as tailored interventions targeted at high risk groups
- Work to change popular perceptions of health, food, and activity
- Develop policies that address both prevention and treatment of obesity
- Define obesity as a chronic disease that requires policies for primary and secondary prevention of co-morbidities
- Act now. Use the best available evidence to develop and implement policies and interventions, evaluate the outcomes, and modify as needed