



# Annual Obesity Report 2018

State of Nevada  
Division of Public and Behavioral Health

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*Data has been provided by the Department of Health and Human Services' Office of Analytics.*

## Background

Obesity, in both children and adults, is defined as “abnormal or excessive fat accumulation that presents a risk to health.”<sup>i</sup> Body Mass Index (BMI - the ratio between weight in kilograms and height in meters squared) is considered a good estimate, proxy, and/or indicator of body fat. For adults, a person is considered obese if their BMI is  $\geq 30$ . Obesity is a significant health concern in communities across the United States (U.S.), with approximately 70% of county officials ranking it as a leading problem where they live.<sup>ii</sup> Moreover, in recent years, obesity has become one of the largest contributors to preventable death in America.<sup>iii</sup>

### *Adult Obesity*

In the U.S., the percent of adults considered obese has significantly increased over the past three (3) decades and in 2017, 31.6% of adults were considered obese.<sup>iv</sup> Obese adults are at increased risk for many serious health issues such as heart disease, stroke, Type 2 diabetes mellitus (T2DM), and certain cancers — all of which are leading causes of premature death.<sup>iii,v</sup> Further, obese adults are at risk for a multitude of other health conditions, psychosocial issues, and a lower quality of life.<sup>v</sup> Obesity is also a severe economic burden on the U.S. health care system. In 2016, diseases caused by obesity and being overweight accounted for over 47% of the total cost of chronic disease; direct health care costs were \$480.7 billion, plus \$1.24 trillion in indirect costs related to lost economic productivity.<sup>vi</sup>

### *Child Obesity*

National Health and Nutrition Examination Survey data show the national obesity rate among U.S. children two (2) to 19 years of age is 18.5%; furthermore, child obesity rates have more than tripled over the past three (3) decades.<sup>ii</sup> Obese children are more likely to experience cardiovascular disease (CVD) risk factors in childhood, such as high blood pressure, high cholesterol, and glucose impairment.<sup>vii</sup> Obese children are also at increased risk for sleep apnea, liver disease, bone and joint issues, and psychosocial issues.<sup>vii</sup> The 2010 *White House Task Force on Childhood Obesity Report* estimated one-third (1/3) of all children born in 2000 will develop diabetes during their lifetime.<sup>viii</sup> Finally, obese children are more likely to become obese adults.<sup>vii</sup>

## Nevada Obesity Overview

### *Adult Obesity*

In 2017, nearly 39% of Nevada adults were overweight and 26.7% were considered obese.<sup>iv</sup> State-level data show higher rates of overweight/obese Nevadans live in rural counties (72.8%) than in urban Clark (64.2%) and Washoe (60.8%) counties.<sup>iv</sup> Obese adults in Nevada demonstrate a greater risk for comorbidities, including heart disease, chronic lower respiratory disease, diabetes, and hypertension, all of which are associated with the state’s leading causes of death.<sup>ix</sup> In addition, the 2018 Milken Institute’s *Economic Burden of Chronic Disease in the United States* report indicates the total cost of treating the seven (7) common chronic diseases (cancers, diabetes, heart disease, hypertension, stroke, mental disorders, and pulmonary conditions) in Nevada, in 2016, totaled

\$23.3 billion; all these conditions can be consequences of obesity.<sup>x</sup> According to the Centers for Disease Control and Prevention (CDC), poor nutrition and inactivity contribute to obesity risk. Data from the Behavioral Risk Factor Surveillance System (BRFSS) show 37.6% of Nevada adults consumed fruit less than one (1) time per day and 22.1% consumed vegetables less than one (1) time per day.<sup>iv</sup> In addition, data show a correlation between higher education status and income levels and engaging in obesity-preventive behaviors, including increased fruit and vegetable consumption and physical activity.<sup>iv</sup>

### *Child Obesity*

Among children entering kindergarten in Fall 2017, 10.1% were overweight, and approximately one-fifth (21.2%) were considered obese.<sup>xi</sup> Clark County was home to the highest percentage of obese children (22.2%) as compared to Washoe County (18.8%) and Rural Counties (18.2%).<sup>xi</sup> Trends in BMI scores across racial/ethnic groups indicate Black, Hispanic, and Native American/Alaska Native (>31.1-57.4%) children are more likely to be obese than Caucasian (14%) children.<sup>xi</sup> In 2017, the percentage of overweight children declined slightly compared to the previous year, however the percentage of obese children increased.<sup>xi</sup> Over the past three (3) to four (4) years, overweight and obesity rates among this population have been consistent.<sup>xi</sup> Further, in 2017, 14% of 9th-12th grade students were considered obese and an additional 14% were considered overweight, with boys being significantly more obese than girls (16.9% v. 10.9%).<sup>xii</sup>

Obesity during childhood can have harmful effects on the body including greater risk for CVD, insulin resistance and diabetes mellitus, respiratory and joint problems, gastrointestinal issues, anxiety, and psychological disorders.<sup>vii</sup> Research demonstrates 70% of obese children and adolescents ages five (5) to 17 years have at least one (1) risk factor for CVD, and 39% could have two (2) or more, in childhood.<sup>xiii</sup> Therefore, of the 816,346 children in Nevada in 2017, it is likely 571,442 [or seven (7) in 10 obese Nevada children] are experiencing one (1) or more CVD risk factor such as high blood pressure, high cholesterol, glucose impairment, etc.

Even for children entering kindergarten, engaging in unhealthy behaviors such as not being physically active, high amounts of sedentary time, and/or demonstrating poorer nutrition patterns was linked with a higher percentage of childhood obesity.<sup>xi</sup> By contrast, children engaging in healthier behaviors, such as increased physical activity and decreased sedentary time, were more likely to have healthy weights and less likely to be obese.<sup>xi</sup>

## **Nevada Obesity Prevention and Control Program**

### *Overview*

The Nevada Obesity Prevention and Control Program (OPCP), housed within the Division of Public and Behavioral Health (DPBH) Bureau of Child, Family and Community Wellness (CFCW), focuses on implementing evidence-based strategies to create a culture of obesity prevention by changing obesity-related behaviors, thereby curtailing and reducing child and adult obesity in Nevada. Strategies include altering the physical and social environment to:

- increase physical activity opportunities and patterns;
- enhance healthy eating options and standards;

- break up and decrease sedentary time engagement (particularly screen/media time);
- promote breastfeeding support for appropriate age groups; and
- encourage adequate amounts of sleep.

### *Funding*

Nevada OPCP efforts are 100% federally-funded through the Centers for Disease Control and Prevention (CDC) Preventive Health and Health Services Block Grant (PHHSBG) and the United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program – Education (SNAP-Ed). Nevada uses PHHSBG funds to provide support for public health needs and programs which are under- or unfunded. The PHHSBG is distributed in two (2) year grant cycles and is renewable depending upon federal allocations. SNAP-Ed is a federally-funded grant program supporting evidence-based nutrition education and obesity prevention interventions and projects for persons eligible for SNAP through complementary direct education, multi-level interventions, and community and public health approaches to improve nutrition.<sup>xiv</sup> In 2018, the OPCP was awarded SNAP-Ed funds to perform a gap analysis and conduct a social media campaign promoting obesity-preventive behaviors. Specifically, the goal of SNAP-Ed is: “To improve that likelihood that persons eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles consistent with current Dietary Guidelines for Americans and the USDA food guidance.”<sup>xv</sup>

### *Program Initiatives*

Nevada OPCP is currently focusing on:

1. Promoting and increasing physical activity in Early Care and Education Centers (ECEs) and worksites;
2. Enhancing healthy eating options and standards in ECEs and worksites;
3. Developing strategies to divide and decrease sedentary time in ECEs and worksites;
4. Promoting breastfeeding support in ECEs and worksites; and
5. Collaborating with local and state partners for the promotion of key behaviors related to obesity prevention and reduction for all Nevadans.

Nevada OPCP facilitates these initiatives by working with a multitude of state and local partners, including the Children’s Advocacy Alliance (CAA). The CAA convenes and leads the Early Childhood Obesity Prevention Steering Committee, which is comprised of various cross-sector members including representation from state agencies, local health authorities, the University of Nevada Cooperative Extension, and the Children’s Cabinet. Throughout 2018, the Steering Committee addressed activities outlined in the *Nevada State Early Childhood (0-8 years) Prevention Five Year Plan*, which was finalized in 2017. Activities include alignment of regulations and trainings statewide among ECEs to ensure disseminated information contains the same evidence-based best practices, promotional activities to increase awareness of childhood obesity and obesity preventive behaviors and resources, and addresses barriers to enhancing ECE’s physical activity and nutrition environment.

To help enhance healthy eating options and standards in ECEs, Nevada OPCP is collaborating with SNAP-Ed, select Steering Committee members, and other key stakeholders to increase access to healthy foods and beverages by increasing participation in the Child and Adult Care Food Program (CACFP). The CACFP is a federally-funded program providing reimbursement for healthy meals and snacks for income-eligible individuals. CACFP reimburses ECEs at free, reduced-priced, or paid rates for eligible meals and snacks served to enrolled infants and children.<sup>xvi</sup> Nevada OPCP received SNAP-Ed funding in 2018 to conduct a CACFP ECE Gap Analysis to identify barriers to enrollment and offer recommendations for increasing CACFP participation in Nevada. The CACFP ECE Gap Analysis will be finalized and released in February 2019.

In addition to early childhood obesity prevention efforts, Nevada OPCP collaborates with Washoe County Health District (WCHD) and Southern Nevada Health District (SNHD) to increase access to healthy foods and beverages in worksites through healthy vending initiatives. “Vending” includes automatic vending machines, cafeterias, snack bars, cart service, shelters, counters, and other equipment necessary for the sale of newspapers, periodicals, confections, foods, beverages, and other articles or services.<sup>xvii</sup> In 2017, SNHD finalized the Department of Employment, Training, and Rehabilitation – Business Enterprise of Nevada (DETR-BEN) Nutrition Standards Policy, which has been approved by BEN and is currently being reviewed by the U.S. Department of Education. The DETR-BEN Nutrition Standards policy will affect all vending in Nevada government buildings. SNHD started roll-out of the policy in its jurisdiction, while Nevada OPCP and the DPBH Worksite Wellness Committee have begun strategizing policy roll-out for state offices in northern and rural Nevada.

Nevada OPCP coordinates and implements Worksite Wellness initiatives to encourage healthy behaviors in the workplace. Efforts continue to be piloted within DPBH with the intention of expanding throughout the Nevada Department of Health and Human Services once best practices are identified. Achievements include the coordination of four (4) wellness challenges held over the past three (3) years. Most recently, the third annual Holiday Wellness Challenge was conducted between November and December 2018, encouraging DPBH employees to maintain their weight throughout the holiday season by logging food intake and physical activity. Participants also received weekly newsletters with tips, strategies, and recipes to navigate the calorie-rich holiday season.

## Conclusion

While Nevada has made significant progress in addressing obesity among children and adults, obesity continues to be a growing health concern. Obesity is related to several poor health outcomes, both physical and behavioral, and is associated with lower quality of life. Reducing and preventing obesity is imperative for the health and well-being of Nevadans. Nevada DPBH is committed to reducing and preventing obesity across the state. Nevada OPCP will continue to address this issue with the help of various statewide partners and stakeholders by promoting healthy behaviors through education and supporting healthy environments.

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- i <http://www.who.int/topics/obesity/en>
- ii <https://stateofobesity.org/wp-content/uploads/2018/09/stateofobesity2018.pdf>
- iii <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.html>
- iv Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Aug 31, 2018]. URL: <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html>.
- v <https://www.cdc.gov/obesity/adult/causes.html>
- vi <https://assets1c.milkeninstitute.org/assets/Publication/ResearchReport/PDF/ChronicDiseases-HighRes-FINAL.pdf>
- vii <https://www.cdc.gov/obesity/childhood/causes.html>
- viii [https://letsmove.obamawhitehouse.archives.gov/sites/letsmove.gov/files/TaskForce\\_on\\_Childhood\\_Obesity\\_May\\_2010\\_FullReport.pdf](https://letsmove.obamawhitehouse.archives.gov/sites/letsmove.gov/files/TaskForce_on_Childhood_Obesity_May_2010_FullReport.pdf)
- ix <https://www.cdc.gov/nchs/pressroom/states/nevada.htm>
- x <https://assets1c.milkeninstitute.org/assets/Publication/ResearchReport/PDF/ChronicDiseases-HighRes-FINAL.pdf>
- xi <https://nic.unlv.edu/files/KHS%20Year%202010%20Report%20Final%20FINAL.pdf>
- xii Centers for Disease Control and Prevention. 2017 Youth Risk Behavior Survey. Available at: [www.cdc.gov/yrbss](http://www.cdc.gov/yrbss). Accessed on [November 11, 2018].
- xiii Freedman D, Mei Z, Srinivasan S, Berenson G, Dietz W. Cardiovascular risk factors and excess adiposity among overweight children and adolescents: The Bogalusa Heart Study. *J Ped* 2007; 150: 12-17.
- xiv <https://nifa.usda.gov/program/supplemental-nutrition-education-program-education-snap-ed>
- xv <https://snaped.fns.usda.gov/snap/Guidance/FY2019SNAPedPlanGuidanceFULL.pdf>
- xvi <https://www.fns.usda.gov/cacfp/child-day-care-centers>
- xvii <http://www.southernnevadahealthdistrict.org/download/boh17/20170410/vii-staff-reports-nutrition-standards-policy.pdf>