

Health of Iowa: Impact of Overweight and Obesity



Nutrition and Physical Activity Summary Burden Report
Iowa Department of Public Health
Bureau of Nutrition and Health Promotion
Nutrition and Physical Activity Program

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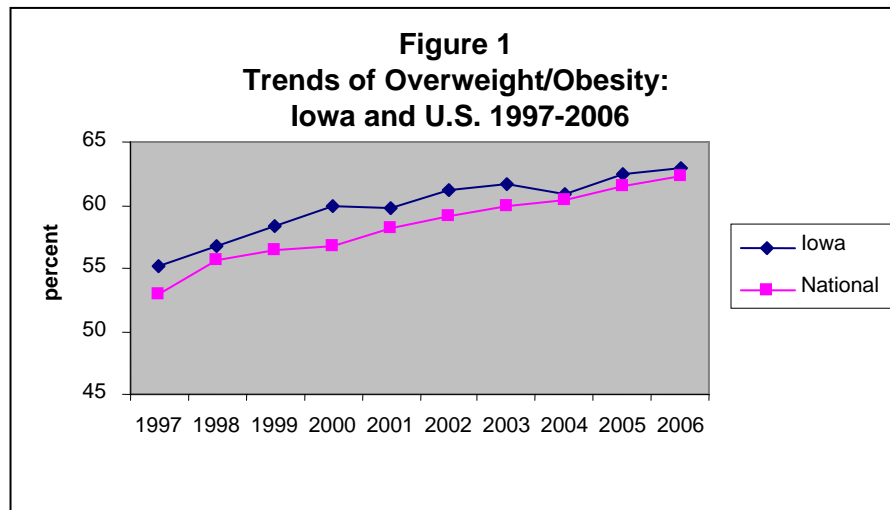
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Prevalence of Overweight and Obesity

Iowa Behavioral Risk Factor Surveillance Survey (BRFSS), 2006

Body mass index (BMI) is used to define overweight and obesity. Overweight is considered to be a BMI value greater than or equal to 25 and less than 30; obesity is considered to be a BMI greater than or equal to 30.¹ The 2006 Behavioral Risk Factor Surveillance Survey (BRFSS) found that 37.2 percent of lowans were overweight and 25.7 percent were obese, based on BMI.

The combined percentage of individuals who were overweight or obese was 62.9 percent. This is higher than the 62.5 percent reported in 2005 reflecting a long trend of increasing overweight and obesity among lowans (see Figure 1). BRFSS data indicate that the number of Iowa adults who are above a healthy weight increased by about 36 percent between 1997 and 2006, compared with a national increase of 32 percent (Figure 1) (Iowa Behavioral Risk Factor Surveillance System 2006 [BRFSS], Bureau of Health Statistics, Iowa Department of Public Health (2006). In 2006, almost two-thirds of the adult population in Iowa was overweight or obese; this estimate was approximately equivalent to 1.5 million lowans. The 2006 national overall overweight and obesity median estimate was 58.9 percent (Iowa Behavioral Risk Factor Surveillance System 2006 [BRFSS], Bureau of Health Statistics, Iowa Department of Public Health (2006).



¹ Body Mass Index (BMI) – A measure of weight in relation to height used to screen for overweight and obesity. The term ‘overweight’ is used to describe anyone with BMI greater than 25 and ‘obese’ for anyone with BMI greater than 30.

Adults

The weight health objective for the nation to be achieved by the year 2010 calls for increasing the prevalence of healthy weight (neither overweight nor obese) to 60 percent among adults age 20 years and older.

In 2006, more males than females self-reported being overweight or obese (Figure 2). Both overweight and obesity increase with age, although the trend reverses slightly for the oldest respondents (Figure 3).

Figure 2
Overweight/Obesity by
Gender, 2006

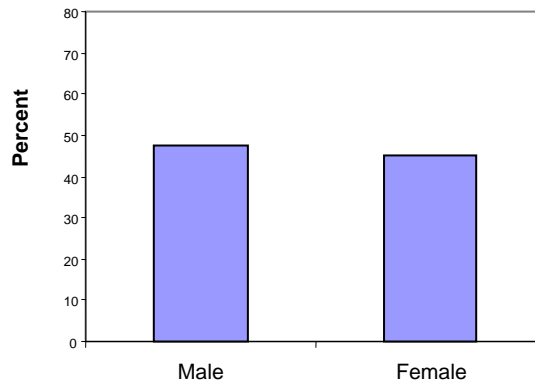
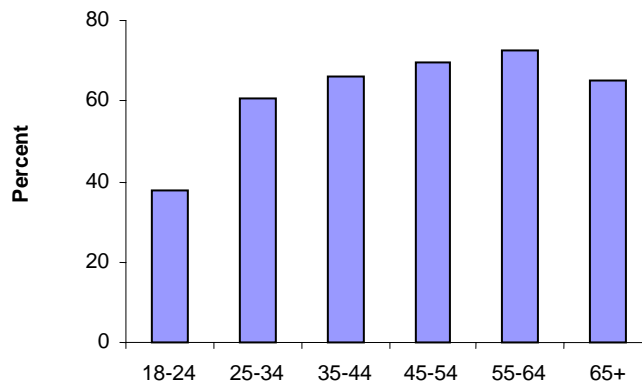


Figure 3
Overweight/Obesity by Age Group, 2006



The demographic group with the highest prevalence rate for overweight/obesity was lowans age 55 to 64 years (73.5%). The group with the lowest prevalence rate was lowans 18 to 24 years old (39%). There is an interaction between sex and age with respect to overweight and obesity such that the percent reduction after age 65 was more pronounced for men than for women; more women were overweight/obese than men in the upper age groups.

Adults

There were minimal disparities in overweight/obesity prevalence rates based on annual household income (Figure 4). The highest level of overweight/obesity occurred among lowans with a high school education (Figure 5).

Figure 4
Overweight/Obesity by
Annual Income, 2006

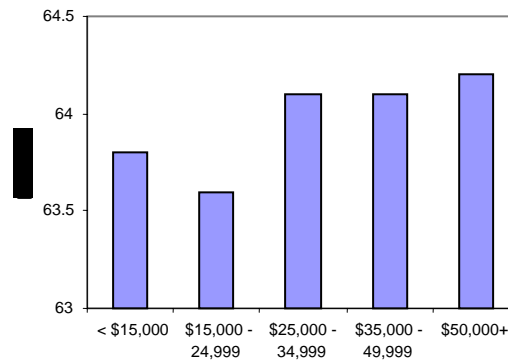
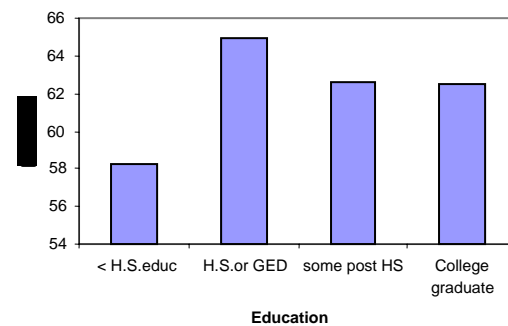


Figure 5
Overweight/Obesity by
Educational Attainment, 2006



In terms of race and ethnicity, the reported number of Blacks and Hispanics who participated in the BRFSS was too low to calculate meaningful percentages of overweight/obesity prevalence rates.

The prevalence of obesity in the United States has doubled in the past two decades. Nearly one-third of adults are obese; that is, they have a body mass index (BMI) of 30 or greater (Dietary Guidelines for Americans, 2005). One of the fastest growing segments of the population is that with a BMI greater than or equal to 30 with accompanying comorbidities. A high prevalence of overweight and obesity is of great public health concern because excess body fat leads to a higher risk for premature death, type 2 diabetes, hypertension, dyslipidemia, cardiovascular disease, stroke,

gall bladder disease, respiratory dysfunction, gout, osteoarthritis, and certain kinds of cancers (Morbidity and Mortality Weekly Report, 1997). While overweight and obesity are currently significant public health issues, not all Americans need to lose weight. People at a healthy weight should strive to maintain their weight, and underweight individuals may need to increase their weight.

Recommendations

(U.S. Department of Health and Human Services and U.S. Department of Agriculture. Dietary Guidelines for Americans, 2005. 6th Edition, Washington, DC: U.S. Government Printing Office, January 2005)

- To maintain body weight in a healthy range, balance calories from foods and beverages with calories expended.
- To prevent gradual weight gain over time, make small decreases in food and beverage calories and increase physical activity.

Key Recommendations for Specific Population Groups

(U.S. Department of Health and Human Services and U.S. Department of Agriculture. Dietary Guidelines for Americans, 2005. 6th Edition, Washington, DC: U.S. Government Printing Office, January 2005)

- *Those who need to lose weight.* Aim for a slow, steady weight loss by decreasing calorie intake while maintaining an adequate nutrient intake and increasing physical activity.
- *Overweight children.* Reduce the rate of body weight gain while allowing growth and development. Consult a healthcare provider before placing a child on a weight-reduction diet.
- *Pregnant women.* Ensure appropriate weight gain as specified by a healthcare provider.
- *Breastfeeding women.* Moderate weight reduction is safe and does not compromise weight gain of the nursing infant.
- *Overweight adults and overweight children with chronic diseases and/or on medication.* Consult a healthcare provider about weight loss strategies prior to starting a weight-reduction program to ensure appropriate management of other health conditions.

Iowa Behavioral Risk Factor Surveillance Survey (BRFSS). 2005

Nutrition

According to the 2005 BRFSS results, Iowans consumed an average of three and one-half servings of fruit or vegetables each day. The percentage of Iowans who ate five or more servings of fruits and vegetables each day was 19.5 percent. This is substantially higher than the 17.2 percent reported in 2003. It is, however, quite similar to the percentage found in 2002.

Table 1 points out that significantly more females than males ate five or more servings of fruits and vegetables each day. Also, older Iowans were more likely to report meeting the five-a day recommendation than younger Iowans (see Table 1). This was also true for those with more education. The demographic group most likely to eat the five or more fruit and vegetables servings was Iowans 75 years old or older (32.9%), while those least likely were those with less than a high school education (10.2%). Hispanics were less likely to eat the recommended five or more servings of fruit and vegetables (see Table 1).

Table 1: Iowans Eating 5 or More Portions of Fruits & Vegetables per Day, 2005

Demographic Groups	Percent
TOTAL	19.5
GENDER	
Male	14.3
Female	24.4
RACE/ETHNICITY	
White/Non-Hisp	19.5
Black/Non-Hisp.	21.8
Other/Non-Hisp.	24.0
Hispanic	14.1
AGE	
18 - 24	13.7
25 - 34	16.2
35 - 44	16.8
45 - 54	19.6
55 - 64	20.5
65-74	22.9
75+	32.9
EDUCATION	
Less than H.S.	10.2
H.S. or G.E.D.	16.5
Some Post-H.S.	20.1
College Graduate	25.3
HOUSEHOLD INCOME	
Less than \$15,000	20.2
\$15,000- 24,999	15.7
\$25,000- 34,999	18.1
\$35,000- 49,999	16.7
\$50,000- 74,999	23.0
\$75,000+	21.8

Recommendations

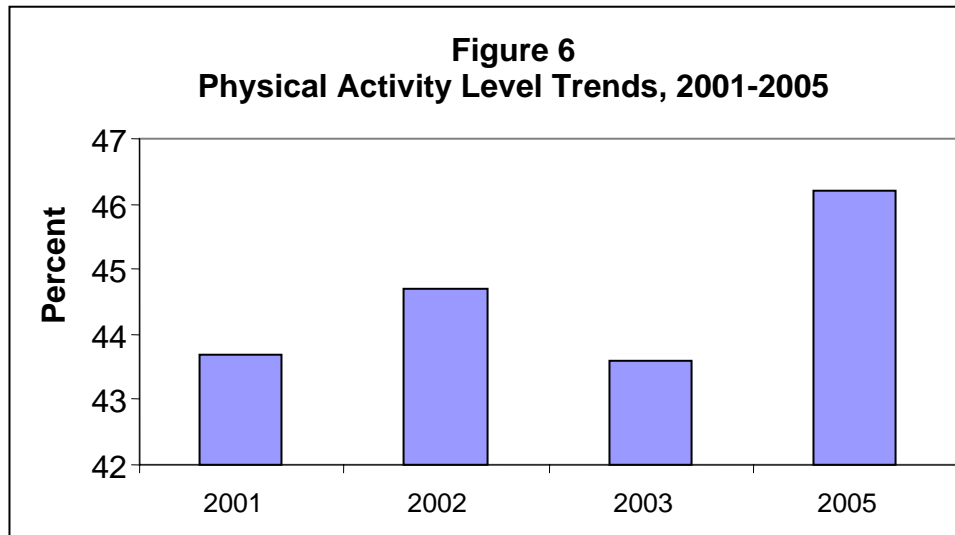
(U.S. Department of Health and Human Services and U.S. Department of Agriculture. Dietary Guidelines for Americans, 2005. 6th Edition, Washington, DC: U.S. Government Printing Office, January 2005)

- Consume a sufficient amount of fruits and vegetables while staying within energy needs. Two cups of fruit and 2½ cups of vegetables per day are recommended for a reference 2,000-calorie intake, with higher or lower amounts depending on the calorie level.
- Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables, and other vegetables) several times a week.
- Consume three or more ounce-equivalents of whole-grain products per day, with the rest of the recommended grains coming from enriched or whole-grain products. In general, at least half the grains should come from whole grains.
- Consume three cups per day of fat-free or low-fat milk or equivalent milk products.

Iowa Behavioral Risk Factor Surveillance Survey (BRFSS), 2005

Physical Activity

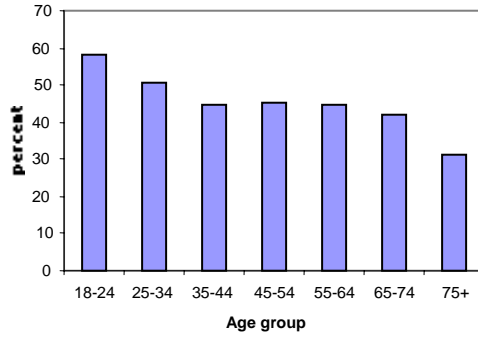
The 2005 BRFSS data found that during the past month 75.3 percent of lowans had engaged in some sort of physical activity for exercise other than their regular job (see Figure 6).



Physical activity may be classified as either moderate or vigorous (Iowa Behavioral Risk Factor Surveillance System 2005 [BRFSS], Bureau of Health Statistics, Iowa Department of Public Health, 2005). Vigorous activities cause large increases in breathing or heart rate; moderate activities cause small increases in breathing or heart rate. The recommended level of physical activity may be either regular, moderate or regular, vigorous. Regular, moderate is defined as physical activity for 30 or more minutes each day for 5 or more days each week. Regular, vigorous is defined as physical activity for 20 or more minutes each day, 3 or more days each week. The percentage of respondents who met the recommended level of physical activity in 2005 was 46.2 percent; 13.3 percent of respondents reported engaging in no physical activity at all. Nationally, the prevalence of adults (2005) who reported at least moderate physical activity ranged from 32.6 percent in Puerto Rico to 59.2 percent in Alaska. Adults who reported vigorous physical activity ranged from 16.8 percent in Kentucky to 36.2 percent in California (Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2005 [BRFSS], 2005).

The percentage of respondents reporting they had engaged in the recommended amount of physical activity was slightly higher for males than for females. In addition, physical activity decreased with age. The lowest percent for all demographic groups considered was for those age 75 years and older (31.1%), while the highest percent was for those age 18 to 24 years (58.4%) (see Figure 7).

Figure 7
Physical Activity Level by
Age Group, 2005



A larger percentage of lowans who were better educated and had a higher annual household income engaged in the recommended amount of physical activity (Figure 8 and Figure 9). White non-Hispanics were more likely to engage in the recommended amount of physical activity.

Figure 8
Physical Activity Level by
Educational Attainment, 2005

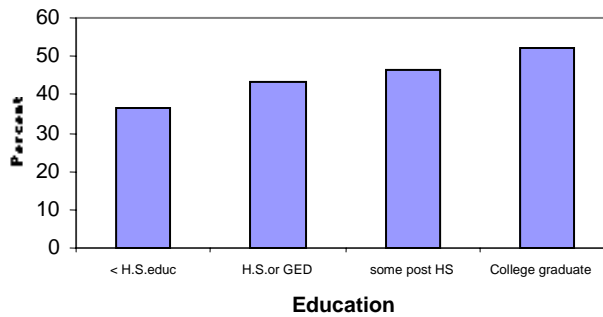
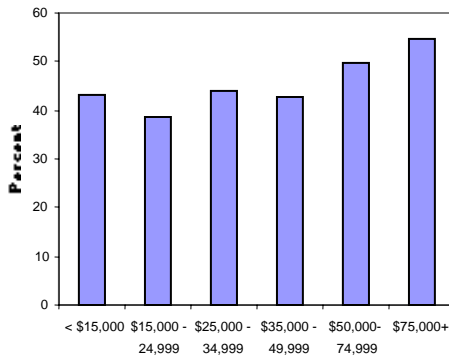


Figure 9
Physical Activity Level by
Annual Income, 2005



To assess a sedentary lifestyle, survey respondents were asked how many hours were spent watching television, playing video games, or at the computer for leisure activity. The average amount of time engaged in such activities was 2.7 hours each day; the median was two hours. About 5.8 percent said they engaged in such activities never or less than daily, while 0.8 percent responded twelve or more hours each day.

Respondent were asked if they walked for exercise. One-third (33%) reported walking daily or nearly every day; 14.4 percent reported never walking for exercise.

Recommendations

All healthy adults ages 18 to 65 years need moderate-intensity aerobic physical activity for at least 30 minutes on five days each week or vigorous-intensity aerobic physical activity for at least 20 minutes on three days each week, according to updated physical activity guidelines released today by the American College of Sports Medicine (ACSM) and the American Heart Association (AHA) (Haskell, Lee, Pate, Powell, Blair, Franklin, Macera, Heath, Thompson, & Bauman, 2007).

For more information or additional details on the physical activity guidelines, please visit www.americanheart.org/fitness.

Overweight and Obesity

Iowa Youth Risk Behavior Survey (YRBS), 2005

The Youth Risk Behavior Survey (YRBS) was established by the U.S. Centers for Disease Control and Prevention (CDC) to help monitor the prevalence of behaviors that put youth at risk for serious health and social problems. The YRBS is used by the State of Iowa to monitor these behaviors among young Iowans. The most recent findings available from the 2004-05 survey focused on students who were attending Iowa public high school (grades 9 through 12, traditional and alternative schools). Schools were randomly selected to be in the final sample; in total, 30 schools participated in the survey. The overall response rate was 65 percent. Final data were weighted so that the results of the survey can be generalized to all high school students in Iowa in 2005.

The self-reported data found that 14.8 percent of Iowan youth surveyed described themselves as overweight and 12.2 percent described themselves as obese, (self-reported height and weight). The combined percentage of self-reported overweight or obesity was 27 percent.

The percentage of females who self-described being overweight (39%) was significantly higher than males (26.9%). However, proportionately fewer female youth than male youth were actually overweight, based on Body Mass Index as determined by their reported height and weight (see Figure 10). Further, more females than males indicated they were trying to lose weight through various strategies.

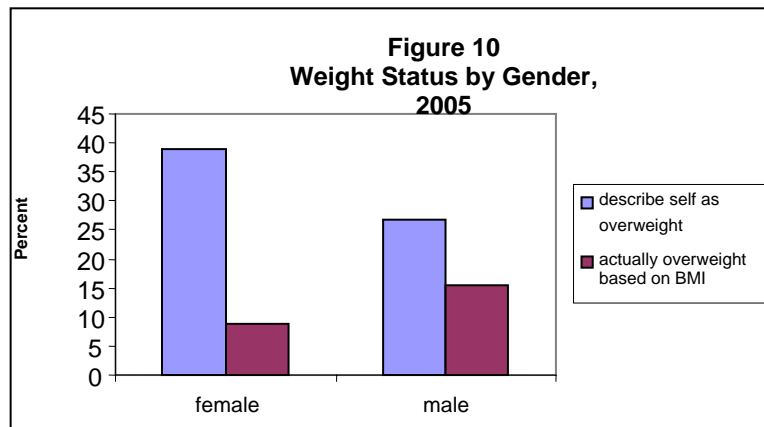
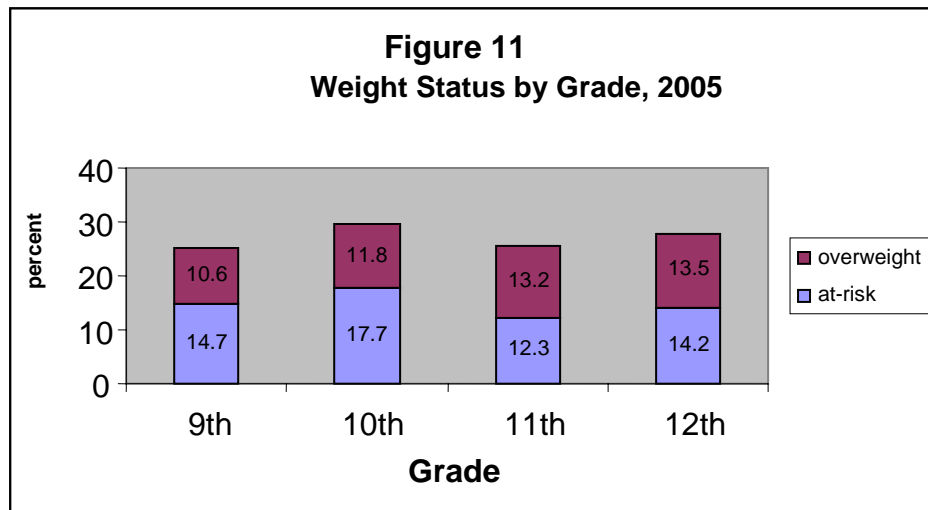


Figure 11 indicates that the highest combined percent who self-reported as at-risk (17.7%) or overweight (11.8%) was 10th graders (29.5); the lowest combined percent was among 9th graders (14.7% and 10.6%, respectively). Overall, the

Children

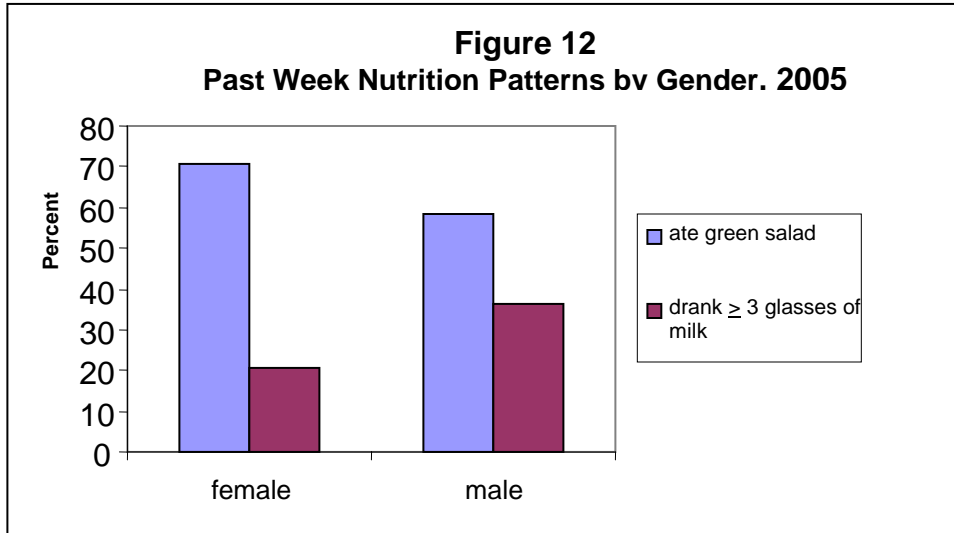
percentage who self-described as “slightly” or “very overweight” was 32.7 percent, which is larger than the sum of the two percentages based on the BMI status calculated from self-reported height and weight (27%).



Overall, 46.3 percent of surveyed students indicated they were trying to lose weight; during the past month, 42.5 percent ate less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight. 12.5 percent went without eating for 24 hours or more to lose weight or to keep from gaining weight during the past month.

In total, 64.4 percent of youth reported eating green salad one or more times during the past week (see Figure 12). Significantly more females ate green salad at least once during the past week; significantly more males drank at least three glasses of milk daily during the past week.

More 11th graders than 12th graders ate fruit and drank three or more glasses of milk during the past week. Overall, 16.6 percent of students reported eating five or more servings of fruits and vegetables daily during the past week and 28.6 percent reported drinking three or more glasses of milk daily during the past week.



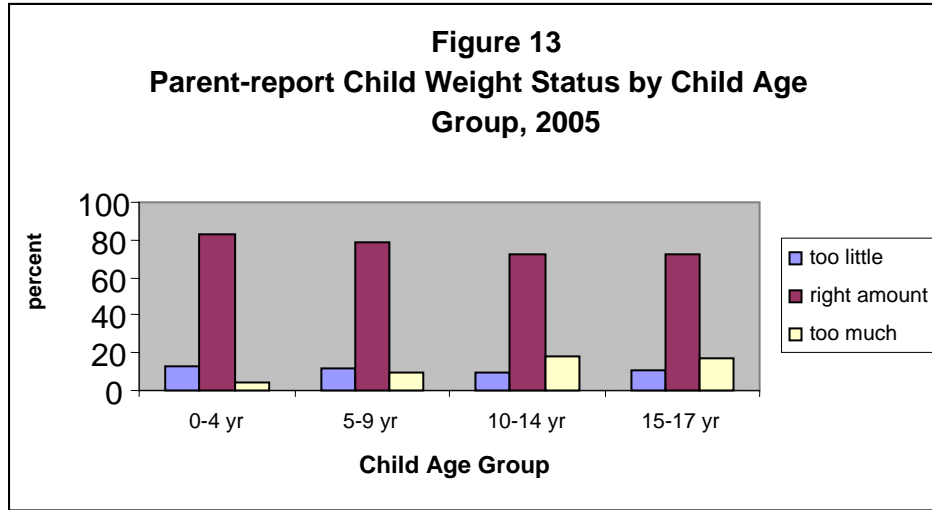
Nutrition

The 2005 Iowa Child and Family Household Health Survey (HHS) was conducted using a statewide telephone interview with families, plus an oversample of underrepresented minority families. The interview focused on children's health status including the identification of those with special health care needs, access to and utilization of health care services, plus behavioral and emotional health care.

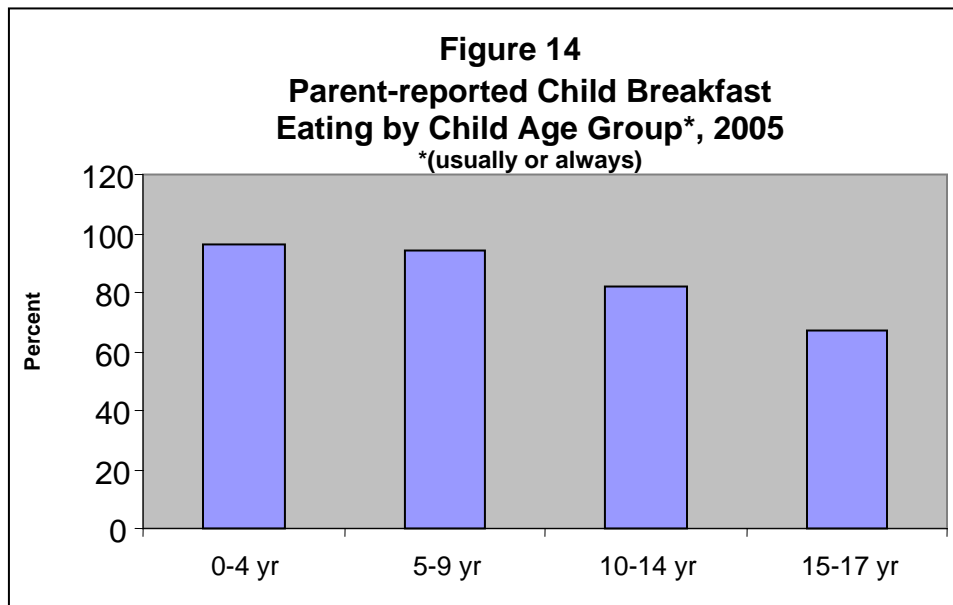
The 2005 HHS was a telephone population-based survey. Phone numbers dialed included a combination of random digit dialing and targeted phone numbers obtained from a private vendor. Targeted lists came from a variety of resources including white pages and other lists (e.g., voter registration, magazine subscriptions, warranty cards, census data). Screening questions were asked to determine if the number was connected to a private residence; if so, if there was at least one child living in the household. The survey questions were answered by the 'adult most knowledgeable about the health and well-being' of one randomly chosen child in the household and the questions were asked about that child.

The data collection, not counting the oversample, yielded 3,674 cases. Respondents were primarily mothers (77%) and fathers (18%). The other 5 percent of respondents included grandmothers (2%), step-parents (2%), and 1 percent other relatives and guardians.

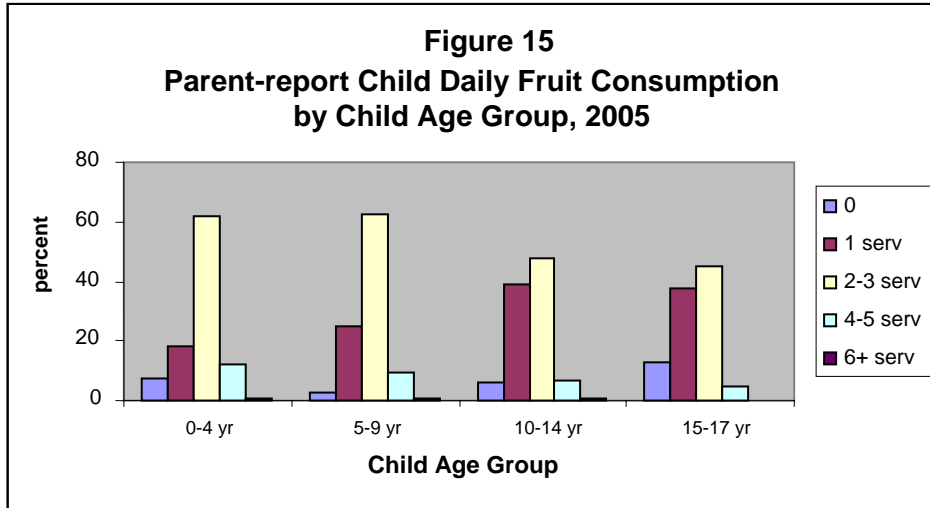
Parents were asked how their child's height and weight compared to that of other children in the same age group. Parents were asked if their child weighed "the right amount, too much, or too little." For the most part, parents responded that their child weighed "the right amount" for their age group (Figure 13).



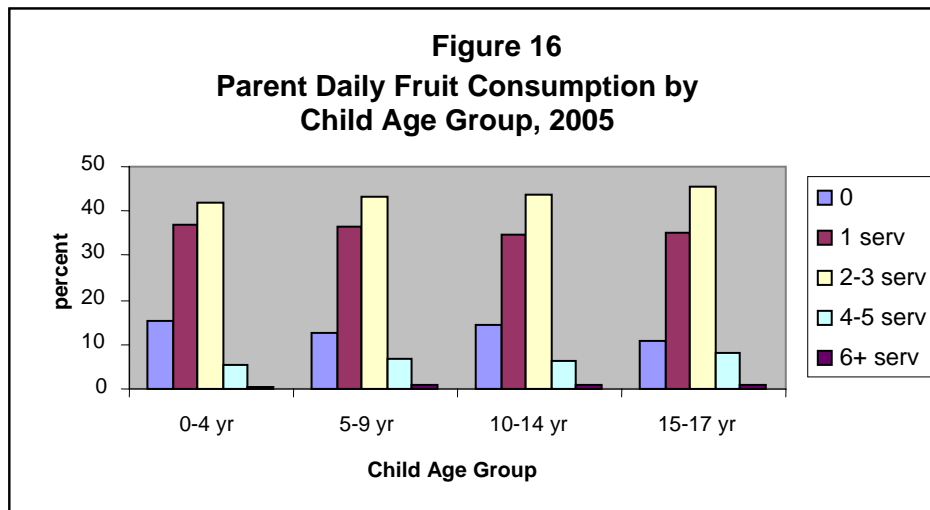
To learn more about nutrition and exercise, parents were asked about the eating and exercise practices of their child. Parents reported that almost 9 out of 10 children “usually” or “always” ate breakfast (86%). Younger children were more likely to eat breakfast every day than older children (Figure 14).



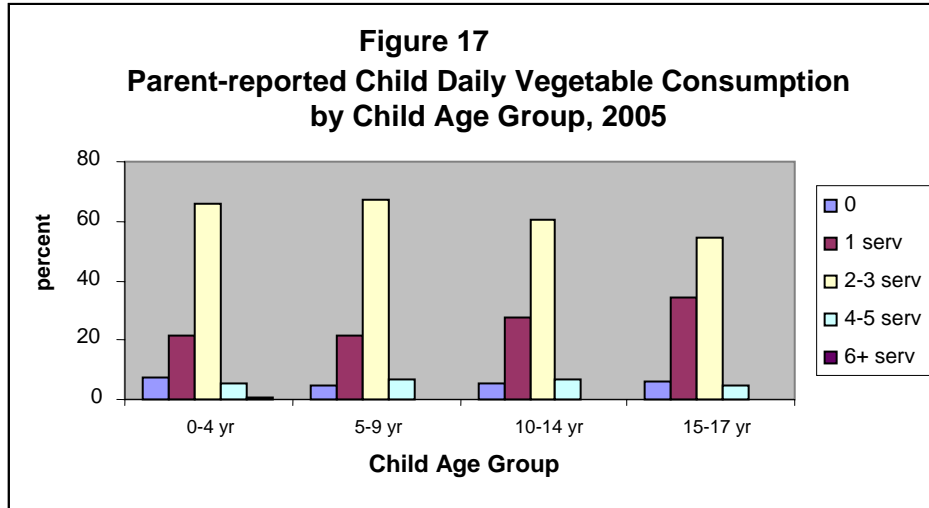
Parents were asked the number of fruit servings their child ate (not counting fruit juice) on an average day. For all age groups, the most reported response was two to three servings daily (Figure 15). Younger age groups tended to eat more fruit than older age groups.



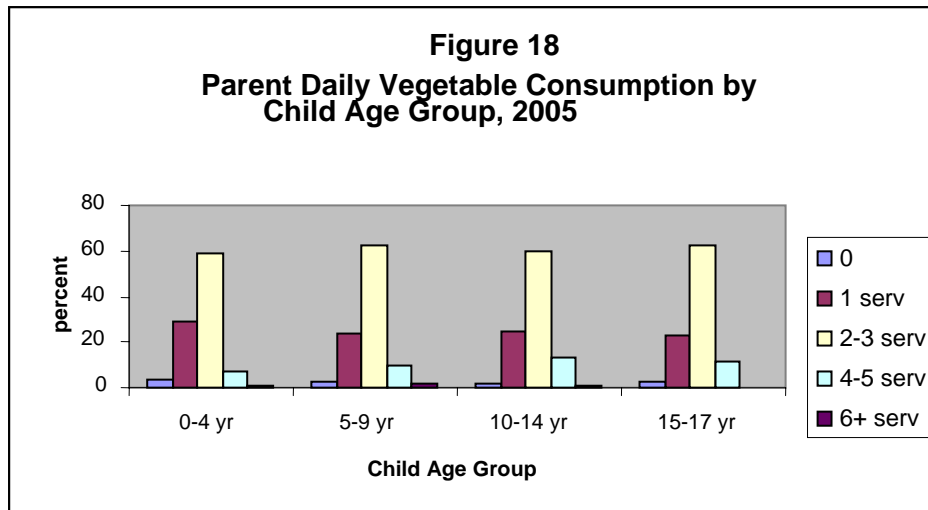
Parents were asked the number of fruit servings they ate on an average day; responses were reported by their child’s age group. Across all age groups, the most reported response was two to three servings daily (Figure 16). A similar pattern was observed for the daily consumption of fruit by children.



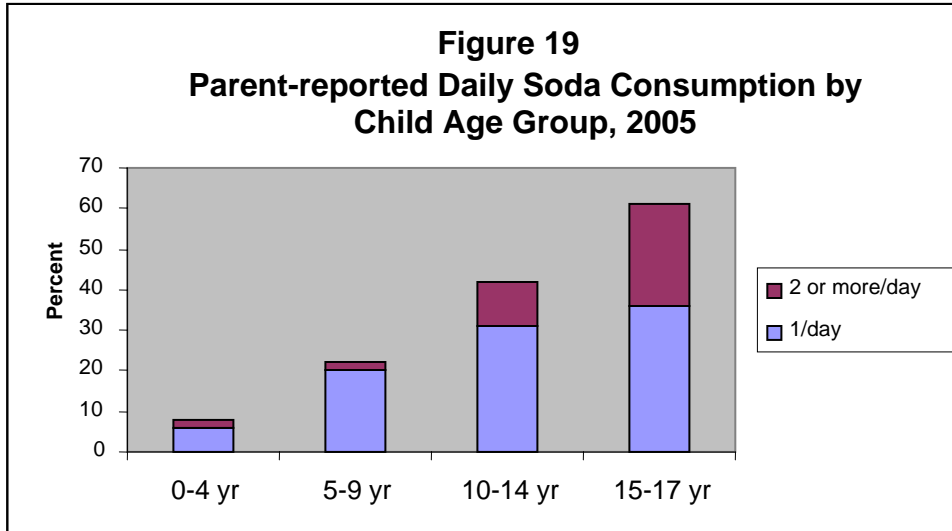
Parents were asked the number of vegetable servings their child ate on an average day. For all age groups, the most frequently reported response was two to three servings daily although this response declined with the child’s age (Figure 17).



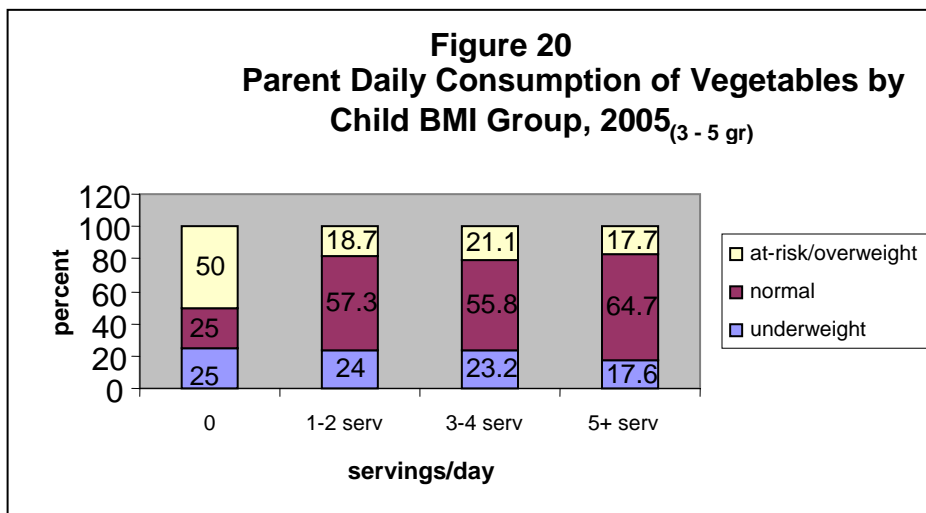
Parents were asked the number of vegetable servings they ate on an average day; parent responses were categorized by the age group of their child. Across all childhood age groups, the most reported response by parents was two to three servings daily (Figure 18). This is similar to the pattern observed for the number of vegetable servings consumed by the children.



Parents reported on their child's daily soda consumption; just over two-thirds of children (69%) did not drink soda on an average day. Approximately one-quarter (23%) drank one serving each day, and 9 percent drank two or more servings each day. Older children drank more soda than younger children (Figure 19).

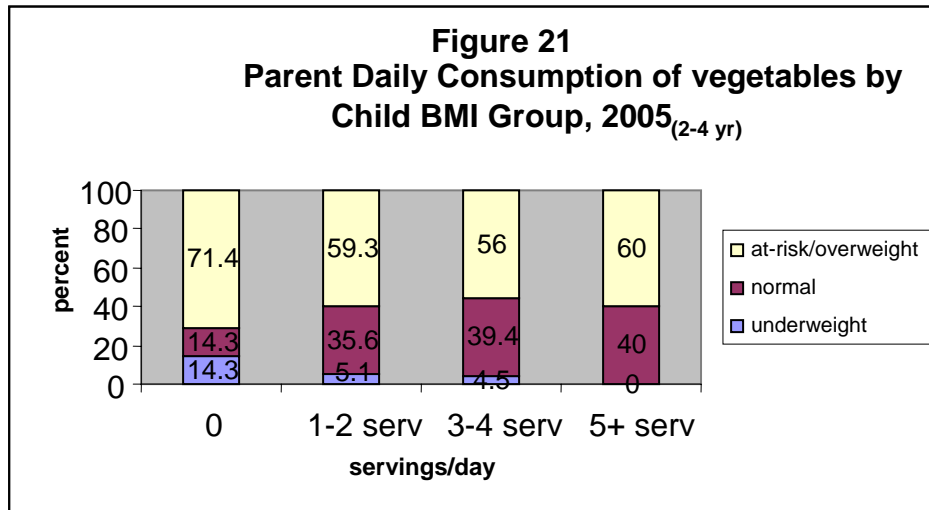


Separate analyses were conducted to more carefully examine the nutritional behaviors of third through fifth grade students. Figure 20 indicates that for parents who reported eating at least one serving of vegetables daily also reported their child’s BMI (calculated from parent-reported child height and weight) was in the normal range. Across both “normal” and “underweight” BMI groups, the most reported response was at least one serving daily (Figure 20). Among those parents who reported they did not consume vegetables, one-half had a child in the at-risk or overweight BMI group.



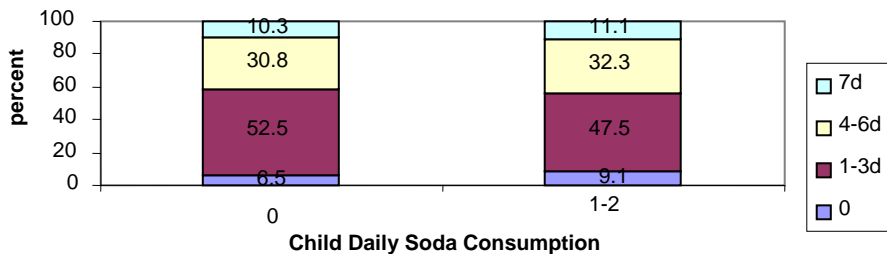
Separate analyses were also conducted with parents who had a child in the 2 through 4 years of age group. Parents were asked the number of vegetable servings they ate on an average day; responses were reported by their child’s BMI group. Across both “normal” and “underweight” BMI groups, the most reported response was three to four servings daily (Figure 21). Among those

parents who reported they did not consume vegetables, 71 percent had a child in the at-risk or overweight BMI group.



Parents with a child in the third through fifth grade were asked about their child's average daily soda consumption; responses were reported by the child's level of physical activity. Among those children who did not drink soda daily, over one-half engaged in one to three days of vigorous physical activity; among those children who drank one to two sodas daily, less than one-half engaged in one to three days of vigorous physical activity (Figure 22).

Figure 22
Parent-reported Child Activity by Child Soda Consumption, 2005*
 (3-5 gr)
 *(# of days vigorous activity past week for ≥ 20 minutes)

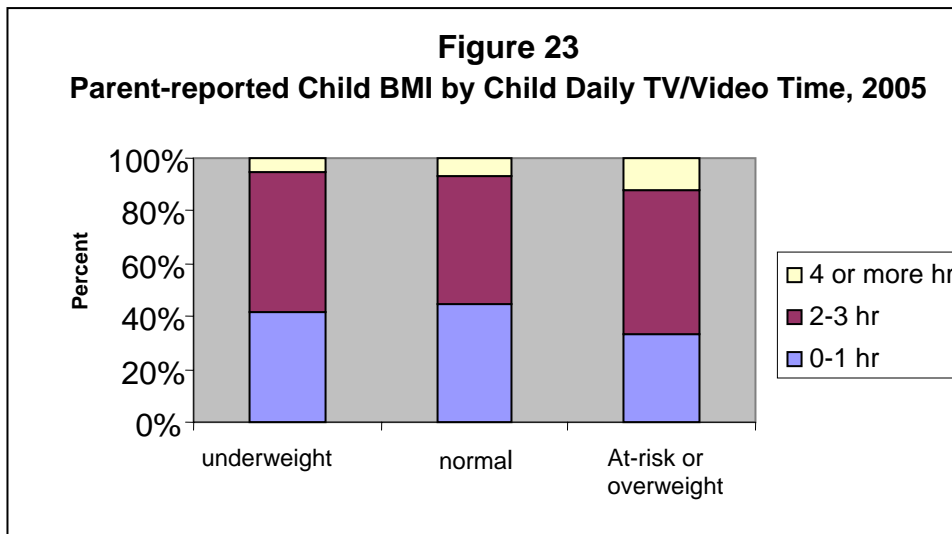


Physical Activity

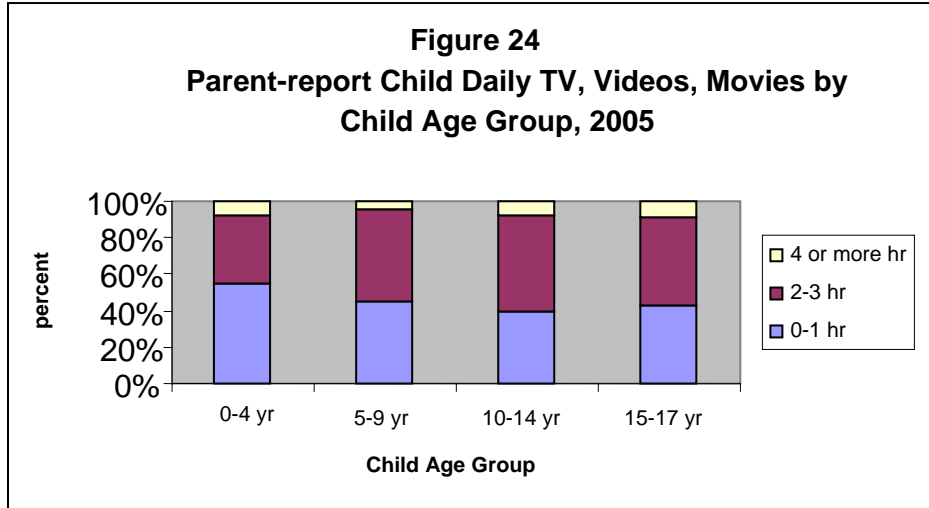
In the 2005 HHS, parents reported that over one-third of children did moderate activities (e.g., brisk walking, bicycling, yard work) for at least 30 minutes every day. Forty percent of children did vigorous, heart-rate increasing activities at least four times each week.

Sedentary activities, such as watching television or videos, playing video games, and using computers, have been cited as a factor affecting childhood obesity. Among the 90 percent of children who watched some television daily, two hours was the average time spent watching television. Over one-half of children watched more than two hours daily of television, videos, or movies. Fifty-eight percent of children used the computer or played video games daily, with an average time of 1.5 hours. Almost 20 percent of children in Iowa played video games or used computers for at least two hours daily.

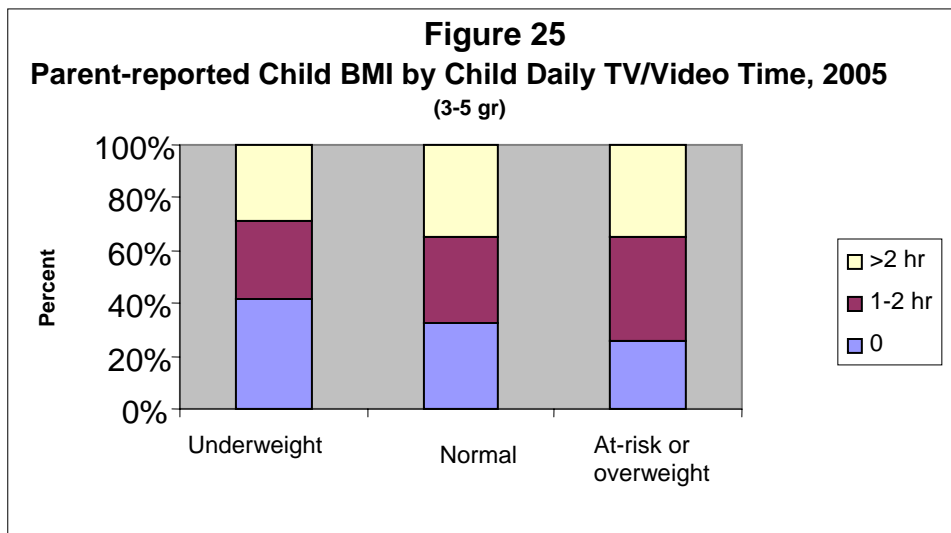
Children who watched less television or videos were more likely to have parents reporting their weight to be 'the right amount' or 'too little' (Figure 23).



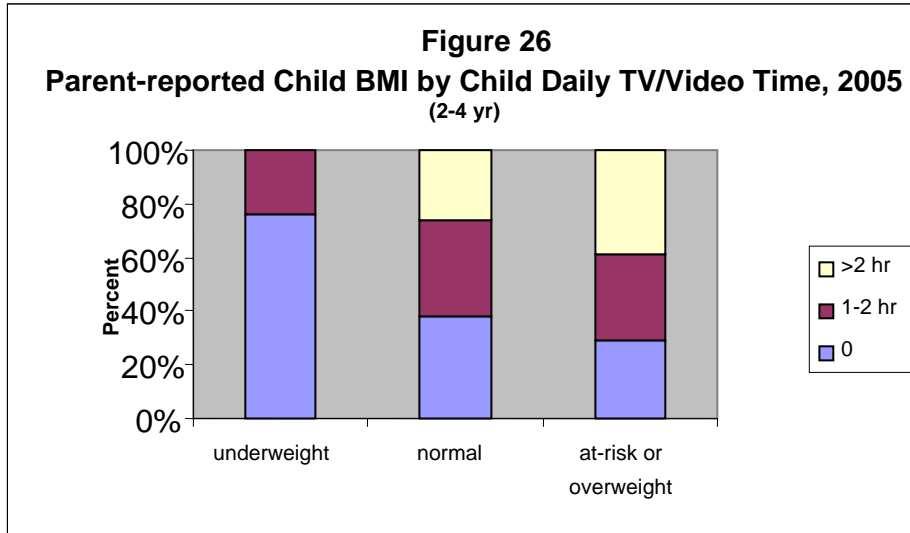
Children who were under four years of age watched less television or videos on a daily basis; across all age groups, children who were 10 to 14 years of age tended to view television or videos for a greater amount of time on a daily basis (Figure 24).



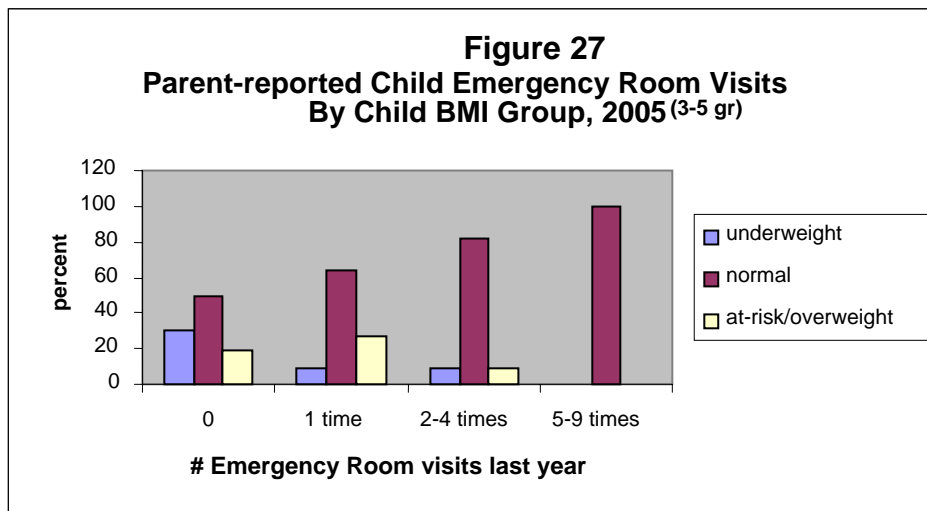
For children who were in the third through fifth grade, parents who reported their child was “underweight” watched less television or videos on a daily basis in contrast to parents who reported their child was at-risk or overweight (Figure 25).



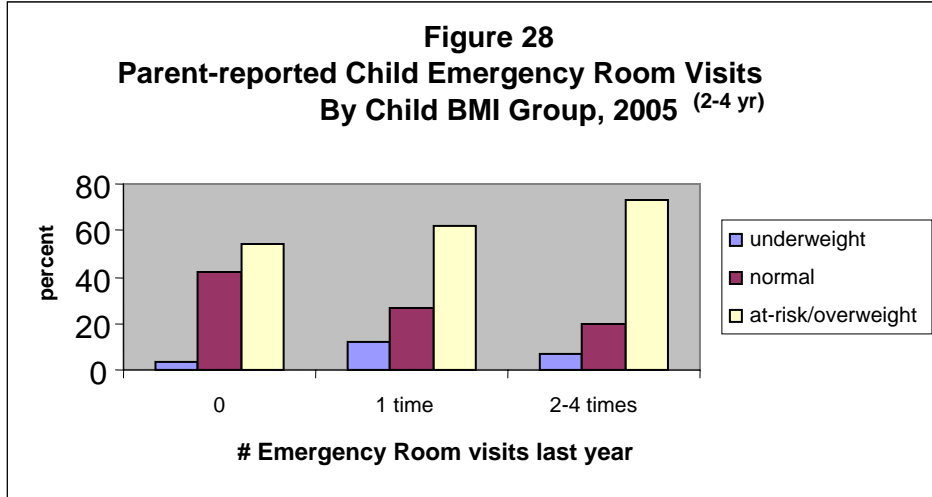
In a similar finding for children who were between 2 and 4 years of age, parents who reported their child was “underweight” watched less television or videos on a daily basis in contrast to those parents who reported their child was at-risk or overweight (Figure 26). In fact, children who were considered “underweight” did not watch television or videos more than two hours daily in contrast to children who were considered normal or at-risk/overweight.



For third through fifth grade students, parents who reported their child was at a “normal” weight also reported the most emergency room visits in contrast to parents who reported their child was underweight or at-risk/overweight (Figure 27).



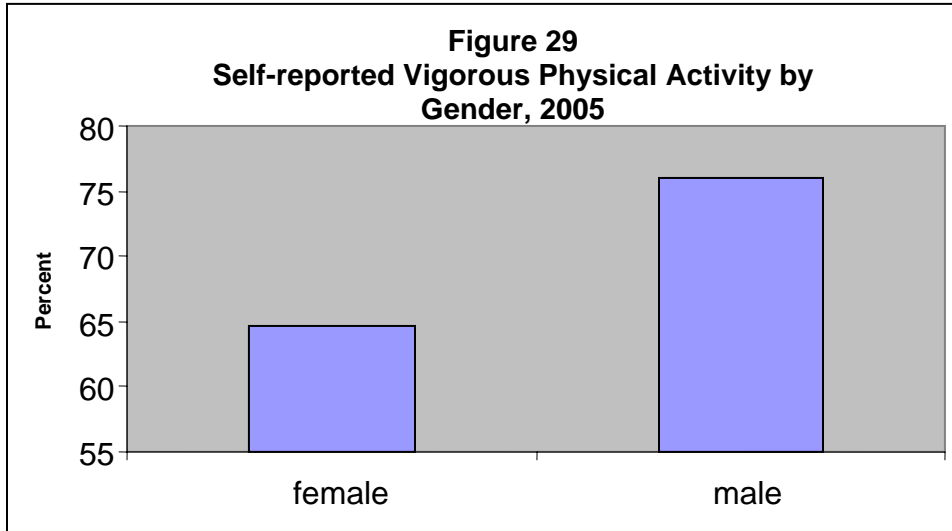
For those children who were 2 through 4 years of age, parents who reported their child was “at-risk/overweight” also reported the most emergency room visits in contrast to those parents who reported their child was underweight or at-risk/overweight (Figure 28).



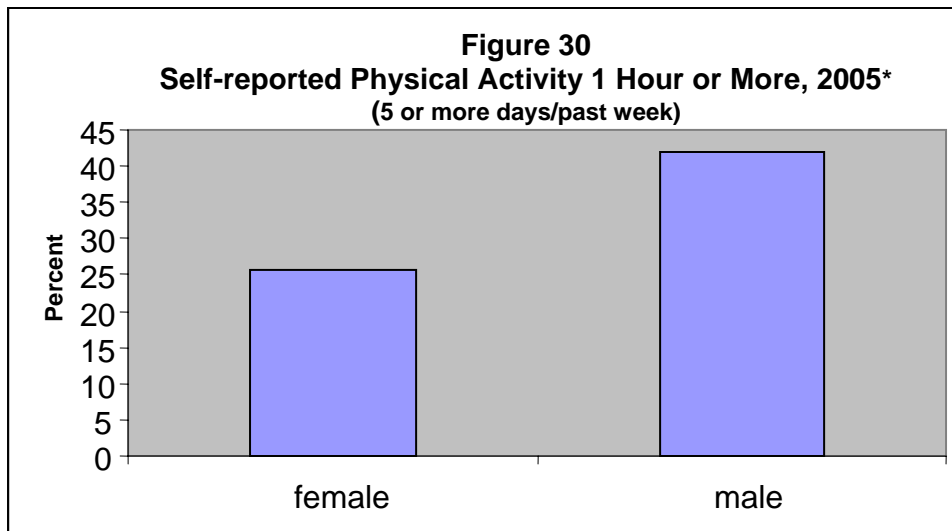
Iowa Youth Risk Behavior Survey (YRBS), 2005

Physical Activity

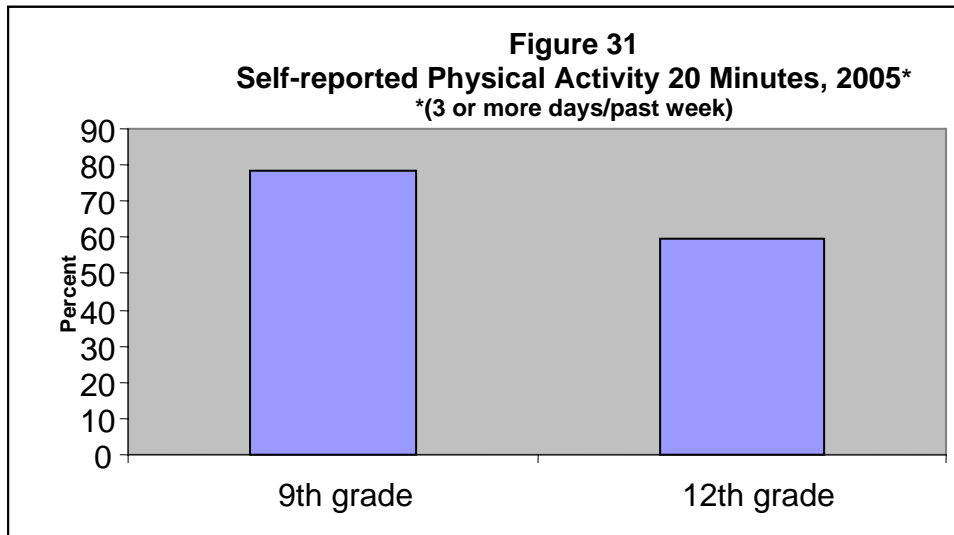
Among Iowa youth responding to the 2005 YRBS (i.e., 9th through 12th graders), fewer females (64.7%) than males (76%) reported exercising or participating in physical activity that induced sweating or hard breathing for 20 minutes or more on three or more days during the past week (Figure 29).



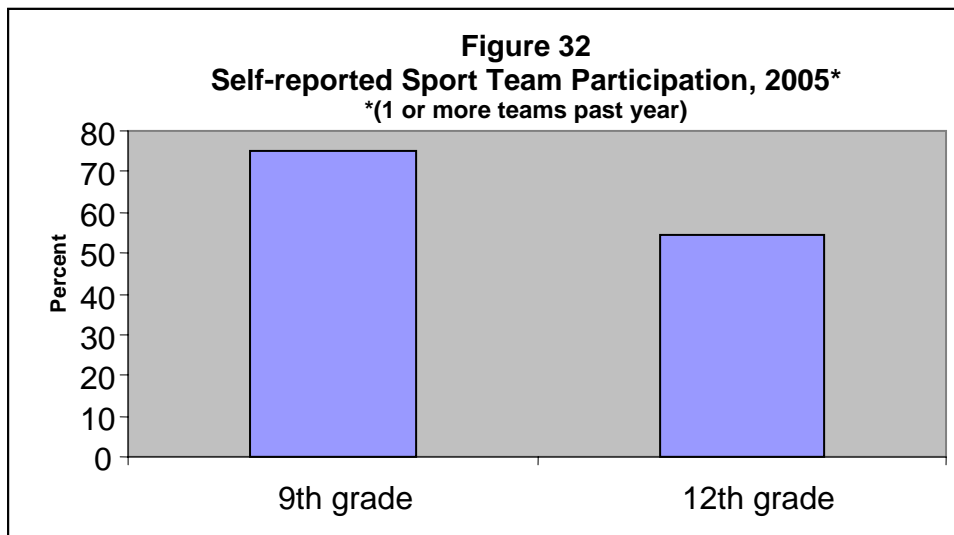
Fewer females (25.6%) than males (42%) were physically active for one hour or more each day on five or more of the past week (Figure 30).



More 9th graders (78.3%) than 12 graders (59.8%) exercised or participated in physical activity that made them sweat or breathe hard for at least 20 minutes on at least three days in the past week (Figure 31).



More 9th graders (75.2%) than 12th graders (54.4%) played on at least one sports team during the past year (Figure 32).



More females than males had not participated in a sufficient amount of either vigorous or moderate physical activity during the past week. More 12th graders than 9th, 10th or 11th graders had not participated in a sufficient amount of either vigorous or moderate physical activity during the past week.

Children

Across all the grades, 10.3 percent indicated they attended a physical education (PE) class daily. Among those students who were enrolled in a PE class, 83.9 percent exercised or played sports for more than 20 minutes during an average physical education class. 66.9 percent played on at least one sports team during the past year.

Recommendations

It is recommended that children and adolescents participate in at least 60 minutes of moderate intensity physical activity most days of the week, preferably daily (Dietary Guidelines for Americans, 2005).

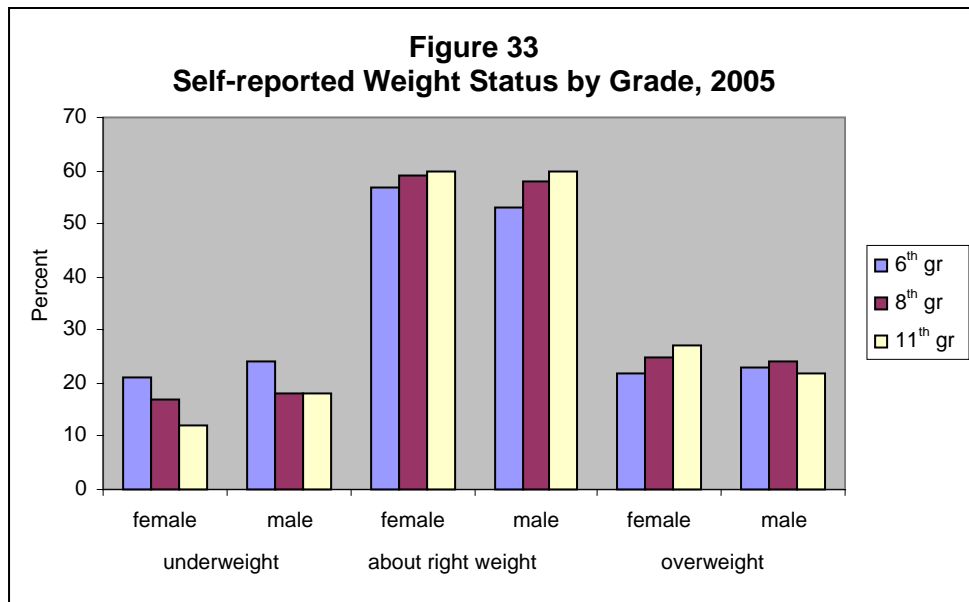
Iowa Youth Survey (IYS), 2005

Overweight and Obesity

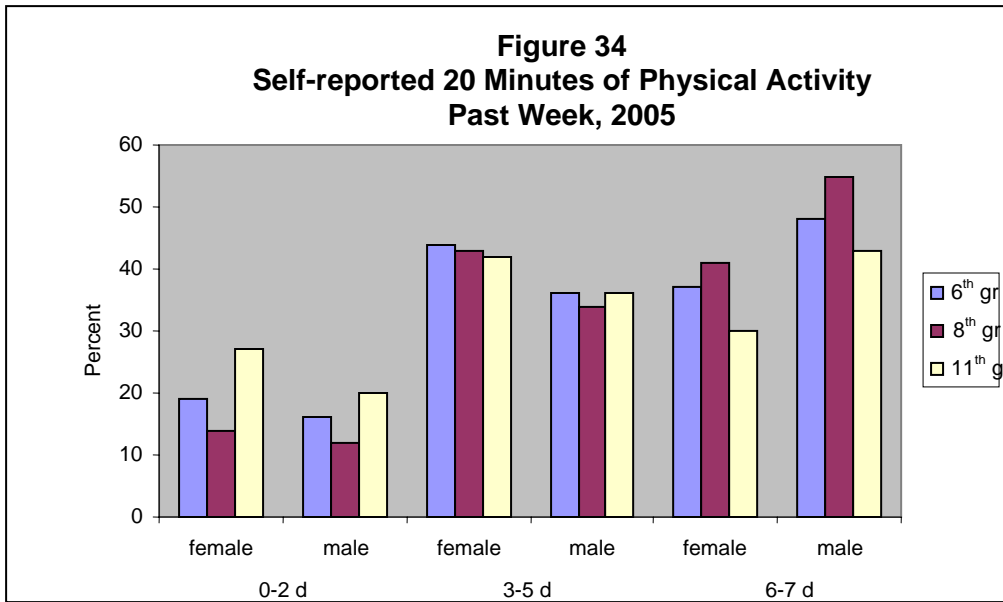
The 2005 Iowa Youth Survey (IYS) has been completed every three years since 1975. Participants are from all public school districts in grades 6, 8, and 11, as well as 14 to 18 year-old students in alternative programs, plus all statewide non-public schools.

In 2005, some of the survey questionnaires were completed in 359 of Iowa’s 365 public school districts (98.4%), and in 27 of the 194 non-public schools (13.9%). A total of 95,895 students in public school districts and 2,351 students in nonpublic schools participated in the survey; each county was represented by at least 241 students (except Adams County [181 students] and Ringgold County [151 students]).

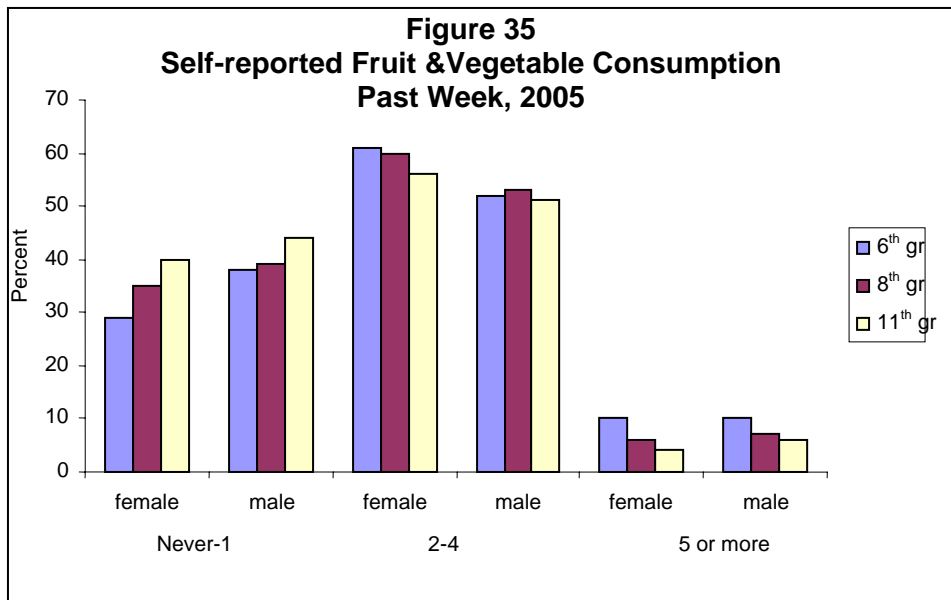
In the 2005 IYS, 18 percent of participating youth (6th, 8th, and 11th grades) self-described as “underweight”, 58 percent as “about the right weight”, and 25 percent as “overweight”. Figure 33 depicts the differences between males and females across the grades.



Eighteen percent of students (6th, 8th, and 11th grades) reported that during the past year, they engaged in 20 minutes or less of physical activity on two days, 40 percent reported three to five days, and 42 percent reported six to seven days. Figure 34 depicts the differences between male and female students across the three grades (i.e., 6th, 8th, 11th grades).



Thirty-eight percent of students (6th, 8th, and 11th grades) reported that during the past week, fruit and/or vegetables were eaten never to once daily; 55 percent reported two to four times daily; and 7 percent reported five or more times daily. Figure 35 depicts the differences between males and females across the three grades.



Iowa Pediatric Nutrition Surveillance System (PedNSS), 2006

Overweight and Obesity

At risk of overweight and overweight: Iowa Women Infants and Children Ages 2 to 5 Years

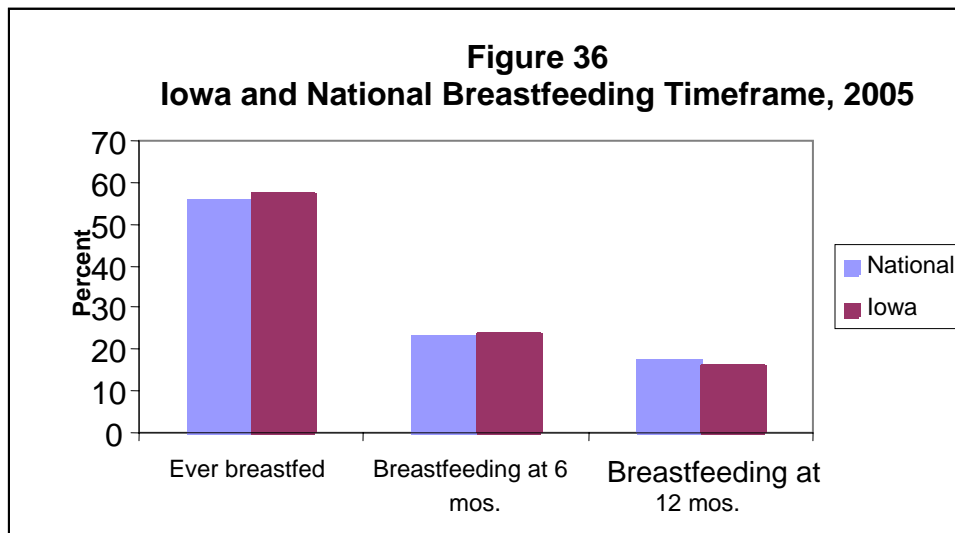
Approximately one-third (32.5 percent) of children ages two to five in the Iowa Women Infants and Children (WIC) Program are at-risk of overweight or overweight (BMI 85th to 100th percentile); 17.9 percent are at-risk of overweight and 14.6 percent are overweight. The Iowa percentages are slightly higher than the proportion of children ages two to five years who are at-risk of overweight or overweight based on estimates from national data, 30.8 percent (Centers for Disease Control and Prevention. Pediatric Nutrition Surveillance System) (2006 data from the Iowa WIC Program, 2006).

Breastfeeding

Iowa Pediatric Nutrition Surveillance System (PedNSS), 2005

The most important thing parents can do to help their children maintain a healthy weight is to provide them with a healthful, balanced diet and encourage them to be physically active. Recent research also suggests that breastfeeding for as long as possible helps prevent childhood overweight (Grummer-Strawn, 2004).

Data from the 2005 PedNSS survey show that among mothers enrolled in the Iowa WIC Program the percentages who have ever breastfed their infants (57.7%), breastfed for 6 months (23.8%), and breastfed for 12 months (16.5%) are close to the percentages for the nation as a whole (56.1%, 23.4%, and 17.6%, respectively).



Key Findings from the National Immunization Survey related to breastfeeding practices among children born in 2004 found (Table 2) (CDC, Breastfeeding Practices — Results from the National Immunization Survey, 2004):

- The percent of children breastfed at birth, at 6 months, and at 12 months continues to increase in the United States.
- Among children born in 2004, 21 states in the United States achieved the national *Healthy People 2010* objective of 75 percent of mothers initiating breastfeeding; whereas 9 and 12 states achieved the objective of having 50 percent of mothers breastfeeding their infant at 6 months of age and 25 percent of mothers breastfeeding their infant at 12 months of age, respectively. Eight states — Alaska, California, Hawaii, Montana, Oregon, Utah, Vermont, and Washington — achieved all three of these Healthy People 2010 objectives.

- Consistent with previous research, the data revealed that non-Hispanic black and socioeconomically disadvantaged groups have lower breastfeeding rates.

Table 2. Rates of breastfeeding by birth year, National Immunization Survey, United States, 2004. (CDC, Breastfeeding Practices — Results from the National Immunization Survey, 2004).

	1999	2000	2001	2002	2003	2004
Early postpartum	68.3	70.9	71.6	71.4	72.7	73.8
At 6 months	32.6	34.2	36.9	37.6	39.1	41.5
At 12 months	15.0	15.7	18.2	19.0	19.6	20.9

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