

What Kentuckians think about childhood obesity

Children who are overweight or obese are at an increased risk for health problems now and when they reach adulthood. According to a 2007 study, 37% of Kentucky children ages 10-17 are overweight or obese, compared with 32% of children ages 10-17 across the nation.¹ Kentucky has the fourth highest rate of childhood obesity and overweight in the U.S.

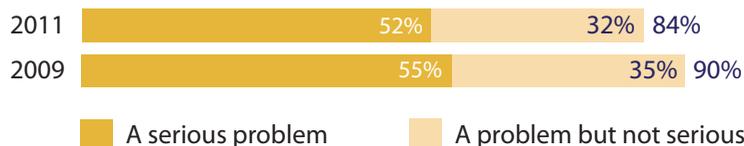
To learn what Kentuckians think about this important health issue, the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati included questions about childhood obesity on the latest *Kentucky Health Issues Poll (KHIP)*.

Most think childhood obesity is a serious problem

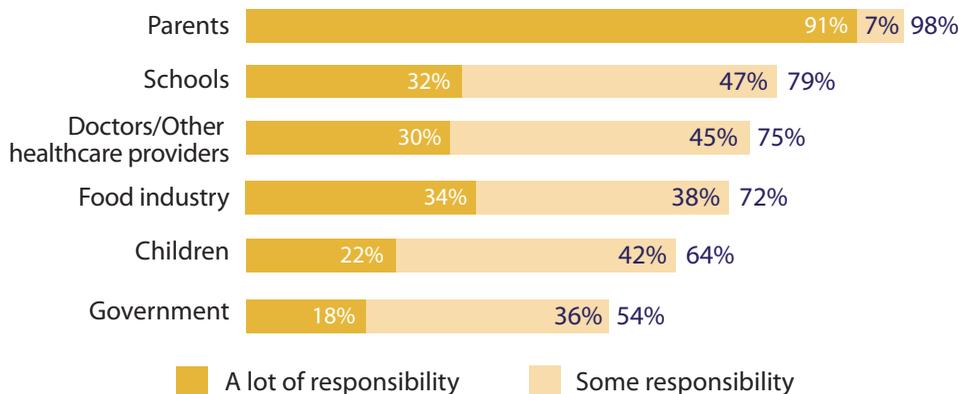
More than half of Kentucky adults (52%) said that childhood obesity was a serious problem in Kentucky. An additional 1 in 3 said that

¹ Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health, Data Resource Center for Child and Adolescent Health Available at www.childhealthdata.org. Children with a body mass index (BMI) between the 85th and 95th percentiles were classified as overweight; those with a BMI at or above the 95th percentile were classified as obese.

Some people say childhood obesity is a problem in Kentucky, while others do not. Would you say childhood obesity is a serious problem, a problem but not serious, or not a problem? (Graph presents only those who said it was a serious problem or a problem but not serious.)



How much responsibility does each of the following have in addressing the problem of childhood obesity in Kentucky? (Asked only of those who said childhood obesity was a problem.)



childhood obesity was a problem, but not serious (32%). Though 84% of Kentucky adults view childhood obesity as a problem, this is a smaller percentage than in the past. On the 2009 KHIP, 9 in 10 Kentuckians (90%) reported that childhood obesity was either a serious problem, or a problem, but not serious.

Parents considered most responsible for addressing childhood obesity

Respondents were asked who they felt had the most responsibility for addressing the problem of

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These findings unless otherwise noted are from the Kentucky Health Issues Poll, funded by the Foundation for a Healthy Kentucky and The Health Foundation of Greater Cincinnati. The Kentucky Health Issues Poll was conducted Sept. 27-Oct. 27, 2011, by the Institute for Policy Research at the University of Cincinnati. A random sample of 1,621 adults from throughout Kentucky was interviewed by telephone. This included 1,313 landline interviews and 308 cell phone interviews. In 95 of 100 cases, the statewide estimates will be accurate to $\pm 2.5\%$. There are other sources of variation inherent in public opinion studies, such as non-response, question wording or context effects that can introduce error or bias.

For more information about the Kentucky Health Issues Poll, please visit www.healthy-ky.org or www.healthfoundation.org/khip.html.

childhood obesity. More than 8 out of 10 reported that parents had the most responsibility (84%).

Others also seen as bearing responsibility

While parents were viewed as having the most responsibility for addressing childhood obesity, a majority of respondents indicated that other parties also bear responsibility.

Nearly all respondents (98%) said parents have some or a lot of responsibility for addressing childhood obesity. About 8 in 10 respondents (79%) said schools had some or a lot of responsibility. Respondents also said doctors and other healthcare providers (75%), the food industry (72%), children themselves (64%) and the government (54%) have some or a lot of responsibility for addressing childhood obesity.

Lifestyle changes most often cited to address childhood obesity

When asked what should be done to address the childhood obesity problem in Kentucky, lifestyle changes were the most common recommendations. Respondents most often suggested teaching children about healthy eating (27%), encouraging exercise (12%), curtailing junk food (11%) and monitoring portion sizes (11%).