

2013 Georgia High School Student Overweight and Obesity Fact Sheet

Schools play a critical role in improving dietary and physical activity behaviors of adolescents.

What is the problem with obesity?

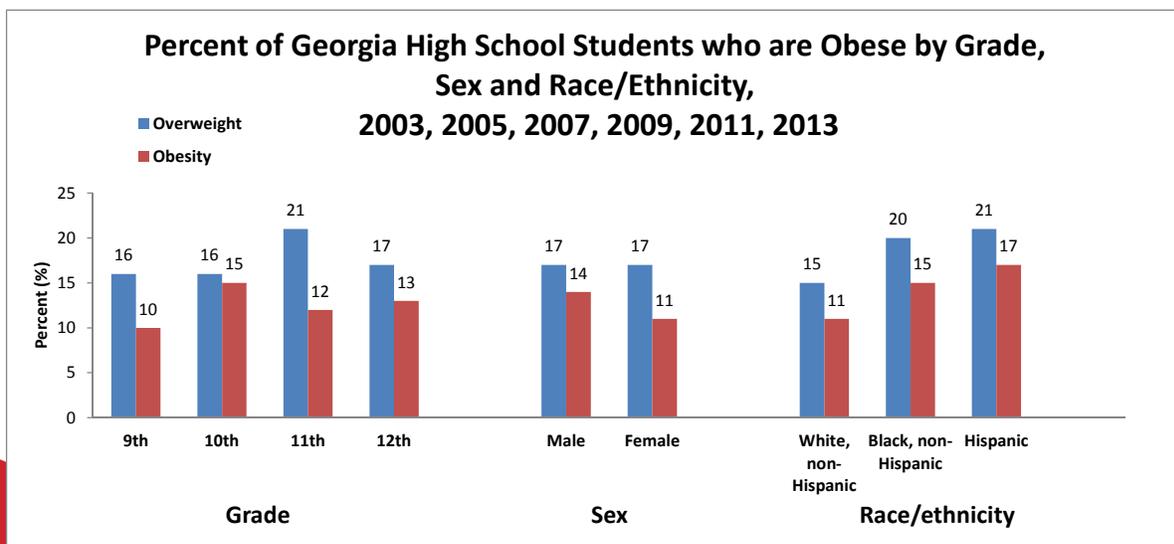
Obese adolescents are at higher risk for¹⁻³:

- Obesity in adulthood
- Social & psychological problems
- Sleep apnea
- High blood pressure
- Pre-diabetes
- Bone and joint problems

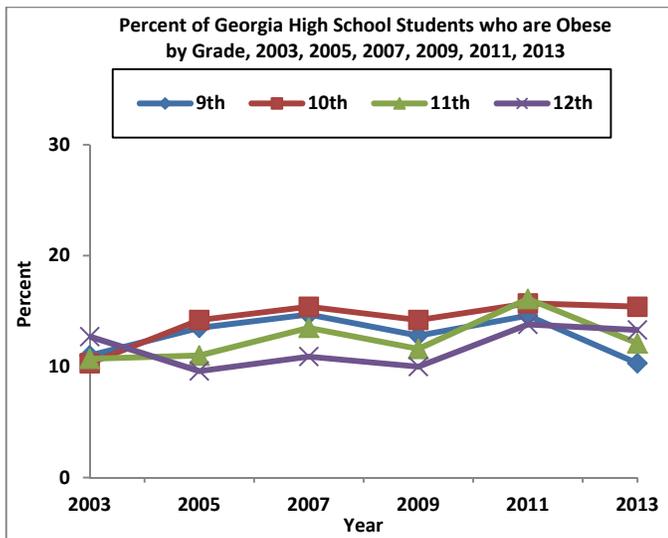
What was the status of overweight and obesity among Georgia high school students in 2013?

Among all high school students, **17% (74,174)** were overweight and **13% (54,683)** were obese.

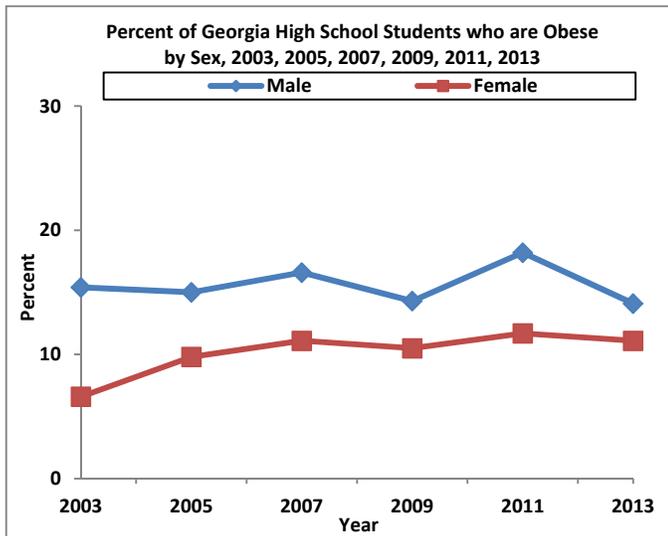
- **Grade:**
 - The percentage of high school students who were overweight and obese did not differ by grade.
- **Sex:**
 - The percentage of high school students who were overweight did not differ by sex.
 - Male students (14%; 31,101) were more likely to be obese than female students (11%; 23,582).
- **Race:**
 - Black, non-Hispanic (NH) students (20%; 31,800) were more likely to be **overweight** than white, NH students (15%; 29,101).
 - Black, NH students (15%; 22,874) were more likely to be **obese** than white, NH students (11%; 21,602).



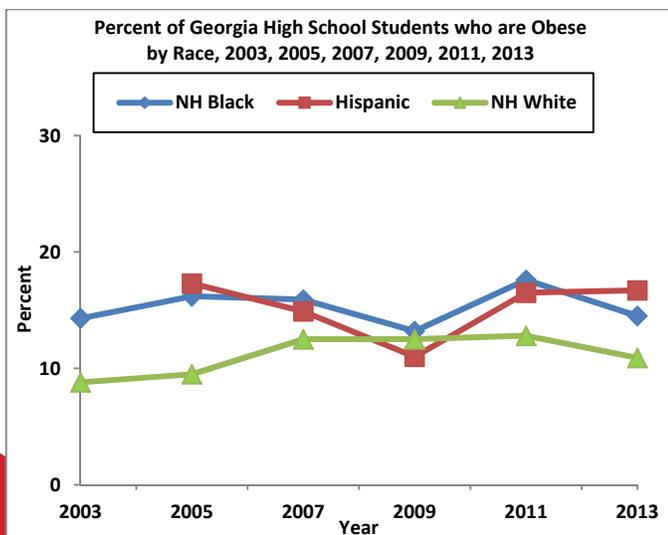
How has obesity among Georgia high school students changed over time?



While obesity among Georgia 9th, 11th, and 12th graders remained stable over the last 10 years, 10th graders were more likely to be obese in 2013 compared to 2003. From 2003 to 2013, there were no major differences in obesity by grade.



From 2003 to 2013, male students were more likely to be obese than female students. The prevalence of obesity among females increased from 7% to 11% from 2003 to 2013.



Beginning in 2011, black, non-Hispanic (NH) students were more likely to be obese than white, NH students, but there were no differences in obesity prevalence between black, NH and Hispanic students and white, NH and Hispanic students. Between 2003 and 2013, the prevalence of obesity did not change significantly by race/ethnicity.

Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases.⁴ Both healthy eating and physical activity may help improve academic achievement.^{5,6}

What can schools do to improve healthy eating and physical activity among students?⁷

- Establish a school health council or a coordinator who can help assess, develop, and/or evaluate healthy eating and physical activity policies and practices.
- Provide access to healthy foods and physical activity opportunities and to safe spaces, facilities, and equipment for healthy eating and physical activity.
- Provide a nutritious and appealing school meal program, and ensure that students have only healthy food and beverage choices offered outside of the school meal program.
- Implement culturally and developmentally-appropriate health education curricula that provide students with the knowledge, skills, and experiences needed for lifelong healthy eating and physical activity.
- Ensure students have access to needed health, mental health, and social services that can also address healthy eating and physical activity.
- Partner with families and community members in the development and implementation of healthy eating and physical activity policies, practices, and programs.
- Require the hiring of physical education teachers, health education teachers, and nutrition services staff members who are certified and appropriately prepared to deliver quality instruction, programs, and practices.

References:

1. Li C, Ford ES, Zhao G, Mokdad AH. Prevalence of pre-diabetes and its association with clustering of cardiometabolic risk factors and hyperinsulinemia among US adolescents: NHANES 2005–2006. *Diabetes Care* 2009;32:342–347.
2. Daniels SR, Arnett DK, Eckel RH, et al. Overweight in children and adolescents: pathophysiology, consequences, prevention, and treatment. *Circulation* 2005;111;1999–2002.
3. Freedman DS, Zugno M, Srinivasan SR, Berenson GS, Dietz WH. Cardiovascular risk factors and excess adiposity among overweight children and adolescents: the Bogalusa Heart Study. *Journal of Pediatrics* 2007;150(1):12–17.
4. Office of the Surgeon General. [The Surgeon General's Vision for a Healthy and Fit Nation.](#)  [pdf 840K] . Rockville, MD, U.S. Department of Health and Human Services; 2010.
5. Rampersaud GC, Pereira MA, Girard BL, Adams J, Metz J. Breakfast habits, nutritional status, body weight, and academic performance in children and adolescents. *Journal of the American Dietetic Association* 2005; 105(5): 743–760.
6. CDC. *The Association Between School-Based Physical Activity, Including Physical Education, and Academic Performance.* Atlanta, GA: U.S. Department of Health and Human Services; 2010.
7. CDC. School Health Guidelines to Promote Healthy Eating and Physical Activity. <http://www.cdc.gov/healthyyouth/npao/strategies.htm>.