

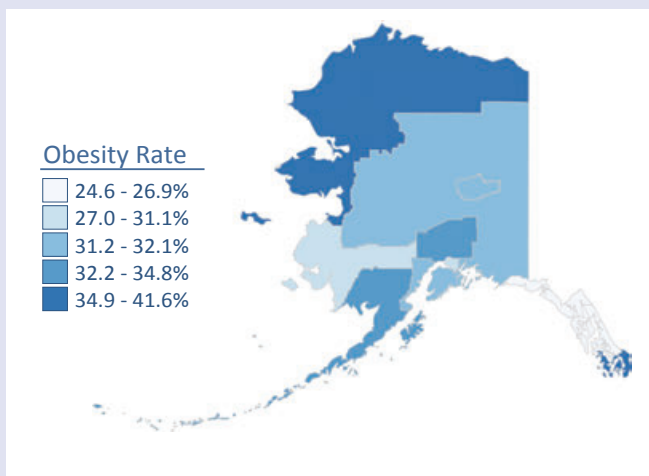


Obesity Facts: Weight Status In Alaska

2 OF EVERY 3 ADULTS ARE AT RISK FOR WEIGHT-RELATED DISEASE

- Obesity-related direct medical costs in Alaska are estimated at \$459 million annually.¹
- Obese youth are at risk of many of the same chronic conditions as obese adults:
 - Type 2 diabetes
 - High blood pressure and high cholesterol.²
- Overweight and obese children are likely to become obese adults.²
- Obese adults are at risk for heart disease and stroke, osteoarthritis, sleep apnea, several cancers, and premature death.²
- Obese youth get worse grades, have more absences from school and face more social stigmatization and discrimination compared to their peers.²
- Excess body weight is associated with an increased risk of at least 13 different cancers.³
- About 40% of all diagnosed cancers are linked to overweight/obesity.⁴

PREVALENCE OF ADULT OBESITY, BY BEHAVIORAL HEALTH SERVICE REGION OF ALASKA, 2016

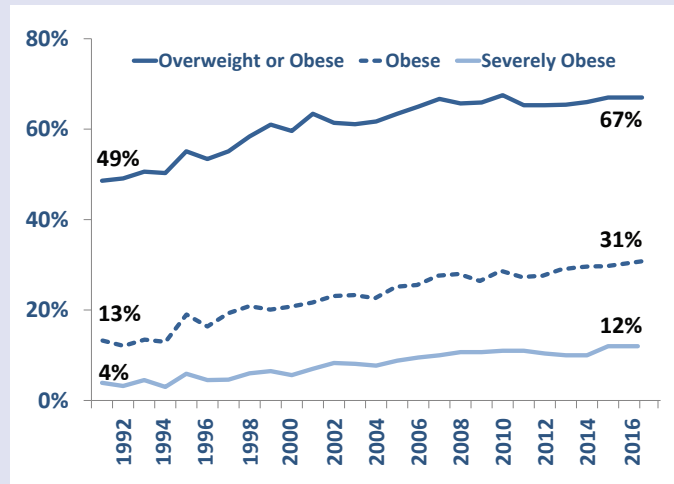


SOURCE: ALASKA BRFSS. ACCESSED THROUGH INFORMED ALASKANS AT: [HTTP://DHSS.ALASKA.GOV/DPH/INFOCENTER/PAGES/1A/DEFAULT.ASPX](http://dhss.alaska.gov/dph/infocenter/pages/1a/default.aspx)

- Though some disparities in rates of obesity exist in Alaska, obesity prevalence exceeds 24% in every region of the state.

ADULT WEIGHT STATUS

TREND IN PREVALENCE OF OVERWEIGHT/OBESITY (BMI ≥ 25.0), OBESITY (BMI ≥ 30.0), AND SEVERE OBESITY (BMI ≥ 35.0), ALASKA ADULTS, 1991-2016



SOURCE: ALASKA BRFSS (STANDARD AND SUPPLEMENTAL SURVEYS)

- While adult obesity and overweight rates climbed steadily for nearly two decades, there has been a leveling off of these rates in Alaska adults since 2013.
- Despite the leveling off, two of every three Alaska adults are at risk for weight-related diseases. More work needs to be done to maintain the progress Alaska has made and to prevent and control obesity.

Weight status is classified by using height and weight to determine Body Mass Index (BMI). BMI is strongly correlated with various metabolic and disease outcomes.⁵

For adults, weight status classifications are referenced at: www.cdc.gov/healthyweight/assessing.

For children and adolescents, age- and sex-specific growth charts are referenced at: https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html.

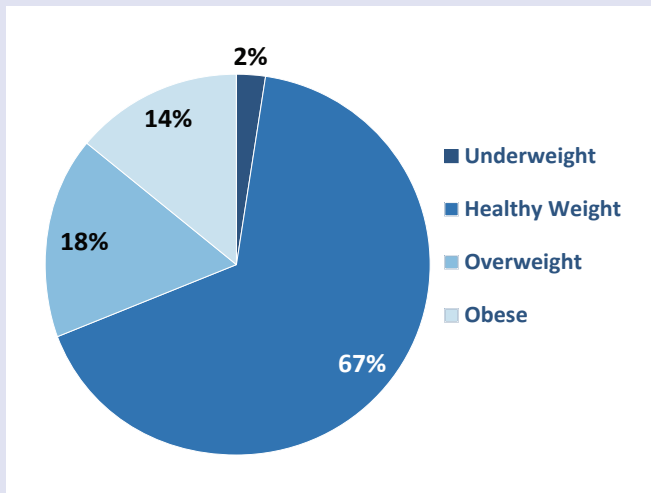


Obesity Facts: Strategies to Reduce & Prevent Obesity

Too Many Children and Youth are Above a Healthy Weight

- Based on self-reported height and weight, 31%* of Alaska high school students are classified as either overweight (18%) or obese (14%)—well above the Healthy Alaskans 2020 targets of 12% for overweight and 10% for obesity.⁶
- Objectively measured (versus self-reported) Alaska children height and weight measures reveal an even larger problem:
 - 19% of 2-4 year old WIC participants are obese.⁷
 - 17% of K-8th grade students are overweight and another 18% are obese in the Anchorage and Matanuska-Susitna school districts.⁸

WEIGHT STATUS*, ALASKA HIGH SCHOOL STUDENTS, 2017



SOURCE: ALASKA YRBS.

*May not sum due to rounding.

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What Can Alaska Schools, Worksites & Communities Do?

- Schools:** Implement strong school wellness policies that ensure availability and marketing of healthy foods and beverages; provide all children with quality physical education.^{9,10}
- Worksites:** Encourage active living and healthy eating at work.¹⁰
- Communities:** Establish community coalitions to support changes that promote active and healthy living.⁹

What Can Health Care & Dental Providers Do?

- Advise patients to cut out sugary drinks.
- Assess children's growth status at least annually.¹¹
- Provide obesity prevention messages and suggest healthy lifestyle interventions.¹¹

What Can Individuals Do?

- Cut out sugary drinks; eat more fruits, vegetables, whole grains, and lean proteins; choose water and low-fat or non-fat dairy products; limit television/screen time to no more than two hours per day; and be more physically active.

ALASKANS SAY THE SOLUTION DOES NOT REST SOLELY ON THE INDIVIDUAL:

Alaska adults reported that the government (54%), the food industry (75%), schools (79%), and doctors (76%) have some or a lot of responsibility for addressing obesity. Parents (99%) and individuals (92%) also are responsible.¹²

