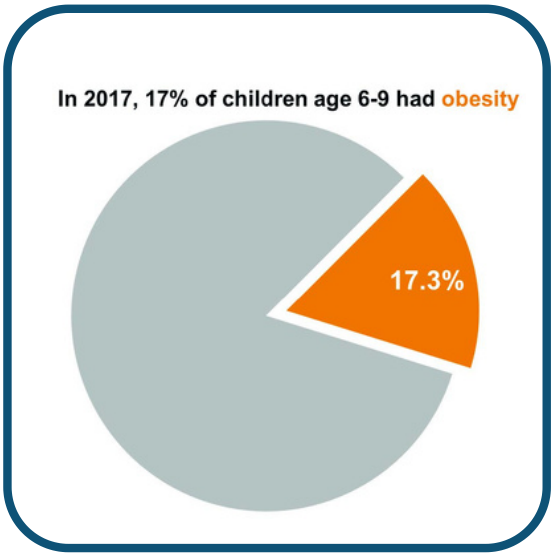
Oregon Healthy Growth Screening

Healthy Growth Data Brief

OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION
Family and Child Health



The 2017 Oregon Smile & Healthy Growth Screening was conducted during the 2016–17 and 2017–18 school years. Specially trained Registered Dental Hygienists screened 8,002 children in 1st, 2nd, and 3rd grades from a random sample of 134 elementary schools across Oregon. Screeners collected height and weight data for 7,902 children, which was used to calculate BMI-for-age.

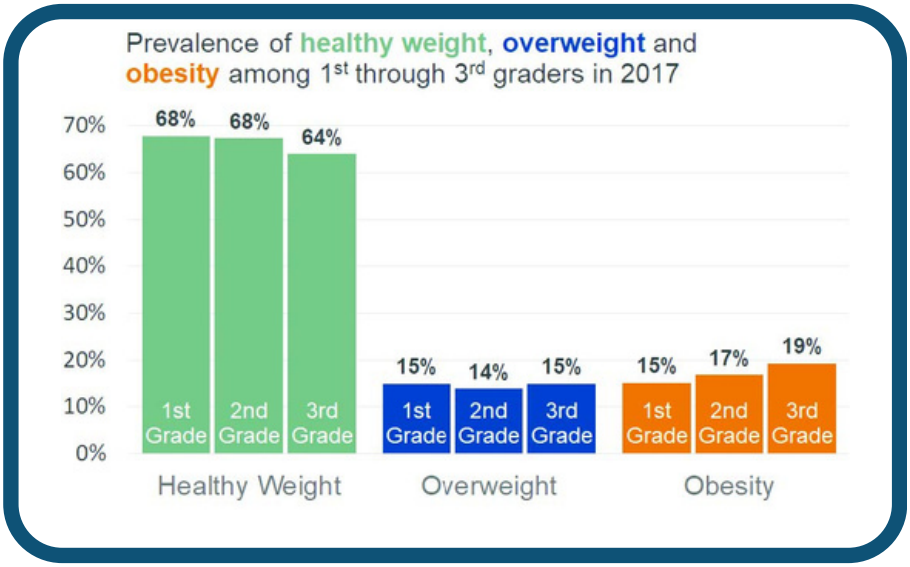
Body mass index (BMI) is a simple ratio of height and weight used as a screening tool and not for diagnosis. Because children are growing, the ranges of height, weight, and BMI vary by age and sex. Childhood obesity is defined as having a BMI at or above the 95th percentile for age and gender.

Among first through third graders in Oregon:

- 15% had overweight
- 17% had obesity
- 2% had underweight
- 66% had normal weight

The prevalence of obesity increases with age, which mirrors national trends:

- 15% of first graders had obesity
- 17% of second graders had obesity
- 19% of third graders had obesity



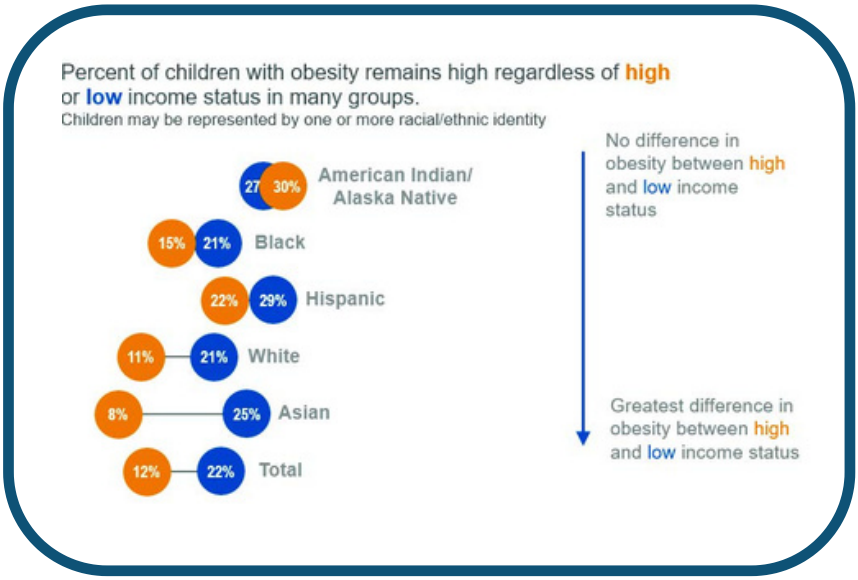
Causes of obesity are complex and multifactorial. Cultural, social, environmental and economic conditions (like poverty, stress, discrimination, food insecurity, reduced access to physical activity) influence the health and wellness of everyone in a community.

A systems and policy approach is key to address factors contributing to obesity.

Prevalence of obesity and healthy growth varied by demographics

There were few differences in prevalence of obesity between regions. However, rates of overweight and obesity vary by race/ ethnicity in Oregon, reflecting a range of contributors including access to healthy food, socioeconomic status and environmental factors.

Children from lower-income households experienced higher rates of obesity. Other national studies have similarly found that children's BMI is positively correlated with eligibility for free or reduced-cost lunch or breakfast programs.



Racial health disparities refer to differences in health outcomes and access to healthcare services among different racial and ethnic groups. These disparities are not due to genetic or biological difference but rather stem from social, economic, historical trauma, and environmental factors that affect health. Equitable access to nutritious food, active environments and preventative care in Oregon adds an additional layer to this context.