

KidsHealth® KidsPoll—Obesity Poll: Summary of Findings

The KidsHealth KidsPoll is a collaboration among the Nemours Foundation/KidsHealth, the Department of Health Education and Recreation at Southern Illinois University Carbondale, the National Association of Health Education Centers, and participating health education centers. The purpose is to gather information (opinions, attitudes, and feelings etc.) about current health issues from children. The information is gathered using handheld data collection devices from children ages 9 to 13 as they attend classes in the health education centers. The information is shared with educators, caregivers, healthcare organizations, the media and other interested parties at the national and local levels. The goal is to provide insightful information that will enable them to develop programs to help children to make healthy life decisions, prevent disease and injury, and understand their bodies. This poll focused on issues related to childhood obesity.

Individual Demographics

Individual-level information was collected anonymously from each child who participated.

- 1168 children
- 53% girls, 47% boys
- 2/3 ages 9-10, 1/3 ages 11-13 (average age 10.3)
- 9 centers participated in this poll:
 - Byrnes Health Education Center—York, PA
 - Children’s Health Education Center—Milwaukee, WI
 - Crown Center for Health Education—Hinsdale, IL
 - Health World Children’s Museum—Barrington, IL
 - HealthWorks! Kids Museum—South Bend, IN
 - Lilly Health Education Center—Indianapolis, IN
 - McMillen Center for Health Education—Ft. Wayne, IN
 - Poe Center for Health Education—Raleigh, NC
 - Weller Health Education Center—Eaton, PA

School demographics

School-level information was not collected from each child, but is based on statistics for the schools that the children were from. Three non-school groups also participated (e.g., Girl Scout troop); school-level data for these non-school groups were not available and therefore were not included in the school-level analyses.

- 22 schools
- 56% White, 29% Black, 11% Hispanic, 4% Asian/Pacific, 1% Native American
 - 28% of the schools had student bodies that were 0-25% Black/Hispanic/Asian/Native American

- 32% of the schools had student bodies that were 25-50% of these groups
 - 18% of the schools had student bodies that were 50-75% of these groups
 - 23% of the schools had student bodies that were 75-100% of these groups
- 45% students in participating schools qualifying for free or reduced lunch
 - 25% of the schools had 0-25% of their student body qualifying for free or reduced lunch
 - 38% of the schools had 25-50% of their student body qualifying for free or reduced lunch
 - 19% of the schools had 50-75% of their student body qualifying for free or reduced lunch
 - 18% of the schools had 75-100% of their student body qualifying for free or reduced lunch

The U.S. Census Bureau and the U.S. Dept of Education use a measure of city size and location called a Metropolitan Statistical Area (MSA). The categories for MSA are:

- *Large city center = center of a MSA city with population >250,000*
 - *Midsized city center = center of a MSA city with a population <250,000*
 - *Large city fringe = urban fringe of a large MSA city*
 - *Midsized city fringe = urban fringe of a midsized MSA city*
 - *Large town = not within a MSA with a population >25,000*
 - *Small town = not within an MSA with a population 2,500-25,000*
 - *Rural outside = not within an MSA with a population <2,500*
 - *Rural inside = population <2,500, coded rural, within a census MSA*
- Of the participating schools: 22% large city center, 27% mid-size city center, 15% large city fringe, 26% mid-size city fringe, 11% all rural
 - Average school size—462
 - 2% of the schools had enrollment of 0-250
 - 42% of the schools had enrollment of 250-500
 - 29% of the schools had enrollment of 500-750
 - 23% of the schools had enrollment of 750-1000
 - 4% of the schools had enrollment of 1000+

Significant Demographic Associations

- There was a very high correlation between proportion of schools with more non-white students and proportion receiving lunch assistance ($r = 0.84$).
- Older kids were more likely to be from Black/Hispanic/Asian/Native American schools in this survey.
- The kids from large city center schools and rural schools were more likely to be older in this survey

Statistically Significant Findings—overall

- *Question: How would you describe your weight?*
 - A. Very overweight*
 - B. Slightly overweight*
 - C. About the right weight*
 - D. Slightly underweight*
 - E. Very underweight*

About ¼ of the children reported being overweight (4% *very overweight*, 18% *slightly overweight*). This is similar to national norms. About another ¼ said they were underweight (8% *very*, 15% *slightly*). More girls reported being overweight than boys (girls—25%, boys—20%).

- *Question: Is there a problem with kids being overweight today?*
 - A. Yes—way to many kids are overweight*
 - B. Some—more kids are overweight than should be*
 - C. No—I don't think there is a problem*
 - D. I don't know*

Of the kids who had an opinion (answered A, B, or C), most (70%) believed there is a problem with overweight kids today (26%--big problem (answer A)). Older children were also more likely to think there is a problem. Overweight kids were slightly more likely than right weight or underweight kids to think there is a problem (overweight—64%, right/under—60%)

- *Question: How often are you stressed or worried about your weight?*
 - A. Never*
 - B. Sometimes—but not every week*
 - C. Often—at least once a week*
 - D. All the time—about every day*

Over half the kids said they were stressed or worried about their weight sometimes or more frequently. (27% at least once a week or more and 14% about every day). Girls were stressed or worried about their weight more often than boys (*never worry*: boys—59%, girls—34%). Overweight kids were also much more likely to worry (*never worry*: overweight—23%, right/under—51%).

- *Question: Who talks to you individually about your weight the most?*
 - A. No one ever talks to me about my weight*
 - B. My mom or dad*
 - C. A relative*
 - D. A friend*
 - E. Someone else not listed above*

56% reported that someone has spoken to them individually about their weight (over half of these children said it was a parent who talked to them the most). Girls say they are spoken to more than boys (girls—63%, boys—47%). The oldest children were more likely than those of

other ages to say *a friend* has spoken to them (12 years old or older—21%, <12 years old—12%). Overweight children were also more likely to report someone talking to them (overweight—74%, right/underweight—50%).

- *Question: Compared to other kids, how hard or easy is it for overweight kids to make friends?*
 - A. A lot harder*
 - B. A little harder*
 - C. About the same as other kids*
 - D. A little easier*
 - E. A lot easier*

60% of the kids said it's harder for overweight kids to make friends. Girls were more likely say it's *harder* for overweight kids to make friends (girls—65%, boys—55%). There were only slight response differences between overweight and right/underweight kids with regard to making friends.

- *Question: If kids are overweight, what is the most important cause?*
 - A. Fast-food restaurants serve the wrong foods*
 - B. Overweight kids don't get enough exercise*
 - C. It runs in their families*
 - D. Overweight kids don't eat right*
 - E. Some other cause not listed above*

When asked what is the most import cause of overweight kids, over half the respondents said overweight kids either *don't exercise* (29%) or *don't eat right* (25%). Overweight and right/underweight children did not differ on how they answered this question.

- *Question: What is the best way to learn about how to keep a healthy weight?*
 - A. Lessons at school*
 - B. Demonstrations on how to fix healthy food*
 - C. From a parent or family member*
 - D. From a nurse or doctor*
 - E. Joining a club/group/team that teaches me about physical activity*

Over 1/3 of the children said the best way to learn about how to keep a healthy weight is *from a nurse or doctor*. The second most common response was *joining a group that teaches about physical activity* (27%). Overweight kids were less likely than right/underweight kids to choose *nurse/doctor* or *joining a group*, and more likely to choose a cooking *demonstration* or *from a family member*.

- *Question: Which of the following is the best way to control body weight?*
 - A. Go on a diet*
 - B. Take medicine*
 - C. Eat healthy & exercise*
 - D. Nothing it just happens*
 - E. I don't know*

Of those who had an opinion (answered A, B, or C), nearly three-fourths identified the best way to control body weight is through *eating healthy and exercising*. Boys were less likely to give the correct answer (boys—67%, girls—76%) and more likely to choose *go on a diet* (boys—22%, girls—14%). The oldest kids were the least likely to choose *go on a diet*. Kids from predominately Black/Hispanic/Asian/Native American or lower-income schools were more likely to choose *go on a diet*.

- *Question: Which way have you tried to lose weight?*
 - A. *I haven't tried to lose weight*
 - B. *Went on a diet*
 - C. *Ate healthy & exercised*
 - D. *Ate out less*
 - E. *Took medicine*

Overall, 59% said they have tried to lose weight. Girls report trying to lose weight more than boys (girls—65%, boys—52%). Overweight kids also report more attempts at weight loss (overweight—78%, right/under—52%). Of all who have tried to lose weight, overweight kids are more likely to have tried *dieting* or *eating out less* a primary techniques. Older kids were also more likely to have tried *dieting*.

Other Interesting findings

- Respondents (both right/under and overweight) who said kids are overweight because they either *don't eat right* or *don't exercise* were more likely to say there is a problem with overweight kids today. They were also more likely to say it's harder for overweight kids to make friends.
- As could be expected, kids who said *not exercising* or *not eating right* were the causes of obesity, were more likely to say *eating healthy and exercising* is the best way to control weight. Those said *fast food restaurants serving the wrong food* is the primary cause of overweight kids were more likely to name *going on a diet* as the best way to control weight.
- Children who said the best way to learn about weight control is *from a school lesson*, were the least likely to name *eating healthy and exercising* as the best way to control weight. They were also the most likely to try *dieting* and *medication* to lose weight. There also seemed to be a similar, though weaker, trend among those who said a *cooking demonstration* is the best way to learn about weight control. Those who think *joining a group* is the best way to learn about weight control were the most likely to try *eating right and exercising* to lose weight.
- There was no difference on any question between those who describe themselves as the right weight or underweight. Almost half of all of these right/underweight children worry at least sometimes or more about their weight (21% at least once a week or more and 10% every day). Half of these right/underweight children also report someone has spoken to them about their weight. Again, over half of these right/underweight children have tried to lose weight (most through eating healthy and exercising, but 15% have tried dieting and 6% have taken

medicine to lose weight). This is surprising considering the average age of the respondents was just over 10.

- Girls were more worried about their weight (girls—66%, boys—41%), have been talked to more about their weight (girls—63%, boys—47%), and have tried to lose weight more than boys (girls—65%, boys—51%).
- Both overweight and right/underweight kids think it's more difficult for overweight kids to make friends. Overweight and right/underweight kids also do not differ in their opinions of what causes overweight or the best ways to control it. However, they do differ on what they think is the best way to learn about controlling weight.

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