

FACT SHEET – Childhood Obesity

PROGRESS SUMMARY

- New Mexico is one of the only states in the nation that conducts obesity surveillance statewide among children.
- Rates of obesity among 3rd graders in New Mexico have declined from 22.6% in 2010 to 18.9% in 2015 (representing a 16.4% change).
- Rates of obesity among kindergarten children in New Mexico have declined from 13.2% in 2010 to 11.8% in 2015 (representing a 10.6% change).
- Rates of childhood obesity remain high, and disparities remain in New Mexico. American Indian children have the highest obesity rates among all racial/ethnic groups in New Mexico; by third grade, 50% of American Indian students are overweight or obese, followed by 36% of Hispanic students.

DEPARTMENT OF HEALTH EFFORTS

To better understand the extent of childhood obesity, NMDOH's Obesity, Nutrition and Physical Activity (ONAPA) Program established a statewide surveillance system in 2010 to monitor childhood obesity prevalence over time, identify at-risk populations, guide state and local prevention efforts, increase public awareness, and inform appropriate resource allocation.

Healthy Kids Healthy Communities (HKHC) was launched in 2011 to address childhood obesity by working directly with local communities to increase healthy eating and active living opportunities for elementary school-age and preschool children throughout the state. HKHC serves 15 counties and 5 tribal communities, reaching over 57,000 children (37% of NM public elementary school population).

BACKGROUND

Obesity has been identified as a super-priority for the New Mexico Department of Health. Indicators in the Department's strategic plan encourage physical activity and healthy eating among elementary school students.

Best and Promising Practices for Obesity Prevention from the CDC include Improving nutrition quality of foods and beverages served or available in schools (including increased access to fruit, vegetables, and plain drinking water); and improving the quality and amount of physical education and activity in schools (including increased physical activity opportunities throughout the school day such as daily recess, mileage clubs, and walk and roll to school programs).

Policy, systems and environmental changes coupled with direct nutrition education can have a positive impact on child and adult behavior and health and weight status.

