

Childhood Obesity in Montana

For the past 30 years, the rate of childhood obesity across the country has increased, doubling in children and quadrupling in adolescents. Montana's overall childhood obesity rate is 29%, which is slightly below the national average of 31.3%.¹ However, that still means over 220,000 kids in Montana are obese.²

When it comes to very young children (ages two to four), obesity is more prevalent in very low-income households. In Montana, obesity prevalence is highest (14.5%) among children in homes with incomes at or below 50% of the federal poverty level.³ With the relationship between poverty and childhood obesity, it's not surprising that Indian Country faces very high rates. Multiple reports put childhood obesity among American Indians in Montana at or above 50%.⁴

Childhood obesity results from eating too many calories, often from junk food, and not getting enough physical activity. The CDC cites an increase in environments that promote consumption of less healthy food and less physical activity. Multiple problems cited by the agency involve the types of food and drinks available to young people on their school campuses. Students end up having easier access to sugary drinks and less healthy foods at schools throughout the day from cafeterias, vending machines, and at school-related events.⁵

The CDC also notes that, especially in rural areas, children may live in communities that have no local supermarkets with healthy affordable food like fruits and vegetables. Instead, these communities can be inundated with food retailers like convenience stores and fast food restaurants that sell junk food.⁶ When it comes to Native communities, a study published in

2014 found that six Montana Indian reservations are classified as "food deserts," meaning they lack fresh fruit, vegetables and other healthful foods.⁷ The overall numbers for Montana are just as concerning. Thirty of Montana's 56 counties, encompassing almost 72,000 people, contain areas considered food deserts.⁸ Since access to healthy food is integral to addressing childhood obesity, there is much work to be done in Montana.

Obese children face many long-term health repercussions, as they are more likely to become obese adults. About 70% of obese youth have at least one risk factor for cardiovascular disease, such as high cholesterol or high blood pressure. They are also more likely to develop pre-diabetes, a condition indicating high risk for development of type 2 diabetes. Obese youth have a greater risk for bone and joint problems, sleep apnea, and social and psychological problems.

Definitions

- **Obesity** is defined as having excess body fat.
- **Overweight** is defined as having excess body weight for a particular height from fat, muscle, bone, water or a combination of these factors.

Source: CDC, "Childhood Obesity Facts"



Food Desert

A food desert is an area containing a substantial share of low-income residents that have little access to a grocery store or healthy, affordable food retail outlet. For these areas, federal agencies define low-income communities based on a poverty rate of 20% or a median family income at or below 80% of the area median income. This definition is also based on at least 500 persons and/or at least 33% of the area's population living more than one mile from a supermarket or large grocery store (10 miles in the case of non-metropolitan areas).

Adapted from U.S. Department of Agriculture

Since obese children are more likely to become obese adults, they are also at risk in the long term for heart disease, diabetes, stroke, and several types of cancer.⁹ In addition to the physical health concerns, there is also a financial impact. Treating obesity and obesity-related conditions costs billions of dollars, with one study finding the United States spent \$190 billion on obesity-related healthcare expenses in 2005.¹⁰

The **Montana Healthy Food and Communities Initiative** combines three NCAT projects that work together to combat childhood obesity by bringing healthy, local foods to communities across the state. One strategy for reducing childhood obesity suggested by the CDC is expanding programs that bring local fruits and vegetables to schools.¹¹ NCAT's Initiative is a catalyst for this in Montana. Through its Farm to Cafeteria program, NCAT is bridging the divide that has existed between local schools and local food producers. Farm to Cafeteria is assisting both producers and school districts in getting more healthy local food into Montana schools.

Additionally, NCAT serves as the Montana host site for FoodCorps, which works with organizations and schools to create healthier school food environments. FoodCorps members work in Montana schools and teach hands-on lessons about food and nutrition; build and tend school gardens and teach cooking lessons; and help change what's on the lunch trays by giving kids healthy food from local farms.

At the same time, the Grow Montana Food Policy Coalition, which is housed at and coordinated by NCAT, is a broad-based coalition whose purpose is promoting community economic development and educational policies that support Montana-owned food production, processing, and distribution that improve access to healthy Montana foods. Grow Montana's efforts led to the creation of both Farm to Cafeteria and FoodCorps, as it identified the need for resources focused on getting healthy local foods into schools. Grow Montana continues to promote and support policy that stimulates local food systems to benefit local communities and the entire state.

Overall, NCAT's three projects working as the Montana Healthy Food and Communities Initiative are helping address obesity by:

- Teaching children about food and nutrition
- Helping children learn about growing food by planting and harvesting food in school gardens
- Changing what's served on school lunch trays by helping schools buy food from local producers
- Eliminating barriers so farmers and ranchers can sell to schools and other institutions
- Creating and sharing educational resources for students, teachers, institutional food service staff, legislators, and local producers that promote healthy, local foods.

¹ Child and Adolescent Health Measurement Initiative and Alliance for a Healthier Generation

² Based on data provided by U.S. Census Bureau, "Montana Quick Facts"

³ Centers for Disease Control, "Childhood Obesity Facts"

⁴ Study referenced by: Dr. Blakely Brown, UM Department of Health and Human Performance, "Partnerships to Prevent Childhood Obesity on the Flathead Reservation" abstract, Aug. 15, 2014; Montana Department of Agriculture, Moving Toward Food Sovereignty: Assessing Food Systems on Montana's Indian Reservations, May 14, 2014.

⁵ Centers for Disease Control, "A Growing Problem"

⁶ Ibid.

⁷ Montana Department of Agriculture, Moving Toward Food Sovereignty: Assessing Food Systems on Montana's Indian Reservations, May 14, 2014.

⁸ Montana Food Bank Network, "Hunger in Montana"

⁹ Centers for Disease Control, "Childhood Obesity Facts"

¹⁰ Harvard School of Public Health, "Economic Costs"

¹¹ Centers for Disease Control, "Strategies and Solutions"

