

# *Journal of Health Disparities Research and Practice*

---

Volume 12, Issue 4

2018

Article 50

2019 STEP-UP SPECIAL ISSUE

---

## Assessment of Childhood Obesity Prevalence and Prevention Efforts in a Wisconsin Tribal Community

Simone Tucker\*

Lauren Lamers, MPH, PhD<sup>†</sup>

\*

<sup>†</sup>University of Wisconsin-Madison

Copyright ©2018 by the authors. *Journal of Health Disparities Research and Practice* is produced by The Berkeley Electronic Press (bepress). <https://digitalscholarship.unlv.edu/jhdrp>

# Assessment of Childhood Obesity Prevalence and Prevention Efforts in a Wisconsin Tribal Community\*

Simone Tucker and Lauren Lamers, MPH, PhD

## Abstract

American Indian children experience disproportionately high rates of obesity, yet tribal communities often lack capacity to utilize local obesity data to guide prevention efforts. It is estimated the prevalence of childhood obesity in a Wisconsin tribal community and identified local school-based obesity prevention initiatives. Height and weight data were collected for children ages 2-19 years through routine screenings at local Head Start centers and schools. Weight status was determined based on BMI percentile according to year 2000 CDC growth charts.

Summary statistics and chi-square tests were generated to examine differences in obesity prevalence by age and gender. An environmental scan that included key informant interviews, document reviews, and photo-mapping was conducted to identify local obesity prevention initiatives. A total of 820 children were screened during the 2013-2014 school year. In total, 31% of children were obese and 24% were overweight. Obesity prevalence was lower among children ages 2-5 years (20%) than among children ages 6-11 (34%) and 12-19 years (34%) ( $p < .01$ ) but did not differ by gender.

Local prevention initiatives included adoption of recommended nutrition guidelines for school meals, school-based programs to improve nutrition and increase physical activity, and changes to the physical environment to increase access to healthy foods and promote physical activity. Childhood obesity prevalence was higher in our sample compared to national prevalence estimates. Local schools have made strides in implementing obesity prevention initiatives. Ongoing monitoring of local childhood obesity prevalence may facilitate planning and evaluation of future prevention efforts.

**KEYWORDS:** Childhood obesity; diabetes; American Indian

---

\*The STEP-UP HS program is supported by the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health, Grant number: 1R25DK098067-01.



**Journal of Health Disparities Research and Practice**  
**Volume 12, STEP-UP Special Issue, Summer 2019, pp. 71**  
© 2011 Center for Health Disparities Research  
School of Public Health  
University of Nevada, Las Vegas

## **Assessment of Childhood Obesity Prevalence and Prevention Efforts in a Wisconsin Tribal Community**

Simone Tucker

Lauren Lamers, MPH, PhD, University of Wisconsin-Madison

**Coordinating Center:** University of Nevada, Las Vegas

### **ABSTRACT**

American Indian children experience disproportionately high rates of obesity, yet tribal communities often lack capacity to utilize local obesity data to guide prevention efforts. It is estimated the prevalence of childhood obesity in a Wisconsin tribal community and identified local school-based obesity prevention initiatives. Height and weight data were collected for children ages 2-19 years through routine screenings at local Head Start centers and schools. Weight status was determined based on BMI percentile according to year 2000 CDC growth charts.

Summary statistics and chi-square tests were generated to examine differences in obesity prevalence by age and gender. An environmental scan that included key informant interviews, document reviews, and photo-mapping was conducted to identify local obesity prevention initiatives. A total of 820 children were screened during the 2013-2014 school year. In total, 31% of children were obese and 24% were overweight. Obesity prevalence was lower among children ages 2-5 years (20%) than among children ages 6-11 (34%) and 12-19 years (34%) ( $p < .01$ ) but did not differ by gender.

Local prevention initiatives included adoption of recommended nutrition guidelines for school meals, school-based programs to improve nutrition and increase physical activity, and changes to the physical environment to increase access to healthy foods and promote physical activity. Childhood obesity prevalence was higher in our sample compared to national prevalence estimates. Local schools have made strides in implementing obesity prevention initiatives. Ongoing monitoring of local childhood obesity prevalence may facilitate planning and evaluation of future prevention efforts.

**Keywords:** Childhood obesity, diabetes, American Indian

### **ACKNOWLEDGEMENTS**

The STEP-UP HS program is supported by the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health, Grant number: 1R25DK098067-01.

Journal of Health Disparities Research and Practice Volume 12, STEP-UP Special Issue,  
Summer 2019

<http://digitalscholarship.unlv.edu/jhdrp/>

Follow on Facebook: Health.Disparities.Journal

Follow on Twitter: @jhdrp