



Teen Nutrition: Wyoming, 2011

Nutrition Among Wyoming Teens

Overview

Obesity rates among adolescents have more than tripled in the past 30 years, from 5% in 1980 to 18% in 2010.¹ Adolescents who are obese are more likely to be obese as adults and are at greater risk for health problems including: heart disease, diabetes, and stroke. Healthy nutrition is a key component of maintaining a healthy weight and consequently an important component of anti-obesity efforts. In Wyoming, 12.0% of teens are overweight and 11.1% of teens are obese.

Fruit and Vegetable Consumption

The majority of Wyoming teens do not meet dietary recommendations for fruit and vegetable consumption.¹ Wyoming teens report that in the past week:

- ◆ 12.6% ate no fruits
- ◆ 5.1% ate no vegetables

- ◆ 37.9% ate fruit/fruit juice less than 1x/day
- ◆ 31.4% ate vegetables less than 1x/day

Soda/Pop Consumption

Over three-quarters of Wyoming teens report drinking soda in the past week. Soda provides empty calories without nutritional benefits.³

- ◆ 25.9% drank soda 1x/day or more
- ◆ 16.6% drank soda 2x/day or more
- ◆ 7.8% drank soda 3x/day or more

Unsafe Dieting Practices

In Wyoming, 13.1% of teen report not eating for 24 hours or more as a way to lose weight. Teens in Wyoming were significantly more likely to take diet pills and use vomiting or laxatives to loose weight (8.1%) than were teens nationally (5.1%). These unsafe dieting practices can have negative academic and health outcomes.¹

Nutritional Habits of 9th-12th Graders— YRBS 2011



Overweight or Obese*

- Wyoming: 23.1% National: 28.2%



Did not eat fruit in the past week

- Wyoming: 12.6% National: 11.7%



Drank soda at least once per day*

- Wyoming: 25.9% National: 27.8%



Took diet pills to lose weight*

- Wyoming: 8.1% National: 5.1%

*Indicates difference is statistically significant

Evidence-Based Strategies

Targeting interventions to address healthy nutrition in teens requires an understanding of what influences teens. The strongest factors associated with consumption of healthy foods among teens include: family meal patterns, family food security, socioeconomic status, availability of fruits and vegetables and health/nutrition attitudes.² A two-pronged, evidence-based strategy for improving consumption of health foods among adolescents is reviewed below. This strategy is implemented in school settings as a location that reaches most teens. In addition, strong evidence indicates that parents are a major factor in healthy eating and consequently, school interventions should consider ways to educate and involve families as well.

Strategy: School-based nutrition education combined with changes to the school food environment

Facts:

- 31.4% of Wyoming teens ate vegetables less than once a day
- 37.9% of Wyoming teens ate fruits or drank 100% fruit juice less than once a day

Interventions:

- Age appropriate nutrition education delivered in the classroom
- Modifications to the school food environment included: free breakfast, increased availability and promotion of fruits and vegetables, free fruits and vegetables, improvements in marketing, preparation, and appearance of school lunches

Impact: All five studies found that the combination of education plus food environment changes was effective in improving children and adolescents' dietary intake. Four of the five studies found a greater impact when combining these two strategies than when implementing either strategy alone. One limitation of this review is the lack of information of the socio-economic status of subjects in the five studies.



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What is YRBS?

The Youth Risk Behavior Survey (YRBS) is a surveillance project of the Wyoming Department of Education and the Centers for Disease Control and Prevention. Wyoming YRBS collects population-based data on health risk behaviors among students. Data from this report includes surveys of 9th-12th graders. To learn more about YRBS, please visit: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

References:

- 1) National Center for Health Statistics. Health, United States, 2011: With Special Features on Socioeconomic Status and Health. Hyattsville, MD; U.S. Department of Health and Human Services; 2012.
- 2) Neumark-Sztainer, D. et al. (2003). Correlates of fruit and vegetable intake among adolescents.: Findings from Project EAT. Preventative Medicine, 37(3):198-208.



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