

## 2013 Child Behaviors and Health in Anchorage Preliminary Results

The US Department of Agriculture (USDA)-supported Children's Healthy Living Program, or CHL, has been working with your community to understand the behaviors and health of children 2-8 years of age. From March to December, 2013, parents, teachers, community members, and project partners gathered data in your community. A total of 162 children from Anchorage participated in this study. Here we have some preliminary results from our joint work. With this information parents and community leaders can see where things are going well and where additional energy, leadership, and resources will need to be placed to raise the next generation of healthy, happy children.

### Child sex, age, race distribution

Among the 162 children, 78 (48%) were girls and 84 (52%) were boys. Furthermore, 115 (71%) were of age group 2-5 years and 47 (29%) were of age group 6-8 years. All 162 children had information on race, of which 54 (33%) were of more than one racial group, another 54 (33%) were American Indian/Alaska Native (AIAN), 44 (27%) were White, 5 (3%) were Black, 3 (2%) were Native Hawaiian/Pacific Islander (NHPI), 1 (1%) was some other race, and 1 (1%) was Asian.

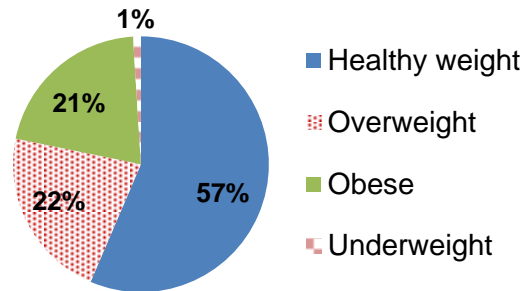
Potential outliers with extreme values (defined as those with a value of 3 standard deviations (sd) above or below the mean) were also excluded from this report. Data was looked at by child's sex and age group.

### Children's Body Mass Index by Category as defined by the Center for Diseases Control and Prevention (CDC)

A total of 161 children were included for this analysis. Among them, 57% were healthy weight, 22% were overweight, 21% were obese, and 1% was underweight (Figure 1).

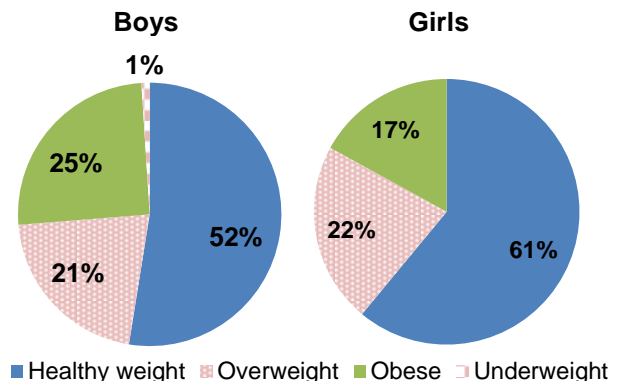
No difference in the distribution of BMI was found between boys and girls, or between those ages 2-5 and those ages 6-8 years old.

**Figure 1. Prevalence of overweight and obesity of study children from Anchorage (n=161)**



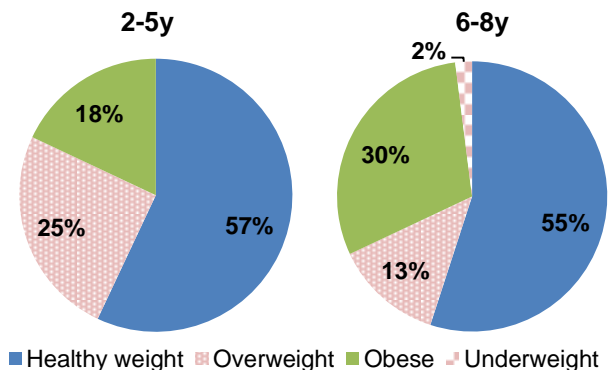
No difference of BMI distribution was observed between boys and girls (Figure 2),

**Figure 2. Prevalence of overweight and obesity comparing boys (n=84) to girls (n=77)**



No difference was found between children ages 2-5 and those ages 6-8 years old (Figure 3).

**Figure 3. Prevalence of overweight and obesity comparing 2-5 years (n=114) to 6-8 years (n=47)**



Strategies that have found to be effective in the prevention of childhood obesity include: (1) A healthy lifestyle, which encourages children to move more, sleep more and spend less screen time (2) A healthy diet, which encourages children to drink more water, eat more fruit and vegetables and consume fewer sugar sweetened beverages. Below we show how the children are doing on achieving some of those strategies.

Parents were asked about their children's' sleeping duration on a typical day. Let's see how the kids are doing on sleeping and on achieving national sleep recommendations in Anchorage.

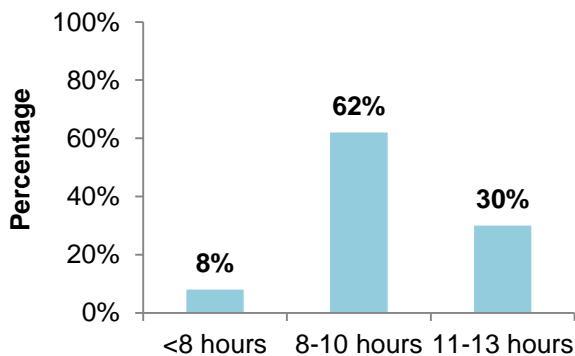
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### Children Sleep Duration

A total of 161 children were included in the analysis of sleep duration. The average number of hours of sleep per day among those 161 children were 9.9 (sd=1.7). No difference was found between boys and girls. Younger children, ages 2-5 years, had a higher average (10.1 hours; sd=1.8) than older children ages 6-8 years (9.4 hours; sd=1.1).

Among the 114 two to five year olds, 30% met the national recommendation of sleep of between 11-13 hours daily (11-13 hours in the graph). Another 62% of children slept more than 8 hours but less than 11 hours daily (8-10 hours in the graph) and 8% slept less than 8 hours (<8 hours in the graph) (Figure 4).

**Figure 4. Percent of children 2-5 years old among 3 groups of sleep duration**



A majority (70%) of our younger children aged 2-5 years did not meet the national recommendation of 11-13 hours daily of sleep. This is an opportunity for both parents and educators to intervene to help children get more sleep.

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### Acknowledgements

We would like to thank all the families of participants who completed our assessments so that we could make this important information available, as well as all our community partners for working with us to improve the health of children across the Pacific.

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For more about this data or the CHL Program, contact:

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United States Department of Agriculture  
National Institute of Food and Agriculture  
Agriculture and Food Research Initiative (AFRI)  
No. 2011-68001-30335