The Nutrition Education and Obesity Prevention Branch (NEOPB) creates innovative partnerships that empower low-income Californians to increase fruit and vegetable consumption, physical activity, and food security with the goal of preventing obesity and other diet-related chronic diseases. The NEOPB surveys randomly-selected teens (age 12-17) across California by phone every two years through the California Teen Eating, Exercise and Nutrition Survey (CalTEENS). These key facts from the 2010 CalTEENS highlight barriers faced by California’s teens to achieving a healthy lifestyle as well as promising opportunities for intervention.

**Teens are interested in taking action to improve nutrition in their schools and communities.**

Three out of four California teens surveyed said that they were interested in working to improve nutrition in their schools and communities. A particularly high level of interest was expressed by African American teens (87%) and teens from homes participating in CalFresh (84%). However, the proportion of teens who have actually participated in activities to improve nutrition is not necessarily in line with their expressed interest. The strong interest voiced by teens speaks to the importance of providing platforms and opportunities for youth to be part of the conversation and movement to improve the health of low-income communities throughout California.
Over a quarter of California’s teens are overweight or obese\(^1\), and very low-income youth are at highest risk.

Very low-income teens in California report overweight or obesity at much higher rates than average or higher income adolescents. Obesity prevention programs targeting these at-risk youth will continue to be a key to reducing the burden of obesity and chronic disease in California.

Rates of Overweight and Obesity Are Much Higher Among Very Low-Income Teens

Teens do not report getting the recommended amount of physical activity.

Fewer than half (42\%) of teens in California meet the guideline to engage in at least 60 minutes of moderate and vigorous physical activity daily. This is a decline from roughly two-thirds (66\%) of teens meeting this guideline in 2006. The most commonly cited barrier to getting physical activity is lack of time, reported by a quarter (26\%) of teens as the main reason they don’t exercise more.

\(^1\) Calculated from self-reported height and weight data using the CDC 2000 reference data by age and gender for BMI. Overweight = BMI > 85th < 95th percentile. Obese = BMI > 95th percentile.
Teens report not eating enough fruits and vegetables. Half (49%) of teens report eating no vegetables, while one in ten (10%) teens report having less than a serving of either fruit or vegetables. Over a quarter of teens (27%) report not liking the taste as the main reason they do not eat more fruits and vegetables.

Disparities in fruit and vegetable consumption are present among California teens. Very low-income teens and youth from communities of color are most likely to report not eating any fruits and vegetables. African American teens are about twice as likely as their White peers to report eating no vegetables or salad (79% vs. 39%) and to report less than a serving of any fruits or vegetables (19% vs. 9%). Very low-income teens are more likely to report not eating fruits and vegetables, especially those whose families are participating in CalFresh.

Very Low-Income Teens Are Most Likely To Report Not Eating Any Fruits and Vegetables
Many very low-income teens report skipping breakfast, putting them at risk for other negative outcomes.

One out of five very low-income teens report that they do not consume anything for breakfast on the previous day, regardless of whether the household participates in CalFresh (20%) or does not (19%). Our survey also finds that skipping breakfast is associated with a 12% increased rate of overweight among California adolescents as well as relatively poor academic outcomes.
Teens are consuming fewer less healthy foods and beverages.

Over the last decade, the proportion of California’s teens reporting that they ate or drank various less healthy foods and beverages has declined. The percent of teens who reported fast food consumption declined 36% between 2000 and 2010 while those who reported sugary drink intake declined 37% from 1998 to 2010. Those who reported consuming two or more less healthy foods (including sugary drinks, desserts, and fried foods, for example) declined by 28% between 2000 and 2010.

Most of California’s teens are meeting guidelines for television viewing on schooldays.

In 2010, three out of four (75%) teens in California reported watching two hours or less TV on a typical school day, the recommendation set by Healthy People 2020. This is nearly twice as many teens achieving this goal as in 2000 (38%).
Conclusion
While there are disparities in the reported health behaviors of low-income youth from communities of color, there is also strong interest from these groups in taking action to improve the nutrition of their communities. It is important to continue giving youth who are interested in taking action a place at the table to voice their views and opinions.

Data Source

Data Description
Comparisons are made among three groups of 12- to 17-year-old adolescents using federal poverty level (FPL) and CalFresh (CF) participation, formerly Food Stamps (Table 1). Due to small sample size, data from adolescents where household income fell between 131%-185% FPL are not presented. Only statistically significant differences are reported (p<.05).

Table 1: Categorization of Adolescents

<table>
<thead>
<tr>
<th>HOUSEHOLD INCOME GROUPS</th>
<th>CALFRESH (CF) HOUSEHOLDS</th>
<th>FEDERAL POVERTY LEVEL (FPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low-Income w/CalFresh (N=463)</td>
<td>Yes</td>
<td>≤130%</td>
</tr>
<tr>
<td>Very Low-Income w/o CalFresh (N=380)</td>
<td>No</td>
<td>≤130%</td>
</tr>
<tr>
<td>Average and Higher Income (N=312)</td>
<td>No</td>
<td>&gt;185%</td>
</tr>
</tbody>
</table>