Facts and figures on childhood obesity

Health & Medicine, Obesity

Facts and Figures on Childhood Obesity Childhood obesity represents one of our greatest health changes and is now among the most widespread medical problems affecting children and adolescents living in the United States and other developed countries. Childhood obesity and rates have increased 3to 4 times in the U. S., reaching epidemic levels and are moderately higher than the rates in Canada, Australia and Europe. Many experts believe that this current generation of children will be the first generation in American history to live shorter than their parents. Childhood obesity is also the second leading cause of preventable death in the United States and needs to be taking seriously. Most professionals measure obesity in children and adolescents by guidelines based on the body mass index (BMI), modified for age, pubertal stage, and gender. Other professionals define childhood obesity as body weight at least 20% higher than the healthy weight range for a child or adolescent of that height, or as a body fat percentage above 25% in boys or above 32% in girls. According to the American Obesity Association, approximately 15% of adolescents (12-19 years of age) and children (6-11 years of age) are obese in the U. S and the numbers have continued to increase since the early 1990’s. According to the Robert Wood Johnson Foundation, 1/3 of all children are overweight or obese. Statistics shows 80% of children that were overweight at 10-15 years old were also obese at 25 years old. There are approximately 12. 5 million children and adolescents aged 2-19 years of age who are obese. About 1/3 of all children eat fast food every day and have sedentary lifestyles due to the amount of screen time including watching TV, playing video games, and time spent on the computer. One report states a child who watches two or more hours of TV

per day is 50% more likely to become obese then one who does not. Children just 9 and 10 years old are developing serious health issues including, type 2 diabetes, respiratory illnesses, and heart disease because of their poor eating habits and lack of exercise. Approximately 70% of obese children already have at least one risk factor of having heart disease and approximately 85% of all children diagnosed with type 2 diabetes were obese. Also children treated for obesity are about three times more expensive for the healthcare system than children with normal weight. Approximately 30% of obese children also suffer from asthma. There are about 20-30% of children between the ages of 5-11 years old who have elevated systolic or diastolic blood pressure. National guidelines recommend that schools allocate 150 minutes per week of physical activity for elementary school students and 255 minutes per week for older children. Illinois is the only state that actually enforces these guidelines. In many states, children are getting far less physical activity at school than they need. What Causes childhood obesity? Weight gain is the result of taking in more calories than you burn off, which can lead to obesity. How you eat, how active you are, and other things affect how your body uses calories and whether you gain weight. Family plays a big role in childhood obesity, because they help form children’s eating and lifestyle habits. Busy lives also make it harder to plan and cook healthy meals, so many parents find it easier to reach for prepared meals, go out to eat, and go through the drive through. These foods are often high in fat and calories, and portions are often too large. Also with the demanding work schedules, long commutes and other commitments also cut into the time many people have for physical

activity. There is not one single cause of childhood obesity rather it is a complex interaction of many variables. Contributing factors include genetics, environment, and socio-demographics. Genetics: Certain genetic characteristics may increase an individual’s susceptibility to excess body fat. It has been shown that obesity tends to run in families suggesting a genetic link. In some cases parental obesity is a stronger predictor of childhood obesity than a child’s weight status alone. Behavior: Weight gain occurs as a result of energy imbalance, specifically when a child consumes more calories than the child uses. Several behaviors can contribute to weight gain including, nutrition, physical activity, and sedentary behaviors. Nutrition: An increase in availability and consumption of high calorie convenience foods and beverages, more meals eaten away from home, fewer family meals and greater portion sizes all may contribute to childhood obesity. Many children’s diets do not meet nutrition guidelines, only 5% of children in Colorado ate vegetables three or more times per day as recommended by the U. S. Department of Agriculture. Physical Activity: Decreased opportunities and participation in physical activity is another behavior that contributes to obese children. Being physical active not only has positive effects on body weight, but also on blood pressure and bone strength. Physically active children are more likely to remain physically active into adolescence and adulthood. Children may spend less time being physically active during school as well as at home. School physical education programs have decrease and children are walking to school and doing household chores less frequently. Screen Time: Physical activity levels have decreased and sedentary behaviors, such as watching TV, playing on the computer and with

video games has increased. One study found that children 8-18 years old spent slightly over three hours per day watching TV, videos, DVDs, and movies. Sedentary behaviors, specifically watching TV has contributed to increased calorie consumption through excessive snacking and eating meals in front of the TV and influence children to choose high calorie, low nutrient foods through exposure to advertisements. Environment: A variety of environmental factors can potentially contribute to childhood obesity, including home, childcare settings, school and the community. School and community settings are where children learn about eating and physical activity habits. It is important for all children to have access to healthful food choices and safe physical activity opportunities. School nutrition and physical activity programs as well as ensuring that there are well lit sidewalks, bike paths, and parks in the community can all help to shift towards a more healthful environment. Socio- Demographics: Low income families faces barriers including food insecurity, lack of safe places for physical activity, and lack of consistent access to healthful food choices, especially fruits and vegetables. Reports indicate racial disparities, with the greatest prevalence among Mexican American boys and African American non-Hispanic girls. Roughly 21% of both Mexican American boys and African American non-Hispanic girls are obese compared to 15% for white non-Hispanic. Consequences of childhood obesity Overweight or obese children are at increased risk for several health complications including, cardiovascular disease (CVD), high blood pressure, high cholesterol, dyslipidemia, type 2 diabetes, sleep apnea, asthma, liver damage, hypertension, multiple cancers, elevated triglycerides, increased insulin production, joint pain,

hormonal imbalance, orthopedic problems, Blount’s disease, skin fungal infections, acanthosis nigracans, gallstones, hypoventilation syndrome and the pickwickian syndrome. The hypoventilation syndrome is associated with pulmonary embolism and sudden death in children. Approximately 30% of obese children suffer from asthma and about 94% of obese children have abnormal sleep patterns. 60% of obese 5-10 year old children had one cardiovascular risk factor. Childhood obesity also increase many psychological and emotional issues like, teasing, bullying, low self-esteem, poor body image, withdrawal form interactions with peers, depression and anxiety. All of these negative health issues result in diminished quality of life and life expectancy and account for billions of dollars in health care spending. Prevention and treatment of childhood obesity A focus on healthful behaviors early in life is vital to promoting healthy weight. Primary goals of overcoming childhood obesity should be healthy eating and increased activity. It is important for children to consume enough calories to support normal growth and development without promoting excessive weight gain. Parents, caregivers, teachers, and community members can promote healthy nutrition and physical activity habits and a healthy weight among children by; encouraging healthy eating habits and promoting physical activity. Prevention and treatment of childhood obesity and overweight are urgently required. Approaching childhood obesity, experts consider three levels of prevention. Primordial prevention which aims toward maintains normal BMI throughout childhood and adolescence. Primary prevention is directed toward preventing overweight children from becoming obese. Secondary prevention is to treat obese children to reduce comorbidities and reverse

overweight and obesity if possible. Experts suggest the following component for obesity prevention at different stages of development. Perinatal: Supply good prenatal nutrition and healthcare, avoid excess maternal weight increase, control diabetes, help mothers lose weight postpartum and offer nutrition education. Infancy: Encourage increased of breastfeeding and continuous breastfeeding to 6 months of age or more, delay introduction of solid foods until after 6 months of ages, provide a balanced diet and avoid excess high calorie snacks, and follow weight increase closely. Preschool: Provide early experience with foods and flavors, help develop healthy food preferences, encourage appropriate parental feeding practices, monitor rate of weight increases to prevent adiposity rebound and provide child and parent nutrition education. Childhood: Monitor weight increase for height, avoid excessive prepubertal adiposity, supply education, and encourage daily physical activity. Adolescence: Prevent excess weight increase after growth spurt, maintain healthy nutrition as the next generation of parents, and continue daily physical activity. Conclusion Childhood obesity is increasing at epidemic rates, even among preschool children and is accompanied by significant comorbities and health problems. Prevention should be the primary goal and if successful will help reduce adult obesity. We will have the greatest chance to successfully reverse the obesity epidemic if we consider it a crisis; make it a founded government and public health priority, and join forces across disciplines to mount an effective public health campaign in the prevention and early treatment. We have the facts, figures, and solutions, now all we have to do is take them seriously and do something.