Childhood Obesity

Childhood obesity has more than doubled in children in the past 30 years (Centers for Disease Control and Prevention, 2013). This increasingly prevalent problem is now affecting children at an alarming high rate. Obesity is defined as having excess body fat as well as a body mass index at or above the 95th percentile for children of the same age and sex. (Centers for Disease Control and Prevention, 2013). To combat obesity, many prevention and intervention programs have been developed.

“The rate of obesity in children ages 6-11 increased from 6.5 to 19.6 percent between the years 1980 and 2008” (SPARK, 2014). In all age groups under 18 years old, obesity rates have nearly tripled in just 28 years. In recent years, research has shown that the likelihood of obesity of children can be determined at age five.

Obesity in children is linked to many adverse health and social outcomes, both long term and short term. These implications include heart disease, type 2 diabetes, asthma, sleep apnea, and social discrimination. “In a sample of 5-to 17-year-olds, almost 60 percent of overweight children had at least one CVD (cardiovascular disease) risk factor and 2 percent of overweight children had two or more CVD risk factors” (Let’s Move, created by Michelle Obama).

The risk factors for developing obesity include: genetics; inactivity; unhealthy diet and eating habits; family lifestyle; lack of sleep; and age. These physical and social problems negatively impact children’s lives as well as contribute to obesity problems as an adult.

Researchers have determined that there is a window of opportunity where obesity can be prevented. This window is thought to be around age five; nearly half of children who started kindergarten overweight became obese a teenagers. Practitioners can develop obesity prevention programs that target children before entry into this important critical period of life.

Examples of Prevention Programs

Eat! Play! Grow!

The program is designed to raise awareness regarding obesity as well as healthy choices that can help prevent it. It is designed to increase knowledge and understanding of portion size; increase consumption of fruits, vegetables, low fat milk, and other healthier alternatives; and increase understanding that serving larger portions of food do not produce healthier children. More information can be found at:

We Can!

This program works to decrease childhood obesity through offering resources on healthy behaviors; activities that can reduce obesity; and research about childhood obesity.

These two programs are two of many childhood obesity prevention programs that have been created across America in recent years. Although prevention programs have been increasing, programs are limited and are not prominent in many communities. More information can be found here: http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/. More programs and interventions can be found at http://www.cdc.gov/obesity/stateprograms/resources.html.

Effectiveness of Prevention Programs

Despite a rising number of obesity prevention programs for children, documented results appear modest (Thomas, 2006). When tested, most prevention programs produce differences between intervention and control groups yet lack clinical significance. Although the two groups have different results, those results do not translate into a clinical setting. This means that the impact of these programs is not as great as they should and could be. It has suggested that this lack of significance can be explained by methodological issues, namely, random selection, masking of outcomes, and data analysis (Thomas, 2006).

Future Directions

The benefits and drawbacks of obesity prevention programs leads to the question: what should we do? (Pratt, Stevens, & Daniels, 2008). Some solutions that have been offered by obesity prevention programs include: increase physical activity; make healthier eating choices; and engage in education (SPARK, 2014). Physical activity should increase to an hour per day so that children can burn extra calories. Simple healthier food choices, such as increases in vegetable intake and decreases in fatty fast food, can also lower obesity. Finally, health education programs should be widely implemented in schools so that children can understand the impact that obesity has on lives.

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References


SPARK. (2014). How has the childhood obesity rate changed in the last 30 years? Available at http://www.sparkpe.org/blog/how-has-the-childhood-obesity-rate-changed/