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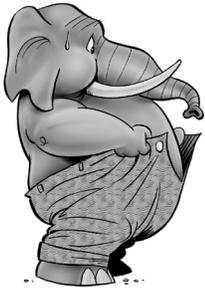
Number 395



Childhood Obesity — An American Epidemic

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As of this writing, 17 percent of America's children are not just overweight, but obese, and this percentage is steadily rising. *Overweight* means having *excess weight* from a combination of fat, muscle, bone, and water for a particular height and body frame. *Obesity* means having excess *fat* as determined by calculating a body mass index, or BMI.



Being overweight and subsequently obese is the result of a "caloric imbalance"—too few calories used for the amount of calories consumed. Although obesity continues to increase across *all* racial and ethnic groups, it affects some groups more than others. Black adolescent girls (29 percent) and Mexican-American adolescent boys (27 percent) appear to be most affected. About 1 in 8 preschoolers in the US is obese. Obesity rates in low-income preschoolers leveled off between 2003 and 2008 and continue to show very small declines in some states. However, too many preschoolers are still dangerously obese.

Children who are overweight or obese as preschoolers are five times more likely than normal-weight children to be overweight or obese as adults and have lifelong physical and mental health issues. Obesity beginning in childhood leads to psychological problems, asthma, diabetes, and cardiovascular risk factors. Childhood obesity has a strong link to mortality and morbid obesity in adulthood. Since obesity disproportionately affects certain racial and ethnic minority groups in both child and adult populations, it is the root cause of many health problems facing our nation today.

This rapid increase in obesity is not the product of changing our biology or genes; it is the product of a society that promotes inactivity and overeating. How did this happen? As a society, we have increased the serving sizes and quantities of food we eat (all-you-can-eat and super-sized menus), reduced our physical activity in our schools and homes, and engaged in more passive, leisure-time pursuits – social media, eBooks, games on laptops, notebooks, etc. – for children, it's hours of TV and video games.

Here are some startling facts that are affecting the epidemic of childhood obesity according to the Centers for Disease Control and Prevention, American Psychological Association, American Heart Association, and the United States Department of Agriculture:

- *Childhood obesity more than doubled in children and tripled in adolescents in the past 30 years.* The percentage of obese children ages 6–11 years in the United States increased from 7% in 1980 to nearly 18% in 2010. Similarly, the percentage of obese adolescents ages 12–19 years increased from 5% to 18% over the same period. In summary, as of 2010, more than one third of America's children and adolescents were overweight or obese.
- One in three American children and teens is overweight or obese (triple the rate in 1963), causing a broad range of health problems previously not seen until adulthood: high blood pressure, Type 2 diabetes, and elevated blood cholesterol levels. There are also psychological effects: more prone to low self-esteem, negative body image, depression, and higher and younger death rates in adulthood.
- Sugar consumption in 2010 was 66.0 pounds per person, its highest level since 1999.
- In 1942, annual U.S. production of soft drinks was 90, 8 oz. servings per person; in 2000, it was 600 servings per person!
- Soft drinks and juice drinks make up six percent of all calories consumed for 2 to 5 year olds, seven percent for 6 to 11 year olds, and more than ten percent for 12- to 19-year-olds. While children 2 to 11 years old get more of their calories from milk than soda, the opposite is true for youth 12-19 years old. For example, female teens get 11% of their total calories from sodas or juice drinks, but only six percent of their calories come from milk.

Can these horrible statistics be reversed?

The following tips concerning diet and exercise are recommendations of the American Heart Association: http://www.heart.org/idc/groups/heartpublic/@wcm/@fc/documents/downloadable/ucm_304175.pdf



- Find out if you or your child is at risk by accessing a Body Mass Index (BMI) calculator and doing a personal pre-assessment. <http://www.cdc.gov/healthyweight/assessing/bmi/>
- Talk with your health care provider and have him/her assess your child's health in detail – and yours.
- Learn proper portion control and pay attention to the Nutrition Facts listed on all food packaging.
- Teach children to eat slowly and focus on the feeling of “fullness” and “listening to their body” rather than cleaning their plates.
- Eat fruits and vegetables at every meal. Skip fried foods to avoid the extra fat.
- Fit whole grains into your daily meals and snacks.
- Teach children to pick nonfat or low-fat dairy products (milk, cheese, yogurt, etc.) at home and away. Keep them on hand in your refrigerator.
- Limit beverages with added sugars. Serve and drink water instead.
- Skip the salt shaker and monitor processed food products for amounts of salt/sodium.
- Move! Encourage activities that involve the entire family. Start with simple activities that promote strength and resistance training so children can ease into activities that are more physically demanding.
- Limit screen time (TV, video games, computers) to less than 2 hours per day. Do not allow eating while viewing.
- Educate yourself in what makes up a healthy meal, how to prepare healthy foods, and the difference in diet requirements for adults and children. Information is readily available online, in your library, or in bookstores.
- Pack healthy snacks/lunches for you and your child to take to work and school.
- Start your child's day with a healthy breakfast of proteins and good carbohydrates (whole grain breads and cereals, oatmeal, and fresh fruit). Sugar-laden foods cause a child to crash and become hungry again soon after getting to school — and long before lunch.
- Be a role model for healthy living. Parents set the best examples for their children.

Resources

American Heart Association. 2012. *Understanding childhood obesity*. Retrieved online September, 2013, at http://www.heart.org/idc/groups/heart-public/@wcm/@fc/documents/downloadable/ucm_304175.pdf

Bennett-Johnson, Suzanne. 2012. *The nation's childhood obesity epidemic: Health disparities in the making*. American Psychological Association. Retrieved online at <http://www.apa.org/pi/families/resources/newsletter/2012/07/childhood-obesity.aspx>

Centers for Disease Control and Prevention – *Adolescent and School Health*. 2012. Childhood obesity facts. Retrieved online September, 2013, at <http://www.cdc.gov/healthyouth/obesity/facts.htm>.

Haley, Stephen. United States Department of Agriculture. 2012. *Sugar and sweeteners outlook: May 2011*. Retrieved online September, 2013, from <http://www.ers.usda.gov/publications/sssm-sugar-and-sweeteners-outlook/sssm273.aspx>

Helpful Products

The list of Super Duper® products below may be helpful when working with children who have special needs. Visit www.superduperinc.com and type in the **item name or number in our search engine**. Click the links below to see the product descriptions.

MagneTalk Mealtime

[Item #SAS-134](#)

Webber Photo Cards – Food

[Item #WFC-04](#)

Webber Photo Lotto Games - Around the Home and Food

[Item #LOT-100](#)

Move Your Body Fun Deck

[Item #FD-116](#)

Upper Body and Core Strength Fun Deck

[Item #FD-106](#)

Therapy Ball Activities Fun Deck

[Item #FD-115](#)