



Childhood Obesity: The Preventable Threat to America's Youth

The majority of American youth are sedentary and do not eat well. The resulting poor nutrition and lack of physical activity has created an epidemic of childhood obesity that is preventable, yet shows no sign of decreasing. Action for Healthy Kids helps schools make changes that will make their students healthier, which in turn will improve their achievement.

Prevalence and Trends

Overweight and obesity impairs or threatens the health of millions of Americans.

- Poor diet and inadequate physical activity are the second leading cause of death in the United States and together account for at least 300,000 deaths annually.¹
- Nine million American children are overweight, triple the number in 1980.²
- Childhood obesity among ages 2-5 has increased 35% in the past 10 years.³
- There is no indication that the incidence of overweight among children is decreasing.⁴

Minority Populations

Childhood obesity is more prevalent among minority populations.

- Of children ages 6-11, more Mexican American boys are overweight (26.5%) than non-Hispanic white (14%) and African American (17%) boys. More African American girls (22.8%) are overweight than non-Hispanic white girls (13.1%).⁵
- The incidence of childhood obesity in American Indian seven-year-olds is nearly 30%, twice that of all other American children at that age.⁶
- The prevalence of obesity among students in grades 9-12 is higher among Hispanic youth (21.7% males, 11.8% females) and African Americans (19.5% males, 15.6% females) than white students (16.2% males, 7.8% females).⁷

Contributing Factors

Poor eating habits and lack of physical activity are root causes of overweight and obesity.

- Only 2% of school-aged children consume the recommended daily number of servings from all five major food groups, and only 30% consume the suggested amount of milk.⁸
- More than 80% of children and adolescents eat too much fat (more than 30% of total calories from fat). More than 90% eat too much saturated fat.⁹
- Ninety-eight percent of 6-18 year olds report eating at least 3 snacks per day, and more than 50% report 5 or more snacks daily.¹⁰
- More than 38% of students watch television 3 or more hours per average school day.¹¹
- Fewer than 25% of American children get at least 30 minutes of *any type* of physical activity every day.¹²

Health Consequences

Childhood obesity is a medical concern, not a cosmetic issue.

- The vast majority (between 70 and 80%) of overweight children and adolescents continue to be overweight in adulthood or will become obese adults.¹³
- Childhood weight problems can lead to complications such as elevated blood pressure and cholesterol, joint problems, Type II diabetes, gallbladder disease, asthma, depression and anxiety.¹⁴
- Severely overweight and obese children often suffer from depression, anxiety disorders, isolation from their peers, low self-esteem, and eating disorders.¹⁵
- Of overweight 5 to 10 year-olds, 61% have at least one risk factor for heart disease.¹⁶

Academic Consequences

Because multiple variables must be controlled when examining the relationship between weight and achievement, it is difficult to draw definitive conclusions. Further, a correlation between the two doesn't necessarily imply causation. However, several studies have examined this link.

- Severely overweight children and adolescents (those above the 95th percentile for weight) were four times more likely to report "impaired school functioning".¹⁷
- Severely overweight inner city school children tended to have abnormal scores on the Child Behavior Checklist, and were twice as likely to be placed in special education or a remedial class setting.¹⁸
- Overweight kindergartners had significantly lower math and reading test scores at the beginning of the year than did their non-overweight peers, and these lower scores continued into first grade.^{19,20}

Economic consequences

- Severely overweight children miss four times as much school as normal-weight kids.²¹ If such health problems keep children out of school just one day per month, this could cost a large school district like Los Angeles about \$15 million each year. An average size school district could likely forfeit \$95,000 to \$160,000 annually.²²
- Obesity-associated annual hospital costs for children increased more than threefold from \$35 million during 1979-1981 to \$127 million during 1997-1999.²³
- National health expenditures related to adult obesity range from \$98-\$129 billion annually.²⁴

Resources

- ¹ U.S. Department of Health and Human Services (USDHHS). *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. 2001.
- ² Ogden, CL, Flegal, KM, Carroll, MD, Johnson, CL. Prevalence and trends in overweight among US children and adolescents, 1999-2000. *Journal of the American Medical Association* 2002. 288:1723-1727.
- ³ US Centers for Disease Control and Prevention. 2003 Summary Report. Pediatric and Pregnancy Nutrition Surveillance System. Available at www.cdc.gov/pednss/pdfs/PedNss_2003_Summary.pdf.
- ⁴ Hedley AA, Ogden CL, Johnson CL, Carroll MD, Curtin LR, Flegal KM. Prevalence of overweight and obesity among US children, adolescents, and adults, 1999-2002. *Journal of the American Medical Association* 2004. 291:2847-2850.
- ⁵ Ibid.
- ⁶ Caballero et al. Body composition and overweight prevalence in 1704 schoolchildren from 7 American Indian communities. *American Journal of Clinical Nutrition* 2003. 78:308-12.
- ⁷ Centers for Disease Control and Prevention. Surveillance summaries May 21, 2004. *MMWR* 2004. 53(SS02): 1-96.
- ⁸ United States Department of Agriculture (USDA). 1994-1996 Continuing survey of food intakes for individuals (CSFII).
- ⁹ Food, Nutrition and Consumer Services/USDA 2001; National Center for Chronic Disease Prevention and Health Promotion.
- ¹⁰ Position of the ADA 2004.
- ¹¹ US CDC 2004
- ¹² International Life Sciences Institute. Improving children's health through physical activity: a new opportunity, a survey of parents and children about physical activity patterns, 1997.
- ¹³ USDHHS 2001
- ¹⁴ Ibid.
- ¹⁵ Schwimmer, JB, Burwinkle, TM, Varni, JW. Health-related quality of life of severely obese children and adolescents. *Journal of the American Medical Association* 2003. 289:1813.
- ¹⁶ Freedman et al. The relation of overweight to cardiovascular risk factors among children and adolescents: the Bogalusa heart study. *Pediatrics* 1999. 103:1175-1182.
- ¹⁷ Schwimmer 2003
- ¹⁸ Tershakovic A, Weller S, Gallagher P. Obesity, school performance, and the behavior of black, urban elementary school children. *International Journal of Obesity* 1994. 18:323-327.
- ¹⁹ National Institute Health Care Management (NIHCM) Foundation. Obesity in young children: impact and intervention. Research brief. August 2004.
- ²⁰ Data A, Sturm R, Magnabosco J. Childhood overweight and academic performance: national study of kindergartners and first-graders. *Obesity Research* 2004. 12:58-68.
- ²¹ Schwimmer 2003.
- ²² Action for Healthy Kids. The learning connection: the value of improving nutrition and physical activity in our schools 2004. Available at www.actionforhealthykids.org.
- ²³ Wang G, Dietz W. Economic burden of obesity in youths aged 6 to 17 years: 1979-1999. *Pediatrics* 2002.109: 81-89.
- ²⁴ Institute of Medicine of the National Academies. Preventing Childhood Obesity, Health in the Balance. The National Academies Press, Washington, D.C., 2005.