

Child & Adolescent Health Issues

Obesity

Childhood obesity has increased dramatically in recent decades. Currently, almost 20 percent of school-aged children are obese, with the highest rates found among Hispanic/Latino and African American children. This is a disturbing development because obesity places children at higher risk for a number of health conditions, including asthma and type 2 diabetes. Children with obesity also are more likely to have low self-esteem, experience depression and anxiety, and be bullied. Additionally, child obesity all too often leads to adult obesity, which carries with it the heightened risk of a number of serious medical conditions, including hypertension, heart disease, stroke, type 2 diabetes, and both breast and colon cancer.

Two major factors contributing to obesity are unhealthy eating patterns and physical inactivity. To address the first of these, children need to have access to nutritious foods and to understand that high-calorie foods and beverages (e.g., candy, desserts, sugar-sweetened drinks), if consumed in excess, can result in unhealthy weight gain. Learning to distinguish healthy from unhealthy foods is an important skill for children to acquire, as is learning what constitutes healthy portion sizes. But knowledge doesn't always lead to a change in habits, especially when it involves cutting back on favorite foods. For this reason, children need encouragement and support when they are trying to improve their eating patterns.

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Addressing the lack of exercise, the other major factor contributing to childhood obesity, is also important. Children who do not engage in regular physical activity (60 minutes every day is recommended by the Centers for Disease Control and Prevention) usually do not burn enough calories to maintain a healthy weight. Therefore, helping children become more active is an important way to prevent excess weight gain. Just as it can be difficult for children to change their eating habits, it can be challenging for children to give up some of their sedentary activities (e.g., television, video games).

Children do not exist in isolation but rather are dependent on their families for access to adequate, healthy food and for opportunities to exercise. For example, it is unrealistic to expect children to stop drinking soda while it's still available at home and being consumed by their siblings or parents. To help an obese child achieve a healthier weight, the entire household is likely to need to change their diet and exercise habits. Finally, concerns about the future health risks associated with obesity may not be meaningful to children. For that reason, focusing family and community conversations on the immediate benefits of healthy habits may be more relevant and lend a note of optimism to otherwise discouraging or difficult conversations.