

CHILDHOOD OBESITY

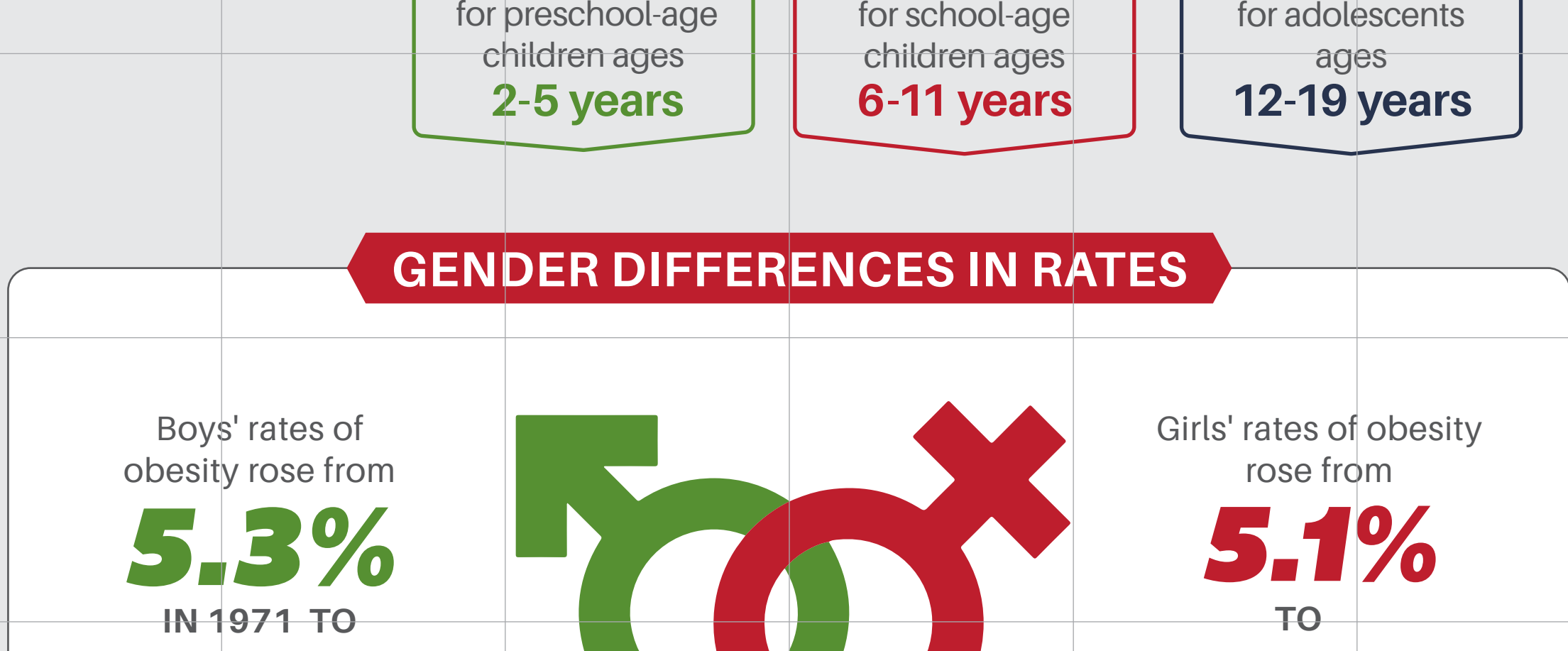
IS AT AN ALL-TIME HIGH

OBESITY RATES AMONG CHILDREN IN THE U.S. HAVE TRIPLED SINCE THE 1970s, WITH ROUGHLY 18.5 PERCENT OF AMERICAN YOUTHS CLASSIFIED AS OBESE IN 2016

The childhood obesity epidemic can be primarily attributed to sedentary lifestyles and poor nutrition, though genetics plays a role.

OVERVIEW OF CHILDHOOD OBESITY IN THE U.S.

The prevalence of obesity in children and adolescents 2 to 19 years old as of 2015-2016



GENDER DIFFERENCES IN RATES

Boys' rates of obesity rose from **5.3%** in 1971 TO **19.1%**

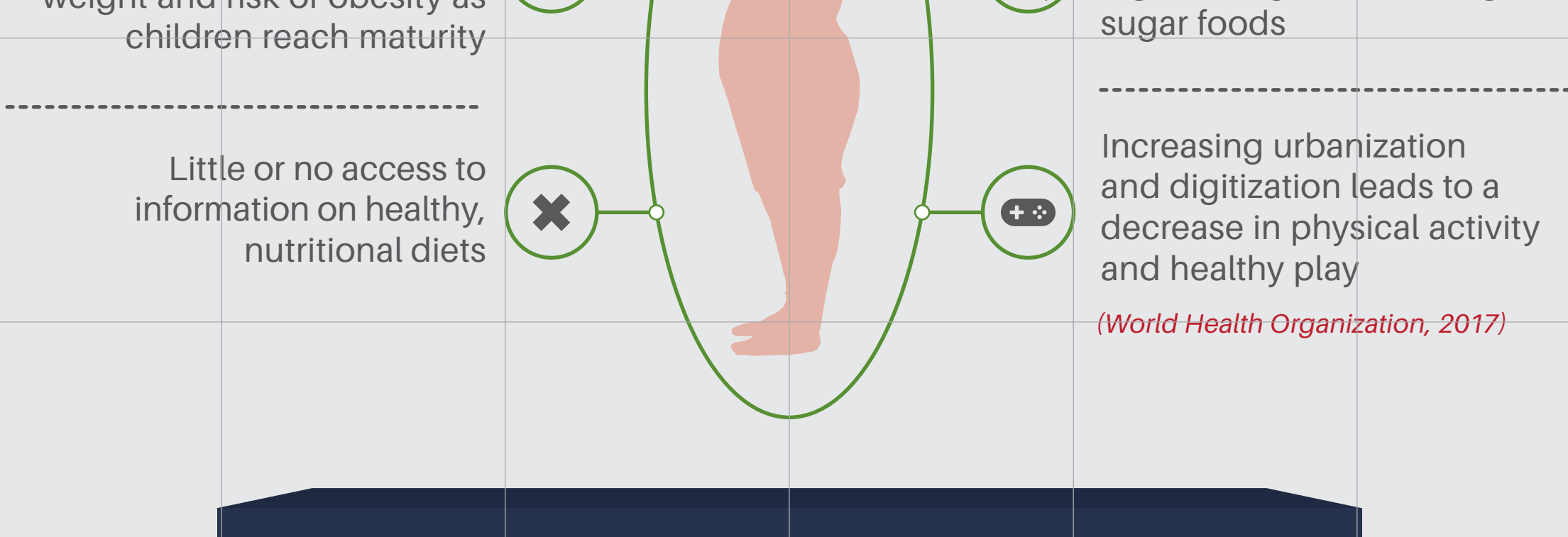


Girls' rates of obesity rose from **5.1%** TO **17.8%**

RACIAL DIFFERENCES IN RATES



SOCIOECONOMIC FACTORS IN CHILDHOOD OBESITY



OBESITY AND ITS ADVERSE EFFECTS

Obese children are at a significantly elevated risk of adverse health and social outcomes, including:



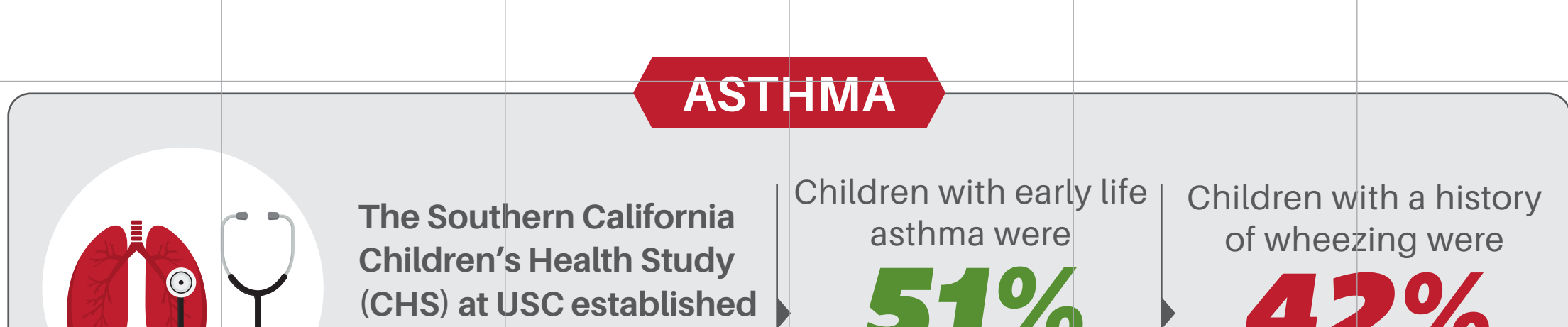
TYPE 2 DIABETES



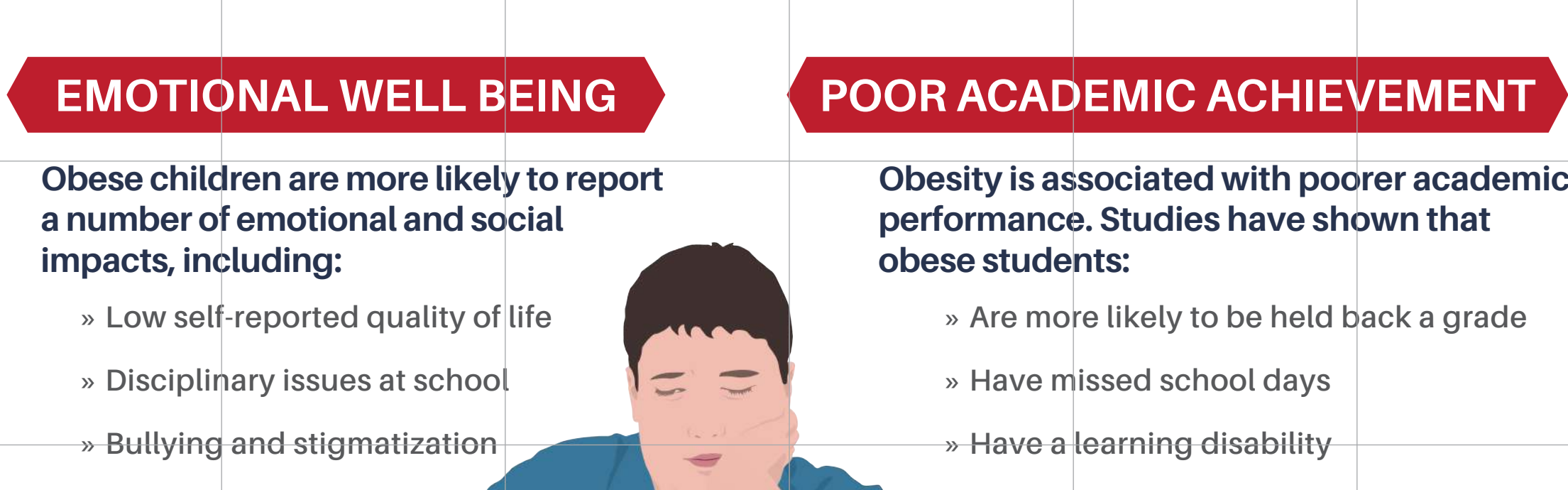
HEART DISEASE

Children with obesity are more likely to become adults with obesity and more likely to have risk factors for cardiovascular disease (CVD)

RISK FACTORS INCLUDE:



ASTHMA



EMOTIONAL WELL BEING

Obese children are more likely to report a number of emotional and social impacts, including:

- » Low self-reported quality of life
- » Disciplinary issues at school
- » Bullying and stigmatization
- » Low self-esteem
- » Depression
- » Anxiety

POOR ACADEMIC ACHIEVEMENT

Obesity is associated with poorer academic performance. Studies have shown that obese students:

- » Are more likely to be held back a grade
- » Have missed school days
- » Have a learning disability
- » Experience developmental delay
- » Have slower cognitive processes

BULLYING

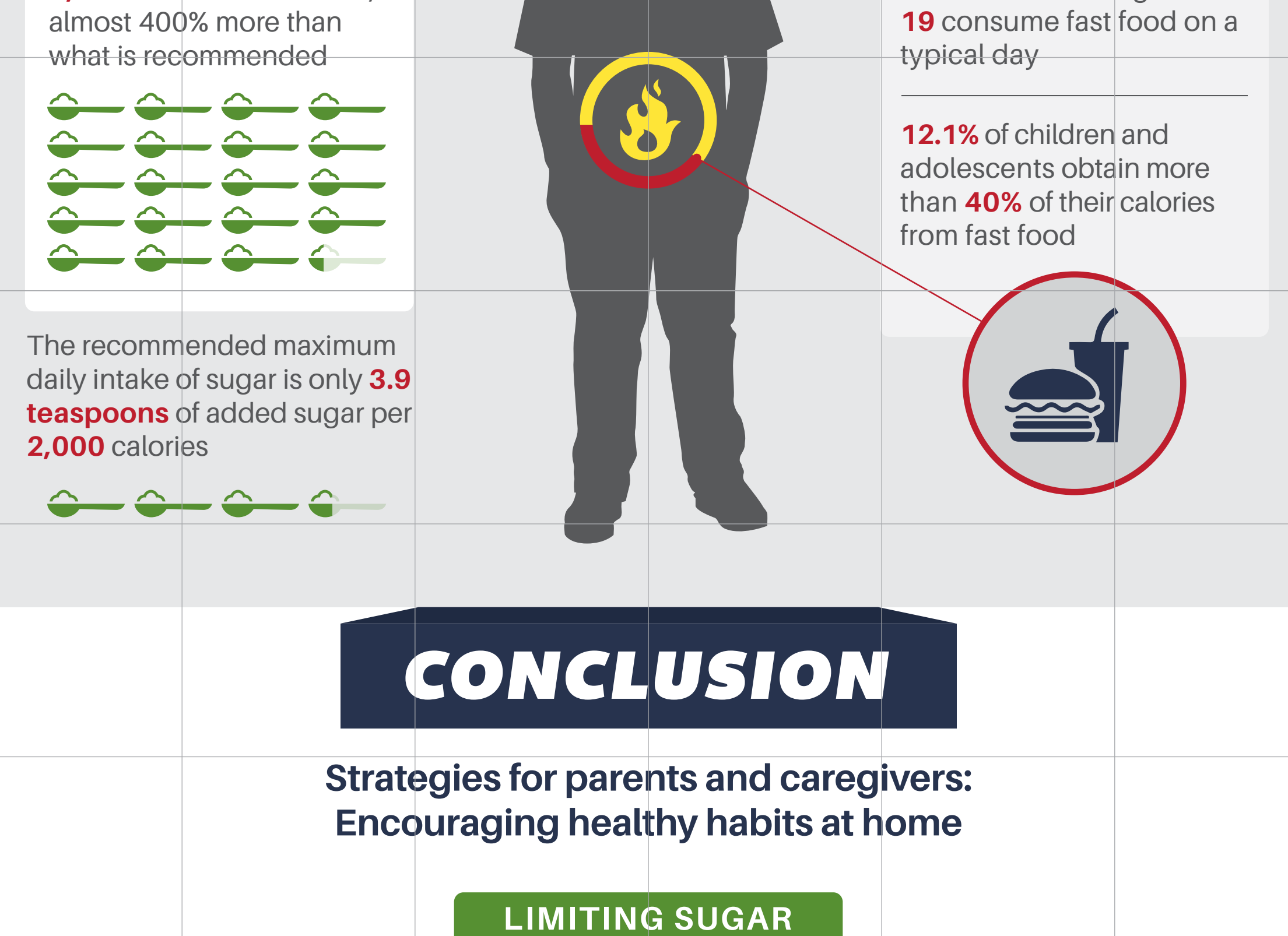


CONTRIBUTING FACTORS OF OBESITY IN CHILDREN

SEDENTARY LIFESTYLES



DIETARY FACTORS



CONCLUSION

Strategies for parents and caregivers: Encouraging healthy habits at home

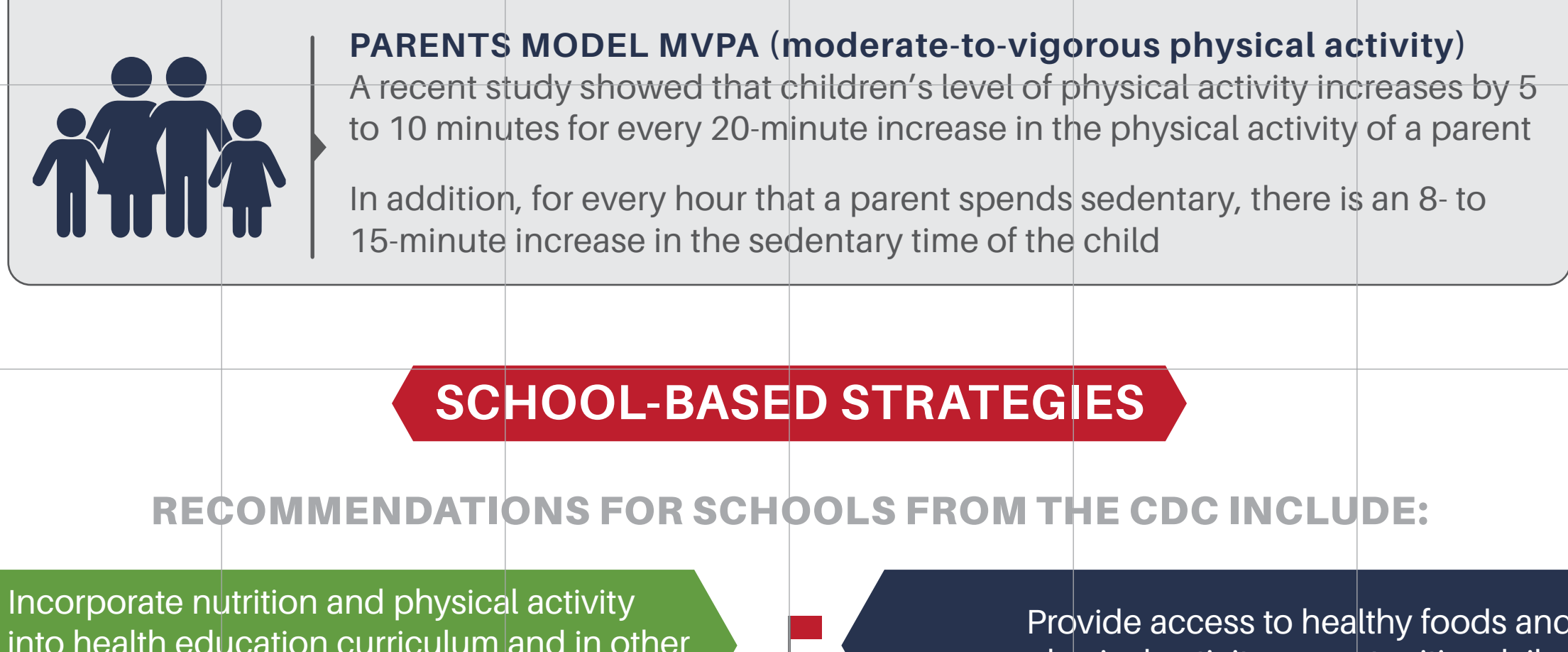
LIMITING SUGAR

The American Heart Association has the following guidelines on children and added sugars:

Children should consume less than **6 teaspoons** of added sugars per day

Children and adolescents should limit their intake of sugar-sweetened drinks to no more than **8 ozs. per week**

Children under the **age of 2** should **not consume** foods or beverages with added sugars



SCHOOL-BASED STRATEGIES

RECOMMENDATIONS FOR SCHOOLS FROM THE CDC INCLUDE:



ADVOCACY IN COMMUNITIES

Health care providers can be advocates for healthy lifestyles; key strategies include:



ELECTED OFFICIALS AND COMMUNITY LEADERS

Educating and advocating for wise, science-based policy is key to changing the big picture on childhood obesity; successful strategies that policymakers can take include:

