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Childhood Obesity
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Introduction
Last year 13.7 million children suffered from childhood obesity. Obesity is classified using a unit of measurement called BMI. BMI stands for body mass index. In children and teens, age, weight and gender are taken into consideration because children’s body composition varies as they grow as compared to adults whose BMI is calculated solely on height, weight and gender. Children whose BMI is greater than or equal to the 85th percentile are overweight. Those whose BMI is at or above the 95th percentile are considered obese. This means if a child weighs more than 95 percent of those in his age group he is classified as obese. In 2010, the CDC divided Hispanic (25.8%) and non-Hispanic blacks (22.0%) had greater obesity rates as compared to non-Hispanic whites (14.1%). Asians (11.0%) had lower obesity rates than non-Hispanic blacks and Hispanics (CDC, 2019b). Sadly, the general public is undereducated and ill-informed on the impact this chronic illness has on our children’s health acutely and chronically (CDC, 2019a). This poster will discuss incidence, prevalence, risk factors, prevention techniques and education concerning childhood obesity.

Consequences
What the population doesn’t understand is obesity isn’t just having a surplus of body fat, it is detrimental to overall health. Obese children are more likely to have high blood pressure and high cholesterol, which could lead to cardiovascular disease. They have a higher risk of glucose tolerance and insulin resistance leading to type 2 diabetes. Breathing complications such as asthma and sleep apnea could occur. Obese children can be at risk for gastrointestinal issues such as fatty liver disease, gallstones, and acid reflux. The extra weight a child carries on their growing bones could cause joint and musculoskeletal complications. This preventable illness not only causes additional physical illness, but it can also cause multiple psychological problems including decreased self-esteem and lower self-reported quality of life. Unfortunately, there is a stigma attached to obese children which can lead to bullying (CDC, 2016). The side effects of obesity can lead to anxiety and depression. These mental health issues can be just as deadly, if not more, than the physical problems previously mentioned before.

Incidence
The good news is that studies done by the National Institute of Health show that childhood obesity rates are declining with an increase in age in the United States. Numerous studies were done utilizing national data from the CDC growth charts showing more preschoolers were obese compared to school aged children. This indicates a decline in obesity as the child gets older. With that being said, prevention should start at an early age rather than after the child has already become overweight or obese (Cheung, et al., 2016).

Prevalence
In 2017-18, 4.8 million kids ages 10 to 17 had obesity, according to the National Survey of Children’s Health.

Risk Factors
The causes and risks for childhood obesity are essentially the same as adult obesity. Consuming high-calorie foods that have a low-nutritional value, a sedentary lifestyle, and inconsistent sleep routines are all primary causes. (CDC, 2016). Tablets, gaming systems, phones, and TV have consumed our nation’s youth. Even babies less than 6 months old are entranced by the bright light up screens. According to Perrin and Anderson, (2019) 60% of adults in the United States use Facebook, 73% use YouTube, and 37% use Instagram. That is an alarming number of role models constantly on their cellphones, tablets, computers, etc. The nation’s youth look up to the adults for guidance and to determine the difference between right and wrong. They see us in front of a screen during dinner, dates, social gatherings, and other moments that should have been time before they begin to mimic our patterns. The community also plays a much larger role in health than most people realize. The community you live in impacts the type of food you have access to, the cost of that food, and the physical activities available. Living in a community that is secluded can make it difficult for parents to provide appropriate foods to their children as the cost is much higher and foods are limited (CDC, 2016).

Treatment/Suggestions
It is recommended to consume fruits and vegetables at least 5 times a day. In the United States only 23.4% of adults follow this recommendation. The community in which one lives affects their ability to help prevent chronic disease, therefore the food in the community will impact healthy eating habits (Woodruff, 2016). This means if adults are not eating enough fruits and vegetables, so neither are their children. Parents and guardians have the responsibility to make intelligent choices for their children. Not all adults have been educated on what is good for their child. Primary care providers need to inform new parents the importance of a balanced diet and regular physical activity.

Conclusion
Moms and dads, it is time to take control of your child’s health before it is too late. The CDC states children who are obese are more likely to remain that way into adulthood (CDC, 2016). Establishing healthy habits young will make it easier to transfer these when they are out of the house. Parents, you need to take responsibility in educating and providing healthy foods for your children. Educate them to limit screen time. Encourage outdoor play and get out there alongside them. We cannot blame children for behaviors they do not know are harmful. You, the parent, need to take responsibility for the health of your children.

References

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