

Issue Brief

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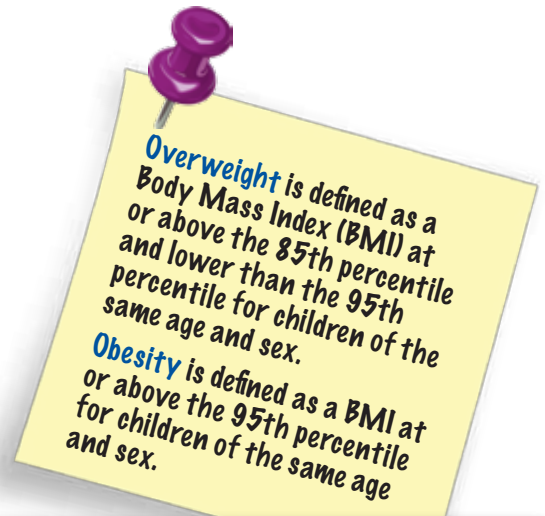
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Gains and Losses: Kids Take Unhealthy Approach Against Obesity

Childhood obesity is a current, persistent, and common issue in the lives of America's youth: Nearly one in three children in the U.S. is overweight or obese, a number that has tripled over the last 30 years.¹ In Indiana the problem of childhood obesity is compounded by the behaviors youth are using to combat their weight issues.

In a national survey of adolescents, Hoosiers scored worse than the rest of the nation on all ten measures of weight loss behavior. Indiana's teens are less likely than their national peers to eat healthy and exercise, but more likely to stop eating for 24 hours or vomit in an attempt to lose weight.²

Because both unhealthy weight gain and loss are problems among Indiana's adolescents, it is important to be aware of and sensitive to all sides of the issue when working with young people. A correction of unhealthy weight gain with unhealthy weight loss is not an improvement in overall health.



	National	Indiana
Parents who report their child (age 3-17) is overweight or obese ¹	31.6	29.9
Teens who describe themselves as overweight or obese ²	27.7	29.3

¹ National Survey of Children's Health
² Youth Risk Behavior Survey

Described themselves as slightly or very overweight		Indiana, 2009	National, 2009
Nutrition	Did not eat fruit last week	15.1%	11.4%
	Did not eat green salad last week	45.8%	36.6%
	Did not eat other vegetables last week	17.9%	16.7%
Exercise	Did not exercise to lose weight or to keep from gaining weight last month	40.5%	38.5%
	Did not attend physical education classes in an average week	65.2%	43.6%
	Did not play on sports teams last year	43.6%	41.7%
Risk Behaviors	Went without eating for a day or more to lose or keep from gaining weight last month	13.2%	10.6%
	Vomited or took laxatives to lose or keep from gaining weight last month	5.4%	4.0%

■ Indiana, 2009 ■ National, 2009

¹ Prevalence of Obesity Among Children and Adolescents: United States, Trends 1963–1965 Through 2007–2008. (2010) http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.pdf National Health and Nutrition Examination Survey (NHANES)

² CDC (2009). Youth Risk Behavior Surveillance Report 2009. Youth Risk Behavior Surveillance, 59(SS-5). Retrieved from <http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>

Why it Matters

A child's current and future physical health, mental health, and sleep patterns may all be affected by obesity. Seventy percent of obese children

ages 5 to 17 have at least one risk factor for cardiovascular disease, such as high cholesterol or high blood pressure. These children also are at a higher risk of Type 2 diabetes and bone and joint problems than their peers.⁶ In fact, healthcare expenses directly related to childhood obesity are estimated to be \$14 billion in the U.S. each year.⁷

In addition to physical health problems, obese children also are more likely to struggle with sleep apnea, which causes breathing to be interrupted during sleep. Obese children also experience more psychological problems, including poor self-esteem, depression, and discrimination by adults and peers.⁸

Stigmatization of Overweight and Obesity

Often our society blames the individual child for his/her difficulties with weight and attributes additional negative personality characteristics to the child.³ Children as young as 6 to 10 years old use personality-based descriptors such as “lazy, dirty, stupid, and mean” when asked to describe someone with an overweight body type. This type of stigmatization from other children and from adults may encourage bullying, lead to a child's poor self-concept, and discourage a child from participating in potentially beneficial physical activities.⁴

Obese young people who are victimized by peers because of their weight are less likely to participate in physical activities, more likely to have poor dieting behaviors, and two to three times more likely to engage in suicidal thoughts or behaviors than their peers. In fact, many obese children struggle with low self-esteem and negative body image, depression, anxiety, eating disorders, and social withdrawal.⁵



Risk Factors

Understanding the background and experiences of overweight and obese children may be critical to addressing the issue at a community level. A child's whole environment, from genetics and metabolism to current living situation, impacts his/her health. A few of the factors that increase a child's risk of being obese include stress, parental income, and having a disability.

Young children often have no control over what they are fed, yet one in seven low-income preschool children is obese.⁹ Children with a disability may have difficulties with physical activities or food interaction with medications. Twenty-two percent of children with disabilities are obese compared to 16% of children without.¹⁰

³ Center for Disease Control (2011). Basics about Childhood Obesity. Retrieved from <http://www.cdc.gov/obesity/childhood/basics.html>

⁴ Robert Wood Johnson Foundation (2011). Childhood Obesity. Retrieved from <http://www.rwjf.org/programareas/ChildhoodObesityFramingDoc.pdf>

⁵ Center for Disease Control (2011). Basics about Childhood Obesity.

⁶ Children's Health Policy Center, Simon Fraser University (2010). The Mental Health Implications of Childhood Obesity. Children's Mental Health Research Quarterly, 4(1) Retrieved from http://www.childhealthpolicy.sfu.ca/research_quarterly_08/rq-pdf/RQ-1-10-Winter.pdf

⁷ Ibid.

⁸ Hadley, A.M., Hair, E. C., Dreisbach, N. (2010). What Works for the Treatment of Obesity among Children: Lessons from Experimental Evaluations and Interventions. Child Trends Fact Sheet.

⁹ Hadley, A.M., Hair, E. C., Dreisbach, N. (2010). What Works for the Treatment of Obesity among Children: Lessons from Experimental Evaluations and Interventions. Child Trends Fact Sheet, 5. Retrieved from http://www.childtrends.org/files/child_trends_2010_03_25_fs_wwobesity.pdf

¹⁰ CDC: National Center on Birth Defects and Developmental Disabilities (2011). Strategic Plan 2011-2015. National Center on Birth Defects and Developmental Disabilities Strategic Plans Retrieved from http://www.cdc.gov/NCBDDD/AboutUs/documents/NCBDDD_StrategicPlan_2-10-11.pdf

Stress is another factor related to obesity; it may adversely affect blood pressure or limit a child's ability to eat or exercise appropriately.¹¹ Child abuse, neglect, and trauma also are correlated to overweight and obesity in children and adults.¹²

Systemic Issues

The problem of childhood obesity is much bigger than one individual person; children are influenced by the families and communities in which they live. For example, living in a family that seldom eats meals together (22.8% of children live in such a family) or where smoking is present (31.5% of children) increases a child's likelihood of being overweight or obese.¹³

Living in an inactive or unsafe community also increases a child's risk of obesity, yet over half (57%) of Hoosier children live in a community that lacks a park, sidewalks, a community center, or a library.¹⁴ And 14.3% of parents describe

their neighborhood as unsafe. Nearly two thirds of Hoosier children (65.2%) do not even attend physical education classes in a typical week, significantly worse than the national rate of 43.6%.¹⁵

State requirements for physical education and nutrition in schools impact a child's access to environments that encourage healthy eating and physical activity. In Indiana, children in grades K-8 are mandated to have time for physical activity daily, which may include recess. In grades 9-12 students must take 2 semesters of physical education which include opportunities for substituting an alternative activity or receiving online credit.¹⁶

Schools that participate in the national school lunch program also must adhere to regulations about what is offered. More information on these regulations for daycares and K-12 schools can be found from the Indiana Department of Education.



¹¹ U.S. Department of Health and Human Services (2010). The Surgeon General's Vision for a Healthy and Fit Nation. U.S. Department of Health and Human Services: Office of The Surgeon General, 5. Retrieved from <http://www.surgeongeneral.gov/library/obesityvision/obesityvision2010.pdf>

¹² CDC (2002) Body weight and obesity in adults and self-reported abuse in childhood. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/12119573?dopt=Abstract>

¹³ CDC (2007). 2007 National Survey of Children's Health. National Survey of Children's Health Retrieved from <http://www.cdc.gov/nchs/slairs/nsch.htm#2011nsch>

¹⁴ Ibid.

¹⁵ CDC (2009). Youth Risk Behavior Surveillance Report 2009. Youth Risk Behavior Surveillance, 59(SS-5).

¹⁶ Indiana Profile (2011). National Association for Sport and Physical Education. Retrieved at <http://www.aahperd.org/naspe/publications/upload/Indiana-profile.pdf>

Tips for Preventing Childhood Obesity

According to the Children's Health Policy Center, obesity prevention programs can be effective, especially when they start in early childhood, and are tailored to children's developmental, cultural and economic circumstances.¹⁷ Child care and education providers have an opportunity to help prevent childhood obesity by encouraging healthy behaviors early in a child's life.

A few promising practices that can be implemented in all types of youth programs to prevent childhood obesity include:

Provide opportunities for daily physical activity.

Indiana's lack of daily exercise for youth is apparent: Only two-thirds of children (66.2%) and 59.4% of the state's high school students are physically active most days in a typical week.¹⁸ Living in communities that support an active lifestyle helps encourage youth to maintain healthy habits and decrease sedentary behavior.

Increase access to healthy food in programs.

Child care providers, youth programs, and schools have a unique opportunity to increase access to and knowledge of healthy foods. They may play a role in informing parents about healthy habits as well as eliminating unhealthy options in youth program environments.

• Support breast-feeding for young children.

Nationally one in seven low-income preschoolers is obese, and it is important to support parents and provide healthy options in early child care settings. Breast-feeding young children has been found to protect against childhood overweight and obesity, yet one third of Indiana's babies (32.6%) are never breast-fed.¹⁹

• Decrease consumption of drinks high in sugar content. Sugary drinks are an important contributor to the number of calories in children's diets. In Indiana, 72% of middle and high schools offer drinks with a high sugar content as competitive products.²⁰



Some federal and state resources have been created to help neighborhoods provide appealing places to play or be active.

- Free resources and lists of grant opportunities to help fight childhood obesity are available from the **Spark P.E. website**.
- The **Safe Routes to School National Partnership** is a network that ensures children can travel to and from school by foot or bicycle, which provides a variety of important benefits to children and their communities, including increasing physical activity, reducing traffic congestion, improving air quality, and enhancing neighborhood safety.
- The Department of Education provides **Physical Education Program** grants to community-based organizations (CBOs) to initiate, expand, or enhance physical education programs, including after-school programs, for students in kindergarten through 12th grade.
- **The Home Depot** gives grants of up to \$5,000 in the form of gift cards for the purchase of tools, materials, or services to registered 501(c)(3) nonprofit organizations, public schools or tax-exempt public service agencies in the U.S. that are using the power of volunteers to improve the physical health of their community.

¹⁷ Children's Health Policy Center, Simon Fraser University (2010). The Mental Health Implications of Childhood Obesity. Children's Mental Health Research Quarterly, 4(1).

¹⁸ CDC (2009). Youth Risk Behavior Surveillance Report 2009. Youth Risk Behavior Surveillance, 59(SS-5).

¹⁹ U.S. Department of Health and Human Services (2010). The Surgeon General's Vision for a Healthy and Fit Nation. U.S. Department of Health and Human Services: Office of The Surgeon General, 5.

²⁰ CDC (2011) Children's Food Environment State Indicator Report. Retrieved from <http://www.cdc.gov/obesity/downloads/ChildrensFoodEnvironment.pdf>

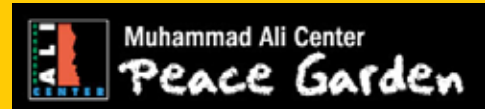
- **Provide healthy meals and snacks.** Many children, especially those in rural, minority or low-income households, live in neighborhoods where it is difficult to access stores and supermarkets that sell healthy, affordable food.²¹ Because about 95% of children in the U.S. are enrolled in school²² and lack of nutrition leads to childhood obesity,²³ it is important that meals provided in schools and programs are healthy and nutritious.

Intervening in Childhood Obesity

There is no one way to be effective in childhood obesity intervention.²⁴ However, research shows that short-term, topic-specific programs for teens have greater success than long term programs, those that address multiple issues, or those for younger children.²⁵

Two promising practices for youth programs include not allowing the stigmatization of children who are obese and ensuring that proper strategies are utilized to achieve healthy weight. For example, an untrained adult may suggest a calorie-restricted diet to a youth struggling with his/her weight. However, during times of physical growth, calorie-restricted diets may be harmful for children and could encourage eating disorders.²⁶ A long-term healthy lifestyle can only be achieved through good nutrition and physical activity and must be attained without unhealthy eating habits.

Some federal and state resources have been created to help neighborhoods provide food or food resources to children and families in need.



Muhammad Ali Center Peace Garden grants provide educational tools and materials, including a downloadable curriculum guide, to build gardens in underprivileged schools around the world.



The Whole Kids Foundation provides grants through the **School Garden Grant Program** to help kids cultivate healthy eating habits.

Fiskars provides grants through **Project Orange Thumb** for garden creation and makeovers in the United States and Canada.



With support from the Home Depot Garden Club, the National Gardening Association will award **Youth Garden Grants** to schools and community organizations in the United States working to conduct child-centered garden programs.



²¹ Larson N, Story M, Nelson M. Neighborhood environments: disparities in access to healthy foods in the U.S. *Am J Prev Med.* 2009;36(1):74—81.e10.

²² National Center for Education Statistics, “Single grade of enrollment and high school graduation status for people 3 years old and over, by age: 2001,” available online at: www.nces.ed.gov.

²³ Larson N, Story M, Nelson M. Neighborhood environments: disparities in access to healthy foods in the U.S. *Am J Prev Med.* 2009;36(1):74—81.e10.

²⁴ Hadley, A.M., Hair, E. C., Dreisbach, N. (2010). What Works for the Treatment of Obesity among Children: Lessons from Experimental Evaluations and Interventions. *Child Trends Fact Sheet.*

²⁵ Ibid.

²⁶ Society for Nutrition Education: Weight Realities Division (2002). Guidelines for Childhood Obesity Prevention Programs: Promoting Healthy Weight in Children. Retrieved from <http://www.ces.ncsu.edu/pitt/fcs/childObesity.html>

Resources



Multiple national campaigns have been created to focus on the issue, such as the First Lady's Let's Move tools, the We Can! Healthy weight movement and the HealthierUS school challenge. Here are some additional resources to help ensure that youth in all types of school and community programs can successfully avoid childhood overweight and obesity:

For resources to help ensure that everyone has access to affordable, nutritious food, visit <http://www.thefoodtrust.org>

For more information on stigma and weight bias, visit Yale's Rudd Center <http://www.yaleruddcenter.org>

To read about strategies and solutions for childhood overweight and obesity, visit the Centers for Disease Control <http://www.cdc.gov/obesity/childhood/solutions.html> and <http://www.cdc.gov/obesity/resources/recommendations.html>

For a list of childhood obesity resources for early care providers, check out the National Child Care Information and Technical Assistance Center <http://nccic.acf.hhs.gov/poptopics/childobesity.html>

To see Hoosiers' progress towards the Indiana Healthy Weight Initiative, check out <http://www.inhealthyweight.org/>

To find tools for preventing overweight and obesity in child and day care centers, visit <http://www.letsmove.gov/>

For more information on the National Football League's campaign to encourage kids to be active for 60 minutes a day in order to help reverse the trend of childhood obesity, visit NFL PLAY 60 http://www.nflrush.com/play60/?icampaign=rush_nav_play60



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IYI Resources

The latest data is at your fingertips with IYI's Data Center. Search statistics and gather data to improve your program planning and grant writing. Or, request customized data. Go to iyi.org/data.

Get the most comprehensive overview of children's well-being in Indiana. Download the 2010 Kids Count in Indiana Data Book at iyi.org/databook.

Want in-depth information on youth? Check out the free resources at IYI's Virginia Beall Ball Library. We will mail you the library materials and include a postage paid return envelope. Go to iyi.org/library for details.

Have a quick question or want to bounce an idea around? Contact IYI's free Help Line, and get the answers you need: call 1-877-IYI-TIPS or go to iyi.org/help-line.

Looking for training on youth issues? IYI provides regional trainings and free webinars on youth development and nonprofit management. Go to iyi.org/trainings for details.

Need one-on-one assistance with planning, evaluating, or expanding your organization? Benefit from IYI's Consulting Services and receive professional help at affordable hourly rates – discounted far below market value. Go to iyi.org/consulting-services for details.