

Overweight and Obesity Facts Sheet

Childhood Overweight – the Size of Problem

In the past 30 years childhood overweight has tripled in the US.¹

- In 1999-2000, over 15% of children and adolescents in the US were overweight.¹

Mexican and African Americans are disproportionately affected by childhood overweight

- In 1999-2000, over 19% of African American and over 23% of Mexican American children were overweight.¹
- In 1999-2000, over 23% of Mexican and African American adolescents were overweight.¹

Factors Contributing to Childhood Overweight

67% of children 8-16 years old watched two or more hours of television daily.²

- As television watching increases, there is also an increase in exposure to food advertising.³
- In 1997, 95% of the fast-food restaurants advertising budget was spent on television ads.⁴

Only 2% of school-aged children meet the recommended servings of the USDA Food Guide Pyramid for the 5 major food groups.⁵

Added sugars account for 20% of calories in children's diets.⁵

Additional environmental issues that may contribute to overweight and obesity include access to healthier foods, such as fresh produce, may be limited by the lack of availability, lack of grocery stores in the area, and affordability.^{3,6}

Consequences of Childhood Overweight

Overweight children and adolescents have increased risks of glucose intolerance, type 2 diabetes, high cholesterol, and high blood pressure.⁷

Overweight adolescents are more likely to be overweight as adults.⁷

Overweight children and adolescents face a variety of emotional and social consequences, such as higher rates of eating disorders, lower socioeconomic status, early physical maturation, exclusion by their peers, and lower self-esteem.^{7,8,9}

The health care costs attributed to obesity and physical inactivity account for 9.4% or 94 billion dollars per year in the United States, not including the indirect health care costs such as loss of work time or disability insurance that may be attributed to obesity and/or inactivity.¹⁰

Why Target Schools?

Over 95% of children aged 5 – 18 attend school.¹¹

The school has almost as much influence over children as their family.¹¹

The school community involves a variety of stakeholders including parents, teachers, staff, and students that can work together to improve the health of all students.¹²

In 1999, 70.9% of high school students did not participate in daily P.E.¹²

Students have easy access to calorie-dense foods through vending machines, fast food sales on campus and at near-by locations during open campus lunch.³

Nutrition and physical education mandates are not followed because mandates for other academic subjects and standardized test scores are a higher priority.³

- About 76% of 5th, 7th, and 9th graders in California did not meet the minimum fitness standards. (CDE)
- Nutrition and physical education policies do not exist or are not enforced.³
- There is a lack of nutrition education and physical education curricula and lack of teacher training in these areas.³

Prevention of weight gain is easier, less expensive, and more effective than the treatment of obesity.¹³

It has been shown that adult weight problems can be reduced through the management of overweight during childhood.¹⁴

References

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