



## Resources: Childhood Obesity

During the past three decades, the prevalence of overweight among young people in the United States more than tripled among children 6 to 11 years old and more than doubled among adolescents 12 to 19 years old.<sup>1</sup> These figures are particularly alarming because of the health problems associated with children being overweight. Children and adolescents who are overweight have a greater risk of developing Type 2 diabetes mellitus, asthma, and orthopedic problems; they are more likely to have risk factors for cardiovascular disease (such as increased blood pressure and high cholesterol levels); and they are more likely to have behavioral problems and depression.<sup>2,3</sup> In addition, children and adolescents who are overweight are more likely to remain so as adults,<sup>4,5</sup> with an estimated 75% of overweight adolescents being obese as young adults.<sup>5</sup>

Obese adults are at increased risk for heart disease, stroke, osteoarthritis, and several forms of cancer<sup>6-8</sup>—all of which result in increased human suffering, reduced quality of life, and premature death.<sup>9-11</sup> In addition, costs for health care in the U.S. attributable to excess body weight total more than \$90 billion per year—up to 7% of annual health-care expenditures among adults.<sup>12,13</sup> In California, medical care, workers' compensation, and lost productivity attributable to overweight, obesity, and physical inactivity among adults was estimated to cost the state \$28 billion in 2005.<sup>14</sup>

**Factors Associated with Childhood Overweight.** The crisis of childhood overweight is the result of a variety of individual, social, and environmental factors, including increased availability and consumption of soft drinks and high-fat, high-calorie foods; increasing amounts of time spent in sedentary activities, including television viewing; inadequate school physical education programs; and limited access in many neighborhoods to healthy foods and safe places to be physically active. These problems go beyond factors under the control of children and their parents to include conditions in schools and communities that encourage children to eat and drink unhealthy foods and beverages and that limit their physical activity.

**Next Steps.** To address the growing epidemic of childhood obesity and its consequences, the California Center for Public Health Advocacy calls on policy makers to establish comprehensive policies that support parents in providing opportunities for their children to make healthy choices about eating and physical activity.

### Footnotes.

<sup>1</sup> National Center for Health Statistics. Health, United States, 2004 with chartbook on trends in the health of Americans. Hyattsville, MD: 2004.

<sup>2</sup> Reilly JJ, Metheven E, McDowell ZC, et al. Health consequences of obesity. *Arch Dis Child*. 2003; 88:748-52.

<sup>3</sup> Institute of Medicine (United States). *Preventing childhood obesity: health in the balance* (Committee on Prevention of Obesity in Youth, Food and Nutrition Board, Board on Health Promotion and Disease Prevention). 2005. Washington, D.C.

<sup>4</sup> Freedman DS, Kahn LK, Serdula MK, et al. The relation of childhood BMI to adult adiposity: the Bogalusa heart study. *Pediatrics*. 2005; 115:22-7.

<sup>5</sup> Guo SS, Wu, Chumlea WC, Roche AF. Predicting overweight and obesity in adulthood from body mass index values in adolescence. *Am J Clin Nutr*. 2002; 76:653-8.

<sup>6</sup> U. S. Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity. Rockville, MD: Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.

<sup>7</sup> National Institutes of Health. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. Bethesda, MD: Department of Health and Human Services, National Institutes of Health, National Heart, Lung and Blood Institute; 1998.

<sup>8</sup> Calle, EE, Rodriguez C, Walker-Thurmond K, Thun MJ. Overweight, obesity, and mortality from cancer in prospectively studied cohort of U.S. Adults. *N Engl J Med.* 2003; 348:1625-38.

<sup>9</sup> Willett WC, Dietz WH, Colditz GA. Guidelines for a healthy weight. *N Engl J Med.* 199; 341:427-34.

<sup>10</sup> Sturm, R. The effects of obesity, smoking, and drinking on medical problems and costs. *Health Aff.* 2002; 21:245-53.

<sup>11</sup> Flegal, KM, Graubard BI, Williamson DF, Gail MH. Excess deaths associated with underweight, overweight and obesity. *JAMA.* 2005; 293-1861-7.

<sup>12</sup> Wolf AM, Colditz GA. Current estimates of the economic cost of obesity in the United States. *Obes Res.* 1998; 6:97-106.

<sup>13</sup> Finklestein EA, Fiebelkorn IC, Wang G. National medical spending attributable to overweight and obesity: how much, and who's paying? *Health Aff.* 2003; W3-219-W3-226.

<sup>14</sup> Chenoweth D. *The economic costs of physical inactivity, obesity and overweight in California adults: health careworkers' compensation, and lost productivity.* Sacramento: Cancer Prevention and Nutrition Section, California Department of Health Services; 2005.