

Childhood Obesity

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Childhood obesity has become an epidemic of increasing concern in the United States. Childhood obesity has more than tripled in the past 30 years¹ exposing children to greater risks for health-related illnesses and diseases both in childhood and adulthood.

Children and adolescents ages 2-19 are considered obese if their body mass index (BMI) is at or above the 95th percentile for children of the same age and gender. Children and adolescents between the 85th and 95th percentile are considered overweight.²

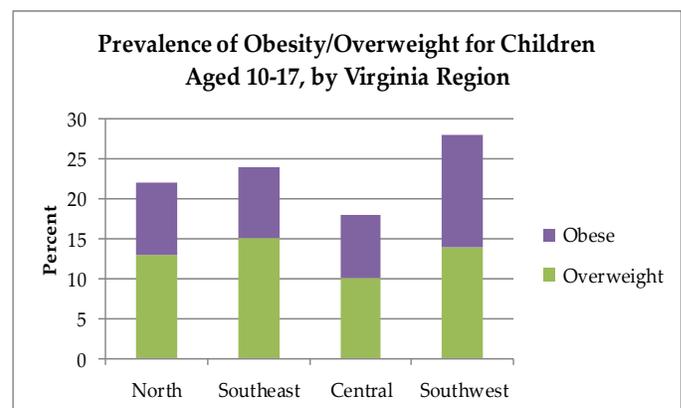
National Statistics

- ◆ An estimated 17% of children and adolescents aged 2-19 (12.5 million) are obese.³
- ◆ From 1980 to 2008, the prevalence of obesity among children aged 6-11 increased from 7% to 20%; among adolescents aged 12-19, the rate increased from 5% to 18%.¹
- ◆ In grades 9-12, 12% of students are obese, 16% are overweight.⁴
- ◆ There are significant racial and ethnic differences in the prevalence of obesity in children. African American and Mexican American adolescents are at greater risk for obesity compared to non-Hispanic white children.⁵
- ◆ 1 in 7 low income, pre-school aged children is obese.³

Virginia Statistics⁶

- ◆ Among Virginia youth aged 10-17, 22% are overweight or obese based on self-reported weight and height data.
- ◆ Girls are less likely to be overweight or obese for their age compared to boys.
- ◆ Youth in southwest Virginia are more likely to be overweight or obese for their age.
- ◆ White, non-Hispanic youth are more likely to have a

healthy weight for their age compared to minority youth.



Source: Virginia Foundation for Healthy Youth, 2010.

Contributing Behaviors

- ◆ In a CDC national survey of students in grades 9-12:
 - ◇ 23% of students did not participate in 60 minutes of physical activity on at least one day during the week.⁴
 - ◇ ... 25% of students played video or computer games for 3 or more hours on school days.⁴
 - ◇ ... 33% of students watched 3 or more hours of television on an average school day.⁴
 - ◇ ... 25% drank a soda daily.⁷
- ◆ In Virginia, almost one quarter of students aged 10-17 have access to fast food from chain restaurants at school.⁶
- ◆ In Virginia, 92% of youth eat snacks such as chips and candy or drink soda at least once during an average week.⁶

Costs and Health Risks

- ◆ Estimates of the direct medical costs of childhood obesity, including prescription drugs and hospital/physician visits, are over \$14 billion annually.⁸

- ◆ Compared to children of normal weight, obese children are more likely to have high blood pressure, high cholesterol, breathing problems, joint issues, heartburn, as well as social and psychological problems.²
- ◆ Obese youth are more likely to become obese adults compared to children of normal weight. As adults, they are at increased risk for type 2 diabetes, stroke, heart disease, and some types of cancer.¹

Prevention Efforts

- ◆ First Lady Michelle Obama initiated the national “Let’s Move Campaign” in 2010 to fight childhood obesity.⁹ “Let’s Move” has several goals: to inform

parents about the value of good nutrition and exercise, to improve the quality of school cafeteria food, to make healthy food more affordable and accessible, and to encourage more physical activity among children.⁹

- ◆ The Virginia Department of Health’s obesity prevention plan, CHAMPION, provides tools and programs to decrease obesity among adults and children, focusing on making healthy food choices and increasing physical activity.¹⁰
- ◆ The School Health Initiative Program (SHIP) in Williamsburg/James City County seeks to improve the health of students through the promotion of physical activity and healthy eating.¹¹

Sources

¹ Centers for Disease Control and Prevention. Adolescent and School Health, Childhood Obesity Facts. Available at <http://www.cdc.gov/healthyyouth/obesity/facts.htm>.

² Centers for Disease Control and Prevention. Basics About Childhood Obesity, Data and Statistics. Available at <http://www.cdc.gov/obesity/childhood/basics.html>.

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⁴ Centers for Disease Control and Prevention. “2009 National Youth Risk Behavior Survey Overview.” Available at http://www.cdc.gov/healthyyouth/yrbs/pdf/us_overview_yrbs.pdf.

⁵ Ogden C. & Carroll M. 2010. “Prevalence of Obesity Among Children and Adolescents: United States, Trends 1963-1965 Through 2007-2008.” National Center for Health Statistics. Available at http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.pdf.

⁶ Virginia Foundation for Healthy Youth. 2010. “Obesity Survey Research Report.” Available at http://www.healthyyouthva.org/documents/vhfy_obesity%20report.pdf.

⁷ Centers for Disease Control and Prevention. Adolescent and School Health, Beverage Consumption Among High School Students—United States, 2010. Available at http://www.cdc.gov/healthyyouth/yrbs/nyrbs_summary.htm.

⁸ Trasaande L. & Chatterjee S. 2009. “The Impact of Obesity on Health Service Utilization and Costs in Childhood.” *Obesity*, 17: 1749-1754. Available at <http://www.nature.com/oby/journal/v17/n9/pdf/oby200967a.pdf>.

⁹ Let’s Move! Available at <http://www.letsmove.gov>.

¹⁰ Virginia Department of Health. CHAMPION. Available at <http://www.vahealth.org/NuPAFP/Champion>.

¹¹ School Health Initiative Program. Available at <http://www.wjcc.k12.va.us/ship/>.

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