Childhood Obesity in San Bernardino County

What is Childhood Obesity?

During the past twenty years, the prevalence of obesity in children has risen significantly worldwide, and with childhood obesity reaching epidemic proportions in the US, many health professionals view it as a major public health problem.¹

The Centers for Disease Control & Prevention (CDC) defines obesity using the "body mass index" or BMI which calculates a correlation between height and weight and estimates the amount of body fat in a person. Using this information, obesity is defined as an adult with a BMI greater than 30. However, because children are still growing and there are distinct differences between boys and girls, the definition of obesity in a child is a BMI at or above the 95th percentile for children of the same age and gender.²

Many obesity studies which have been conducted, demonstrate the tendency for obese children and adolescents to become obese adults; one statistic reported that if both parents are overweight, a child’s likelihood of being overweight is increased by 60-80 percent, while the chance of an obese child growing into an obese adult is approximately 70 percent.³ Additionally, the cost of obesity is high in the forms of increased healthcare costs, lost productivity and lost earnings.

Preventing obesity in children is crucial, since it is purported that most of one’s eating and physical activity habits are established by the age of 12, and that many of these habits will shape similar habits later in adulthood.

Statistics for San Bernardino County

According to a report by the Robert Wood Johnson Foundation (RJWF) and the Trust for America’s Health (TFAH), California ranks 41st in the nation for adult obesity, with approximately 24.4% of adults being obese. But it ranks 25th for youth (ages 10-17) obesity with approximately 15% of the state’s youth being obese.⁴

However, San Bernardino County has higher rates of obesity. The California Health Interview Survey reports that 26.5% of San Bernardino County’s adults are obese while 17% of its children are considered obese.⁵ See Figure 1.

Contributing Factors

Obesity in children can result from a combination of behavioral and environmental factors.⁶

Dietary Habits

Children with unhealthy eating habits are more likely to develop obesity over their lifetime. Skipping breakfast is considered to be an important factor in weight gain and obesity due to increased levels of...
dietary fat and rates of compulsive snacking. This unhealthy habit can predispose children and youth to decreased physical activity and lower API test scores.⁷,⁸ According to the Centers for Disease Control and Prevention (CDC), 74 percent of the county’s children did not eat the recommended five daily servings of fruits and vegetables and 29 percent drank more than one serving of soda per day.⁹

One contributing factor for the increased rate of childhood obesity in our county is the ratio of healthy food options, such as grocery stores and produce vendors, to unhealthy food options, such as convenience stores and fast-food restaurants, in proximity to residents’ homes; the lower the ratio, the higher the prevalence of obesity.¹⁰ Within San Bernardino County, the rate is 1.50 healthy food options per 10,000 population, compared to 2.14 for California.¹¹

**Physical Activity**

Several environmental influences are responsible for shaping the habits of children. Today, children spend inordinate amounts of time watching television and playing video games rather than playing outdoors. When children watch television, they are not only sedentary, but they view commercials of unhealthy fast foods and snacks. Most are lured into eating these foods. Another factor that contributes to obese children is the lack of daily physical exercise. Children who lead a sedentary lifestyle are more vulnerable to becoming overweight or even obese. Kids today spend much more time in cars than ever before. They are much less likely to walk to school, to the bus stop, or the park. They don’t bike a few miles to get to the pool in the summer, jog to the local ballpark, or walk to their friends’ houses. Parents drive them to these destinations which are often times only a few blocks away, due to time constraints or for reasons of safety.

The California Fitness Test, administered to 1.4 million 5th, 7th and 9th grade students statewide each year, is a comprehensive, health-related physical fitness battery developed by The Cooper Institute. The primary goals of the program are to assist students in establishing lifetime habits of regular physical activity and to help teachers develop physical education programs. According to the California Health Interview Survey, only 29 percent of San Bernardino county’s seventh graders are considered physically fit and only two-thirds of the county’s children engage in regular physical activity.⁵ See Figure 2.

**Stakeholders**

The following systems have important roles, not only in the effects of childhood obesity on them, but also in their participation in preventing childhood obesity.

**Schools**

Physical fitness has been linked to higher academic performance, better concentration, and increased confidence and self-esteem. Students who are more physically fit are less likely to suffer from obesity and chronic diseases such as diabetes, high blood pressure and heart failure.

The public school system is a primary stakeholder in the childhood obesity epidemic, as it is estimated that a child eats at least one meal per day, five days per week, in the school cafeteria. Moreover,
approximately 60 percent of American public middle schools make vending machines available to students that dispense sodas and unhealthy snacks. Another alarming statistic is that only 28 percent of children participate in daily physical education classes. Thus, one could conclude from these statistics that schools are in a position to significantly contribute to the prevention of childhood obesity.

According to a study by the American Medical Association, the rate of childhood obesity and chronic health problems doubled in the U.S. from 1988 to 2006. Children ages 8 to 14 showed an obesity rate of 15.8 percent at the end of 2006, compared with 8.3 percent in a similar period that ended in 1994. The overall rate of chronic childhood health conditions including obesity, asthma and behavioral or learning problems increased to 26.6 percent from 12.8 percent during this same time.

Society

Jillian Michaels, a TV weight loss celebrity states that two primary consequences of obesity on children are cognitive learning impairment and poor health. Some children overcome poor health and high weight consequences during their teens or early adult lives. However, the longer-term effects that childhood obesity brings to bear on cognitive learning are often irreparable. For most children, their learning and mental development takes place on a natural timeline, but when that timeline is hindered or delayed, it's difficult to recover those opportunities. For example, most health experts agree that if a child hasn't made real progress in developing critical language skills by a certain young age, those skills may never be fully developed.

Social consequences of obesity are serious and can negatively impact a person's life in the workplace, education, media, healthcare and relationships. For children, obese students are more likely to be harassed, teased and ridiculed from other students and face negative attitudes from teachers. They are more likely to suffer from depression and low self-esteem and have even shown an association between obesity and suicidal attempts among obese youth.

Economy

The U.S. Surgeon General has identified the obesity epidemic as one of the greatest health problems facing the nation today. According to the CDC, one of the most harmful consequences of obesity is the damage it does to our economy. In 2000, the total cost of obesity, including medical costs and lost earnings due to illness, disability, or premature death, was approximately $117 billion.

Not only are there lifelong health issues to consider with the numerous health problems associated with obesity such as cardiovascular disease, diabetes, and cancer, but those who are obese pay an average 42% more in health costs, and 77% more in prescription costs.
Future Implications

The CDC estimates that more than one in three children born in 2000 will eventually suffer from diabetes, meaning that the future costs of weight-related health care could be staggering. In addition to the cost of treating the effects of obesity, children are likely for the first time in the history of the US to live shorter lives than their parents. The study, reported in the New England Journal of Medicine in 2005, predicts that as a result of obesity, children will suffer the effects from obesity-related chronic diseases (e.g., diabetes, heart disease, cancer) at younger ages. The outcome is a reduction of up to five years of their life expectancy as compared to their parents.

Policy Recommendations

1. Require child care settings such as schools, daycare, YMCAs, and community centers to provide access to nutritious foods and establish stricter standards for school lunch programs.
2. Offer obesity counseling through the healthcare systems and screening for diabetes in children.
3. Provide families access to affordable, healthy foods in their communities by limiting the number of fast food restaurants and convenience stores and requiring a policy for a green grocer or farmers’ market in every community.
4. Fund mandatory physical education programs in the school system (K-12) and require students' participation.
5. Build pavements (sidewalks), bike paths, parks, playgrounds, and pedestrian zones to provide access to open spaces and encourage physical activity.
6. Support and advocate for social marketing to promote healthy food choices and increased physical activity.
7. Require organizations responsible for health care and health care financing to provide coverage for effective obesity prevention and treatment strategies.
8. Increase funding of research of obesity prevention with maximization of limited family and community resources.
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References


10. *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes.* California Center for Public Health Advocacy, Policy Link and the UCLA Center for Health Policy Research. April 2008.


