The prevalence of obese American youth has become an epidemic. The number of obese children (ages 6-11) has almost quadrupled in the past four decades and for adolescents (12-19) has tripled. In only 12 years the prevalence of obese children increased 5 percent depending on the age group. African-American and Mexican-American adolescents have experienced an increase of 10 percent in this short time period.

Understanding the terminology

Several terms are used to describe the growing girth of our society. Some are specific to adults; others are specific to children. When referring to weight concerns among children, the two terms acknowledged by the Centers for Disease Control (CDC) are “overweight” and “obese.” Both describe a child’s weight relative to the growth charts based on BMI (body mass index). The growth charts, which are based on BMI for age, were released in 2000 and can be found at the Centers for Disease Control Web site (see page 4).

However, before classifying a child in either category it is vital to remember that children normally experience growth spurts throughout childhood and adolescence. A child cannot be diagnosed overweight or obese based on just one BMI measurement. It is more useful to monitor a child’s growth pattern and BMI over time. Children whose weight falls at or above the 85th percentile on a consistent basis are considered “overweight.” Children whose weight falls at or above the 95th percentile on a consistent basis are considered “obese.” Some children experiencing growth spurts may fall above these percentiles at certain points in time, but not on a consistent basis.
Genetics

More than 250 genes affect body weight. Human beings with a genetic disposition to storing body fat had an evolutionary advantage—they were able to survive times of famine and food shortages. Yet, it takes generations of evolution for a genetic adaptation to be expressed. Our genes haven’t changed over the past several decades to account for the increase in overweight and obesity.

Diet

Hundreds of new food products are introduced every year. The food industry spends $12 billion annually marketing toward children. The availability of sugar-free, fat-free, and low-calorie food products in addition to fresh fruits and vegetables has increased substantially in the past several decades; however, the increase in obesity has outpaced this growth.

Physical activity

Over the past century, the introduction of many labor-saving devices has changed our daily environment. Nearly half of our young people do not get vigorous physical activity on a daily basis. The following chart represents the percentage of youth meeting physical activity recommendations during the previous seven days.

Television viewing is replacing much of the time children used previously for physical activity. The National Institute on Media + The Family reports youth engage in 25 hours of television, nine hours of video games and seven hours of non-school computer use weekly. Sedentary technology has become a full-time job for many of our youth. The American Academy of Pediatrics recommends no more than two hours of screen time, including TV, computer, and video games, per day.

Community Environment

A growing problem in many communities is a lack of sidewalks, parks, biking trails, and community-sponsored recreation. Access to community gardens, farmers’ markets, and healthy vending or concession options also is limited. Urban sprawl—including planned communities, superhighways, and super-shopping centers—has contributed to this problem. Communities can benefit by examining their infrastructures and working to provide a safe environment that promotes physical activity and access to healthy food options.
What does a health-promoting community look like?

- Sidewalks and bike paths
- Accessible and safe parks
- Variety of sponsored activities at convenient times for all ages
- Neighborhood (and school) gardens
- Farmers’ markets
- Healthy vending/concession options
- Adults who model and promote healthy eating and exercising habits
- Accessible and safe school play equipment
- Comprehensive health programs
- Daily physical education for all students
- Breakfast and lunch programs that serve a variety of tasty, nutritious, fresh food
- Adults who model and promote healthy eating and exercising habits
- Children and adults who eat five servings of fruits and vegetables every day
- Children and adults who are physically active 60 and 30 min./day respectively
- Limiting watching TV, playing video games, and using the computer to no more than two hours a day watching
- Regular check-ups and care from a health care professional for children and adults

Creating a health-promoting community

Communities need to build partnerships among schools, families, community groups, and individuals. This facilitates coordination of resources and expertise to promote healthy development of children, youth, and their families.

Potential community partners include:

- Health professionals, teachers, parks and recreation, school administrators, parents, after school programs, youth programs
- Nutrition services (RDs, WIC, food stamps, farmers’ markets)
- Recreation programs
- Health/counseling services, hospitals, clinics, health care providers
- Childcare and preschools
- Schools and related resources
- Spiritual/religious services and organizations
- Transportation
- Clubs and organizations
- Resources for underserved groups
- Media
- Cooperative Extension Services

One of the first steps of the community partnership is to conduct an assessment of the community. This will help the community if there are areas of concern that need to be prioritized or targeted. Identifying a common goal also will make the partnership more efficient and effective.
You can help create a health-promoting environment

1. What changes would you like to see in your school or community?
2. Which changes are you willing to devote time and energy toward accomplishing?
3. Who could help you work toward making these changes?
4. How can you encourage others to help?

Check these Resources

**Assessment and Planning Tools**
- Centers for Disease Control
  - School Health Index
    - www.cdc.gov/nccdphp/dash/SHI
- BMI for age growth charts
  - www.cdc.gov/nchs/nhanes.htm#Clin
- Healthy People 2020
  - www.healthypeople.gov
- Iowa Community Health Needs Assessment and Health Improvement
  - www.idph.state.ia.us/chnahip
- Mobilizing for Action through Planning and Partnerships (MAPP)
  - www.naccho.org
- Moving to the Future: Developing Community-Based Nutrition Services Assessment and Planning Tools
  - www.movingtothefuture.org
- United State Department of Agriculture Team Nutrition—Changing the Scene
  - www.fns.usda.gov/tn/team-nutrition

**General Information**

- Iowa State University Extension and Outreach
  - Community and Economic Development
    - www.extension.iastate.edu/communities
  - Nutrition and Wellness
    - www.extension.iastate.edu/humansciences/child-nutrition-families

**Online Store**
- (store.extension.iastate.edu)
- Food for METOO: Nutrition for the Toddler and Preschooler (PM 1257)
- Guide to Healthy Kids: What Parents Can Do (NCR 374)
- Healthy Hearts: How to Monitor Fat and Cholesterol (PM 1967)
- Non-food Alternatives for School Rewards and Fundraising (PM 2039a)
- Say ‘YES’ to Family Meals (PM 1842)
- Snacks for Healthy Kids (PM 1264)
- Steps to a Healthier Family (PM 2005)
- What Schools Can Do to Promote Healthy Eating (PM 2039)
- What’s for Lunch? It’s In the Bag (PM 3026)

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