VERMONT

Department of Health

fit & healthy vermonters

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Childhood Obesity

Childhood obesity has been increasing since the late 1970's. The obesity epidemic affects both boys and girls, and occurs in all age, race, and ethnic groups throughout the United States.[1]

Vermont 2005:

- One out of four youths in grades eight through 12 are overweight or are at risk for being overweight.[2]
- Thirty percent of low-income children in the Women Infants and Children (WIC) program between 2 and 5 years of age are overweight or at risk of becoming overweight.[2]
- Overweight in this population has more than doubled in the last 20 years.
- Fifty percent of overweight children in grades eight to 12 watch three or more hours of TV per day, compared to 32 percent of children of the same age that are a healthy weight.[3]
- At risk for overweight is defined as Body Mass Index (BMI)-for-age $\geq 85^{th}$ percentile to $< 95^{th}$ percentile. Overweight is defined as BMI-for-age $\geq 95^{th}$ percentile.[2]
- Seventy-six percent of Vermont students ate less than five fruits and vegetables per day.[4]
- Ninety-two percent of eighth graders, but only 24 percent of twelfth graders participated in at least one physical education class per week.[5]

Throughout the Country:

- Between the early 1970's and 2000, the rate of childhood obesity has more than tripled for children between the ages of 6 and 11.[1]
- There is a growing trend for children to spend about 75 percent of their waking hours being inactive.[6]
- Between 1989 and 1996, school-aged children increased their recommended calorie intake from 88 percent to 94 percent.[1]
- The average weight for a 10 year old has increased by 11 pounds between 1963 and 2002.[7]
- Fifty-six percent of eight year olds consume soft drinks daily and one-third of teenage boys drink at least three cans of soda per day.[8]

Childhood Obesity and Chronic Disease:

- Approximately three-quarters of obese adolescents will be overweight as adults and will likely face the persistent risk of developing chronic diseases.[9]
- A CDC study estimated that one in three American children born in 2000 will develop diabetes in their lifetime.[3]
- About 10 percent of the 500 pediatric diabetes cases in Vermont are diagnosed as type 2 diabetes.[5]
- If the childhood obesity epidemic continues at its current rate, conditions related to type 2 diabetes, such as blindness, amputation, coronary artery disease, stroke and kidney failure, will become ordinary in middle-aged people.[1]
- There is an approximate three-fold higher risk for hypertension in obese verses non-obese children.[6]

The Costs of Childhood Obesity:

- Between 1979 and 1999, obesity-related hospital costs in the U.S. for youth age 6 to 17 have more than tripled, from $35 million a year to $127 million a year.[1]
- Health care premiums for families have increased by 100 percent between 2001 and 2006, and obesity is estimated to account for 25 percent of this increased cost.[7]
- The second leading cause of death in the U.S. is poor diet and physical inactivity, causing 365,000 deaths (15.2 percent) in 2000.[10]
- Nationally, an estimated $98 – $129 billion was spent on U.S. healthcare costs related to obesity, with half of these expenditures financed by Medicare and Medicaid.[1]
- Overweight teens may have fewer friends than non-overweight teens, lower self-esteem, and suffer higher rates of depression and suicide if teased about being overweight.[11] Obese children are stigmatized and subject to negative stereotyping and discrimination by their peers.
- Unless effective interventions to reduce obesity are developed, the steady rise in life expectancy observed in the modern era may soon come to an end, and the youth of today may live shorter lives than their parents.[12]

Reducing the Risks:

- If both parents are obese, the likelihood of a child becoming obese is 60 to 80 percent; if both parents are lean, the likelihood drops to only nine percent.[7]
- In 1998, 38 percent of food income was spent outside the home. Children who eat meals at home are less likely to consume too many calories and eat less saturated fat and fried food, while consuming more fruits and vegetables.[7]
- School programs that provide children and their families with the knowledge, attitudes, behavioral skills and encouragement to consume a healthy diet and engage in regular activity can be effective in changing the obesity problem.[13]
- In one study, a 50 percent reduction in the price of fresh fruit in schools resulted in a four-fold increase in fruit sales.[7]
- In a review of 11 studies examining the prevalence of overweight children, eight studies demonstrated a lower risk of overweight in those children who had been breastfed.[14]

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