

Managing Overweight Children and Adolescents

Many parents do not recognize their children as overweight. Many parents do not recognize when their child is too sedentary or is not eating enough fruits and vegetables. You, as a doctor or health care professional, can help parents recognize these risk areas! By focusing efforts to improve children's health, the health of the entire family will often improve.



Results from *The Dietary Intervention Study in Children* show that families can learn to enjoy healthy foods and to be selective about their food choices if they have the right tools to help them make positive lifestyle changes.¹ The primary purpose of this toolkit is to provide health care professionals who work with children, adolescents and their families recommendations regarding screening, assessment and treatment for overweight youth. The tool kit information summarizes recommendations from the scientific literature and expert work groups relating to child and adolescent obesity.

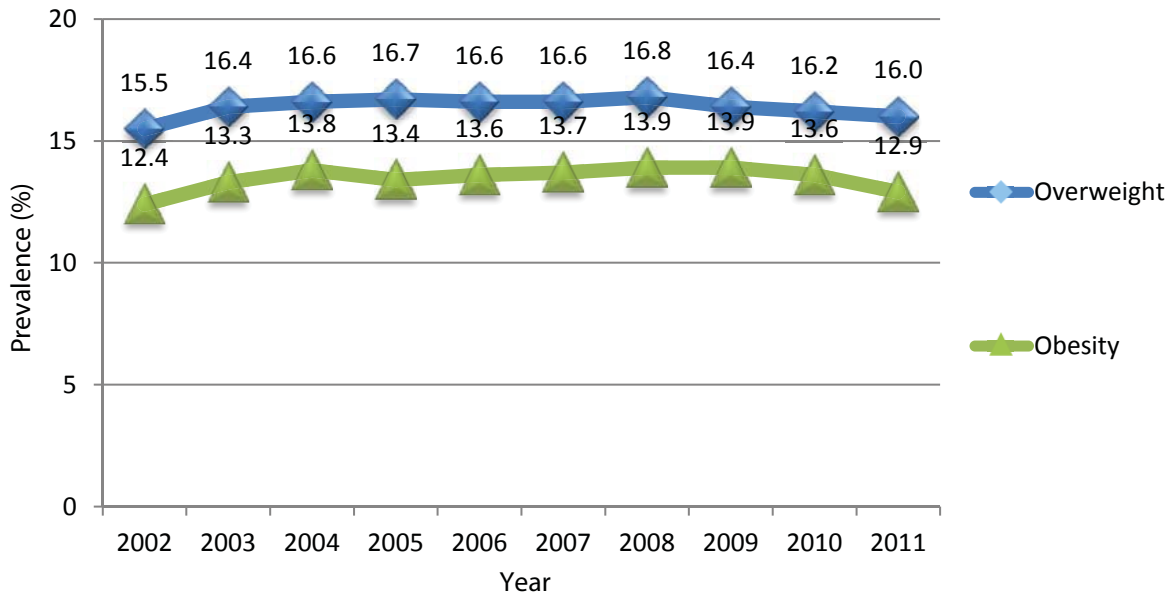
Over the past three decades, childhood obesity rates have tripled in the U.S., and today, the country has some of the highest obesity rates in the world. One out of six children is obese, and one out of three children is overweight or obese.² Though the overall U.S. child obesity rate has held steady since 2008, some groups have continued to see increases, and some groups have higher rates of obesity than others:

- In the 1970's, 5 percent of U.S. children ages 2 to 19 were obese, according to the Centers for Disease Control and Prevention's current definition; by 2008, nearly 17 percent of children were obese, a percentage that held steady through 2010.²
- Obesity is more common in boys than girls (19 percent versus 15 percent).²
- Obesity rates in boys increased significantly between 1999 and 2010, especially among non-Hispanic black boys; but obesity rates in girls of all ages and ethnic groups have stayed largely the same.²
- Hispanic (21 percent) and non-Hispanic black (24 percent) youth have higher rates of obesity than non-Hispanic white youth (14 percent), a continuing trend.²

The statistics in Missouri mirror national statistics. According to 2013 Missouri Youth Tobacco Survey data, 30.4 percent of high school students were overweight or obese. In 2011, 28.9 percent of children ages 2 to 5 participating in the WIC program were overweight or obese (PedNSS).



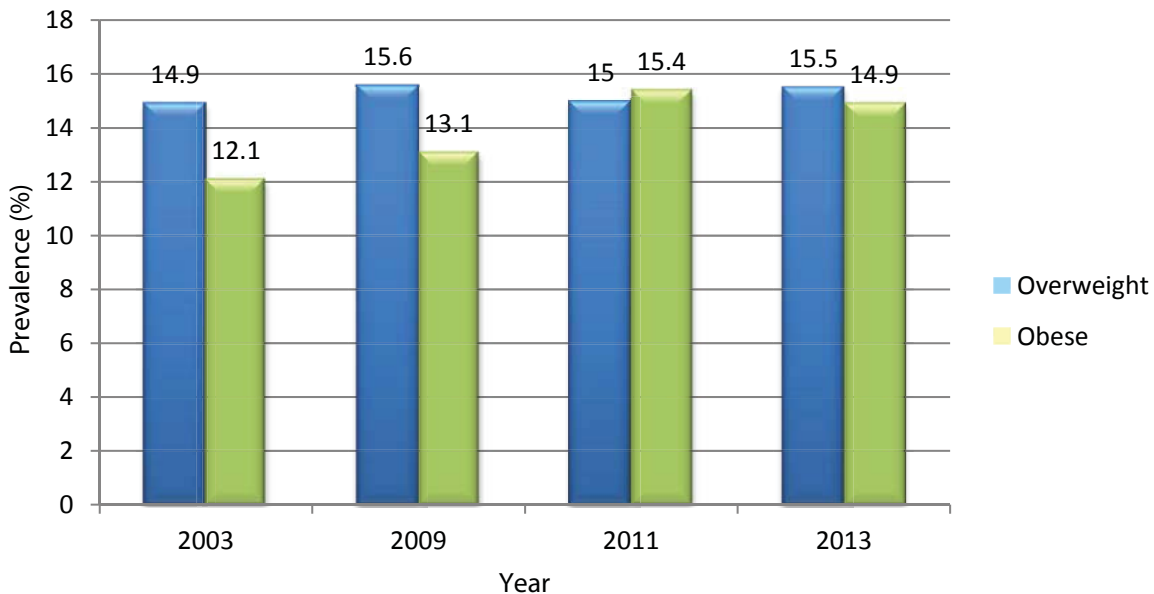
Trends in Overweight and Obesity Among Children Age 2 to < 5 Years, Missouri PedNSS, 2002-2011



The escalating number of overweight youth has substantial short and long-term consequences for the physical and mental health of young people and society. The following conditions are occurring with increased frequency in overweight youth:³

- Type 2 diabetes
- Hypertension
- Hyperlipidemia
- Orthopedic problems

Trends in Overweight and Obesity among High School Students, Missouri Youth Tobacco Survey 2003-2013



A new study by the Trust for America's Health and the Robert Wood Johnson Foundation suggests that obesity rates will only get worse and that by 2030, rates of obesity and overweight may tip the 50 percent mark for much of the U.S., including Missouri. But, if obesity trends could be lowered by reducing the average adult BMI (body mass index) by only 5 percent, millions of Americans could be spared from serious health problems and billions of dollars in health spending would be saved—between 6.5 percent and 7.8 percent of costs in almost every state.⁴

A national analysis found combined medical costs associated with treating preventable obesity-related diseases are estimated to increase by between \$48 billion and \$66 billion per year in the U.S. by 2030—while the loss in economic productivity could be between \$390 billion and \$580 billion annually.⁵ Childhood obesity alone is responsible for \$14.1 billion in direct costs.⁶ Annually, the average total health expenses for a child treated for obesity under Medicaid is \$6,730, while the average cost for all children covered by Medicaid is \$2,446. The average total health expenses for a child treated for obesity under private insurance is \$3,743, while the average cost for all children covered by private insurance is \$1,109.⁷ Hospitalizations of children and youths with a diagnosis of obesity nearly doubled between 1999 and 2005, while total costs for children and youth with obesity-related hospitalizations increased from \$125.9 million in 2001 to \$237.6 million in 2005, measured in 2005 dollars.⁸

Reducing and preventing childhood obesity is critical to improving the future health of the country, and consequently would help to lower health care costs and improve productivity. Research supports getting children on a healthy path early in life so that the greatest successes can be achieved. The Missouri Council for Activity and Nutrition (MOCAN) is committed to providing tools and resources to assist you in providing care for your patients and families.

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