



PRESS RELEASE FOR LOCAL MEDIA

Central Michigan District Health Department
"Promoting Healthy Families, Healthy Communities"

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TO: Local Newspapers

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SUBJECT: Childhood Obesity

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Is Your Child Obese?

Words like husky, full-figured, or chubby are words used all over the United States to describe kids that are over the ideal weight or who are obese. A child being obese is an ever growing problem; 13.9 percent of children two to five years of age, 18.8 percent of children six to 11 years of age, and 17.4 percent of teens 12 to 19 years of age in the United States are obese (CDC).

The problem has become so severe that diseases previously occurring only in adults are now found in children. For instance, Type 2 diabetes in children was rare 20 years ago; today, it represents nearly one-half of all new cases of diabetes among children. The long-term effects of this problem are a major concern. Obese children are much more likely to become obese adults than are children of a healthy weight. In adults, being obese is strongly related to type 2 diabetes; high blood pressure, joint problems, gout, high blood fat levels, and heart disease. There is also a strong link between being obese and some cancers.

Despite the national percentage of obese children, safe and effective programs are not easily accessible in many communities. Today, schools and doctors offices are two common places where child obesity is noted. They are also places where prevention skills may be learned and treatment may begin. Research shows that many family doctors feel uncomfortable

managing children who are obese, because they often lack strategies to tackle the problem. In a study, just 12 percent of child doctors reported confidence in managing obesity, even though 39 percent believed that treatment for obese children by family doctors would be beneficial. Parents working with schools and doctors can help to figure out which children are obese or may become obese. They can also provide tools for children and parents related to healthy daily habits and guidelines for needed changes.

Assessment of children being obese can be done with a review of daily habits, family history, body and blood testing. Other things to check are the child's habits, the places that they go and things that they do, as well as their social support, their activity level, and their reasons for inactivity. A body examination that includes measures such as height, weight, and body mass index should be done at least once a year. A doctor should check a child's pulse, blood pressure, and search for signs of obesity.

Some eating habits have been found to increase risk for being obese. Eating fast food, drinking lots of sweet drinks (e.g., fruit juices, pop, sports drinks), eating large portions, skipping breakfast, choosing foods high in calories (e.g., high-fat snacks), eating few fruits and vegetables, and having meals at different times each day are all habits known to increase child obesity.

In order to lower a child's risk of being obese, they need to be given tools to prevent excess weight gain. They should be encouraged to drink less pop and juice, replacing it with water, exercise at least 60 minutes most days of the week, limit their time on the computer or watching TV, eat breakfast, eat smaller portions of food, limit eating out, and eat meals with parents when possible. Families should be encouraged to follow a balanced diet high in calcium

and to limit high calorie foods (e.g., high-calorie snacks such as pastries, chips and ice cream). Many doctors discuss the need for increased activity in the home and in the schools.

There are treatment guidelines for obese children. Many of these guidelines can be carried out by family doctors. Closely watching a child's risk behavior and implementing a tiered approach to risk reduction are the basis for such programs.

Public awareness of children being obese is rising, and many parents know the basic things that add to the risk of obesity. For many children, basic habits start at a very young age. The final goal for most children should be to make positive choices in regard to food habits and behaviors that in-turn reduce health risks; Having a healthy weight target and a doctor providing basic tools and goals for treatment will help a child reach his or her goals.

Information retrieved from Dr. G. Rao's "Child Obesity: Highlights of AMA Expert Committee Recommendations" <http://www.ncbi.nlm.nih.gov/pubmed/18649611>. For more details related to children being obese, visit the CDC's website at <http://www.cdc.gov/obesity/childhood/index.html>.

This article is brought to you by the staff at Central Michigan District Health Department, which serves residents in the counties of Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon. Visit our website at www.cmdhd.org

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