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Childhood Obesity: A Heavy Problem

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The youth of today are faced with a “big” problem; they are becoming obese. The time of children playing outside all day and being extremely active has been overtaken by the television and video games. In the same sense, the days of sitting down as a family and eating a good healthy meal has been replaced by the rush to the nearest fast food restaurant.

Today’s children are tomorrow’s future, and the future does not look healthy for many children. According to the Center of Disease Control and Prevention (CDC, 2006), in the last 20 years, obesity among adults has risen 30 percent in the United States. Today over 60 million Americans over the age of 20 are obese. This shocking number does not count those individuals who are classified as overweight. This serious problem needs immediate attention. Childhood obesity also needs immediate *action*.

Today’s Curriculum Needs To Promote More Healthy Lifestyles

Today adults are yesterday’s youth. It is important to teach children proper nutrition and how to stay physically fit. There is much emphasis on the core curriculum classes today. Because of this emphasis, children are not getting an adequate amount of physical/health education. Living a healthy lifestyle will not only improve the quantity of life, but also the quality of life. In Arkansas, there is a new state mandate lengthening the time students spend in physical education classes. However, what methods will be used to promote a healthy lifestyle and alleviate childhood obesity? School districts must find a way of implementing the extension from 60 minutes of physical education per week to 150 minutes. Each individual school system had the task of coming up with a plan to

implement this new policy by the beginning of the 2006-2007 school year. Although the mandate is somewhat vague, at this point in time, at least the state of Arkansas is attempting to be proactive in this area of the curriculum. This mandate is vital since the percentage of young people in the United States who are overweight has more than tripled since 1980. Among children and teens aged 7-19 years of age, 16 percent (over 9 million young children) are considered overweight (CDC, 2006). This number is a serious indicator of the need to implement changes in the curriculum resulting in providing health and physical education classes at an earlier age.

There Are Many Risks For Being Overweight

Being overweight or obese increases the risk of many diseases and health conditions, including hypertension, dyslipidemia, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and even some cancers (endometrial, breast, and colon). The obesity epidemic did not occur in just one short decade. Obesity is a chronic condition that can be prevented when people know the causes of obesity (CDC, 2001). The majority of adults believe that their parents are responsible for healthy eating habits or lack of them. Obese children have been given more control over what they eat in the pre-teen years, ages 2-6, than children with normal body weight (Jones, 2005).

It should come as no surprise that when it comes to youth marketing, the better tasting foods and beverages get the most attention. What may be surprising to some people are those parents who, on a yearly basis, voluntarily give up substantial control of \$30 billion dollars of disposable income to children ages 4 to 12 purchasing unhealthy foods. In other words, parents give into foods that promote overweight and obesity. This

practice makes children susceptible targets for food and toy advertisers (Jones, 2005). To counteract this huge loss of control in parenting, some food companies such as Kraft and Campbell have created “kid size” portions and improved the nutritional value of their produces (Jones, 2005). Educators and parents need to educate their children at a young age about the benefits of choosing healthy foods and staying physically fit. Children also need to be taught about the tempting media that snares them into bad and unhealthy eating habits.

The Persuasive Intent of Marketing

An IOM report released in 2003 stated that children under the age of 8 do not understand the persuasive intent of marketing, and children under the age of 4 do not differentiate between the program and its advertisements (Jones, 2005). Ultimately, it is up to the parents and teachers then to teach children about the goals and directives of television advertising. Children can make smart choices if they are educated to know the difference in both choices. Since parents *can control the menu* at home, it is vital to educate parents to make appropriate and healthy choices. Quite often, children can be powerful manipulators and parents can be worn down easily to children’s demands on food choices. It has been found that if adults make healthy habits a pattern in children’s behaviors/choices, children will be more apt to continue these learned healthy choices (Jones, 2005).

Children Need More Vegetables and Healthy Snacks

Research conducted by the Children’s Nutrition Research Center (CNRC) indicates a direct correlation to children who eat more vegetables and lower BMI (Body Mass Index) rates (Flores, 2006). Vegetables are an excellent source of fiber and are

very filling. The research also pointed out that children who eat vegetables on a regular basis tend to choose more healthy snacks over high caloric “junk” snacks when presented with these choices (Flores, 2006). It is vital to educate parents and also drastically alter school lunches to provide proper balance of nutrition for optimum effectiveness.

Obesity is caused by excessive caloric intake combined with inadequate amounts of physical activity. Obesity can also be caused by metabolic disorders. Metabolic disorders are uncontrollable but with proper diet and exercise, weight can be controlled.

In a 2005 report by the Center for Disease Prevention and Control, the report stated that drug use, smoking, youth crime, and victimization are all decreasing (Hardy, 2006). Obesity is the most common health problem facing U.S. children today. Any person can become potentially obese, regardless of race, ethnicity, gender or socioeconomic status. (Gallagher, 2005)

Several Factors Lead to Less Access of Nutritious Food

Cumulative research indicates that childhood obesity rates are due to a combination of factors. These factors include: community designs, less access to nutritious food, more television and video game time, computer time, and busier family schedules. The current community designs are mainly sub-divisions (Krisberg, 2005). Peoples present lifestyles lead to less access to nutritious food. Working parents are busier now than they were in decades past. Healthy foods are sometimes more expensive than unhealthy foods and often take more effort to prepare. Thus, people tend to locate fast food and eat lots of it. Most fast foods are unhealthy and full of calories. Yet, healthy foods are necessary for a healthy life and healthy life outcomes. Learning to eat wisely and exercise is as important to life-long success as reading, writing, and

arithmetic. Learning to eat wisely can result in improvement of core skills and subjects (Krisberg, 2005).

New Technology to Get Children to be More Interactive

One step being taken by the CNRC at Baylor College of medicine is designing interactive video games and interactive television shows (Flores, 2006). These games and shows get the children up off of the couch and encourages them to be active throughout the games and shows. Each television program is 45 minutes long. As a result, the children who watch and participate will get 45 minutes of physical activity with each program. Many other software companies are adopting the concept and developing interactive “physical” games.

We Must Take Action. Obesity is Expensive and Deadly

Obesity is not only taking American lives, it is draining American’s pocketbooks. The medical expenses that resulted from obesity in year 2003 were 75 billion. Over half of this overwhelming amount was paid by Medicare and Medicaid (Krisberg, 2005).

When it comes to practical action, it is the responsibility of each individual state to establish laws and implement programs for children in public schools. Some states and communities are accepting the challenge by targeting school vending machines. The U.S. Department of Agriculture regulates all foods sold inside school cafeterias, including school lunches and la carte items. School cafeterias limit foods with minimal nutritional value. Presently, the USDA’s nutritional guidelines need revising. Present guidelines were developed in the 1970’s and are out of date with current science (Krisberg, 2005). The guidelines still address sugar content, yet ignore calories, saturated fat, and sodium (Krisberg, 2005).

Children Need To Move More

Children's eating habits are not the only part of the obesity problem. They also need to become more active and learn skills to stay active throughout life. Physical education allows an opportunity for students to learn ways to stay active outside of school. Although many states require classes in physical education, the federal government has no such requirement. The federal government does not classify physical education as a core subject. The cutting of physical education classes has not shown any increase in standardized test scores, yet ironically physical education classes are still the classes being cut out of the overall school programs (Krisberg, 2005).

New Jersey has passed a bill that will go into effect at the beginning of the 2007 school year. This bill includes the action of banning all soft drinks, candy, and any other item with sugar listed as the first ingredient and from schools altogether (Krisberg, 2005). This bill includes classroom parties and treats. In addition to this bill, snacks and drinks that are sold anywhere on a school campus can only contain 8 grams of fat and only 2 grams of saturated fat (Krisberg, 2005). Maryland was the pioneer first state that required schools to conduct BMI testing (Weiss, 2006). The states of California, Illinois, Kentucky, Massachusetts, and West Virginia all require schools to post the nutritional information of their lunches on their individual school websites.

One Program That Fought Against Obesity

After learning that 32 percent of students in an Oklahoma elementary school were obese, the "Walk Across Oklahoma" program was developed and implemented. Students were challenged to walk 5 miles a day. Five miles a day equals about 10,000 to 12,000 steps per day (Krisberg, 2005). The Arkansas state legislature passed an obesity plan in

2003 that requires schools to conduct annual BMI testing on all students. Also included in this legislation is the removal of any vending machines in Arkansas elementary schools.

Students Need To Be More Active At School

Proper diet is only one aspect of the solution; children must become more active on a regular, daily basis. One way to increase a child's opportunity is to increase the activity level during the school day. Physical education classes can provide this opportunity, yet also teach students' specific and practical activities they can do while outside the school setting to stay active.

Proactive Steps in Reducing Childhood Obesity

The two best ways to reduce obesity is to educate the students on proper health decisions and to teach them ways to be and stay physically active. Taking away the sources of "junk food" at school is a positive step, but this step does not prevent students from eating this type of food at home. *Educating students on how to make healthy choices earlier in life will help them maintain a healthy lifestyle as they become older.* Physical education classes do more than promote a long, healthy life; they also focus on improving the quality of life for children.

These concepts are important in education because it truly affects the time scheduling schools usually implement. The Physical education curriculum needs to embrace a much broader focus: health education. Time must be allotted to not just more physical activity, yet more healthy lifestyle classes. There are negative effects of obesity. Obese children are more likely to have low self confidence that extends into the classroom (Jones, 2005). These children also tend to seclude themselves from other

children, seriously limiting their chances for social health. Obese children also tend to be less motivated to be leaders and are reluctant to participate in class activities and group work (Jones, 2005). The first lady, Michelle Obama has taken on the fight for the elimination of child obesity. It is hoped that her national campaign will lead to more public awareness of the crisis and additional funding to fight childhood obesity, especially in public schools.

Schools Can Be Only One Part of The Solution

Death rates from cardiovascular disease are on the rise and it is time to implement well-developed, aggressive intervention programs in public and private schools. This big problem that faces the youth of today can be prevented. Schools can be one part of the solution, yet a very important part. Schools are the place to slow down childhood obesity, “a heavy problem.”

References

- Flores, A., (2006). Girls' body weight is associated with eating patterns. *Agricultural Research*, 54.7.
- Flores. A. (2006). Using computer games and other media to decrease child obesity *Agricultural Research*, 54, 8-9.
- Gallagher, S., (2005). Caring for the child who is obese: mobility, caregiver safety, environmental accommodations and legal concerns. *Pediatric Nursing*, 31. 17-20.
- Hardy, L., (2006). As educators face childhood obesity 'epidemic,' other indicators of well-being improve. *American School Board Journal*, 193. 12-13.
- Jones, A., (2005). Practice: parental role in ending child obesity. *General Practitioner*. 39-40.
- Krisberg, K., (2005). Schools taking center stage in battle against childhood obesity. *Nation's Health*, 35, 1-23.

Krisberg, K., (2005). The built environment can encourage or obstruct healthful behavior. *Human Ecology*. 33, 4-5.

Weiss, L., (2006). Bill aims to reign in childhood obesity. *School Library Journal*, 52, 22.