

Influences on child obesity



Kyle Nicolson
Jeff Freund
Ruben Benitez
Sandy Magana

Child Obesity

Childhood obesity is a medical condition that affects children. It is characterized by a weight well above the mean for their height and age and a body mass index well above the norm. Childhood obesity is considered by many to be an "epidemic" in the United States. Over 15% of American children are currently considered obese, and the number is growing.

Research

Childhood obesity results from poor eating habits. In a study of 99 children, between 11 and 16 years, professional dietitians put the children on a regulated diet program for a nine month period, leading to an average weight loss of 66 pounds. However, during the two year follow-up, dieticians discovered that intake of daily calories had increased by 391 calories, leading to weight gain in the subjects. Soft drink consumption may also be an unhealthy eating/drinking leading to childhood obesity. In a study of 548 children during a 19 month period, researchers examined the correlation of soft drink consumption to childhood obesity. They discovered children were 1.6 times more likely to be obese for every soft drink consumed each day.(Janssen I, Craig WM, (2004))

Daily consumption of fast food and junk food has dominated over healthy food choices. Researchers provided a lunchtime survey for a one year period to 1681 children, ages five to 12 years old. They discovered that although 68% of the children did have fruit in their lunchboxes, 90% of the children had junk food in their lunch boxes.



In another study an FFRU (Frequency of Fast Food Restaurant Use) survey was given to 4,746 students, in grades seven through 12, and researchers discovered that 75% of students had eaten at a fast food restaurant in the past week. Eating out on a regular basis has resulted in child weight gain. Researchers studied the dietary records of 101 healthy girls, from ages 8–19 years over a one year period and a four to 10 year follow up. They discovered that girls who ate quick service food two or more times a week had a BMI z score (provides comparative measure of body fat accustomed for age) of 0.82, compared to those who ate it less than twice a week, with a BMI z score of 0.2–0.28.(Whitaker RC, Deeks CM, (2000))



Children's food choices are also influenced by family meals. Researchers provided a household eating questionnaire to 18,177 children, ranging in ages 11–21, and discovered that four out of five parents let their children make their own food decisions. They also discovered that compared to adolescents who ate three or fewer meals per week, those who ate four to five family meals per week were 19% less likely to report poor consumption of vegetables, 22% less likely to report poor consumption of fruits, and 19% less likely to report poor consumption of dairy foods. Adolescents who ate six to seven family meals per week, compared to those who ate three or fewer family meals per week, were 38% less likely to report poor consumption of vegetables, 31% less likely to report poor consumption of fruits, and 27% less likely to report poor consumption of dairy foods.(Ong KK, Ahmed ML, Emmett PM, (2000))



Physical inactivity of children has also shown to be a serious cause, and children who fail to engage in regular physical activity are at greater risk of obesity. Researchers studied the physical activity of 133 children over a three week period using an accelerometer to measure each child's level of physical activity. They discovered the obese children were 35% less active on school days and 65% less active on weekends compared to non-obese children.

Physical inactivity as a child could result in physical inactivity as an adult. In a fitness survey of 6,000 adults, researchers discovered that 25% of those who were considered active at ages 14 to 19 were also active adults, compared to 2% of those who were inactive at ages 14 to 19, who were now said to be active adults. Staying physically inactive leaves unused energy in the body, most of which is stored as fat. Researchers studied 16 men over a 14 day period and fed them 50% more of their energy required every day through fats and carbohydrates. They discovered that carbohydrate overfeeding produced 75–85% excess energy being stored as body fat and fat overfeeding produced 90–95% storage of excess energy as body fat.



Many children fail to exercise because they are spending time doing stationary activities. TV and other technology may be large factors of physically inactive children. Researchers provided a technology questionnaire to 4,561 children, ages 14, 16, and 18. They discovered children were 21.5% more likely to be overweight when watching 4+ hours of TV per day, 4.5% more likely to be overweight when using a computer one or more hours per day, and unaffected by potential weight gain from playing video games.

■ OBESITY INFLUENCE FACTS



Demographics Influences

- 60 million people in the U.S. today are overweight.
- Where you live can make a difference on what people eat and how much physical activity they are involved in.
- Living in a lower class area, promotes cheap unhealthy fast food options.
- The families income limits whether they go to the grocery store or buy fast food.
- Forces to buy cheap fast food

Influences during childhood

- The decisions that parents make effects there children eating choices and habits in their future.
- The parents awareness to regulate what the children eat.
- Children are not eating healthy foods and portions at a young age.

Parents Influences

- Some parents don't have the right education and don't actually know what's good for them to eat.
- Parents substitute unhealthy foods to keep children happy.
- Obesity is the second leading cause of preventable death in the U.S., www.obesityinamerica.org.

Conveniences

- Easy access to cheap fast foods.
- Microwave foods are easy to eat and prepare.
- Don't want to cook. More people in America today are more lazy and want things done with little effort.

Physical activity

- Children are not participating or involved in enough outside activities and sports teams.
- If its not the cool thing to do some kids are influenced to join sports teams or activities.
- Children spend more time indoors on computers and video games.

RM1 PROGRAM INFORMATION

RM1 Child Obesity Program

Helping to halt the rise in **childhood obesity**, by promoting healthy eating programs and physical activity and information to all our children.



Solution and Approach to the Issue: Methods

- Setting Goals for Weight Loss
- Dietary Management
- Physical Activity
- Nutrition Education
- Eating Behavior
- Reinforcements and Rewards
- Family Involvement

- **Nutrition Education** -- aimed at both the child and the family. It should include the components of a healthy diet and an understanding of food labels and the importance of dietary fiber. The patient should be taught that 3,500 calories equals one pound, that there are nine calories per gram of fat and only four calories per gram of carbohydrate or protein. Furthermore, 25 percent of the energy from carbohydrates will be used in its conversion and storage as fat in the body.
- **Dietary Management**
The child should maintain a food record (diary) periodically to aid in dietary assessment. The food diary should include not only the type and quantity of food eaten, but also where it was eaten, the time of day, and who else was present. Keep in mind that 3,500 calories must be eliminated by diet and exercise to lose one pound of weight. A calorie-per-day guide should be established that follows the guidelines for percentages of fat, protein and carbohydrates. Dietary fiber is also important since it increases satiety and displaces fat in the diet.
- **Setting Goals for Weight Loss**
Weight loss goals should be obtainable and should allow for normal growth. Goals should initially be small, so that the child doesn't become overwhelmed or discouraged. Five to ten pounds is a reasonable first goal, or, if preferred, a rate of one to four pounds per month can be established

- **Family Involvement** -- It is important to involve the whole family when treating obesity in children. There is a familial aggregation of risk factors for obesity and the family provides the child's major social learning environment. It has been shown that the long-term (10-year) effectiveness of a weight control program is significantly improved when the intervention is directed at the parents as well as the child, rather than aimed at the child alone.
- **Reinforcements and Rewards** -- providing verbal praise from family members as well as tangible rewards for the child's achieving dietary, activity and weight loss goals. Rewards should be determined with input from the child, and should encourage further physical activity, such as sporting equipment or a trip to the skating rink.
- **Physical Activity** -- setting up a weekly activity goal, signing a contract to perform the activity with a specific reward for reaching the goal. Family television viewing patterns should be modified as needed.
- **Eating Behavior** -- taking smaller bites, chewing food longer, putting the fork down between bites and leaving some food on the plate when finished.

RM1 Program Activities

We Offer

- Basket Ball
- Soccer ball
- Football
- Dodge ball
- We will organized future games.
- We want to enforce running, playing capture the flag, jump the river
- These activities will not only get the kids involved but offer positive enforcements though friends and peers.

RM1 Program Guide for Children

- Managing Children Weight
 1. Establish stable eating and exercise patterns
 2. focusing on small gains and benefits
 3. Choose main table goals For Children
 4. Encourage Healthful lifestyle that includes food choices, exercise, and stress management

RM1 NUTRITIONAL GUIDE

GRAINS Make half your grains whole	VEGETABLES Vary your veggies	FRUITS Focus on fruits	MILK Get your calcium-rich foods	MEAT & BEANS Go lean with protein
<p>Eat at least 3 oz. of whole-grain cereals, breads, crackers, rice, or pasta every day</p> <p>1 oz. is about 1 slice of bread, about 1 cup of breakfast cereal, or ½ cup of cooked rice, cereal, or pasta</p>	<p>Eat more dark-green veggies like broccoli, spinach, and other dark leafy greens</p> <p>Eat more orange vegetables like carrots and sweetpotatoes</p> <p>Eat more dry beans and peas like pinto beans, kidney beans, and lentils</p>	<p>Eat a variety of fruit</p> <p>Choose fresh, frozen, canned, or dried fruit</p> <p>Go easy on fruit juices</p>	<p>Go low-fat or fat-free when you choose milk, yogurt, and other milk products</p> <p>If you don't or can't consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages</p>	<p>Choose low-fat or lean meats and poultry</p> <p>Bake it, broil it, or grill it</p> <p>Vary your protein routine – choose more fish, beans, peas, nuts, and seeds</p>
For a 2,000-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to MyPyramid.gov .				
Eat 6 oz. every day	Eat 2½ cups every day	Eat 2 cups every day	Get 3 cups every day; for kids aged 2 to 8, it's 2	Eat 5½ oz. every day
<p>Find your balance between food and physical activity</p> <ul style="list-style-type: none"> Be sure to stay within your daily calorie needs. Be physically active for at least 30 minutes most days of the week. About 60 minutes a day of physical activity may be needed to prevent weight gain. For sustaining weight loss, at least 60 to 90 minutes a day of physical activity may be required. Children and teenagers should be physically active for 60 minutes every day, or most days. 		<p>Know the limits on fats, sugars, and salt (sodium)</p> <ul style="list-style-type: none"> Make most of your fat sources from fish, nuts, and vegetable oils. Limit solid fats like butter, margarine, shortening, and lard, as well as foods that contain these. Check the Nutrition Facts label to keep saturated fats, trans fats, and sodium low. Choose food and beverages low in added sugars. Added sugars contribute calories with few, if any, nutrients. 		

RM1 Program Guide for parents

- Choose water instead of juice and soda
- Avoid processed snacks/fast food
- Add as many fruits/vegetables
- More whole grain breads
- Exercises at least three hours per week



RM1 Program Guide for Parents & Children

- When eating dinner turn off all distractions
- Replace snack breaks with exercise breaks
- Chew each bite of food slowly
- Eat until you are truly hungry
- Use smaller plates
- Stop buying your favorite food

- Develop a diet that you enjoy and enables you to maintain a healthy body composition.
- Control portion size
- Avoid eating fatty foods
- Exercise as often as possible
- Do self talk
- Follow diet book
- Follow Weight loss programs

Our Community Partners

- USDA (United States Department of Agriculture) supplies for Disease Control and Prevention eating plans and interactive tool for our nutritional programs
- CDC (Centers for Disease and Control Prevention)
They provide us with the right tool, to encourage parents and children to develop a healthy lifestyle.

Resources

- Janssen I, Craig WM, (2004). "Associations between overweight and obesity with bullying behaviors in school-aged children". *Pediatrics* 113 (5): 1187–94.
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