



NUTRITION LIBRARY CHILDHOOD OBESITY

OBES KIDS—A GROWING PROBLEM

A sad but very real trend is an increasing prevalence of obesity among children and adolescents. Data from the most recent National Health and Nutrition Examination Survey (NHANES 2007-2008) indicate that the prevalence of obesity among America's youth has **more than tripled** in the past 30 years! It is estimated that currently **19.6% of children** (ages 6-11 yr) and **18.1% of adolescents** (ages 12-19 yr) in the United States are obese.¹ This excess weight developed in childhood and adolescence often persists into adulthood. It has been estimated that **50% of obese children** and **70-80% of obese adolescents** will grow up to be obese adults.²

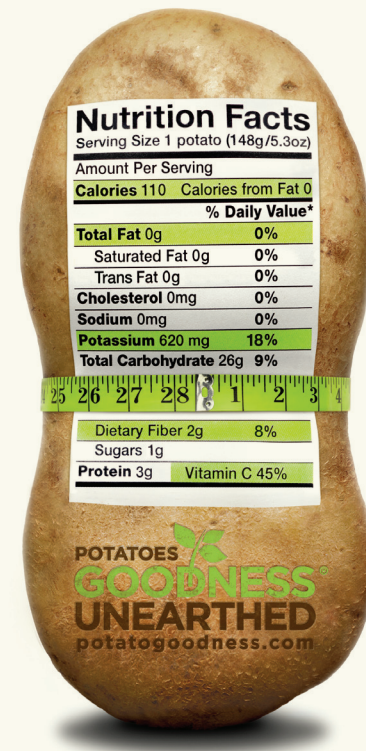
IS YOUR CHILD OBES?

Body Mass Index (BMI), derived mathematically from height and weight, is commonly used to classify obesity among adults and is also recommended for use in children and adolescents. The difference is that for adults an absolute value for BMI is used as the cut-off for obesity (i.e., 30 kg/m²), whereas in those younger than 20 years of age BMI is evaluated relative to others in the same age, and developmental stage. Thus, for children and adolescents, a BMI at or above 95th percentile on the CDC BMI chart is considered obese.³

Because of the comparative nature of obesity classification for children and adolescents, it is recommended that an age-specific BMI be calculated on a yearly basis for this age group. The Centers for Disease Control and Prevention website provides a wealth of information on BMI.

EFFECTS OF OBESITY ON HEALTH

Many obesity-related health conditions once thought applicable only to adults are now being seen in obese children and adolescents with increasing frequency. Examples include high blood pressure, atherosclerosis, type 2 diabetes, nonalcoholic fatty liver disease, sleep apnea and bone and joint difficulties.⁴ Research suggests more than 60 percent of obese children between 5 and 10 years of age already have at least one risk factor for cardiovascular disease⁵ and almost half have one or more of the conditions, which comprise the metabolic syndrome.⁶ These complications invariably follow the child and adolescent into adulthood. A recent systematic review found that obesity in childhood and adolescence significantly increased the risk of morbidity and premature death in adulthood.⁷



Recent evidence reveals overweight children and adolescents face more than long-term health risks. Their day-to-day lives — emotions, friendships, even school work — are also significantly impacted. For example, overweight youth are more apt to be teased by peers and suffer from low self-esteem. They are likely to be teased by peers. Recent research indicates that bullying and being bullied is also increased, especially among girls.⁸

WHY ARE SO MANY KIDS OBES?

Unfortunately there is no easy answer to this question, largely because there is no one single factor that causes obesity. In fact, research suggests that the etiology of childhood obesity involves a complex interaction between genetics and lifestyle. When it comes to lifestyle, most obesity experts contend that a decrease in physical activity and increase in sedentary behaviors (e.g., watching television, playing on the computer) are mostly to blame for the growing girth of America's youth. It is estimated that youth aged 8-18 years of age spend an average of 7.5 hours a day using entertainment media, including TV, computers, video games, cell phones, and movies.⁹ Dietz and Gortmaker (1985) found that each additional hour of television increased the prevalence of obesity by 2 percent. Less clear is the role of diet in the development of childhood obesity. Some, but not all, studies suggest that frequent consumption of fast food and soda as well as skipping breakfast may be associated with an increased risk of obesity.¹⁰

Potatoes have recently been targeted as a food contributing to the development of childhood obesity despite the fact that there is no research to support the accusation. In fact, a recent study using data from multiple years of the National Health and Nutrition Examination Survey (NHANES) found there were no differences in the prevalence of overweight or obesity between children who did and did not consume potatoes.¹¹

SHOULD OBESE KIDS DIET?

Most researchers and practitioners specializing in pediatric obesity agree that weight loss diets are not appropriate for children. In fact, children who diet may actually gain weight in the long run, according to a report from Brigham and Women's Hospital in Boston.¹² A likely reason is that restrictive diets are often not maintained for long periods and are often followed by binge eating.

Family nutrition and healthy lifestyle tips:

Start young. A healthful lifestyle should begin early in childhood even before the problem of overweight develops.

Allow kids to use their own **internal hunger signals** to regulate eating.

Make every calorie count toward good nutrition, **offer nutritious snacks.**

Promote **physical activity**, including unstructured play.

Limit television and computer play time to 1 to 2 hours a day.

Prepare more **food at home.**

Be a role model. Parents should “walk the talk” by eating moderate portions of nutritious foods and engaging in pleasurable physical activity.

The best weight management strategy in children is focus on maintaining their current weight as they grow taller (i.e., allowing them to “grow into their weight”). Ask your pediatrician for a recommendation for a youth weight management program in your area or contact a local registered dietitian who specializes in children's health issues. The American Dietetic Association's Nationwide Nutrition Network is one way to locate a dietitian (WWW.EATRRIGHT.ORG).

WEIGHT MANAGEMENT—A FAMILY AFFAIR

Research suggests that parents can have a dramatic influence on the diet and exercise behaviors of their children.¹³ Eating right and exercising must be a family affair, something that is embraced and practiced by all family members, particularly parents.

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QUICK AND HEALTHY POTATO RECIPES BAKED FRIES

PREP TIME: 10 minutes

COOK TIME: 24 minutes total

START TO FINISH: 30 minutes

COST PER SERVING: \$.56

INGREDIENTS

- Olive oil cooking spray
- 1 1/2 lbs. Russet potatoes, scrubbed
- 1 tablespoon olive oil
- 2 tablespoons chopped fresh rosemary
- 1/2 teaspoon sea salt
- 1/2 teaspoon coarse ground or cracked black pepper

DIRECTIONS

Preheat oven to 425°F and spray a large baking sheet with olive oil cooking spray. Place whole potatoes (do not poke) into microwave-safe dish. Cover dish. (If covering dish with plastic wrap, poke small hole in plastic.) Microwave on HIGH for 3 to 4 minutes depending on strength of microwave. Use oven mitts to remove dish from microwave; carefully remove cover from dish due to steam build-up and let cool. Cut each potato into 8 wedges. Place in a large bowl and toss with olive oil; spread in a single layer on baking sheet. Bake for 10 minutes. Spray with olive oil cooking spray, turn wedges and spray again. Bake for 10 minutes more or until fries are golden brown and spray once more. Mash together rosemary, salt and pepper in a small bowl with the back of a spoon; sprinkle over cooked potatoes and toss well to coat. Makes 4 servings.



NUTRITIONAL ANALYSIS PER SERVING WITH SKINS: Calories: 170, Fat: 3.5g, Saturated Fat: 0.5g, Trans Fat: 0g, Cholesterol: 0mg, Sodium: 300mg, Potassium: 716mg, Carbohydrates: 31g, Fiber: 2g, Sugar: 1g, Protein: 4g, Vitamin A: 0%, Vitamin C: 60%, Calcium: 2%, Iron: 8%

For more healthy potato recipes and nutrition, please visit potatogoodness.com

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