

Childhood Health in the United States

Group Members' Names

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Overview of Childhood Health

Health Status

Childhood health describes a broad range of health status topics. Health status can be described as the level of health of a person or population that is assessed and compared to other areas (United States Department of Health and Human Services [USDHHS], Office of Disease Prevention and Health Promotion [ODPHP], HealthyPeople.gov, 2017). The overall health status of children is said to be 82.9% of children ages five to eleven are healthy and 2.8% of children ages five to eleven have missed eleven or more days of school due to injury or illness (USDHHS, Centers for Disease Control and Prevention, [CDC], 2013). Health status of children can be improved by starting activities early in age that emphasize the importance of overall well-being in children (Australian Government Department of Health [AGDH], 2015). These activities include getting immunizations, getting the right amount of nutrition and physical activity and practicing safe mental health exercises (AGDH, 2015; USDHHS, CDC, 2013).

Health Assessments

Health assessments are used to measure if a child is healthy or unhealthy. Childhood health can be measured by percentile charts, known as BMI charts, that show where the child stands in terms of height and weight with other children his/her age (USDHHS, CDC, 2013; USDHHS, CDC, 2015b). When overviewing childhood health and doing assessments it is important to consider their eating habits, physical activity, sex education and examine stress (USDHHS, CDC, 2011; USDHHS, CDC, 2013). Studies have been conducted to show how parents rate their children on a health status chart and found that 84.4% of parents rated their child to be in excellent or good condition, however, this study varied from ethnicity and financial

status (USDHHS, CDC, 2011). All of these assessments play a role in measuring childhood health rates in the United States.

Childhood Obesity

Prevalence

Childhood obesity is associated with serious health problems and it is important to find the prevalence rates in order to find solutions to the growing problem. According to World Health Organization, 2010, forty-three-million children were estimated to be overweight and obese. The worldwide prevalence rates increased from 4.2% in 1990 to 6.7% in 2010 (Onis, Blossner, & Borghi). From 2010 to 2012 the percentages increased to 16.9% of children and adolescents are obese and 14.9% are overweight (Fryar, Carroll, & Ogden, 2014). These results confirm the need for effective interventions to start immediately (Fryar et al., 2014; Onis et al., 2010).

Cause and Effect

There are many causes to childhood obesity. Some of the causes include dietary patterns, physical activity, food marketing and promotion, education, environment, inactivity and genetics (USDHHS, CDC, 2015a). The food market and promotions make it very easy for kids to have unhealthy dietary patterns (Papoutsis, Drichoutis, & Nayga, 2013). Along with unhealthy dietary patterns, children are not as active as they should be because of electronics (USDHHS, CDC, 2015a; Papoutsis et al., 2013). Schools try to educate students to eat the right foods and get the right amount of exercise but the parents need to be informed as well (Papoutsis et al., 2013). All of these causes lead to unhealthy effects. Children who are obese have a higher risk of high blood pressure, high cholesterol, type II diabetes, asthma, sleep apnea, joint problems, fatty liver

disease, psychological stress and low self-esteem (USDHHS, CDC, 2015a; Papoutsis et al., 2013). Children who are obese are more likely to become obese adults (Papoutsis et al., 2013).

Childhood Obesity Interventions

Successful Interventions

Childhood obesity is a growing problem and many interventions have been conducted to help limit obesity among children and adolescences. There are interventions that focus on the health care system, the school systems, and the home setting. One project called Healthy Future was made to make information coming from specialists to community health care professionals more available (Bhuyan et al., 2015; Oen & Stormark, 2013). This will educate the community on specific obesity problems (Bhuyan et al., 2015). Healthy Future involved participatory planning and evaluation to prove that this intervention helped prevent obesity because it focused on building partnerships, motivation and helping families adapt to caring for obese children (Oen & Stormark, 2013). Another intervention focused on the school systems. This intervention focused on creating programs in schools to improve physical activity and nutrition-related behaviors among children (Amini, Djazayeri, Majdzadeh, Taghdisi, & Jazayeri, 2015; USDHHS, CDC, 2015c). The children were educated on healthy dietary habits and the importance of physical activity. This intervention was studied for three years to make sure that the results were improving (USDHHS, CDC, 2015). The intervention showed that children started increasing their fruits and vegetable intake and getting more physical activity during school (Amini et al., 2015; USDHHS, CDC, 2015c). Results show that the intervention was successful in increasing healthy dietary habits and reduced the risk of excess weight (Amini et al., 2015). Other interventions include making changes in the home setting. This intervention proved the importance of engaging the whole family in changing food and physical activity

environments. Promoting these changes will make it easier for the child to make healthy changes to reduce weight gain. Parents are encouraged to take classes that focus on parenting styles, nutrition, and physical activity. The results of this intervention showed that there was a decrease in children that were overweight when the families encouraged a healthier lifestyle (Lourdes et al., 2015). When it comes to childhood obesity it is up to the healthcare systems, school systems and families to help the child learn the correct behaviors to prevent or reduce obesity (Bhuyan et al., 2015).

Managing Childhood Obesity on a National Level

In order to manage childhood obesity people have created campaigns to raise awareness. Children are exposed to large amounts of commercial advertisements and marketing for food, not only through television but by billboards, radio and print media (Olsen, Parker, & Breiner, 2013). This advertisement for high calorie foods is the reason so many children are becoming overweight and obese. In order to implement change for the growing advertisement issues, a workshop was set up titled “New Challenges and Opportunities in Food Marketing to Children and Youth”. This campaign addresses the need for more healthy food advertisements and labels and less of the foods that are low in nutritional value (Olsen et al., 2013). Another campaign called “Let’s Move” was started by Michelle Obama. The goal of the campaign is for children born today to reach adulthood at a healthy weight. In order to do that, Michelle Obama is encouraging healthier food in schools, better food labeling and more physical activity. Michelle Obama encourages teachers to eat with their students and encourage them to eat vegetables and fruit. If the children know how to eat healthy and exercise, then the obesity numbers will start to decrease (USDHHS, ODPHP, HealthyPeople.gov, 2017b). These campaigns are implementing change on a national level to decrease obesity among children and adolescence.

Summary

Synopsis of Research Findings

All the research findings show the dangers of childhood obesity and the importance of getting the numbers down. Obesity among children and adolescences is the most serious health problem that the United States is facing today and the research traces the changes in diagnosis and treatments and how effective they have been so far (Dawes, 2014; Orleans et al., 2009). Research emphasizes the importance of understanding the cultural history of the disease in order to develop effective public health policies (Dawes, 2014). All research suggests the importance of developing programs and policies to change public, school and home environments in order to make it easier for children to lose weight (Orleans et al., 2009).

Suggestions for Future Research

Because obesity is a growing epidemic in the United States there will always be future research in order to find solutions to the problem. In order to optimize future behavioral lifestyle changes more research is needed (Schalkwijk et al., 2015). Research is being done to explore the expectations of obese children and their parents in relation to lifestyle interventions. They are also researching the barriers that are in the way of making the lifestyle changes in social context and the needs that parents with obese children have in context of lifestyle intervention (Schalkwijk et al., 2015). Local level data is required to monitor obesity and help administer preventative efforts (Gilliland, Clark, Kobrzynski, & Filler, 2015). In order to get local data, studies are done on local hospitals to administer children who are obese (Gilliland et al., 2015). This data provides more accurate and cost-effective obesity estimates, rather than national surveys (Gilliland et al., 2015). Further research is needed to keep these numbers accurate and find solutions to the problem (Gilliland et al., 2015).

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