

Childhood Obesity: Community Challenges Why we need more knowledge and skills

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High rates of obesity among low-income children and youth are increasing as they face barriers to healthy behaviors, healthy foods, and physical activity (ScienceDaily, 2008). The built environment in which low-income children live influences the availability of certain types of food (Kumanyika and Grier, 2006). The food environment in low-income neighborhoods is less diverse and residents have a limited choice of healthy food options.

Research has indicated that low-income neighborhoods have an abundance of fast-food restaurants, but have fewer healthy food outlets such as grocery stores or supermarkets (ScienceDaily, 2008). Foods that are readily available in low-income communities are foods with high concentration of fat, simple sugars, preservatives, as well as processed foods (Sallis and Glanz, 2006). Supermarkets offer a greater selection of healthy foods and they stock fresh, good quality foods such as whole grains or low-fat dairy products (Kumanyika and Grier, 2006). However, supermarkets are often not available in low-income communities.

Low-income families not only have less access to healthy foods, but they face food security issues. In general, they cannot afford to purchase nutritious foods from the grocery store because it tends to be more expensive compared to fast food. Therefore, low-income families may purchase their meals from fast food restaurants because they are more affordable (Sallis and Glanz, 2006).

Furthermore, residents who live in a low-income, high crime neighborhood have fewer community parks, fewer safe open spaces, fewer safe bike paths, or sidewalks, which can prevent children from being physically active (CDC, 2009). Violence, unsafe environments, and random gunfire keep children and youth indoors and sedentary. A combination of poor diet and lack of physical activity has caused children to be at greater risk for the development of chronic illness. Children may on average, live less healthy and ultimately shorter lives than their parents. Childhood obesity is a growing epidemic in the US and the problem is an urgent public health concern (Daniels, 2006).

Childhood Obesity Rates: Bay Area and California

The CDC defines obesity as a body mass index-for-age at or above the 95th percentile based on the 2000 sex-specific growth charts.

The following data is retrieved from the Pediatric Nutrition Surveillance System (PedNSS). PedNSS is a voluntary state surveillance system that collects nutritional status data primarily on low-income U.S. children from birth through 20 years of age who are enrolled in federally funded programs (CDC, 2009).

Although obesity rates have increased within each ethnic group, they have increased more for African American and Latino children. This is true for California and in the San Francisco Bay Area because in 2008, low-income Latino and African American children (receiving CHDP services), ages 5 to 19 years old, have the highest

rates of obesity. Data from four Bay Area Counties underscores the significance of this problem.

Statewide obesity rates among low-income children, ages 5 to 19 years old, are 22.8 percent (PedNSS, 2008). Statewide, among low-income Latino children (ages 5-19) the obesity rate is 24.4 percent, followed by African Americans (21.2 percent), Whites (20.1 percent), and Asians of 13.5 percent (PedNSS, 2008).

In San Francisco County, the overall county rate is 18.7 percent, which increased 1.8 percent from the 2007 rate (PedNSS, 2007, 2008). Obesity rates are highest among low-income Latino (28.3 percent) and African American (24.6 percent) children (ages 5-19), and lowest among Whites (16.0 percent), and Asian or Pacific Islander (10.0 percent) children (PedNSS, 2008).

In San Mateo County, the overall county rate is 25.4 percent. Low-income Latino children (ages 5-19) have the highest obesity rate of 27.2 percent, followed by African Americans (22.7 percent), Whites (23.1 percent), and the Asian population group is too small to calculate (PedNSS, 2008).

In Alameda County, the overall county rate is 21.9 percent. Low-income Latino children (ages 5-19) have an obesity rate of 28.1 percent, followed by African Americans (23.5 percent), Whites (20.9 percent), and Asians (11.8 percent) (PedNSS, 2008).

In Contra Costa County, the overall county rate is 25.6 percent. Low-income Latino children (ages 5-19) have an obesity rate of 29.3 percent, followed by Asians (25.0 percent), Whites (24.0 percent), and African Americans (23.3 percent) (PedNSS, 2008).

The high child and adolescent obesity rates in the four Bay Area Counties referenced above underscore why health care professionals working with children and youth must address this issue. The training, *Childhood Obesity 2010: The Next Generation of Prevention and Management* is designed to increase knowledge and build skills. This training gathers together creative strategies to address different populations in varied settings and to offer a science-based foundation for understanding obesity. It includes a stellar faculty with both strong research and community practice backgrounds.

For further information about this training, [click here](#).

References

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