

American Academy of Pediatrics, California

Preventing Childhood Obesity & Food Insecurity



What does food insecurity have to do with obesity?

- Food insecurity is a widespread public health issue—about 20% of households with children in the United States have limited or uncertain access to nutritional and safe food.
- In these food-insecure homes, food consumption tends to emphasize quantity over quality, which can put children at higher risk of obesity.
- Low-income families with uncertain access to food are more likely to consume energy-dense foods and high-energy supplements that tend to be lower in cost, but higher in total calories, sugars, salt, and fat, all of which can contribute to weight gain.
- For example, childhood obesity is more common among preschoolers from lower-income families.
- Parents who are unable to guarantee consistent access to food for their children are also more likely to both limit their child's food intake and to encourage intake, regardless of their child's appetite. Both feeding styles can contribute to childhood obesity.



What are the risks of childhood obesity and food insecurity?

- Growing up overweight and/or in a food-insecure home can have a negative effect on children's health, social, and economic outcomes in both the long and short-term.
- Obesity currently affects 1 in 6 children and adolescents in the United States (about 12.7 million total).
- Obese children have a higher risk of high blood pressure, high cholesterol, type 2 diabetes, asthma, and other physical conditions, as well as mental health problems and low self-esteem.
- All of these conditions may be associated with serious health problems later in life, including diabetes, heart disease, and cancer.

What can you do?

- Because obesity is associated with limited availability of healthy food that is also affordable, it is essential to support and facilitate policies that improve access to nutritious food for low-income families.
- Examples include policies that reduce the cost of nutritious food or improve access to healthy affordable food in school settings where children consume at least one, if not more, of their daily meals.



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Nicotine:

Preventing Youth Tobacco & E-cigarette Use & Exposure to 2nd-hand Smoke/Vapor



Tobacco remains the leading cause of death in U.S.

- Tobacco kills 480,000 people annually – more than AIDS, alcohol, car accidents, illegal drugs, murders and suicides combined.
- Tobacco use during pregnancy can lead to low birth weight and sudden infant death.
- Secondhand smoke exposure harms children, potentially leading to respiratory illness, infection, and decreased lung function.
- Tobacco costs the U.S. \$170 billion in health care expenditures and \$151 billion in lost productivity each year.



Tobacco use/nicotine addiction takes hold in youth and doesn't let go.

- More than 80% of tobacco users start before 18
- The connection between children and tobacco use is so strong that the commissioner of the US Food and Drug Administration declared tobacco use a "pediatric disease" in 1995.

Another form of nicotine: E-cigarette sales & use require state regulation

- E-cigarettes are not regulated by the US Food and Drug Administration (FDA), and no rigorous scientific studies have shown that they are safe for use. Until the FDA makes definitive federal regulations on their marketing and use, the burden of regulation rests on individual states.
- Use of e-cigarettes among high school and middle school students doubled from 2011 to 2012, with an estimated 1.8 million students reporting they've tried the device, according to 2013 Centers for Disease Control and Prevention (CDC) data.
- Without regulation and standardization, the chemical compounds in an e-cigarette vary widely: potentially harmful ingredients include diethylene glycol, genotoxins, and animal carcinogens. This is in addition to the nicotine itself.
- Calls to poison control centers related to e-cigarette exposure increased from one per month four years ago to 215 per month in February 2014.
- If it is determined through sufficient, credible research that e-cigarettes are an appropriate and effective smoking cessation tool, they must be regulated in the same manner as other smoking cessation products.



VACCINES



Childhood vaccination saves lives.

- Vaccines have contributed to a significant reduction (and in some cases, elimination) in many childhood infectious diseases, such as measles and polio.
- Routine childhood vaccination will prevent 322 million cases of disease in children born in the United States between 1994 and 2013.
- Within the same generation of American children, vaccines will prevent about 732,000 early deaths.
- Globally, immunization averted about 2 million child deaths in 2003.

It also saves money.

- Immunization is one of the most cost-effective available public health interventions.
- For children born between 1994 and 2013, routine vaccinations have resulted in a societal cost savings



Vaccination goes beyond the health of the individual.

- High levels of immunization protect the wider community from exposure to infectious diseases.
- This indirect protection extends to babies who are too young to be fully vaccinated and children with contraindications to some vaccines. Both groups depend on high community immunization rates to avoid coming into contact with vaccine-preventable diseases.
- Without vaccines, we risk the return of epidemics of many preventable diseases.

Yet, immunization coverage for children is still lacking.

- Immunization coverage of American adolescents is still behind the goals set in *Healthy People 2010*.
- Children who are members of racial and ethnic minorities, are poor or uninsured, live in inner city or rural areas, or suffer from chronic medical conditions may face barriers to comprehensive medical care, including access to vaccines.
- Other obstacles to universal immunization include rising costs of vaccines, inadequate insurance coverage for new vaccines, parent refusal of childhood immunization, and a growing anti-vaccination movement.

