

This Policy Paper has been produced by OCHNA, a community-based, not-for-profit collaborative created to collect and make available accurate, useful social health data for the communities it serves.

Summary: The 2007 OCHNA Health Survey questioned 1,584 parents regarding their perception of their child’s weight, activity levels and fast food consumption; their responses were analyzed along with the actual weight/BMI status of their child. OCHNA survey results estimates that **9.6%** of children are “**underweight**” but only **5.8%** of parents thought their child was underweight, and only 30% of those were correct, 51.8% actually had a child that was of “normal/Healthy weight and just over 19% were parents of a child that was the parent of a child that was either “at risk” or already “overweight.” **60.4%** of children are estimated to be of “normal/healthy” weight, but **84.1%** of parents identified their child as having a normal weight, but 25.5% of their children were actually “at risk for becoming overweight” or already “overweight,” and 9.1% were actually ‘underweight.’” **30%** of OC Children are estimated to be with “at risk for becoming overweight” (13.7%) or already “overweight” (14.5%), but only one third (**10.1%**) of parents identified their child as being in this category, with nearly 75% of these parents being correct in their perception. Of the remaining 10%, 24.5% had mistakenly identified a normal/healthy weight child as overweight, and just less than 1% had a child who was underweight. The data indicated that Parents are having a difficult time evaluating what is a healthy body weight for their child and may be adding to the confusion regarding body image and what are appropriate expectations for their children health, and is an important component that must be addressed when developing Social Health Marketing or program outreach.

Are Orange County parents concerned about the weight of their children? Should they be?

With the ongoing public discussion, and concern of schools and the medical community, over the increasing number of overweight children (often referred to as *childhood obesity*), it would seem inevitable that parents would have an increased awareness, and perhaps even become hyper vigilant, in

regards to their own child’s weight and activity levels.

But are parents realistic about what is a healthy weight for their child? Do they hurt or help the development of a healthy body image or, can their own perceptions and expectations create a lifelong, love-hate relationship, between their child and the food choice they make now and in the future? It is not just excess body fat that potentially

hurts the future health of our children; an even greater factor may be how parents judge their child's body as acceptable or not; regardless of a child actual status (underweight, normal weight or at risk for becoming overweight), and how they respond. If parents do not know or recognize what is truly healthy, then they can confuse, frustrate and even damage their child.

Parent's Perceptions

The following table illustrates what percentage of parents think their child is underweight (5.8%), about the right weight (84.2%) or believe their child to be overweight (10.1%); their responses were then analyzed against their children's actual BMI scores to determine how realistic parents are in estimating their child's health status in regards to body weight. The green boxes highlight the percentage of parents that were accurate; overall parents appear to have a substantial disconnect regarding what is a "healthy or normal" body weight for their child, regardless

*BMI values were calculated based on CDC standards using reported height and weight variables, adjusted for age and gender of the child. Sample consisted of 1,584 children, between the ages of 3 and 17. (OCHNA, Household Health Needs Assessment Survey, 2007).

Only 10.1% of parents considered their child to be *overweight*, but 16.3% of children had BMI over the 95th percentile, with another 13.8% having a BMI that ranked them *at Risk for becoming overweight*. The two categories together result in approximately 30% of OC children designated as being *at risk for*, or currently, *overweight*; three times higher than what parents believe to be the case.

The lack of parental understanding or knowledge about what is a healthy/normal weight for their child is further illustrated by the following findings:

5.8% of Parents indicated that their child was **underweight**, but the reality is that 9.6% of children had BMI's that put them in the *underweight* category; 65% higher than the percentage of parents who thought their child was underweight.

18.3% of these parents actually had a child who's BMI put them in either, the *at risk for becoming overweight* or were already deemed *overweight*.

51.8% had a child that was of *normal/healthy* weight.

Only 29.9% of these parents were correct in assessing their child as *underweight*.

60.4% of children are estimated to be of "normal/healthy" weight, but 84.1% of parents identified their child as having a normal weight, but

25.5% of their children were actually "at risk for becoming overweight" or already "overweight," and 9.1% were actually 'under weight.'

30% of OC Children are estimated to be

Comparison of Reality vs. Perception			
Child's <u>Actual</u> BMI Category % and pop. Est. (BMI only applied to children 3 and older)	Parent's Perception of Child's Weight		
	Underweight 5.8%	About the Right Weight 84.1%	Overweight 10.1%
Underweight (Under 5th Percentile) 9.6%, 50,003	8,994 29.9%	40,025 9.1%	423 0.8%
Healthy/Normal Weight (5th Percentile up to 85th) 60.4%, 15,755	15,562 51.8%	286,887 65.4%	12,902 24.5%
At Risk for Overweight (85th to less than 95th Percentile) 13.7%, 71,975	1,142 3.8%	55,132 12.6%	15,436 29.4%
Overweight (95th Percentile or greater) 16.3%, 85,198	4,361 14.5%	56,750 12.9%	23,822 45.3%

with “**at risk for becoming overweight**” (13.7%) or already “**overweight**” (14.5%), but only one third (10.1%) of parents identified their child as being in this category

Nearly 75% of these parents were correct in their perception. Of the remaining 10%

24.5% had mistakenly identified a normal/healthy weight child as overweight, and just less than 1% had a child who was underweight.

Do Overweight Children Equal Overweight Adults?

Maybe, but not every chubby toddler will become a chubby grade-schooler destined to become an overweight Adolescent. But, Adolescents who are above the 85th percentile, maybe at the greatest risk for becoming overweight or obese adults, making them more vulnerable to a whole range of chronic diseases (e.g.: diabetes, asthma, arthritis, heart disease, high blood pressure and cholesterol to name just a few), and lessening their quality of life. But how are we to know whether it is just “baby-fat,” that most children outgrow, or if those cute pudgy cheeks are signs of the future to come if we don’t reroute them in time?

Fat - Measuring How Much is Too Much in Children

Child BMI values, referred to as *BMI-for-age*, are calculated quite differently than adult BMI values, which use only their height and weight. But for children, two additional variables, age and gender, must also be included in the formula; the results are then compared to other children's BMI values of the same sex and age, based on a developmental growth chart of national percentiles, to determine if a child is within the normal weight range for their particular developmental stage. This is just one tool that provides parents, and their family

physicians, with mile markers for their child’s journey towards a healthy adulthood. It can provide warning flags to increase their awareness of potential problems or indicate that a parent needs to be more proactive, perhaps changing the child’s diet or getting them more involved in physical activities, or and just as important, is reassuring the parent that their child is progressing normally and is a healthy weight for their size, age and gender.

Since children are in the physical growth process and are continually changing, often moving back and forth between underweight, normal weight or overweight throughout the developmental stages, it is not medically, scientifically or socially appropriate to use the Adult BMI category of “Obese,” nor is it possible to create a simple BMI range, as we do for adults, to identify those who are not at a healthy weight.

We instead calculate each child’s individual BMI, compare that to the National Percentile Growth Chart and then determine what percentage of children fall into the following categories: Healthy/ Normal weight (within the 5th and 85th percentile), At Risk for Overweight (85th to 95th percentile), or Overweight (95th percentile or higher), as reported in the table below. Again, this provides us with early warning flags, but outcomes for any given child will vary, and a child that falls into the *at risk* category this month, could very well be in the *Healthy weight* category at their next pediatrician visit, especially for very young children.

At Risk

13.8% (71,975) of OC children are estimated to be *at risk for becoming overweight*.

38.5% of those were between the

ages of 12-17.

58.0% (42,809) of were male.

11.4% (28,416) of all OC teens, between the ages of 12 and 17, are estimated to be at *risk for becoming overweight*.

Overweight

16.3% (85,198) of children are estimated to be *overweight*, and of those;

57.1% (48,217) were Hispanic/Latino.

1 in 3 (37.1% or 31,580) were between the ages of 6 and 11.

29.5% (25,133) were between the ages of 12-17.

25.8% (19,765) came from families with an annual household income of \$25,000 to \$49,999.

2 of every 3 (66.4% or 56,588) were likely to be male (note: males and females were equally represented in the sample).

95.1% (81,012) of *overweight* children had seen their family physician for a check-up within the last 1 year; **74.1% (60,043)** of their parents/guardians rated their child's health is either 'Excellent' or 'Very Good.'

1 in 5 (20.9%) of all OC Hispanic/Latino children, between 3-17 years of age, are estimated to be *overweight*.

10.1% (25,130) of all OC teens, between 12 and 17 years of age, are estimated to be *overweight*.

Contributing Factors

36.0% (19,386) of overweight children spent 3 or more hours per weekday watching TV or playing video games. In comparison, only **22.3% (13,179)** of children *at risk for overweight* and **22.8% (65,165)** of children at a *healthy/normal weight* spent the same amount of time watching TV or playing video games

19.1% (13,753) children, 6 to 17, who

engaged in vigorous activities (running, biking, team sports) for only 30 minutes or less per week, were likely to be *overweight* compared to children who exercised at least 30 minutes, and at least 2 times per week.

18.4% (6,046) of children (age 6-17), who ate fast food at least 5 days in the previous week, were likely to be *overweight*.

28.3% (73,184) of parents with a child under the age of six, reported that their child did not get to play outside as much as they would like, with **42.5% (30,795)** indicating the reason why was that their was no adult available to take the child to a park or playground.

Designing a Healthier Future

Trends are clear; for the young adults of Generation Y and, most certainly for the children of Generation X (those born between 2001-2021), the idea of a well-balanced, home cooked meal is just an urban myth. They are more familiar with being offered a choice of which fast food chain they would like for dinner that night. In addition to being introduced to poor eating habits early in life, children of these two generations have, or are, growing up in a far more sedentary world than did their parents or grandparents. The activities that are readily available, and perceived as fun or desirable, are predominately related to computers, video games, MP3 players and cell phones; rarely, if ever, requiring one to increase their heart rate beyond the excitement induced from breaking through to level 10 of their favorite video game.

While it is notable that over the last two or three decades there has been a continual reduction in both the availability of, and the participation in, school-based physical activities, and there is little doubt that this has substantially contributed to the growing number of school-age children who fail to meet the most basic standards of physical

fitness, the reality is that even if activities were made more widely available tomorrow, a majority of our youth would likely pass these activities for the electronic toys that keep them wired to the future – their future.

If we are to have any impact in preventing the physical decline of future generations it must start as early as possible; the expectation that we live healthy lives through good nutrition and physical activity must be woven throughout the fabric of our daily lives and reflected in our own lifestyle choices, at home, school and in the work place. But most importantly, new solutions must blend the physical and virtual worlds that we all now live in. Recent innovations in interactive video games are taking the lead in getting people, of all ages, off the couch and physically moving to virtual games of tennis or boxing. A healthier future will be dependent upon these types of innovations, and hopefully we won't have to wait for Generation Xers to invent them.

To learn more how child BMI calculations are made and used, please visit the [CDC Child and Teen BMI calculator](#).



Primary Data Source—(OCHNA Survey, 2007)

The Orange County Health Needs Assessment (OCHNA) is a community based, not-for-profit, collaborative organization, created to collect and analyze health data on Orange county residents, aimed at identifying priorities, ongoing needs and measuring change, good and bad, over time.

OCHNA meets the requirement of the Hospital Community Benefits legislation of California Senate Bill 697 (1994).

Pamela Austin, MSW, CEO

OCHNA

12447 Lewis Street Suite 205

Garden Grove, CA 92840

714-547-3631

714-703-0049 (Fax)

Staff@ochna.org

www.ochna.org

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