

Healthy Eating and Active Living

Healthy Eating and Fitness Are a Top Priority

Over the past thirty years, obesity among children and adolescents has increased at an alarming rate, to the point where one in three is overweight or obese. The crisis of childhood obesity restricts life opportunities, reduces life expectancy, accentuates health disparities, and presents an economic burden to the health care system. Obesity disproportionately affects children from economically-disadvantaged backgrounds, and children of color, particularly Hispanics and African-Americans.¹

The physical, social, and economic consequences of obesity are serious. Children and adolescents who are obese are likely to be obese as adults,² and they stand to develop, in adulthood if not earlier, all of the diseases that are associated with longstanding obesity, including diabetes, coronary heart disease, hypertension, stroke, and some cancers.^{3, 4} In addition to developing medical conditions, overweight and obese children experience social and emotional pressures, including bullying and low self-esteem, as well as stigma and discrimination that can last throughout the lifespan.⁵



In 2013, the first reductions in obesity were demonstrated in nineteen states/territories among low-income preschoolers.⁶ These exciting findings suggest that increased awareness and investment in obesity prevention programs are having a broad impact among vulnerable youth.

School-Based Health Centers Promote Nutrition and Activity

School-based health centers (SBHCs) deliver both clinical and non-clinical services to improve healthy eating and active living, reduce overweight and obesity, and prevent and manage chronic conditions such as type II diabetes.

SBHCs help increase the number of students exposed to programs and activities that encourage healthy eating and active living. During the 2013-14 school year, 84 percent of SBHCs provided individual, 44 percent provided small group, and 27 percent provided classroom healthy eating and active living activities. Twelve percent of SBHCs had a health educator and 17 percent had a nutritionist or dietitian as a member of staff.

SBHCs can provide added benefit in the against childhood obesity. Recent research shows that adolescent SBHC users get more physical activity and eat more healthy foods than do SBHC non-users.⁷ Among high school students, a SBHC-led multidisciplinary strategy for nutrition and fitness was able to yield a decrease in BMI among 60 percent of its participants though a combination of clinical services, education sessions on nutrition and healthy

cooking workshops for parents, physical activity through after-school programs, and mental health assessments. When it comes to younger students (elementary-age), evidence from one study theorized that⁸ SBHCs may be more impactful in weight management programs when compared to other primary care settings due to their ability to access, treat, follow-up, and monitor students in need of obesity interventions.⁹

School-Based Health Alliance Resources

Hallways to Health: With support from Kaiser Permanente, in 2013 the School-Based Health Alliance launched Hallways to Health. We wanted to test how we could change a school's landscape, using SBHCs as the catalyst. The concept is that health should spill out of the SBHC and into a school's hallways, classrooms, cafeteria, teacher's lounge, and neighborhood. [Click here to read more.](#)

Learn More

California School-Based Health Alliance

Our colleagues at the California School-Based Health Alliance have developed [an excellent fact sheet](#), which outlines more research on school-based interventions to reduce childhood obesity.

References

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