

Foster Youth and Obesity: Who is at Risk?

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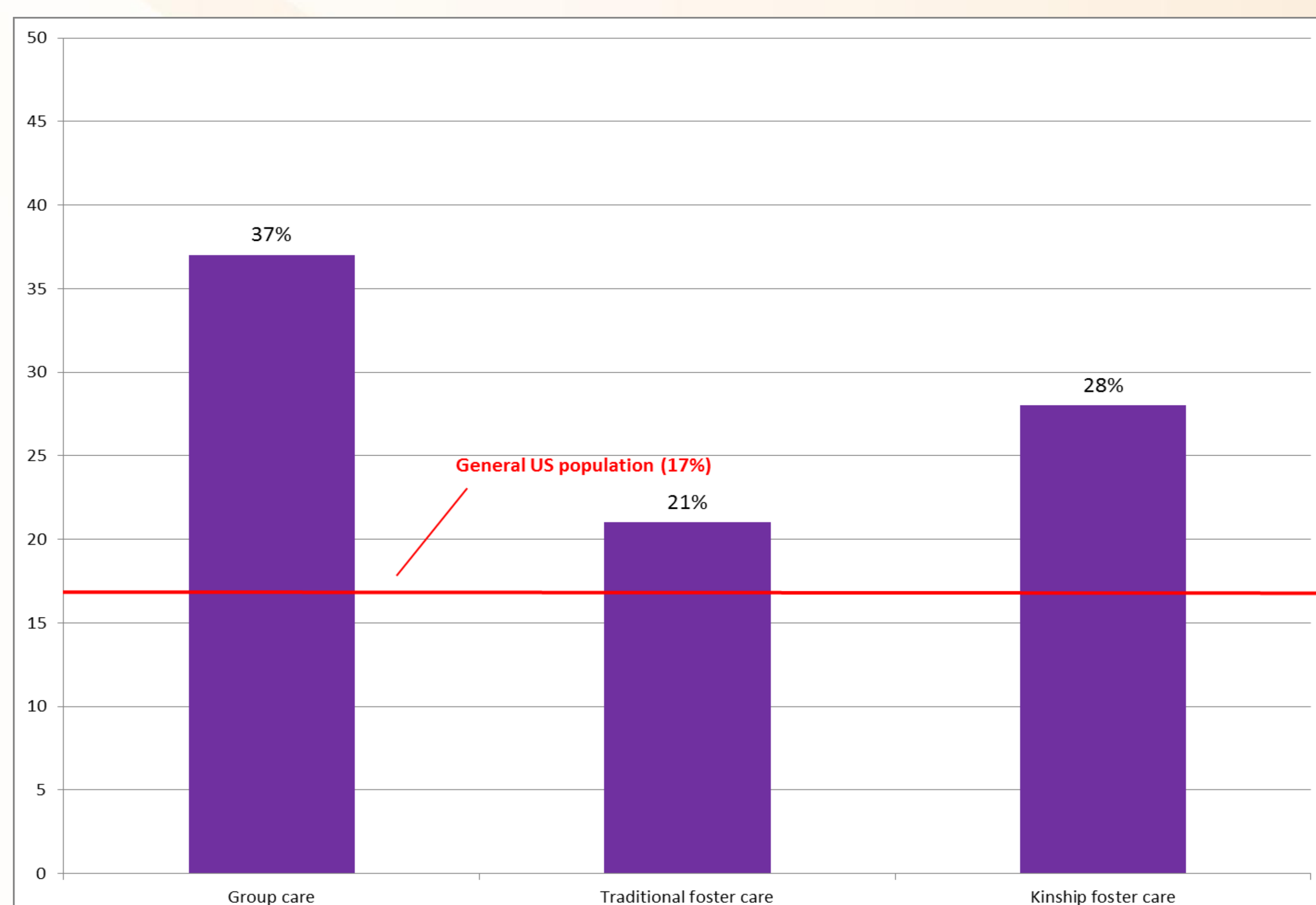
Background and Significance

Child obesity continues to be a growing public health concern in the United States, with the rate of childhood obesity tripling in the past three decades. Despite this, little is known about obesity and the factors associated with its risk among children entering foster care; these children are often overlooked in epidemiological studies and in evidence-based intervention strategies. This omission is curious considering the evidence that children who have been sexually abused and physically neglected are at elevated risk for being at an unhealthy weight. The objective of this poster is to estimate the rate of childhood obesity in a cohort of youth entering foster care in 2008 and the ways in which these rates vary by child gender, age, race, and type of placement.

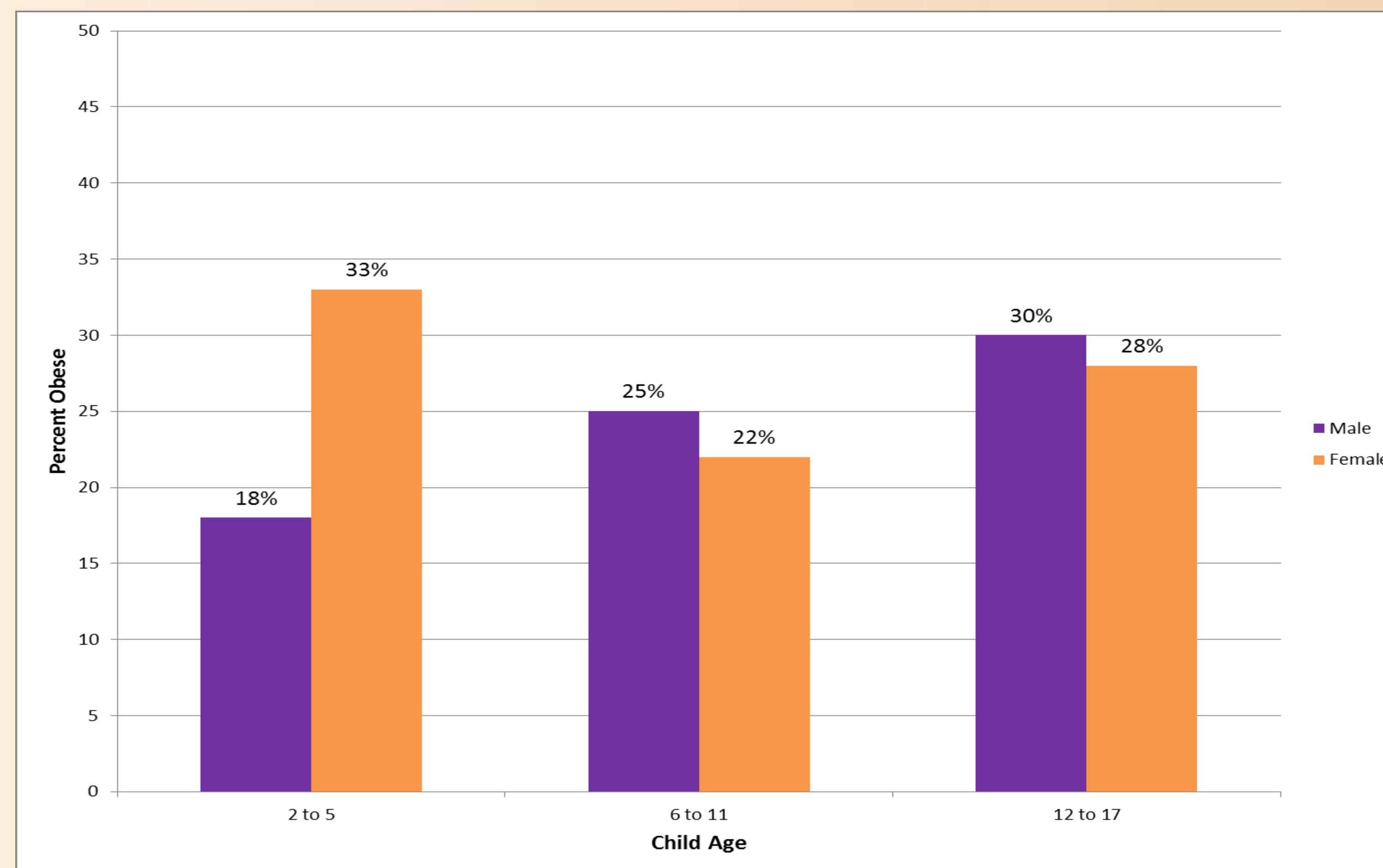
Methods

Participants were drawn from the 2008 National Survey of Child and Adolescent Well-Being, a national probability study of 5873 children aged birth to 17 years under investigation for maltreatment. From child weight reported by caregivers, we estimated obesity (>95th percentile) prevalence among children aged 2 through 17 entering out-of-home care following the close of a maltreatment investigation (n = 878). Obesity was calculated using the CDC sex-specific weight-for-age growth charts.

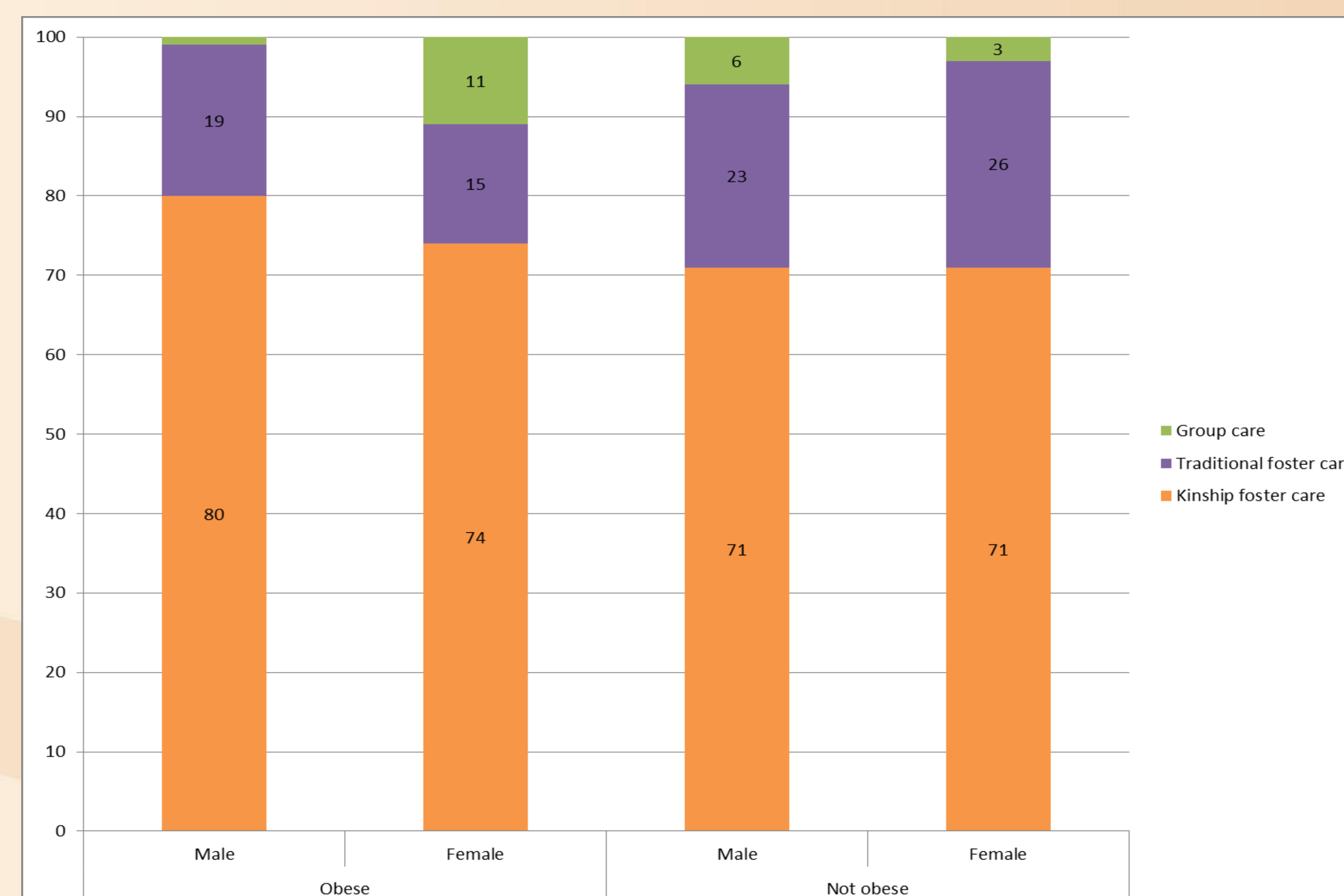
Results



The figure above shows an estimated 27% of children in out-of-home care are obese, compared to 17% of children in the general US population. Children living in group homes are especially at-risk for obesity, with an estimated 37% obesity rate. Children living in traditional homes are less at risk than those living in kinship care (21% compared to 28%).



The figure above shows obesity risk for children living in any type of out-of-home care by child's sex and age. A greater percentage of 2 to 5 year old females were obese compared to males. The figure below shows percent of obese and non-obese males and females by placement type.



Discussion/Conclusion

This study reports obesity rates among children living in out-of-home care. Findings show that a disproportionate number of these children are obese compared to the national average. The high percentages of obese youth in group homes and residential cares is of particular concern, as are the number of obese preschool aged girls. The limitations of this study should be noted. First, caregiver estimates of child weight were used to determine obesity. Parental recall of child weight is not considered valid for clinical studies. However, a recent study using a population sample showed a 94% to 98% agreement between caregiver-reported and measured weight, depending on the child's age. In addition, studies have consistently reported that parents tend to underestimate child weight. This implies that although we were limited to using caregiver-reported weight, these reports are more likely to be under-approximations than over-approximations and to result in underestimation of obesity rates. Much more work is needed to fully understand these preliminary findings. In particular, further research should investigate how and why a child's age, sex, and placement type influences obesity risk, and effective interventions to mitigate the effects of the various risk factors within this special population. From these results, a possible target population might be female foster youth living in residential or group facilities.

Children who experience not only the trauma and disruption of maltreatment, but also the comorbidities and social stigma associated with obesity are in double jeopardy for lifelong poor health outcomes and social disadvantage.

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