

How the Great Recession weighed on children

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Johns Hopkins Bloomberg School of Public Health researchers have found that increases in unemployment in California during the Great Recession were associated with an increased risk for weight gain among the state's 1.7 million public school students, suggesting that economic troubles could have long-term health consequences for children.

The researchers, publishing online June 1 in the *Journal of Epidemiology and Community Health*, say that for every one percentage point increase in county-level unemployment between the years of 2008 and 2012, the school children had a four percent increased risk of becoming overweight. The average change in unemployment over the time period was 5.4 percentage points, putting the increased risk that a child would become overweight at 21 percent.

Prior research has shown that even small changes in weight - between five and 10 percent - in children and adolescents can increase the risk of developing chronic diseases in the future.

"This study tells a dramatic story about the negative and lasting health effects of an economic shock like the Great Recession, effects that have not been fully understood," says study leader Vanessa M. Oddo, MPH, a PhD candidate in human nutrition at the Bloomberg School. "Childhood obesity is one of the biggest public health concerns of our time. And since it's not easy to lose weight once it is gained, this period of economic hardship could have consequences that last long into adulthood."



For the study, Oddo and her colleagues analyzed data from the California Department of Education, which collected height and weight measurements for children enrolled in fifth, seventh and ninth grade at public schools in the state's 58 counties. They focused on the 1.7 million children aged seven through 18 who had at least two measurements so that they could compare an individual's weight against his or her previous measures. The researchers compared their results to countylevel unemployment estimates obtained from the Bureau of Labor Statistics.

In 2008, just as the recession was beginning, 28 percent of the children in the state's public schools were considered overweight. While the percentage of overweight children peaked at 40 percent in 2009, it slipped but was still at 37 percent in 2012.

"Unemployment not only impacts adults," Oddo says. "Children are impacted and it's not something we really talk about."

While the researchers found a link between increases in unemployment and an <u>increased risk</u> that a child would be overweight, they can only speculate about the reasons behind their findings. They believe that in times of belt-tightening, families may have changed their food purchasing habits or school districts could have cut back on sports leagues or after-school activities promoting exercise.

"We think they likely gained weight because with decreased economic resources, families may be trading more expensive healthy food like fresh fruits and vegetables for cheaper, higher calorie alternatives such as highly processed convenience food," says the study's senior author Jessica C. Jones-Smith, PhD, MPH, an assistant professor in the Department of International Health at the Bloomberg School. "The stuff that is convenient and tasty is also high in calories and may be the kind of food people turn to in these economically constrained times."



The researchers say that their findings highlight the importance of keeping in place social safety nets such as liberal unemployment benefits, food stamps and school breakfast and lunch programs during economic downturns.

"It is critical that policy makers understand that economic shocks do have implications for the health of <u>children</u> and take steps to mitigate the negative consequences that recessions can have on the young," Oddo says.

More information: "The Impact of Changing Economic Conditions on Overweight Risk Among Children in California from 2008-2012" was written by Vanessa M. Oddo, Lauren Hersch Nicholas, Sara N. Bleich and Jessica C. Jones-Smith.

Provided by Johns Hopkins University Bloomberg School of Public Health

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