



one in three (36.3 percent) were overweight or obese. Third grade students measured in 2018 were sampled from roughly the same general birth group as the 2015 kindergarten sample. 11.8 percent of kindergarten students were obese in 2015 and by 2018, 20.8 percent of students in this birth group (now third graders) were obese. This significant (76 percent) upward shift in obesity prevalence between kindergarten and third grade highlights the continued need to address and prevent excessive weight gain and support healthy eating and active living behaviors at an early age. (New Mexico Childhood Obesity Update, 2018, <https://nmhealth.org/data/view/chronic/2257/>).

Childhood and youth obesity represent significant public health challenges. Until 2002, obesity rates increased at similar rates for all adolescents, but since then, obesity has increased among lower SES youth and continued to decline among higher socioeconomic status (SES) youth. These results underscore the need to target public health interventions to disadvantaged youth (<https://www.pnas.org/content/early/2014/01/08/1321355110>).

People, especially adolescents, living in low-income households have greater difficulty being physically active compared with higher-income people due to various social and environmental barriers such as long distances to sports facilities, poor transportation services, poor neighborhoods and traffic conditions, a lack of parks and recreational facilities, air pollution, a lack of spare time, bad health, and a lack of exposure to social support related to exercise. Even though these barriers affect other income groups, the impact is much greater on low-income communities (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4273050/>). Public health interventions that help improve community infrastructure and ensure equitable access to opportunities for physical activity are needed.

School-based physical education plays a key role in curbing obesity and improving fitness among adolescents from low-income communities. (<https://www.sciencedaily.com/releases/2009/11/091105132456.htm>).

It is recommended children get at least 60 minutes of physical activity on a daily basis. Children may not be meeting this requirement due in part to lack of funding and prioritization of performance on standardized tests, both of which results in physical education classes being reduced and/or cut from the school day. The lack of physical activity puts children at a greater risk of obesity and can negatively affect academic achievement. (<https://arcs15.commons.gc.cuny.edu/physical-education-and-academic-achievement-in-low-income-neighborhoods/>).

Given that obesity is linked to the development of numerous chronic diseases and that there is evidence overweight and obese children are less likely to grow into economically and socially successful adults, this is a significant burden to be borne by the children of the less-well-off. Public health interventions may be more successful if there was support in communities for equitable access to family physical activity and healthy food options and sustainable changes in the school system to require nutrition education and physical education for all grade levels in every elementary school (<http://childofourtimeblog.org.uk/2015/12/why-poorer-children-are-at-greater-risk-of-obesity/>). “