

The Childhood and Adolescent Obesity Epidemic Confronting Virginia Schools

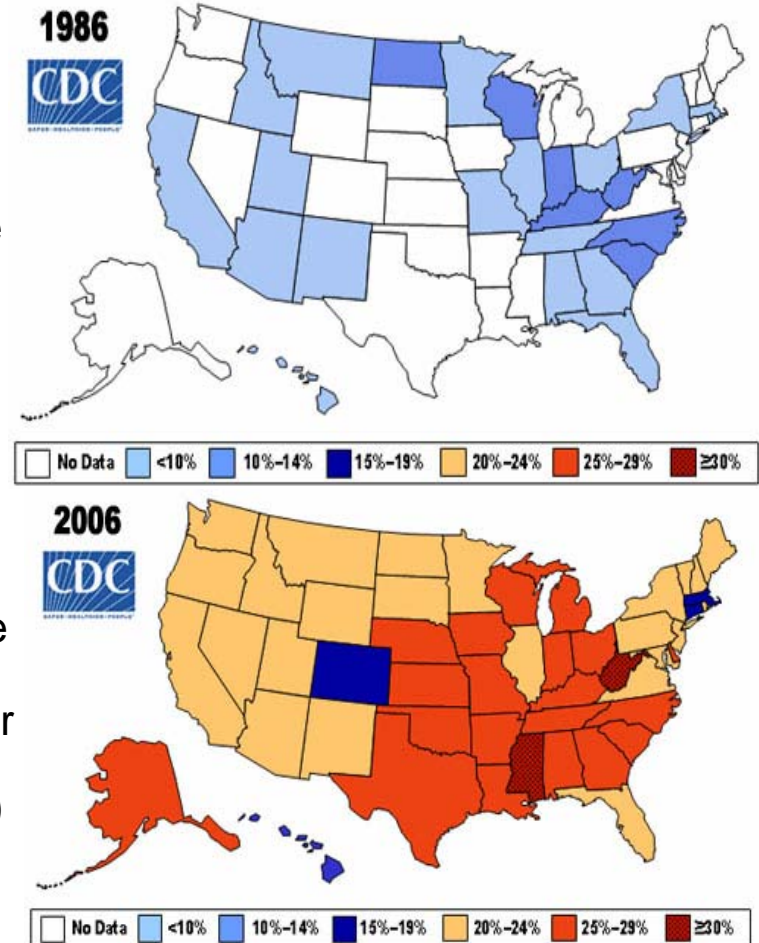
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Introduction/ Background

- Within the past three decades every State in the nation has seen sharp increases in pediatric obesity and respective Body Indexes (BMI)
- Overweight and obesity among Virginia's population is similar in the different regions of the State, ranging from 56% in the North, Southwest, Central and Valley region to about 61% in the Southside.
- Since 1990 Virginia's obesity rate has climbed 154%, the rate tripling between 1990 and 2004.
- Overweight and obesity affects about 30% of Virginia's children and adolescents which is just under the national average of 31%.
- In 2007 Virginia ranked as the 25th heaviest State in the nation for adolescent obesity at 13.8%.
- 1 in 5 Virginia's youngsters is either overweight or obese.
- A 2002 VDH *Women, Infants and Children (WIC)* program report found that 61% of those enrolled had poor dietary habits – 3.3% of infants, 18.7% of children and 28% of fourth graders - contributing to the overweight or obesity epidemic in the State.

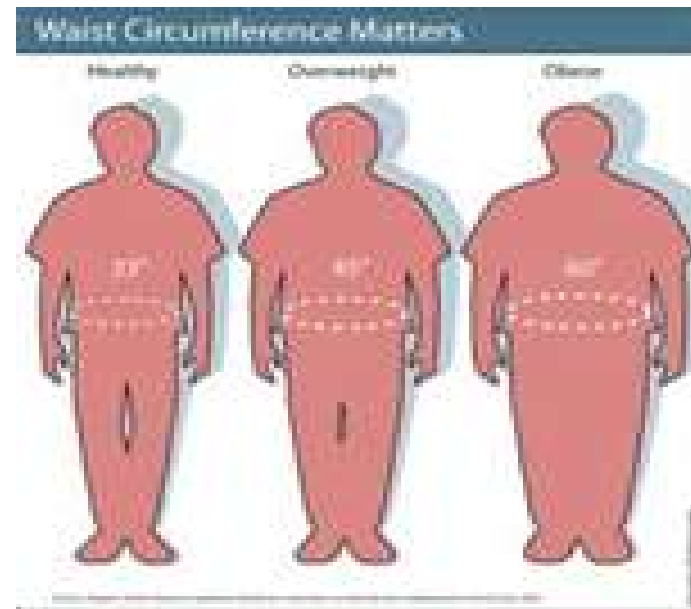
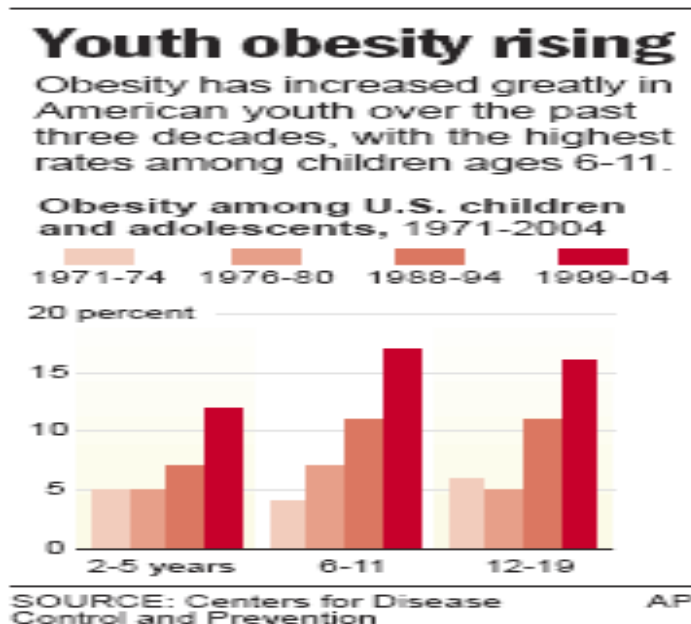
U.S. Obesity Trends 1986 to 2006



The Problem

The Overweight and Obesity Epidemic Confronting in Virginia Schools

- Overweight and obesity is defined as the Body Mass Index (BMI) which is a simple index of height for weight.
- The measure defines overweight as a BMI equal to or more than 25, and obesity as a BMI equal to or more than 30.
- It provides a benchmark for individual assessment.
- As the BMI increases so do sick days, hospital visitations, healthcare and medical claims costs.



Contributing Factors/Challenges

- Poor dietary habits
- Sedentary lifestyle and behavioral patterns
- Cultural attitudes
- Race and ethnicity
- Geographic
- Socioeconomic
- Environmental
- Metabolic
- Genetic



Consequences

Health

- 30 major diet related chronic disease are attributable with obesity.
- Type 2 diabetes
 - Heart disease
 - Stroke
 - Cancer
 - Hypertension
 - High blood pressure
 - High blood cholesterol
 - Psychological disorders

Financial

- Nationally obesity associated annual hospital costs more than tripled for children and adolescents – from 35million in 1979 to 127million in1999.
- Direct and indirect overweight and obesity costs to the State are enormous and are in the form of prevention, diagnosis and treatment services.
- In 2003 Virginia spent approximately \$1.6billion Or 5.7% on medical attributable healthcare costs or \$222 per person.
- In 2004 Virginia had the 14th highest healthcare costs in comparison to the other 50 States.



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- Outside of home children and adolescents spent the majority of time in school.
- School breakfasts and lunches provide approximately one third of the recommended daily dietary allowances.
- Most school meal programs still focus on delivering minimum rather than maximum nutritional value.
- All 132 Virginia's public school districts participate in the *USDA* school breakfast and lunch program serving approximately 30 million breakfasts and 112 million school lunches annually.
- Virginia only meets 2 out of the 5 categories aimed at preventing pediatric obesity.
- Virginia is not one of the States that requires meeting higher nutritional standards than the *USDA* requirements.
- Virginia is not one of the States to have no set nutritional standards for foods sold from vending machines.
- Virginia is not one of the States that screen for students Body Mass Index (BMI) or fitness status.
- Virginia does meet standards for physical exercise and nutritional standards for meals

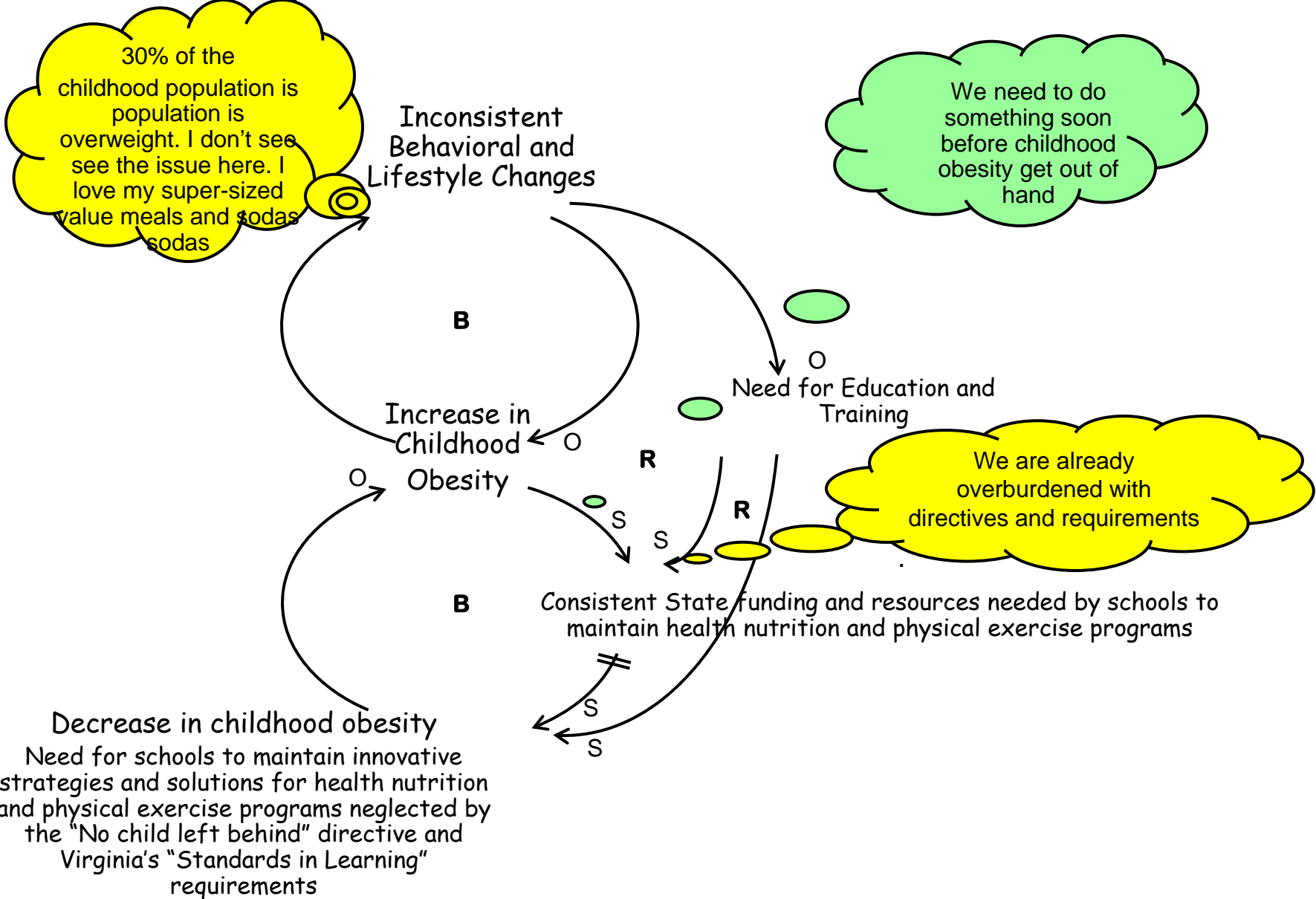


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- Until recently the percentage of students attending physical education classes fell from 49% to 29%
- In 2005 Virginia legislators enacted a bill, Senate bill 1130, that requires physical and health education in Virginia to be taught in the elementary grades of every public school.
- Virginia Physical Education Standards of Learning emphasis concepts of knowledge and skills needed to maintain a physically active life style through movement, personal fitness and responsible behavior through understanding of the benefits of physical activity and exercises.
- The goal is for students to acquire a desire to retain and remain physically active throughout a life time.



Shifting the Burden



Project Goals and Objectives

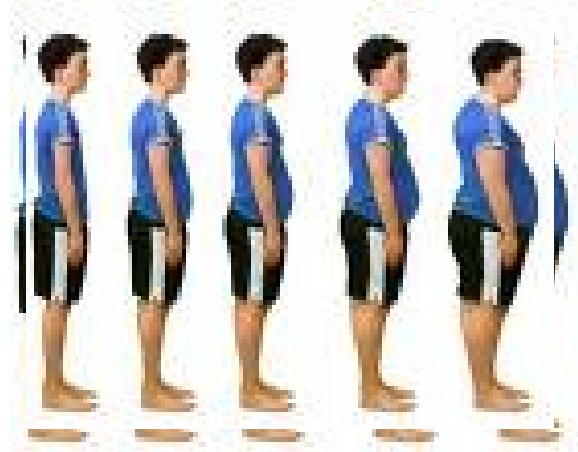
- **1. Process Objectives** – a. Promote sustainable health nutrition and physical exercise programs that motivate, influence and encourage behavioral and lifestyle changes.
- b. Advocate programs that are attractive to young people.
- c. Introduce a wellness referral system, program and policies that provide counseling and guidance.
- d. Provide necessary resources and funding to sustain programs.
- **2. Contributing Factors** – Inability to provide long term funding for Health Nutrition and Physical Exercise programs. Concentration on “no child left behind” Federal directive and Virginia’s “Standards in Learning” requirements. Lack of school wellness programs.
- **3. Impact Objectives** – Provide training and education for implementation of Health Nutrition, Physical Exercise and Wellness programs.
- **4. Determinant** – Childhood and adolescent obesity confronting Virginia schools.
- **5. Outcome Objective** – Reduction in pediatric obesity through innovative solutions and strategies.
- **6. Health Problem** – Diet related chronic diseases and hospital visitations
- **7. Goal** – Implementation of sustainable and consistent health Nutrition, Physical Exercise and Wellness programs in Virginia schools

Childhood and Adolescent Obesity Epidemic

Confronting Virginia Schools

Project Goals and Objectives

- Assessment of school lunch environments and programs
- Promote healthier and more nutritional food choices.
- Limit access to competitive foods.
- Provide at least 30 minutes of daily physical education classes by lessons, drills and moderate to vigorous exercises from grades K-12.
- Emphasize participation in life long physical activities, knowledge, attitudes and skills needed to maintain an active life style
- Initiate programs that motivate, influence and encourage behavioral and lifestyle changes that are attractive to young people.
- Introduce a wellness referral program that provides guidance and counseling through encouragement and involvement.
- Initiate family, school and community involvement

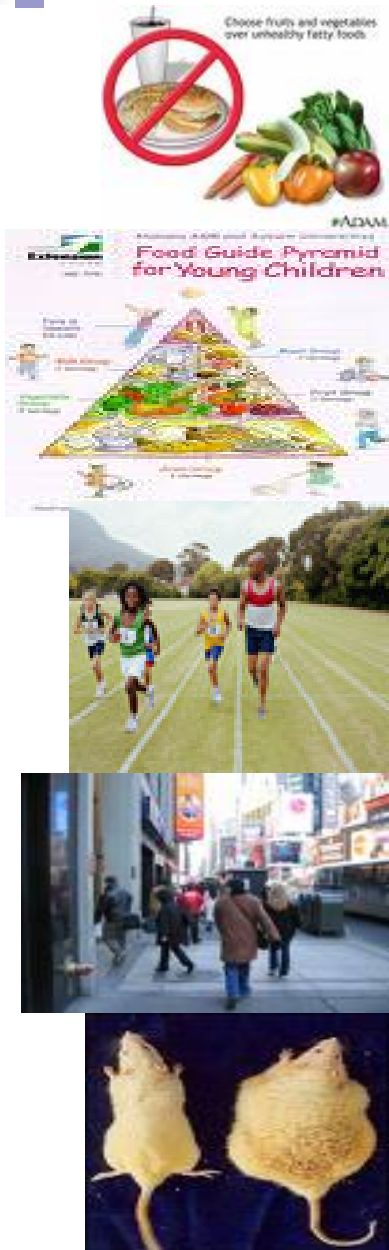


Outcomes

- Federal and State government policy mind sets and efforts have consistently failed to provide viable solutions to the obesity crises.
- Many States are now making conscientious efforts to mitigate the childhood and adolescent obesity crisis.
- Within the past several years Virginia legislators have been active in considering policy options that address childhood and adolescent obesity.
- The aim is to prevent further onset of diet related health conditions through a variety of options and approaches to facilitate opportunities for health nutrition and physical exercise programs in schools
- Senate and House bill that have passed or under consideration are:
 - SB 1130 Requiring physical education to be taught in the elementary grades of every public school
 - HB 744 Requires the Board of education to establish regulations to prevent childhood obesity
 - SB1197 Eliminating trans fats in public schools by 2010
 - HB 2214 Requires the Superintendent of Public Instruction and the State Health Commissioner to work together to combat childhood obesity and other chronic health conditions
 - SB 744 Requires the Board of Education to establish regulations to prevent and reduce childhood obesity in public schools using the Body mass Index (BMI)
 - HJR 726 Designates Virginia as Healthy Student Week

Conclusion

- Federal and State government, schools and communities must come together to provide long term sustainable funding and resources for childhood and adolescent obesity programs.
- Incorporation of National Health Nutrition and Physical Exercise Standards.
- Schools must provide and ensure healthy food choices, teach health nutrition, provide information and education in their health nutrition curriculum in grades 1-12.
- Develop wellness programs and policies designed to promote a student's wellness
- Educate healthcare providers and care givers on the prevention of overweight and obesity across a life span.
- Communities must ensure more user friendly accessibility in all areas of the community including sidewalks, bike paths, shops in low income and urban areas that are more conducive to physical exercise.
- Increase research on behavioral and biological causes of obesity, prevention and treatment.



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