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Beyond the Burger:

What Are We Doing About Childhood Obesity?

AUSTIN'S LARGEST FAMILY CALENDAR!

MAMA-OWNED, MAMA-RUN

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Beyond the Burger: by Julia Ramirez



*What are we doing
about Childhood
Obesity?*

In 1974, I was 10 and like most 10 year olds, I didn't give any thought to what I ate—namely the caloric or fat content—nor did it ever occur to me how much physical activity I got. My parents didn't concern themselves with it either. But then, in 1974

school lunches were prepared in the cafeteria kitchen and hour-long, required gym class were given. Ugh, how I loathed the President's Council on Physical Fitness, which was mandatory. Oh, and when "I'm bored" was uttered it was easily resolved by being told to "go play outside." Eating fast food? Yeah, right. That just wasn't an option, especially since my parents had six other children to feed and we couldn't afford that "luxury." But when it came to the weight of schoolmates, the heavy ones weren't obese they were "fat." And they weren't bullied, they were teased.

Thirty-four years and a new century later, a lot has changed.

According to The Center for Disease Control and Preventing Obesity and Chronic Diseases through Good Nutrition and Physical Activity Fact Sheet, obesity rates have more than tripled among young people since 1980. Of children and adolescents aged 6-19 years, 16 percent—more than 9 million—are considered overweight. Also, among children and adolescents, annual hospital costs related to obesity were \$127 million during 1997-1999, up from \$35 million during 1979-1981.

When you break-down the numbers for Texas, they look even scarier. In 2004-05, the overall prevalence of obesity and being overweight in Texas schoolchildren was 42 percent for 4th graders (almost double the national average of overweight and obesity rates for the same age group), 39 percent for 8th graders and 36 percent for 11th graders—among the highest rates in the nation. And from 2000 to 2005, the prevalence of obesity increased among both 8th and 11th graders, although it dropped slightly among 4th graders.

Additionally, in 2007, 21.3 percent of the low-income preschoolers enrolled in Texas Women Infants and Children (WIC) Supplemental Nutrition Program were overweight or obese, and rates were highest among Hispanics and American Indian/Pacific Islanders.

So who or what should be held responsible for this childhood obesity

epidemic? And should anyone or anything take the blame?

LOOKING FOR ACCOUNTABILITY

Surely, in some cases of childhood obesity, genetics plays a role. But the Centers for Disease Control hesitates to let us off the hook that easily, saying "the rapid rise in the rates of overweight and obesity in the general population in recent years cannot be attributed solely to genetic factors. The genetic characteristics of the human population have not changed in the last three decades, but the prevalence of obesity has tripled among school-aged children during that time."

Which means the real culprit lies somewhere else. And you really don't have to look that far to find it: Large portion sizes in both food and beverages, fast food, snacking and drinking sugar-sweetened drinks all lead to excess caloric intake. And too many calories turn into fat if they're not burned off through exercise.

Parents know this, and many are trying their level best to teach it to their kids. The problem is, they're thwarted at just about every turn. Most surprisingly, by schools.

Elaine St. Marie, like many parents, experienced this first-hand. As someone who struggled with her own weight, she taught her daughters the

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importance of good nutrition and exercise, but neither one was interested.

“I got rid of all junk food in the house and insisted they eat nutritional meals,” the Austin mother of two says. “I offered healthy choices for meals and snacks but they would turn up their noses and want fast food.”

Despite stocking only healthy food in the house, Elaine was alarmed to learn that her daughter, Michaela, was getting candy, cookies, and whatever else she could get her hands on from friends or through vending machines or candy sales at school. “I found this out when I went to clean her room and gathered over 100 empty candy and junk food packages,” she says. “It really scared me that she had consumed so much junk food without me ever knowing.”

A lot of parents don't know how easy it is for their kids to get their hands on junk food. The 2006 School Health Policies and Programs Study, a national survey periodically conducted to assess school health policies and programs at the state, district, school, and classroom levels, found:

- 32.7 percent of elementary schools, 71.3 percent of middle schools, and 89.4 percent of high schools had a vending machine or a school store, canteen, or snack bar where students could purchase foods or beverages.
- 21.9 percent of elementary students and 63.2 percent of middle school students purchased bottled water, while 78.6 percent of high school students purchased soda pop or fruit drinks that are not 100 percent juice.

Interestingly, in Region 7—the portion of the country that encompasses Central Texas—82 percent of 4th-graders, 88 percent of 8th graders, and 92 percent of 11th graders reported that they drank diet soda “yesterday.” (Some questions in the survey asked students about their behavior “yesterday.” These questions can't provide information about typical behaviors, since they surveyed only one day of data. However, the aggregate results of a group of students gives a reasonable idea of what the group is doing overall.)

As if eating treats and soda at school aren't bad enough, kids aren't engaging in much physical activity there to burn off those excess calories. The National Association for Sport and Physical Education advises that children should engage in several hours a day of “developmentally appropriate” physical activity—10 to 15 minutes, which should include moderate to vigorous activities. And the 2005 U.S. Dietary Guidelines recommend that all children and adolescents participate in at least 60 minutes of moderate intensity physical activity on most, preferably all, days of the week.

Kids here in Central Texas don't even come close to those numbers. When the School



Physical Activity and Nutrition Project studied kids in our region, it found that 11 percent of 4th graders, 13 percent of 8th graders and 16 percent of 11th graders engage in just 30 minutes of moderate exercise every day. Interestingly, however, the study did find that 26 percent of 4th graders, 39 percent of 8th graders and 11 percent of 11th graders did engage in 20 minutes of vigorous daily exercise.

The reason kids don't exercise as much as they should is twofold: a decrease in school-based physical education and an increase in home-based media.

As high-stakes testing has increased, schools have decreased recess and physical education time to meet more stringent academic demands. A generation ago, elementary school children had at least two recess each day; today, it is not uncommon to have only one. Although schools recognize the importance of physical education—AISD, for example, has expressed deep concern over the alarmingly high obesity rates of its students and is working diligently to increase physical activity at its schools—there is only

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so much time in the day. And when it comes down to it, schools must meet academic standards. So physical activity takes a back seat.

Perhaps this wouldn't be such an issue if kids were active at home. But according to the Centers for Disease Control, kids ages 8-to-18 spend slightly more than three hours a day watching TV, videos, DVDs, and movies. Here in Central Texas, a whopping 55 percent of 8th graders and 51 percent of 11th graders report watching at least that amount.

If we don't do something about this—and quickly—our kids are in for a world of health problems.

THE FALL OUT

Frankly, kids are already facing serious health problems due to their weight. The Texas State Department of Health Services estimates that 61 percent of obese young people in our state have at least one additional risk factor for heart disease, such as high cholesterol or high blood pressure. Other potential health risks include bone and joint problems, type 2 diabetes, asthma, sleep apnea, kidney problems, reduced liver function and certain types of cancer.

Ms. St. Marie's daughter, Michaela, is one of those kids. By age 11, she was almost 45 pounds overweight and couldn't walk more than a few steps without complaining of foot and knee pain, her mother says. "But the scariest part," says Ms. St. Marie, "was her blood tests showed she was pre-diabetic—at age 11."

Not only are kids like Michaela dealing with serious health issues, they're also fending off social discrimination for being overweight. Believe it or not, bullying is the top "health" issue among parents of overweight and obese children ages six to 13, according to a recent report by the University of Michigan C.S. Mott Children's Hospital National Poll on Children's Health. Yes, they consider it an even bigger concern than obesity itself. This isn't to say that parents aren't taking obesity seriously. They are. But they also know that it often prompts bullying.

"Michaela became so ashamed of her body that she wore large jackets in 100 degree heat just to hide her body from the other kids," Elaine says. "She once had a melt-down when she realized she didn't have her jacket and it was then I realized how painful this was for her."

Michaela is sadly not alone. The CDC's 2007 Youth Risk Behavior Survey indicates that 13 percent of U.S. high school students are obese; in Texas, that number is 16 percent, up two percent from 2005. Despite this slight increase, it is really not clear whether Texas'

obesity rate is climbing or stagnant.

"National data is gathered by questionnaires and goes by the honor system that children and parents are answering truthfully," says Lindsay Rodgers, an obesity prevention specialist with the Texas Department of State Health Services. Given this, Ms. Rodgers and others simply don't know



whether the initiatives to combat the obesity epidemic are making a difference. "It's really not clear, yet" she says, "why the numbers have leveled off."

COURSE OF ACTION

The childhood obesity problem has reached such epic proportions that government agencies are stumbling over each other to deal with it.

Right now, both houses of Congress are considering the "Childhood Obesity Reduction Act". If passed, the Act would result in the formation of a Congressional Council on Childhood Obesity, whose primary duty would be to encourage every elementary and middle school in the country to develop and implement a plan to reduce and prevent obesity, including improving nutritional choices and increasing physical activity.

Meantime, the U.S. Department of Agriculture has created Eat Smart Play Hard (www.fns.usda.gov/EATSMART-PLAYHARD) to teach parents, kids and educators about living a healthy lifestyle. It also implemented Fit WIC, to respond to the high instance of obesity among low income children who receive government food benefits, and Team Nutrition, to train and offer technical assistance for those engaged in food service, child care, and education.

The CDC also has an obesity prevention program. Called the Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases (NPAO), the program was established to prevent and control obesity and other chronic diseases by supporting states in developing and implementing nutrition and physical activity interventions, particularly through policy changes and environmental support. NPAO

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funds 21 states, including Texas. Its goal is to establish a state obesity-prevention infrastructure, plan obesity prevention and control efforts, monitor the burden of obesity, and, most importantly, implement intervention.

Then there's the Healthy Schools Program (HSP), which is active in all 50 states. HSP provides assistance to schools to create healthier school environments—in the classroom, cafeteria, gym, hallway and playground—and to promote physical activity and healthy eating among students and staff.

The American Heart Association is also in on the anti-obesity act, teaming with the William J. Clinton Foundation's Alliance for a Healthier Generation to prevent childhood obesity through a range of programs—including Kids' Movement (for 'tweens) and the myGo healthy Challenge (www.igohugo.com), an online healthy eating game for kids.

Here in Texas—where our obesity rate for kids ages 10-to-17 ranks sixth highest in the country—the government and schools are serious about combating childhood obesity. The Texas Department of Health and Human Services, in conjunction with Texas chapter of the American Heart Association and The University of Texas at Houston, has developed something it calls CATCH: Coordinated Approach to Child Health. CATCH's goal is to improve eating habits and physical activity among Texas students through physical education and healthy eating habits, as well as parent involvement. Cafeterias in CATCH schools prepare low fat meals using “Eat Smart Guidelines”, and healthy eating assignments are sent home so that kids and parents can work on them together. CATCH schools also host “family fun nights” to involve the entire family in developing healthy lifestyles.

As well, the Texas Department of Agriculture has developed the Square Meals program. It works with school administrators, foodservice professionals, teachers, parents and children to help redefine the school nutrition environment.

To make sure all of these initiatives are working, Texas is the first state in the country to order a comprehensive physical assessment of its students. This assessment is done with something called FITNESSGRAM, which was created by the Cooper Institute of Dallas. FITNESSGRAM measures body composition, aerobic capacity, strength, endurance and flexibility. Its use was mandated by law—SB530, to be exact, which was passed during the 2007 legislative session. The bill not only ordered physical fitness assessments, but also required “moderate or vigorous physical activity for students in kindergarten through fifth grade.” This changed quite a few school schedules: beginning this Fall, for example, all students in 6th through 8th grades were required to participate in physical activity for at least four of six semesters.

In September, Texas was awarded a \$2 million Childhood Obesity Grant by the Robert Wood Johnson Foundation to evaluate the effectiveness of its childhood obesity prevention policies. Two programs will be evaluated: Texas Safe Routes to School, which encourages students to be more physically active by walking to school, and food allocation package revisions administered through Texas WIC nutrition program. The purpose of the grant is to inform those who have a stake in the childhood obesity epidemic whether these policies are actually working.

CENTRAL TEXAS PROGRAMS

Although Central Texas tends to be “healthier” than the rest of Texas, AISD acknowledges that obesity is a serious problem in its schools—one that absolutely affects kids' educational achievement.

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“Obesity definitely has an impact on learning,” says Dr. Bergeron Harris, the Assistant Superintendent for Educational Support Services.

Back in 2003, AISD went beyond state regulations and removed carbonated beverages and sweet snacks from school vending machines. Now, the district is developing something called Youth Services Mapping, which it hopes will assist in further combating childhood obesity.

“Using Youth Services Mapping, we can look at the issue of obesity, for example, and we can pull up maps of communities and see the neighborhoods that are affected by poverty have more fast food restaurants,” says Dr. Harris. “A supermarket may not be within walking distance. If the family doesn’t have transportation, what do you think they do when it’s time to eat? They walk to the fast food restaurant.”

The hope is that Youth Services Mapping will allow AISD to be more deliberate about how it targets its services, including those in areas with concentrated obesity.

AISD is getting some help in this regard from several nonprofit agencies. This month, Active Life teamed up with 22 schools in Austin, Manor and Hutto to launch a national campaign to help fight obesity. Active Life, a nonprofit organization, gave these schools a Playstation game system, a Wii system, and other games and tools that will help kids, and their families, exercise and eat right. The Sustainable Food Center, meantime, is helping schools implement school vegetable gardens through its “Sprouting Healthy Kids” farm-to-school project. The project teaches children why fresh, local produce is valuable and then instructs them how to grow it in plots right on school property.

FamilyConnections has stepped in to offer assistance to children not yet in school. In fact, the agency has targeted breastfeeding mothers as the first line of defense in preventing childhood obesity. Because some studies have shown that breastfeeding protect against obesity, it is FamilyConnection’s intent to visit every new mother at six area hospitals—and then follow-up with these mothers in their homes—to offer breast-feeding help and healthy living resources.

In low-income communities, which are especially vulnerable to childhood obesity, Meals On Wheels & More has created a Meals For Kids program. The program offers hot, kid-friendly, nutritious meals to children attending after-school programs in sites belonging to the City of Austin Housing Authority and Foundation Communities. In addition to the meals, the children also receive instruction about healthy food and eating habits.

While childhood obesity is still a problem, Texas has committed serious resources to dealing with it. How quickly these programs will produce quantifiable results is just not known.

Some parents, like Michaela’s, simply can’t wait for school-based programs for work for their child. Last Summer, Michaela attended a very expensive weight loss camp—one her parents couldn’t afford and that wasn’t covered by their insurance. Still, Ms. St. Marie was so worried about her daughter’s weight that she put the cost of the camp on her credit card and held her breath that it would work. It did: Michaela lost 25-pounds in two months; she also increased her self-esteem to such a point that she is actively engaged in healthy behaviors to keep the weight off. Although she has gained back five pounds, her mother says Michaela is on track to living a more healthy lifestyle.

“She will be someone that struggles with her weight forever—just as I have,” Ms. St. Marie says. “But I believe she will win the battle in the end.”

*Julia Ramirez is a former associate editor of Minnesota Parent.
Photos courtesy: Ginny B Photography in Austin.*

