



Section

01

Childhood Obesity:

Essential Facts for Parents and Schools

Childhood obesity is one of the most serious health problems facing our country today. Obesity has potentially devastating consequences for our youth and for our society as a whole.

We invite you to photocopy and distribute the handouts at PTA meetings or events, or include them as part of a mailing to parents.

In this notebook, we use the terms “overweight” and “obese” interchangeably to refer to children with a body mass index (BMI) greater than 95% of other children of their same age and gender. These children are at risk for health problems related to their weight. See the Institute of Medicine’s publication, *Preventing Childhood Obesity: Health in the Balance*, for more information on the definitions of these terms.

Reality Check: Facts on Childhood Obesity in the United States



The Numbers

Almost *one-third of all children ages 6–19* are considered overweight or at risk for being overweight.¹

According to the Institute of Medicine, there are *9 million* children over the age of 6 who are obese. There is a 70 percent chance that an overweight adolescent will be overweight or obese as an adult.²

The Consequences

Studies show that as a result of diseases that are related to being overweight, children today may not live as long as their parents.³

Obesity is associated with diseases such as type 2 diabetes, heart disease, stroke, high blood pressure, depression, breast cancer and arthritis.^{4,5,6}

In the past 20 years, annual obesity-associated hospital costs for children have tripled.⁷

Being overweight negatively affects children's relationships with their peers: they may have fewer friends or be subject to teasing. Teasing has been linked with an increase in suicidal tendencies in overweight adolescents.⁸

The Reasons

There are two main reasons that overweight has become such a problem for our children today: poor diet and lack of physical activity. Consider the following:

- In 1994–1996, less than 21 percent of children ages 6–19 ate the U.S. Department of Agriculture (USDA) recommended amounts of fruit and vegetables.⁹
- In 1999–2000, the *number-one most consumed item* by children ages 6–19 was *carbonated beverages*.¹⁰

Children 8 years old and older now spend an average of *6.5 hours a day* on media including watching TV, using the computer and playing video games.¹¹ Studies have shown that the more TV kids watch, the more likely they are to be overweight.¹²

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The percentage of children's diets consumed in restaurants (including fast-food) went from 6.5 percent in 1977 to 19.3 percent in 1996. Children consume almost twice the number of calories during a typical restaurant meal as compared to a meal from home.¹³

Food and drink companies spend on average **15 billion dollars a year** on advertisements that *target* children.¹⁴ The average child sees 40,000 commercials a year, and more than half of these ads are for unhealthy foods like candy, soda pop and fast foods.¹⁵

Ninety-two percent of elementary schools do not provide daily physical education classes for all students for the whole school year.¹⁶

The majority of our schools have vending machines available to students—75 percent of the drinks and 85 percent of the snacks in these machines are junk foods like sweetened soda, candy and chips.¹⁷

1 Hedley AA, et al. Prevalence of Overweight and Obesity Among U.S. Children, Adolescents, and Adults, 1999-2002. *J Am Med Assoc* 2004;291:2847-50.

2 Department of Health and Human Services Fact Sheet. *The Problem of Overweight in Children and Adolescents*. www.surgeongeneral.gov/topics/obesity/calloaction/fact_adolescents.htm

3 Olshansky SJ, et al. A Potential Decline in Life Expectancy in the United States in the 21st Century. *N Engl J Med* 2005;352 (11):1138-1145.

4 Centers for Disease Control and Prevention. *Third National Health and Nutrition Examination Survey, 1988-94*. Analysis by the Lewin Group [Falls Church, VA], 1999.

5 Action for Healthy Kids. *The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools*. www.ActionForHealthyKids.org

6,7,9,10,13,16 American Heart Association. *A Nation at Risk: Obesity in the United States, A Statistical Sourcebook*. www.americanheart.org/presenter.jhtml?identifier=3030570

8 Daniels SR, et al. *Overweight in Children and Adolescents: Pathophysiology, Consequences, Prevention, and Treatment*. American Heart Association Scientific Statement. www.circ.ahajournals.org/cgi/content/full/111/15/1999

11 Kaiser Family Foundation 2005. *Generation M: Media in the Lives of 8-18 Year Olds*. Menlo Park, CA.

12 Center for Health Improvement. 2005. *Preschoolers Increasingly Overweight: Preventing Childhood Obesity: A Prop 10 Opportunity*. Updated Policy Brief. www.centerforhealthimprovement.org.

14 Center for Science in the Public Interest. 2003. *Pestering Parents: How Food Companies Market Obesity to Children*. www.cspinet.org/pesteringparents

15 Institute of Medicine. 2005. *Preventing Childhood Obesity: Health in the Balance*. Washington, DC: The National Academies Press.

17 Center for Science in the Public Interest. *School Vending Machine Pyramid*. www.cspinet.org.



Handouts

Childhood Obesity

Please make copies of these handouts and share them with parents.



A Joint Effort: Parents and Schools Can Work Together to Prevent Childhood Obesity

Did you know?

According to the Centers for Disease Control and Prevention, obesity is among the top 10 leading preventable causes of death. Poor nutrition, even in non-overweight children, can affect brain development and performance in school.³

The number of overweight or “obese” children in the United States is growing at an alarming rate. According to the Institute of Medicine, today there are twice as many preschoolers ages 2–5 and 3 times as many children ages 6–11 who are obese as there were 25 years ago. There are now 9 million children over the age of 6 who are obese.

Alarming, studies show that as a result of diseases like diabetes that are related to being overweight, children today may not live as long as their parents.¹ It is estimated that of children born in the year 2000, about one out of three Caucasian children and between 40 and 53% of African-American and Hispanic children will develop diabetes at some point in their lives.² The good news is with some work we may be able to prevent this from happening. But first we have to understand how we got here.

Why are so many children overweight?

There are two main reasons that overweight has become such a problem for our children: *poor diet and lack of physical activity*. These issues need to be addressed in our homes and our schools, and involves multiple factors in today’s hectic lifestyle.

At home

- Parents and kids are constantly receiving mixed messages (from media and advertising) about what food is actually “healthy.”

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- Unhealthy foods like soda, fast food and processed, packaged foods are more easily available than healthy foods.
- Many neighborhoods do not have easy access to grocery stores that sell a wide variety of healthy food, including high-quality fresh fruits and vegetables, low-fat dairy products (recommended for children over 2) and whole grains.
- More parents are working outside the home than in the past, so they have less time to cook meals and end up eating out, ordering in, or throwing a packaged meal in the microwave.

So our kids are not eating well—and what’s more, they are not moving enough. Children today have more TVs, VCR/DVD players, and video game consoles in their homes than ever before. According to a recent Kaiser Family Foundation report, one in four children 8 years old and older lives in a home with **5 or more TVs**. Studies have shown that the more TV kids watch, the more likely they are to be overweight.⁴

TV not only takes time away from physical activity, such as playing outside, but also exposes children to commercials targeted at them that promote unhealthy food. Children as young as 18 months old are able to recognize their favorite character on a package and ask for it in the supermarket.

Kids today also may not get enough exercise at home because:

- Many of our neighborhoods are too dangerous for kids to be outside to play.
- Fewer children walk or bike to school than in the past.

Did you know? One study showed that the second most often recognized character by American schoolchildren, after Santa Claus, was Ronald McDonald.⁵ In 2002, food and drink companies spent 15 billion dollars on marketing and advertising targeting children, more than double what they spent 10 years ago.⁶ The average child sees 40,000 commercials a year, and more than half of these ads are for unhealthy foods like candy, soda pop and fast foods.⁷

At school

So what happens when we send our children to school? Are they doing any better in terms of food and physical activity? Not necessarily.

Junk food is available in most schools. Although there are requirements that foods provided through federal programs like the National School Lunch Program meet certain nutritional guidelines, there are few federal laws dealing with other food available on school grounds, such as foods sold in vending machines or school stores. These foods are known as “competitive” foods because they “compete” with the service of nutritious school meals. Almost all high schools, and half of elementary schools have these competitive foods available to students.⁸

Kids may eat these foods because:

- They have not had breakfast;
- The school lunch line takes too long or the school lunch is not appetizing to them;
- They have not developed the personal judgment to choose nutritious meals over less healthy foods; or
- They are not given enough time to eat lunch, or lunchtime is too early in the day.

Children also are not getting enough physical activity at school. Many states have no requirements for phys-

ical education, or even recess. When funding for schools is cut, these programs are often the first to go.

What about genes?

We have focused on a lot of external factors that contribute to childhood obesity. What about genes? The Institute of Medicine reports that having overweight parents does increase a child’s risk of being obese. But this has to do only partly with genes. The multiple factors in a child’s environment are *much* more important.⁹ We cannot change our children’s genes, but as parents we can focus on the most important part we play in their environment: that of role models. If we make an attempt to eat healthy and be active, there is a good chance our kids will too.

What we can do

All of these factors acting against children’s health may seem overwhelming. But parents and schools can work together to help children eat a healthy diet, be active, and maintain a healthy weight. Parents’ Action for Children and National PTA have created materials to help local PTAs engage parents in efforts to create healthier learning environments for children, both at home and at school. Visit us at www.pta.org and www.parentsaction.org for more information and resources.

1 Olshansky SJ et al. A Potential Decline in Life Expectancy in the United States in the 21st Century. *N Engl J Med* 2005;352 (11):1138-1145.

2 Narayan KMV et al. Lifetime Risk for Diabetes Mellitus in the United States. *J Am Med Assoc* 2003;290:1884-1890.

3 California Project LEAN. *Successful Students Through Healthy Food Policies. Healthy Food Policy Resource Guide.* www.californiaprojectlean.org.

4 Center for Health Improvement. 2005. *Preschoolers Increasingly Overweight: Preventing Childhood Obesity: A Prop 10 Opportunity.* Updated Policy Brief.

5 Schlosser E. 1998. Fast-Food Nation: The True Cost Of America’s Diet (Part 2) *Rolling Stone Magazine (USA)* Issue 794. www.mcspotlight.org/media/press/rollingstone1.html

6,8 Center for Science in the Public Interest. 2003. *Pestering Parents: How Food Companies Market Obesity to Children.* www.cspinet.org/pesteringparents

7,9 Institute of Medicine. 2005. *Preventing Childhood Obesity: Health in the Balance.* Washington, DC: The National Academies Press.



Gold Standards from the Institute of Medicine

*Selections from Preventing Childhood Obesity:
Health in the Balance*

(A report by the Institute of Medicine of The National Academies)

In 2001, the U.S. Surgeon General issued the *Call to Action to Prevent and Decrease Overweight and Obesity* to stimulate the development of specific agendas and actions targeting this public health problem. In 2002, Congress asked the Institute of Medicine (IOM) to address the issue of childhood obesity. The IOM is a nonprofit organization that is a component of the National Academy of Sciences. Its mission is to

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provide unbiased, evidence-based information and advice concerning health and science policy. Congress charged the IOM with developing a comprehensive prevention-focused action plan to decrease the number of obese children and youth in the United States. To address this charge, the IOM appointed a committee of 19 experts in child health, obesity, nutrition, physical activity, and public health to develop an action plan. This culminated in a report titled *Preventing Childhood Obesity: Health in the Balance*, that was published in 2005.

We have included two fact sheets from the IOM report in this section of the notebook: one directed at schools, and one directed at parents. We offer these up as “Gold Standard” goals that PTAs and parents can strive for as they focus on this issue.

Source: The Institute of Medicine of The National Academies. Report Brief. September 2004. *Preventing Childhood Obesity: Health in the Balance*. <http://www.iom.edu/Object.File/Master/25/858/0.pdf>



Parents Can Play a Role in Preventing Childhood Obesity:

Gold Standard Goals from
the Institute of Medicine

Poor eating and exercise patterns are often established during childhood. Fortunately, a healthy home environment can promote healthy habits and change unhealthy habits. Parents and other caregivers can have an important impact on children because:

- You are role models for values and attitudes toward food and health
- You can promote or discourage specific behaviors
- You make daily decisions on what children eat and how active they are
- You make countless other decisions that influence how much children engage in healthy eating and physical activity.

While this is good news, tight schedules and budgets, as well as the stresses and demands of daily living, often make healthy eating and increased physical activity challenging on a daily basis for many families.

Infancy

Research suggests that breastfeeding helps protect infants from becoming obese children, although there are many other factors that may impact the role of breastfeeding in reducing this risk. Infants prefer sweet and salty tastes and there is concern that early introduction of sweetened beverages and high-fat/sweet foods to infants may be important contributors to childhood obesity.

Toddlers and Young Children

If children are given many opportunities to try new foods without being forced to eat them, many of these

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foods, even if initially rejected, will become part of their diet. Both parents and child care and preschool caregivers can encourage children to develop a healthy and varied diet by not forcing them to eat foods they dislike but being persistent in offering those foods again at other times. You can also teach children to eat reasonable amounts by controlling portion sizes and encouraging them to stop eating when they feel full. While young children seem naturally able to choose appropriate portion sizes and to eat only until they are no longer hungry, by the age of 5, research shows that kids become more influenced by their environment and are more likely to eat everything they are given without responding to their bodies' signals that they are full.

Older Children and Youth

As they develop, children begin to make their own choices at school and in other away-from-home settings. They also increasingly influence family food purchases. Even if your children are pestering you to have junk foods at home, you can promote healthy food selections during this time by always making nutritious foods available and by encouraging family meal times. Studies show that the more families eat together, the more likely older children will eat fruits, vegetables, grains, and calcium-rich foods.

Sweetened Beverages

There is a lot that we don't know about the link between childhood obesity and the consumption of sweetened beverages, such as soft drinks and flavored drinks that do not contain 100% fruit juice. These beverages do not provide essential nutrients needed by growing children, but do increase their calorie intake. By 14 years of age, 32 percent of adolescent girls and 52 percent of boys in the United States are drinking three or more eight-ounce

Actions for Parents

- *Promote healthy eating behaviors and regular physical activity for your children.*
- *Breastfeed infants for the first four to six months of life.*
- *Provide healthful food and beverage choices for children by choosing foods with lots of nutrients but not a lot of calories.*
- *Assist and educate children in making healthy decisions regarding types of foods and beverages to eat, how often, and in what portion size.*
- *Encourage and support regular physical activity.*
- *Try to limit children's television viewing and other recreational screen time to fewer than two hours per day.*
- *Discuss weight status with your child's health-care provider and monitor his or her body mass index (BMI) percentile.*
- *Serve as a positive role model for your child regarding eating and physical-activity behaviors.*

servings of sweetened soft drinks daily, and one study reported that infants as young as seven months old are drinking sweetened sodas. Try to encourage children over the age of 2 to drink water, low-fat milk or 100% fruit juice instead of sweetened soft drinks. Children under 2 should have whole milk and water as their main beverages, with 100% fruit juice occasionally if desired.

Physical Activity

Although there is a general sense that many children are less physically active than in past generations, data is still being collected to show the specific trends that have occurred. Even so, you can support your children's athletic and other physical activity interests and give them opportunities to play outside. You can also try to incorporate an active lifestyle into your daily routines (e.g., walking or biking to the grocery store).

Television Viewing and Recreational Screen Time

Another strategy for promoting physical activity among children and youth

is to decrease their non-active behaviors. One study found that those youth who watched more than five hours of television per day were 4.6 times as likely to be obese as those who watched no TV or up to two hours daily. Other studies have reported similar findings or suggest that TV acts as a substitute for other more physical activities. Two studies showed that reducing TV viewing time was associated with reductions in body weight, body fat and obesity. Aim to limit your children's TV viewing and other recreational screen time, such as video or computer game playing, to less than two hours per day.

Parents as Role Models

If you as a parent make an attempt to eat healthfully and be active, there is a good chance your child will follow your lead. You can also take part in efforts in your community and school to improve safety and to make sure there are many opportunities for physical activity and healthy eating such as recreational facilities, playgrounds, sidewalks, bike paths, and farmers' markets.



Schools Can Play a Role in Preventing Childhood Obesity:

Gold Standard Goals from
the Institute of Medicine

Schools are one of the primary locations for reaching the nation's children and youth. In 2000, 53.2 million students were enrolled in public and private elementary and secondary schools in the United States. Research suggests that children today are spending more of their time away from home in school, afterschool programs, or daycare. Both inside and outside of the classroom, schools present opportunities for students to learn about healthy eating habits and regular physical activity; to engage in physical education; and to make food and physical activity choices during school meal times and through school-related activities. Several large-scale school-based studies demonstrate that changes in the school food environment can impact student's dietary choices and improve the quality of their diets while at school.

Food and Beverages in Schools

Ideally, all food and beverages sold or served to students in school should be healthful and meet an accepted nutritional standard. However, many of the "competitive foods" now sold

in school cafeterias, vending machines, school stores, and school fundraisers are high in calories and low in nutritional value. Only minimal federal standards exist for the sale of competitive foods in schools.

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Federal School Meal Programs

Traditionally, school cafeterias have offered the federally subsidized school meals that are required to meet defined nutritional standards. Each school day approximately 28 million school-age children participate in the National School Lunch Program and an estimated 8 million children participate in the School Breakfast Program. Participation in these programs is highest among students approved to receive free meals as compared with students receiving reduced-price meals or students paying full price. Schools, school districts, and state educational agencies need to ensure that all meals served or sold in schools are in compliance with the new Dietary Guidelines for Americans. Additionally, schools should focus on improving food quality in school meal programs. Increasing the availability of whole-grain foods, low-fat milk (for children over 2 years of age), and fresh local produce will not only be healthier for participating students, but has the potential to attract greater participation.

Competitive Foods

“Competitive foods” are foods and beverages served or sold that are not part of the federal school meal programs. Many of the foods that are available for students to purchase and consume at school, particularly high schools, are competitive foods that are typically high in fat or sugar and low in nutrients. There is not much regulation of these foods, although many states have policies that restrict competitive foods beyond federal regulations. New policies are needed to ensure that foods available at schools are consistent with current nutritional guidelines and to support students in making healthy food choices.

Actions for Schools

- *Strive to provide a consistent environment that is conducive to healthful eating behavior and regular physical activity.*
- *Develop and implement nutritional standards for all competitive foods and beverages sold or served in schools.*
- *Ensure that all school meals meet the Dietary Guidelines for Americans.*
- *Ensure that all children and youth participate in a minimum of 30 minutes of moderate to vigorous physical activity during the school day.*
- *Enhance school health curricula (including developing innovative approaches to teaching and staffing) and the use of school health services for obesity prevention efforts.*
- *Ensure that schools are as advertising free as possible.*
- *Assess school policies and practices related to nutrition, physical activity, and obesity prevention.*

School Meal Funding and Sales of Competitive Foods

School nutrition programs must generate enough money to pay for staff, food, and equipment. This is why school food services often sell competitive foods. The current federal funding structure and the policies and practices of selling competitive foods should be examined for improvements that would encourage students to consume nutritious foods and beverages.

Physical Activity

Many schools around the nation have reduced their commitment to provide students with regular and adequate physical activity, even though it is recommended that children accumulate a minimum of 60 minutes of moderate to vigorous physical activity daily. A 2000 survey found that only 8.0 percent of elementary schools, 6.4 percent of middle/junior high schools and 5.8 percent of senior high schools provided daily

physical education (PE) for the entire school year for all of the students in each grade. Participation is especially low for high school students. Schools should ensure that all children and youth participate in a minimum of 30 minutes of moderate to vigorous physical activity during the school day. In addition, physical activity opportunities available through the school should be expanded, including classes, sports programs, clubs, lessons, after-school and community use of school facilities, and walking- and biking-to-school programs.

Other Areas for Improvement

Schools offer many other opportunities for learning and practicing healthful eating and physical activity behaviors. Coordinated changes in the classroom curriculum, the in-school advertising environment, school health services, and after-school programs all offer the potential to help prevent obesity.