



## **Position Statement: Childhood Obesity**

### **DRAFT**

The California School Food Service Association supports legislative efforts to improve the well-being of the children of California. Child Nutrition Programs work as partners in the education community to provide healthy meals to all children in order to improve student health and academic achievement. It is the intent of CSFSA to work to secure the best possible environment for learning, physical health and safety within the school setting.

Opportunities exist to reach millions of children daily and to reduce the costs of obesity through California School Meal Programs. When combined with innovative nutrition education and physical activity strategies, school nutrition programs would have a positive, cost-effective impact on lowering the prevalence of obesity and overweight and improving the health and learning readiness for California students. Additional funding for school nutrition and health programs must be a priority. Redirecting funding streams to school food services and physical education is a critical, necessary and appropriate measure needed to address the obesity epidemic.

### **Position Statement**

The prevalence of childhood overweight and obesity is a critical issue that affects the health and well-being of school-aged children in California. It is the position of the California School Food Service Association that innovative, comprehensive, and multifaceted community strategies that focus on increasing regular physical activity, nutrition education, and that reinforce positive behavioral changes are critical to swiftly address this issue.

### **Rationale**

In the recently released *Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity*, Surgeon General David Satcher stated that, "overweight and obesity may not be infectious diseases, but they have reached epidemic proportions in the United States."<sup>1</sup> Overweight is the most common health problem faced by children in the United States and the prevalence is increasing rapidly. Today there are nearly twice as many overweight children and almost three times as many overweight adolescents as there were in 1980.<sup>2</sup>

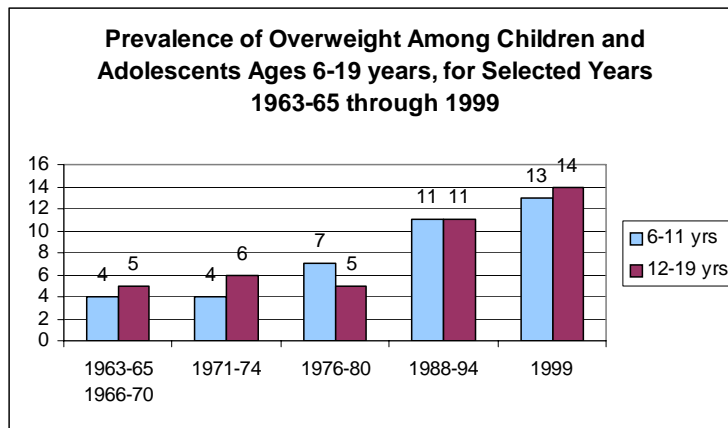
### ***Overweight and Obesity***

Overweight and obesity refer to an excess of body weight compared to recognized standards and is characterized as an abnormally high proportion of body fat. Overweight and obesity generally result from an imbalance involving excessive caloric consumption and/or inadequate physical activity. In children and adolescents, *obesity* has been defined as a sex- and age-specific Body Mass Index (BMI) at or above the 95<sup>th</sup> percentile<sup>1,2</sup> and *overweight* as a BMI at or above the 85<sup>th</sup> percentile,<sup>2</sup> based on the most current Center for Disease Control and Prevention (CDC) National Center for

Health Statistics (NCHS) growth charts. BMI can be calculated from measurements of height and weight.<sup>1</sup>

**Prevalence**

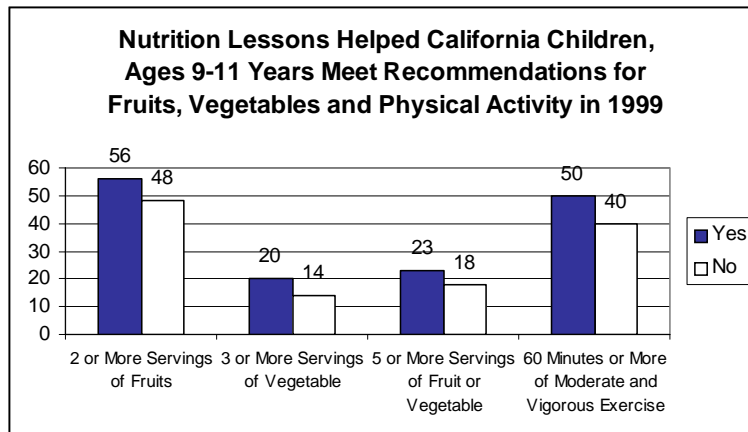
Overweight and obesity are affected by many factors. Body weight is determined by a combination of genetic, metabolic, environmental, cultural, behavioral and socioeconomic influences. The prevalence of childhood obesity is increasing at an accelerating rate. Data from the most recent National Health and Nutrition Examination Survey (NHANES IV - 1999) indicates that the number of overweight children continues to increase among all age, race, and sex groups since NHANES II (1963-1970). In 1999, 13 percent of children aged 6 to 11 years (children) and 14 percent of adolescents aged 12 to 19 years (adolescents) were overweight or obese. This prevalence has doubled for children and nearly tripled for adolescents in the past two decades.<sup>3</sup>



Source: National Health and Nutrition Examination Survey (NHANES)

**Recent Research**

- The California Children’s Healthy Eating and Exercise Practices Survey (CalCHEEPS) reported in 1999 that students who received nutrition education lessons in school had better eating and exercise behaviors. Nutrition lessons were positively related to meeting recommendations for consumption of vegetables and fruits and engaging in physical activity. However, only 60 percent of the children surveyed reported having nutrition lessons.<sup>4</sup>



Source: Public Health Institute, 2001

- The benefits of regular physical activity in reducing the incidence of overweight and obesity are well established. The U.S. Department of Health and Human Services reported that between 1991 and 1995, enrollment in physical education classes dropped from 42 percent to 25 percent at the high school level. Only 19 percent of secondary school students are physically active for 20 minutes or more, five days a week in physical education classes, and many elementary physical education programs are offered only two or three days per week.<sup>5</sup> Children who are criticized about their weight by family and peers show negative attitudes toward sports and report reduced physical activity levels.<sup>6</sup> Children who have physically active parents have an improved possibility of being physically active themselves.<sup>7</sup>
- In a study published in 2001, it was found that consumption of sugar-sweetened drinks is associated with obesity in children. Approximately 550 ethnically diverse school children in Massachusetts with an average age of 11.7 years were enrolled in the study which lasted about 19 months. The data showed that for each additional serving of sugar-sweetened beverage consumed, body mass index and frequency of obesity increased. The author concluded that sugar-sweetened beverages are one variable leading to the increase in childhood obesity in the United States.<sup>8</sup>
- A study published in the Journal of the American Medical Association (2002) investigated associations between family income, food insufficiency and being overweight in U.S. children aged 2 to 7 and 8 to 16 years. Data from the National Health and Nutrition Examination Survey III (NHANES III) were analyzed. Among older non-Hispanic white children, children in families with low income were significantly more likely to be overweight than children in families with high income.<sup>9</sup>
- Multiple studies show that children who are overweight or obese have an increased risk of developing Type II diabetes.<sup>10,11,12</sup> In particular, a recent American Medical Association multiethnic cohort study published in 2002 showed that impaired glucose tolerance is highly prevalent among children with severe obesity.<sup>10</sup>
- Results from a 2001 study designed to examine the relationship between television viewing, energy intake, physical activity, and obesity status in adolescents indicated that the prevalence of obesity is lowest among those watching one or fewer hours of television per day and highest among those watching four or more hours of television per day.<sup>13</sup> A study by the American Academy of Pediatrics indicated that when children have a television set in their bedroom, they are more likely to be overweight and spend more time watching television/video than children without a television in their bedroom.<sup>14</sup>
- In a study published in 2002, a team of researchers sought to determine whether an association between body mass index and asthma could be found. Data from the National Health and Nutrition Examination Study III (NHANES III) on more than 7000 children was evaluated. This large cross sectional study confirmed that obesity increases the likelihood of asthma in children.<sup>15</sup>

### ***Consequences***

In a September 2001 press release, the Center for Disease Control estimated that about 9.4 percent of the national health care expenditures in the United States are directly related to obesity and physical inactivity.<sup>16</sup> The US Department of Health and Human Services estimates that 300,000 deaths a year are associated with obesity and overweight and that the total direct and indirect costs attributed to obesity and overweight amounted to \$117 billion in the year 2000.<sup>17</sup> Obesity in childhood causes hypertension, type 2 diabetes, high blood lipids, early maturation, and orthopedic problems.<sup>1,18</sup> Overweight adolescents have a 70% chance of becoming overweight or obese as adults and the likelihood increases to 80% if one or more parent is overweight or obese. Another

common consequence of childhood overweight is social discrimination and is associated with poor self-esteem and depression.<sup>1</sup>

### ***Treatment***

Innovative strategies are needed to address the concerns of childhood overweight and obesity. No single intervention, by itself, is likely to produce large reductions in the prevalence of overweight or obesity in children and adolescents. Recommended treatment include the following:

- Provide children with regular opportunities for physical activity, supported in a way that is sensitive to culture, environment and family.<sup>19</sup>
- Provide safe opportunities for children to play.<sup>19</sup>
- Moderate the amount of time a child spends in front of television, computers, and video terminals.<sup>17,19,20</sup>
- Ensure daily, quality physical education at all school grade levels.<sup>17</sup>
- Encourage nutrition education lessons integrated into the curriculum at all grade levels, including a parent education component.<sup>21</sup>
- Ensure that food options that are low in calories and fat are available on school campuses and school events. A solid step toward achieving this would be to enforce existing US Department of Agriculture and California Education Code regulations that prohibit competitive food sales during school mealtimes in the food service area, including vending machines.<sup>17,22,23</sup>
- Change the perception of overweight and obesity so that health becomes the chief concern, not personal appearance.<sup>17</sup>
- Children should not be placed on a restrictive diet to lose weight unless under the supervision of a qualified physician. Limiting what children eat may be harmful to their health and interfere with normal growth and development.<sup>24</sup>
- Parents and caregivers should set a good example for children by eating a variety of foods and being physically active.<sup>24</sup>

## **Recent California Legislation Related to Childhood Obesity**

### **SB 19 (Escutia-2001) Pupil Health**

This bill establishes, as of January 1, 2004, various prohibitions on the sale of beverages in elementary and middle schools and places nutritional standards on the foods that may be sold to pupils during school breaks and through vending machines. The bill also increases the reimbursement a school receives for free and reduced-price meals by 10 cents per meal and permits schools districts to convene a Child Nutrition and Physical Activity Advisory Committee. The bill does not become valid unless the additional reimbursement funds are appropriated by January 1, 2004. In his signing message, Governor Gray Davis deleted the appropriation of \$5.5 million and replaced it with \$4 million in USDA Specialty Crop Program funds.

### **SB 1520 (Ortiz-2002) California Childhood Obesity Act**

This bill would have limited the sale of beverages on school campuses to specified fruit-based drinks, drinking waters, specified sports drinks, and milk, as defined. This bill died in the Senate Education committee due to lack of requisite aye votes.

## **Conclusion**

Childhood overweight and obesity have reached epidemic proportions in the United States and the incidence continues to escalate. Body weight is determined by a combination of genetic, metabolic, environmental, cultural, behavioral, and socioeconomic factors. Research has concluded that consumption of sugar-sweetened drinks and television viewing are one variable associated with obesity in children. In addition, children who are overweight or obese have a greater likelihood of

developing asthma and Type II Diabetes, among other health problems including risk factors for cardiac diseases. However, regular physical activity and nutrition education lessons have proven to produce positive behavior changes in children and adolescents. Innovative strategies are needed to address the concerns of childhood overweight and obesity. No one intervention alone is likely to produce large reductions in the prevalence of childhood obesity. Given the profound consequences of childhood inactivity, poor nutrition, and overweight throughout the lifespan, urgency is warranted in responding to the epidemic of childhood obesity.

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*Approval by CSFSA Executive Board pending.*