



Overweight Children



Tulare County BMI Project



Overweight Children Prevalance

Based on National Data
Number of Overweight Children
Tulare County
14.7% or 21,000 children

Pilot

2001-2002

- Solicited Elementary School Participation
 - Grades 1-4
 - All Schools in city of 10,000
 - Four Schools in city of 100,000
 - 2245 Children
 - 88.5 % Hispanic; 10.6 % NH White; >1% African American.
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Pilot Methodology

- Agency Staff Collected:
 - Height; Weight; Gender; Birthdate
 - Agency MIS Developed Conversion Program
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Pilot Data Results

- $>95^{\text{th}}$ Percentile = 24.9%
 - $>84-<95$ Percentile = 18.8%
 - $< 5^{\text{th}}$ Percentile = 0.015
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Year 2010 National Health Objective

- Currently 14.7% of children are overweight
 - The Yr. 2010 Objective is <11%
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Pilot

Feedback to Schools

- School Administrators and Nurses
 - School Health Committee
 - School Board
 - Parent Group
 - Community Service Club
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Content of Message to Schools





Overweight Children Health Consequence

Not a Cosmetic Concern

- 60% of Overweight Children (5-10 yr/old) have one biochemical or clinical marker for Heart Disease, e.g., high cholesterol or high blood pressure.
 - 25% have two or more.
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Medical

- Early Sexual Maturity
 - Increased blood lipids – increased LDL and triglycerides and lower HDL.
 - Cholelithiasis
 - Hypertension
 - Sleep Apnea
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Medical

- Orthopedic Complications – Blount's Disease, Slipped capital femoral epiphysis.
 - Polycystic Ovary Disease.
 - Type 2 Diabetes
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Psychosocial

- 10-11 yr old males and females prefer children with a variety of disabilities over an overweight child.
 - 6-10 yr olds associated overweight with a variety of negative traits such as laziness and sloppiness.
 - Admissions to elite women's college lower for overweight young women
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“ The most widespread consequences of childhood obesity are psychosocial. Obese children become targets of early and systematic discrimination.”

William Dietz, M.D., PhD

Causes

- Genes
 - Medical Conditions
 - Overeating
 - Inactivity
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Schools and the BMI Project

The Proposal

Target Population

- Children in Grades 1-4.
 - No Child is identified as having a weight of concern; we're only looking at group data.
 - Every means is taken to avoid embarrassing the children.
 - Our pilot found the children weren't threatened by the study.
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Measuring Hgt and Wgt.

- The Schools will provide staff to measure the children.
 - The Agency will train School personnel in the technique.
 - The measurements take approximately 20 minutes per class.
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Data Process

- Schools Provide
 - The height, weight, age and gender of the children studied.

 - HHSA Provides
 - % of children Tending Toward Overweight and % who are overweight.
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Handling of Results

- The Schools will determine how and when the results will be presented to their communities.
 - The Agency will
 - Assist with the interpretation of the data
 - Provide information about the medical implications.
 - Provide a menu of interventions.
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Training School Nurses

- The Agency will provide training to school nurses to:
 - Assist them in making nursing assessments of overweight children.
 - Assist them in providing counseling and referrals for children and their families.
 - Assist them in providing advice to their school communities.
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Interventions

A Beginning Approach to the
Problem of Overweight Children

Schools and Solutions

- Schools can only be part of the solution
 - Schools are under great pressure to improve academic performance
 - Beating up on the schools won't solve the problem.
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Everyone's Heavy

- Overweight children are a reflection of the general society:
 - 60% of adults are overweight.
 - Many others aren't overweight but eat poorly and aren't fit.
 - No doubt we have a “toxic” environment.
 - Solutions will have to include changing the environment.
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Community Partners

- Parents
 - Schools
 - Communities/Civic Organizations
 - Municipalities
 - Health Department
 - Medical Providers/Clinics/Hospitals
 - Health Plans
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Fitness Becomes the Norm

Over Time Move Our Culture to Value
Fitness- Physical Activity and Nutrition

We can Sell Fitness!

Commit to Incremental Changes in Our
Social Environment.

Fitness

For Example

- Fitness can be promoted- Fit people feel better.
 - Most people don't know how to train.
 - Needed is training and opportunities for noncompetitive exercise programs.
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Nutrition

Social Changes

- More/Better Recipes
 - Smaller Portion Sizes
 - Limit Office “Treats”
 - Healthy Choices at Restaurants
 - Schools with Food Concessions
 - Parents as Role Models
 - More Farmers’ Markets
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Schools & Solutions

- Schools can provide only a part of the solution.
 - Schools can:
 - Review curriculum on nutrition and exercise.
 - Review any food concession arrangements.
 - Review food service practices.
 - Encourage good practices, e.g.,. Avoidance of food as reward.
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Working Together

- Knowledge about Nutrition
 - Knowledge about Exercise
 - Stop Discrimination/Harassment of the Overweight
 - Control Eating as Fun or Reward
 - Promote Fitness
 - Commitment to the Long Haul
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Tulare BMI Project Status 2002-2003

- Presentation to School Superintendents
 - Inservice for School Nurses
 - Measurement Training Scheduled
 - Informal Coalition Developing Tool Kits
 - Data Collection Planned for this Winter and Spring
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Tool Kit Development

Five Focuses

- Child
 - Parent
 - School
 - Provider
 - Community
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Tool Kit

Work in Progress

- Parents and Providers:
 - CHDP has developed some great material
 - Schools
 - “Changing Scene: Improving the School Nutrition Environment-A Guide to Local Action”
 - www.sns.usda.gov/tn
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