

Louisiana Childhood Obesity Fact sheet

Prevalence of Childhood Obesity

Reaching epidemic proportions with approximately 11-15 % of U.S. youth overweight or obese. Locally 31% of African American school-aged children in New Orleans are overweight or obese.

The Fiscal Impact of Treating or Preventing Childhood Obesity.

The cost of child obesity-associated illness increased from 35 to 127 million (43%) in the past 2 decades. School-based nutrition and physical activity interventions are shown to be equally as effective and significantly less expensive than clinical obesity treatment (\$1,200 to \$11,000 annually).

Effective Strategies for the Prevention and Treatment of Obesity in Children-

Interventions in primary care and school based settings result in 3.3-33% reduced %BMI including:

- Altering the nutrition and physical activity behaviors and environment of the family in children <12 yrs.
- Encouraging parents to reduce TV and computer/video games in children.
- Encouraging increased fruit and vegetable consumption.
- Providing nutrition education, healthy food choices and increased opportunities for physical activity including daily moderate to vigorous physical education and unstructured physical activity (recess).

Breastfeeding to protect against the development of obesity in later childhood.

Portion control strategies, such as altering nutrition labels and enforcing single serving packaging.

Professional training programs for medical professionals that:

- Provide tools needed to determine the child's risk for obesity.
- Promote increased monitoring of youth with one or more risk factors.

The long-term impact (>2 yrs) of family-based treatment in clinical settings in youth, >12 yrs is unknown.

Considered exploratory: 1) pharmacotherapy, 2) Surgery (only in life-threatening situations).

The Reduction in Serious Medical Problems Associated With Diabetes

Improvements in the health profiles of overweight children in after-school and clinical programs include:

- Reductions in insulin levels, total and LDL cholesterol, total and visceral fat.
- Improved blood pressure and aerobic fitness.

Recommendations

According to the American Academy of Pediatrics:

- *Prevention of overweight is critical, because long-term outcome data for successful treatment approaches are limited. A clearly defined, district-wide policy that restricts the sale of soft drinks will safeguard against health problems as a result of over-consumption.*

Schools should be encouraged and provided resources to:

- Adopt vending machine policies that promote healthy drinks and food in appropriate portion sizes.
- Integrate scientifically proven obesity prevention strategies and programs into the environment and curriculum.
- Educate parents to reduce TV and computer games and promote healthy snacking in the home.
- Provide daily Physical Education and recess to achieve Healthy People 2010 goals of no less than 30 minutes 5 times per week of moderate and 20 minutes 3 times per week of vigorous physical activity.

Cost effective individual and group pediatric obesity clinical treatment approaches are available and should be both encouraged and financially supported including:

- Parental nutrition, physical activity and behavioral counseling in all medical (including prenatal) settings.
- Professional training to encourage early diagnosis and increased monitoring of at-risk children.
- Structured programs with more aggressive dietary approaches along with psychosocial therapy in children 12 years or older with clinically significant obesity (>99th % BMI).

Financial support is needed for long-term, randomized, controlled studies in overweight adolescents.