Confronting the Challenge of Youth Overweight in Maine

Maine Center for Public Health
Maine Harvard Prevention Research Center
April 2009
Goals of This Presentation

• What’s the problem?
  – Review facts & data about child & adult obesity in US and Maine

• Why?
  – Understand how we got here

• How?
  – Think about how we can address this challenge

• What now?
  – Identify 2-3 steps we can each take – starting now!
The Problem
Changes in Child Health

- Great strides in child health in US over past century – improvements in...
  - Infectious diseases, immunizations
  - Poverty, nutrition
  - Teen pregnancy
  - Injury prevention, seatbelts
  - Oral health, fluoridation
  - Tobacco prevention and control
At least, up ‘til now...

- Increases in youth overweight/obesity threaten health of current generation
- Because of obesity and overweight, our youth may be the first generation in America to not live as long as their parents!
Obesity in the U.S.

- Overall in US, rates of obesity in US have risen...
  - 75% in past 10 yrs
  - nearly 100% in past 20 yrs!
- In children, rates of overweight/obesity **doubled** in 20 years
- In **teens**, rates of overweight/obesity **tripled** in 20 years
- Currently in US **self-reported** data indicate that 61% of adults are overweight or obese; **direct measurements** indicate that **two-thirds** of adults are overweight or obese
Defining the Terms

Body Mass Index (BMI) = \[
\frac{\text{Weight (in pounds)}}{\text{height squared (in inches)}} \times 703
\]

BMI Categories for ADULTS:
- Underweight: < 18.5
- Healthy Weight: 18.5—24.9
- Overweight: 25 to 29.9
- Obese: ≥ 30
- Morbidly Obese: ≥ 40
Defining the Terms

- CDC’s growth charts: BMI percent-for-age & gender charts (www.cdc.gov, National Center for Health Statistics)

**YOUTH (2-20 yrs old): BMI percentile for age/gender**
- Underweight: less 5th %’ile
- Healthy Weight: 5 - 84th %’ile
- Overweight: 85th - 94th %’ile
- Obese: ≥ 95th %’ile

- BMI-for-age above 95th percentile more likely to have factors for cardiovascular disease and become overweight adults
BMI % for age / gender

BMI Assessment in Children

Girls

Body Mass Index (BMI) in children is:
- Determined using height, weight, age, and sex. Girls and boys differ in their body fat and BMI changes as they grow. It is important to look at and track BMI each year.
- A screening tool. A high BMI does not always mean a child is overweight. For example, a very muscular youth can have a high BMI. Your provider can best determine if your child has a weight problem.
- Recommended for all children at least once a year by the American Academy of Pediatrics, a national group that sets standards for children’s healthcare.

BMI 95 Percentile Cut-Points (kg/m²)

Boys

Body Mass Index (BMI) assessment does not:
- Use callipers or cause pain
- Measure fat
- Compare children or adolescents to each other

Body Mass Index (BMI) can help tell you:
- If your child is underweight, at a healthy weight, overweight or obese.
- If your child is growing and developing in a healthy way.
Calculating BMI

BMI Calculators / Info:
www.cdc.gov/growthcharts/
www.medscape.com/viewprogram/2640
www.kidsnutrition.org/bodycomp/bmiz2.html

– plots BMI on % for age/sex graph
The Changing Picture of Obesity in the US

- Examine CDC data on self-reported rates of obesity in adults
- Watch trend from 1985-2007
- Colors represent percent of population in state who are obese
- Light blue color is “good” – darker blue, tan, and red are BAD!! (higher rates of obesity)
Source of the Data

- The data shown in these maps were collected through CDC’s Behavioral Risk Factor Surveillance System (BRFSS). Each year, state health departments use standard procedures to collect data through a series of monthly telephone interviews with U.S. adults.

- Prevalence estimates generated for the maps may vary slightly from those generated for the states by BRFSS (http://aps.nccd.cdc.gov/brfss) as slightly different analytic methods are used.
Obesity Trends* Among U.S. Adults
BRFSS, 1985
(*BMI ≥30, or ~30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1986
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1987
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults

BRFSS, 1988

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1989

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
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BRFSS, 1992

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Obesity Trends* Among U.S. Adults
BRFSS, 1993
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BRFSS, 1994
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BRFSS, 1997
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1998

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1999

(*BMI \geq 30, or \sim 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2000

(*BMI ≥30, or ~ 30 lbs. overweight for 5‘ 4” person)
Obesity Trends* Among U.S. Adults

BRFSS, 2001

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2002

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults

BRFSS, 2003

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults

BRFSS, 2004

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2005
(*BMI \( \geq 30 \), or \(~ 30 \) lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2006
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2007

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
(*BMI ≥30, or about 30 lbs. overweight for 5’4” person)
The Maine Face of Obesity
An Enormous Challenge!

- Overweight or Obese
  - 2 out of 3 [63%] Maine adults &
  - 1 out of 3 [33%] of Maine kindergarten students.
- Prevalence of youth overweight has tripled in the last decade
- Hugely Costly
  $2.1 billion of annual health care costs attributed to obesity in 2003

*Chenoweth & Associates March 2006*
Prevalence of Obesity (> BMI 30) Maine - US


25.2 %
Weight status of Maine Adults

- Healthy weight, 38.9%
- Overweight, 37.9%
- Obese, 21.3%
- Underweight, 1.8%

~63% are overweight or obese!

Source: BRFSS, 2002
Great improvements in child health made in US & Maine over past century!

- Infectious diseases, immunizations
- Poverty, nutrition
- Teen pregnancy
- Injury prevention, seatbelts
- Oral health, fluoridation of public water supply
- Tobacco prevention and control
- Infant mortality
But now...

- Increases in youth overweight threaten health of current generation

- Because of obesity and overweight, our youth may be the first generation in America to not live as long as their parents’ generation!

Source: NEJM
Note: Overweight is defined as BMI >= gender- and weight-specific 85th percentile from the 2000 CDC Growth Charts.
Source: National Health Examination Surveys II (ages 6-11) and III (ages 12-17), National Health and Nutrition Examination Surveys I, II, III and 1999-2004, NCHS, CDC.
• 2003 and 2004 Survey (direct measurement of BMI)

• Entering kindergarten
  – 18% - BMIs 85-94%tile or overweight
  – 15% - BMIs greater than 95%tile or obese
  – **33% overweight or obese!**

  – **Since the 1960s and 1970s childhood obesity has tripled!**
Overweight and Obesity in Maine Middle School Students

Middle School Students With High Body Mass Index (BMI)

Maine

YRBS – self reported survey data

BMI 85th-95th Percentile

BMI ≥ 95th Percentile

Maine 2001: 28.5%
- BMI 85th-95th Percentile: 17.4%
- BMI ≥ 95th Percentile: 11.1%

Maine 2003: 30.1%
- BMI 85th-95th Percentile: 17.5%
- BMI ≥ 95th Percentile: 12.6%

Maine 2005: 26.9%
- BMI 85th-95th Percentile: 14.7%
- BMI ≥ 95th Percentile: 12.2%
Overweight and Obesity in High School Students

High School Students With High Body Mass Index (BMI) Maine


YRBS – self reported survey data
Maine High School Student Behaviors

- 94% do not attend daily physical education classes
- 24% watch three or more hours of TV per day on an average school day
- 21% used a computer for fun or video games for three hours or more per day
- 74% of students indicated that they drank soda at least once in the past week. 20% drank a can, bottle or glass of soda one or more times per day

(Maine Youth Risk Factor Behavior Survey)
Childhood Overweight Negatively Impacts Mental Health

• Severely overweight kids have much higher rates of school absenteeism (mean 4d/mo; median 1d/mo)
• Severely overweight children & adolescents have more than a 5-fold increased risk of reporting a low health-related quality of life and is similar to the quality of life described by children diagnosed with cancer
• Perceptions of being overweight among middle school youth were significantly associated with suicidal thoughts and actions

Other Studies Show

- Youth with BMI% >85% had lower self esteem, lower grades, and more depressive symptoms
- Eating three regular meals daily and physical fitness positively correlated with academic performance
- Youth perception of overweight was associated with school-related stress and depression (boys and girls) and with academic performance (only in girls)
What About Soft Drinks?

- More than half of all US children (74% of boys, 65% of girls) drink soft drinks DAILY
- Over 80% of soft drinks (soda + juices) consumed are sugar-sweetened, not diet
- Children who drink at least 1 soft drink daily consume about 200 cal/day more than those who don’t (*totals 10 pounds a year!*)
- For children aged 7-11, odds of becoming overweight increased 1.6X for each additional can of sugar-sweetened drink consumed per day
Soda Surpassed Milk a Long Time Ago

U.S. Soft Drink Consumption Compared To Milk, 1945–1995

Obesity on the rise
Fruit & Vegetable Consumption

- 21% of 9th graders
- 21% of 10th graders
- 20% of 11th graders
- 14% of 12th graders

*Source: YRBS, 2005

Percent of Maine Youth who consume at least 5 servings of fruits and vegetables per day is low!
Parental modeling doesn’t always help
TV & Overweight in Maine


Percent of Maine high school students who are overweight and obese, by level of TV viewing
Time in PE class is also way below national standards.
Declines in High School Physical Education Over Time


- 1995: 52%
- 1997: 47%
- 2001: 42%
- 2003: 41%

Percent of Maine high school students participating in vigorous physical activity on 3 or more days per week, by sex and grade.
WHY WORRY?
What Are the Health Risks of Overweight and Unfit?

*The current generation of youth may be the first to live a shorter lifespan than their parents!*

**Health problems in childhood**

Type 2 diabetes  
Joint problems  
High blood pressure  
High cholesterol  
Asthma  
Sleep apnea  
Depression  
Low self-esteem  
Eating disorders

**Potential increased risk as adult**

Heart attack  
Stroke  
Cancer—{esophagus, colorectal, breast, endometrial & kidney}  
Gallbladder disease  
Kidney stones  
Osteoarthritis  
Pregnancy complications
“Dramatic new evidence signals the unfolding of a diabetes epidemic in the United States. With obesity on the rise, we can expect the sharp increase in diabetes rates to continue. Unless these dangerous trends are halted, the impact on our nation’s health and medical care costs will be overwhelming.”

-Jeffrey P. Koplan, MD, MPH
Director, CDC 1998-2002
Quality of Life

- 58% of overweight children (even as young as 5 years old) have at least one additional risk factor for cardiovascular disease; 20% were found to have two or more risk factors

- Severely overweight children and adolescents have more than a 5-fold increased risk of reporting low health-related quality of life - risk similar to children diagnosed with cancer!

“The biggest problem we face in America is not terrorism. The biggest health problem we’re facing is obesity.”

Dr. Julie Gerberding
Head of the Centers for Disease Control & Prevention
WHY AN OBESITY EPIDEMIC?
Causes of Overweight & Obesity

- GENES
- METABOLISM
- BEHAVIOR
- ENVIRONMENT
- CULTURE
  - Socioeconomic Status
ECOLOGICAL MODEL OF CHILDHOOD OBESITY

SOURCE: Davison and Birch (2001). Reprinted with permission from Blackwell Publishing. The original figure can be accessed at http://www.blackwell-synergy.com/loi/oBR
The Bottom Line

ENERGY IN >> ENERGY OUT

Exceeds
Too Much “Energy In”

- Portion size, portion size, portion size
- Readily available, cheap, high calorie foods
- Fast paced lives $\rightarrow$ fast (high calorie) food
- Soda, sugared drinks
Portion Distortion!!

20 Years Ago

BAGEL

140 calories
3-inch diameter

Today

How many calories are in this bagel?
Portion Distortion!!

BAGEL

20 Years Ago

140 calories
3-inch diameter

Today

350 calories
6-inch diameter

Calorie Difference: 210 calories
Portion Distortion!!

FRENCH FRIES

20 Years Ago

210 Calories
2.4 ounces

Today

How many calories are in today’s portion of fries?
Portion Distortion!!

FRENCH FRIES

20 Years Ago

210 Calories
2.4 ounces

Today

610 Calories
6.9 ounces

Calorie Difference: 400 Calories
Portion Distortion!!

SODA

20 Years Ago

85 Calories
6.5 ounces

Today

How many calories are in today’s portion?
Portion Distortion!!

20 Years Ago

SODA

85 Calories
6.5 ounces

Today

Calorie Difference: 165 Calories

250 Calories
20 ounces
Portion Distortion!!

POPCORN

20 Years Ago

270 calories
5 cups

Today

How many calories are in today’s large popcorn?
Portion Distortion!!

POPCORN

20 Years Ago

270 calories
5 cups

Today

630 calories
11 cups

Calorie Difference: 360 calories
US Consumers
More is “Better”

• Americans buy and eat “for value” – i.e.
  – “More is better”!
• Translated by marketers into...
  – Super size
  – Biggie fries
  – Real meal deals
  – Bigger portion sizes at home, restaurants, and schools!
• Super-combo meals can easily top 2000 calories – Can total a full day’s calorie needs for many teens and adults!
What About the Soft Drinks?

- More than half of all US children (74% of boys, 65% of girls) drink soft drinks DAILY
- Over 80% of soft drinks (soda + juices) consumed are sugar-sweetened, not diet
- Children who drink at least 1 soft drink daily consume about 200 cal/day more than those who don’t (totals 10 pounds a year!)
- For children aged 7-11, odds of becoming overweight increased 1.6X for each additional can of sugar-sweetened drink consumed per day
Not Enough “Energy Out”

- Decreased physical activity
  - Decreased daily activities
  - Reductions in spontaneous play, fewer unorganized sports
  - Increased “screen time”
- Increased sedentary lifestyle, changes in “built environment”
  - Suburban spread, lack of sidewalks, walking paths, safe walking routes
- Who walks to school?
How Screen-time Contributes to Overweight

- Uses up time for physical activity
- More calories consumed while TV is on (dinner and snacking)
- TV in bedroom has been associated with more viewing
- Food, drink advertisements on TV affect food choices made by children
In the Past 100 Years
We’ve Moved From...

Walking to Cars, elevators
Farming to Grocery shopping/
Fast-food restaurants
Farming and maintaining a house to Cubicles and meetings
Daylong clothes-washing to Washing machines and dryers
Washing dishes to Dishwashers
Playing to Television and other screen times
Relatively Small Changes Can Have BIG Consequences

Excess Energy In + Fixed Energy Out

e.g. 2 cookies per day = 200 excess calories/day

1400 excess calories per week can equal as much as

= 20 lbs / year!
Relatively Small Changes Can Have BIG Consequences

Fixed Energy In + Less Energy Out

e.g. missing 30 mins/d of vigorous play
= 200 less calories/d burned

1400 excess calories per week
= 0.5 lbs/wk
= 25 lbs / year!
HOW TO START?
Solutions

• Policy:
  – Environmental policy – need to restructure our communities!
  – Transportation policies
  – School policies

• Leadership

• Individual action: restructure our workday, school days, family life

• Educate, motivate, act!
State-level Activities

- Awareness and education (Maine CDC ad campaigns)
- Healthy Maine Partnerships
  Communities Promoting Health
- Healthy Maine Walks
  - HealthyMainewalks.com
- Dept of Education – School Health Coordinators & Physicians / Schools Initiative
- Maine Physical Activity, Nutrition and Healthy Weight Program
- Maine Youth Overweight Collaborative
A MESSAGE TO EVERY MAINE PARENT

We're just getting started.

When it comes to guiding your child, the best place to start is at home. Helping your child make healthy choices has never been easier. With healthy Maine, we're just getting started.

Healthier Maine, a child-friendly community reference guide, helps parents and caregivers with critical information and healthy-living tips, including:

- Physical activity
- Nutrition
- Sleep
- Brain health
- Emotional health
- Safety

With Healthy Maine, parents and caregivers can make a healthy difference in their child's life. To order your free copy or find out more, visit healthymaine.gov.
We may drink it like water, but a twelve ounce serving of cola can contain up to two teaspoons of sugar and 150 empty calories. No wonder obesity is an epidemic among children.

This is not water.

Cut the calories. A soda now and then is okay, but don’t overdo it—cut back or switch to a healthier beverage.
These are athletic shoes.

Physical activity can be a flop.

Physical activity is a walk on the beach. A stroll around the yard. A trip around the block. And your heart will become stronger for it. In fact, anything you do—no matter how small—can begin to improve your health. It’s that simple.
# A Comparison With Tobacco Strategies

<table>
<thead>
<tr>
<th>Causes:</th>
<th>Statewide Counter Strategies:</th>
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</thead>
<tbody>
<tr>
<td>Mass marketing by the Tobacco Industry</td>
<td>Statewide education through media</td>
</tr>
<tr>
<td>Lack of knowledge about tobacco’s effects</td>
<td>Educate the public about the issue</td>
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<td>Smoke-filled places</td>
<td>Implementing smoke-free policies</td>
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<tr>
<td>Low prices of cigarettes</td>
<td>Raising tobacco excise taxes</td>
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<td>Easy access by youth</td>
<td>Enforcing youth access laws</td>
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<tr>
<td>Lack of easily available treatment</td>
<td>Toll-free Help-Line and free pharmaceuticals</td>
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Maine Center for Public Health
Maine Harvard Prevention Research Center

Healthy Maine Partnerships
Bureau of Health, Department of Human Services

keep ME healthy
The public perceives healthcare providers & schools as key partners in addressing obesity

National Survey Results

Lake Snell Perry & Associates 2003
Public Perception in Maine Mirrors the Nation!

“Using a scale of 1 to 5, with 1 meaning “no role at all” and 5 meaning “a major role,” please tell me how much of a role you believe each should play in addressing the issue of obesity?”

Health care providers and schools are the entities most Mainers believe should be taking a lead role in addressing obesity!

Source: Critical Insights Opinion Poll in Maine—October 2005
What WE Can Do!

✓ As a healthcare system
✓ As a school system
✓ As a community
✓ As parents, families, & individuals
Maine Youth Overweight Collaborative [MYOC]
A program of the Maine Center for Public Health & Maine Harvard Prevention Research Center
www.mcph.org/Major_Activities/KeepMEHealthy.htm

Practices commit to making changes to improve care e.g.

- Measure BMI % for age/gender on all children
- Use “5-2-1-0” Healthy Habits survey for all children 2-18yo on annual preventive care visit
- Use clinical guidelines to routinely evaluate overweight children for medical, psychological problems
- Develop skills to better support patients, families in making behavior changes for a healthy lifestyle
Healthy Lifestyle Behaviors That Work for Everyone!

**EVERYDAY**

1. One hour or more of “moderate to vigorous” physical activity
2. Two hours or less of “recreational screen time”
3. Five or more fruits or vegetables
4. Drink less sugar—limit soda & sugar drinks
MYOC Healthy Habits Survey

Healthy Habits Survey [Age 10 and Older]
We are interested in the health and well-being of all our patients. Please take a moment to answer the following questions.

Patient Name: ___________________ Age: _____ Today's Date: ________

How many servings of fruits or vegetables do you eat a day?
One serving is most easily identified as the size of your palm.

How many times a week do you eat dinner at the table with the family?

How many times a week do you eat breakfast?

How many times a week do you eat takeout or fast food?

How many hours a day do you watch TV, movies, DVD's or sit and play video / computer games?

Do you have a TV in the room where you sleep?

Do you have a computer in the room where you sleep?

How many hours a day do you spend being physically active? [faster breathing/heart rate or sweating]

How many 8 ounce servings of the following do you drink a day?
100% Juice_____ Fruit drinks or sports drink_____ Soda or punch_____ Water_______
Whole milk_____ Fat free or reduced fat milk_______

Based on your answers, is there ONE thing you would like to change now?

☐ Eat more fruits & vegetables.
☐ Spend less time watching TV, sitting & playing video / computer games.
☐ Take the TV and or computer out of the bedroom.
☐ Be more physically active more often.
☐ Eat breakfast every day.

Please give the completed form to your clinician. Thank you.

Adapted from High Five for Kids in Massachusetts
Why should schools get involved?

• It is the place where children ages 5-18 spend most of their time except sleeping
• “Schools are not responsible for meeting every need of their students. But where the need directly affects learning, the school must meet the challenge. So it is with health.” (Carnegie Foundation, 1991)
• Research shows that healthy children do better in school.
As a School System

• Promote healthy food choices AND appropriate portion sizes in all foods offered in schools
• Advocate for adequate funding so schools do not rely on sales from soda, candy, other non-nutritious snacks
• Avoid marketing of soda, candy at school events, scoreboards, etc
Overweight Prevention in Schools

- Support salad bars and other low cost, prepackaged (fast!) healthy meal options
- Promote more physical education and physical activity for ALL ages
- Support more fun opportunities for physical activity – both team sports AND non-competitive activities
- Integrate health promotion into curriculum
- Link activities at school and home
Physical Educational Supports Physical Activity & Healthy Eating

- Required as part of the Maine Learning Results in grades K-grade 12.
  - Teaches skills that promote lifelong physical activity such as personal goal setting
  - Develops positive attitudes towards a physically active lifestyle
- IN MAINE—Time for PE does not meet national NASPE guidelines: schools should strive for 225 minutes per week at middle & high schools levels and 150 minutes per week at elementary level.
Maine School-Related Nutritional Policy Strategies

- Maine DOE, Chapter 51 regulations supplement federal regulations pertaining to schools with National School Lunch Program. Changes in 2006 require that all foods sold in the food service program, vending machines etc. may NOT be foods of minimal nutritional value.
- The Maine Legislature passed the Commission to Study Public Health recommendation requiring schools to post nutritional information for food items sold in the cafeteria. (2005)
- Maine passed the nation’s first state law prohibiting advertising of junk food on school grounds (2007)
Maine School Policy Strategies That Support Physical Activity

“Take Time” Program

- Fitness breaks in class
- Physical activity while students learn
- Structured recess
- SAUs have adopted policies that require 20 minutes of daily physical activity for all students K-8
- Individual schools require 10-20 minutes of all students in the school and additional classrooms get 10-20 minutes of daily PA
What Teachers Said!
84% of teachers reported having noticed positive differences in their students as a result of Take Time!

- Of those teachers,
  - 68% said it increased students’ ability to focus
  - 44% reported that students became more active on their own
  - 29% found a decreased need for discipline
  - 42% felt it decreased student stress level

- 76% of teachers felt that they benefited from “Take Time” and reported decreased stress levels, more energy throughout the day, increased ability to focus, increased fitness level and greater satisfaction with their work.

For more information contact Karen O’Rourke 207-629-9272 x 203 korourke@mcph.org
Fitness and Academic Performance

2001 Grade 7 SAT 9 and Physical Fitness

The greater the fitness, the better the SAT 9 Score

California Department of Education 12/10/02
SAT 9 Examination Similar to MEA Tests
Local Environmental Strategies That Support Physical Activity

Safe Routes to School

- Grants from DOT help fund sidewalks etc. that make it safer to walk or bike to school.

Walking routes

- Ex: Schools open facilities to the community for walking

Video games

- Those that promote physical activity are popular.
  Ex: Dance, Dance Revolution and Generation Fit
5210 Goes To School
• An easy and effective method of integrating increased physical activity and healthy eating into ANY school environment.
  – Clear consistent messages (5,2,1,0)
  – 10 key strategies for success
• Creates an environment of change AND can be used to compliment existing curricula.
• Completely voluntary! We support your needs with resources, guidance and technical assistance.
• A connection to local, state and national resources.
Where can you find 5210GTS?

www.letsgo.org

www.5210goestoschool.org
Working together—Healthcare & Schools CAN DO EVEN MORE!

- Opportunity to reach large numbers of youth
  - Students are attentive when they hear about health from physicians
- Many schools are ready to get involved
  - Concerned about health problems, especially those that interfere with learning
  - Interested in strategies that improve learning such as increased physical activity
- Schools can reinforce physician messages & help reach parents about healthy behaviors such as 5-2-1-0
- The public expects action from physicians and schools to address obesity
Role of Clinicians in Schools

As community leaders & advocates physicians can provide important support for school:

– Policy development
– Environmental change
– Education
– Clinical services that help to prevent and manage chronic conditions
As a Community

- Advocate for pedestrian and bicycle friendly zoning, paths, and facilities
- Make healthy foods AND appropriate portion sizes available and affordable in schools, recreational settings, and parks
- Improve access to parks, walkways, and other recreational areas and programs for all ages
- Counteract unhealthy media messages
- Support local wellness programs and initiatives
Resources for Schools & Communities

- CDC School Health Index
  [www.cdc.gov/nccdphp/dash/SHI/index.htm](http://www.cdc.gov/nccdphp/dash/SHI/index.htm)

- The Children and Weight: What Schools and Communities Can Do About It Resource Kit
  [www.cnr.berkeley.edu/cwh](http://www.cnr.berkeley.edu/cwh)

- Guide to Community Preventive Services
  [www.thecommunityguide.org](http://www.thecommunityguide.org)

- CDC Physical Activity and Nutrition (PAN) Program
  [www.cdc.gov/nccdphp/bb_nutrition/index.htm](http://www.cdc.gov/nccdphp/bb_nutrition/index.htm)
As Parents, Families, & Individuals

- Take steps to live healthier lives
  - Be physically active every day
  - Make healthy food choices
- Be leaders and role models in our families, schools, and communities
- Support efforts around us that promote healthier living
The New American Plate!

- 2/3 or more vegetables, fruits, whole grains and beans
- 1/3 (or less) animal protein
Just 150 Calories!

- Small changes to diet- physical activity equation matter
- Examples of 150 calories:
  - 1 can (12oz) soda
  - ½ cupcake
  - ½ piece of pizza
  - 10 oz of apple juice
  - ½ glazed donut
Parents’ Responsibilities

- Have pleasant family meals – prepare and eat more meals at home
- Buy and offer healthy foods for home
- Help children learn about appropriate portion sizes
- When eating out, avoid “all-you-can-eat buffets”, “supersized” meals, and other overeating “deals”
Parents’ Responsibilities

- Be a role model for good eating and activity behaviors
- Avoid using food as a reward
- Set limits on TV and video games
- Be flexible and understanding
- Encourage healthy behaviors and show affection
Positive Family Attitudes

- Having extra weight is no one’s fault
- Losing weight most likely to happen when taken on as a family commitment
- There’s no such thing as good food or bad food
- Any activity is helpful, it doesn’t have to be exercise
- There is no “right” weight or body shape
Childs’ Responsibilities

- To eat as much or as little as they need among the food available
- To eat 3 meals a day with healthy snacks
- To make activity fun
- To try to be active every day
- To be responsible for TV and video game limits
- To do things that they are proud of
- To choose goals and areas to improve on
~ Keep ME Healthy ~

A partnership of the Maine Center for Public Health and the Maine Harvard Prevention Research Center

Building Systems Change & Clinical—Community/School Partnerships to Prevent, Identify & Treat Childhood Obesity

http://www.mcph.org/Major_Activities/keepmehealthy.htm
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