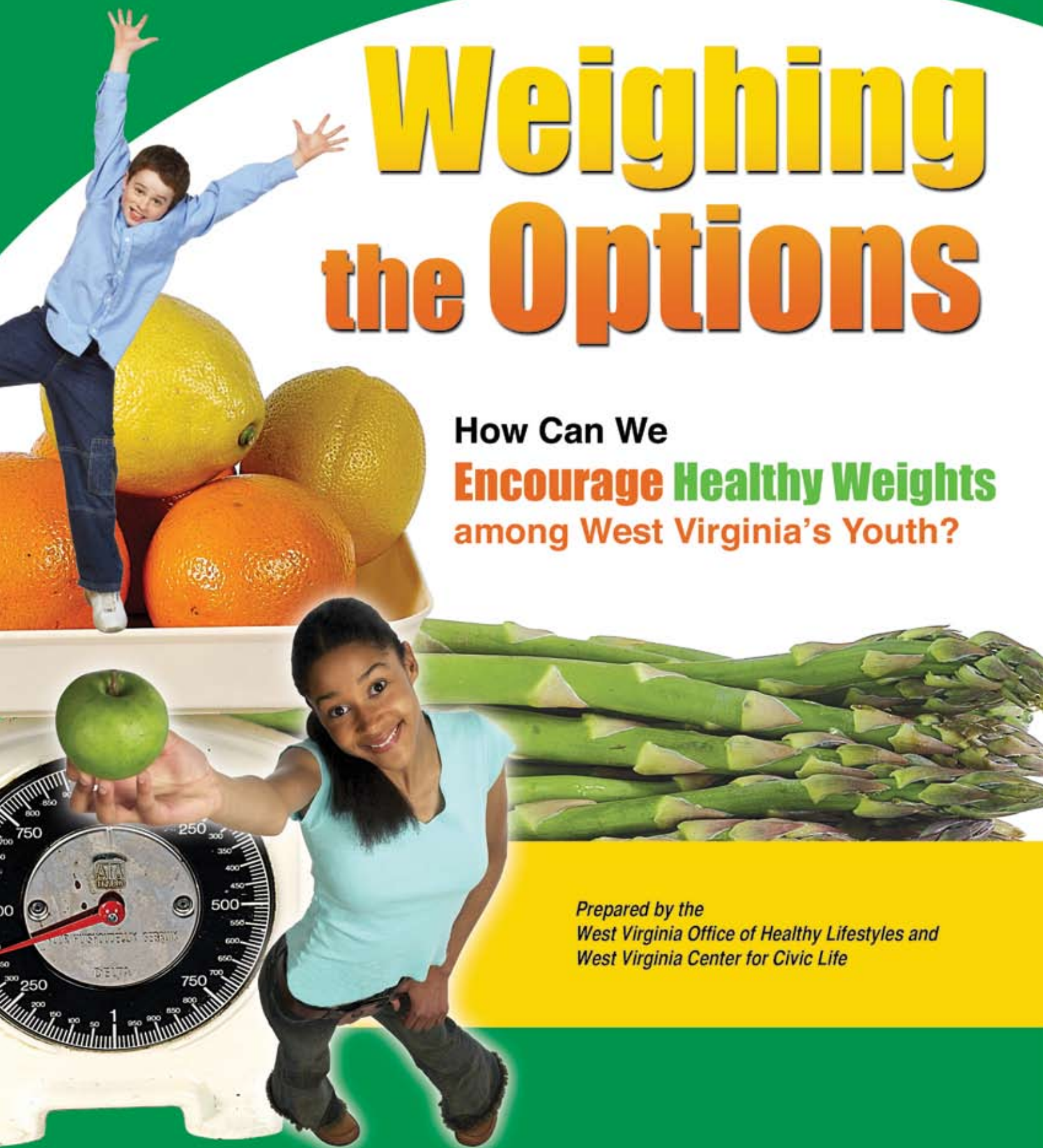


A Discussion Guide for Community Forums

# Weighing the Options

How Can We  
**Encourage Healthy Weights**  
among West Virginia's Youth?



*Prepared by the  
West Virginia Office of Healthy Lifestyles and  
West Virginia Center for Civic Life*

# Welcome to the Forum

**T**he West Virginia Office of Healthy Lifestyles and the West Virginia Center for Civic Life are joining with local organizations to sponsor community forums on “Weighing the Options: How Can We Encourage Healthy Weights Among West Virginia’s Youth?” This discussion guide grew out of surveys and interviews with state residents about the issue and what should be done about it. The purpose of the forum is to work together to:

- Better understand the issue;
- Consider the benefits and drawbacks of different approaches to the issue;
- Identify actions that are likely to make a positive difference and are doable in terms of time, resources, and public will;
- Examine the roles of government, schools, businesses, and civic and religious groups, as well as our responsibility as individuals; and
- Explore potential next steps.

The ideas that come out of the forums will be compiled and shared with concerned citizens and organizations, the media, and local, state and national policymakers. We hope the forums lead to further discussions within communities, involving wider circles of people who care about the issue and are willing to work toward healthy futures for all our children.



**The West Virginia Office of Healthy Lifestyles**, located in the West Virginia Bureau for Public Health, is dedicated to improving the health of West Virginians by promoting the importance of physical activity and good nutrition. For more information, contact:

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**The West Virginia Center for Civic Life** is a nonprofit, nonpartisan organization working to promote citizen engagement through the practices of deliberative democracy. The Center co-sponsors forums throughout the state and provides training on moderating forums and framing public issues. For more information, contact:

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# Weighing the Options

## How Can We Encourage Healthy Weights among West Virginia's Youth?

### INTRODUCTION

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More children are overweight today than ever before, and the numbers keep rising. Overweight children and teens experience more health problems, ones that can worsen as they grow into adulthood. They are often teased and even ridiculed, causing emotional scars that can last a lifetime. In this forum, we will examine several approaches to encouraging healthy weights and better futures for West Virginia's youth.

### APPROACH 1:

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#### Take personal responsibility for fitness

The crux of the problem is that our children are not getting the education and supervision they need in order to be fit and healthy. Eating and exercise habits established during childhood have lifetime consequences. Adults need to play a stronger role in guiding young people to choose healthy foods and include enough physical activity in their daily lives. Parents and teachers need to be good role models and make healthy lifestyles a top priority.

### APPROACH 2:

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#### Focus on overall child well-being

The crux of the problem is that we focus too much on children's weight as the primary concern, rather than as a symptom of other issues. For many, food is a source of comfort during difficult times, which can lead to a pattern of overeating as a way to cope with emotions. For others, the lack of food is an ongoing cause of worry and poor health. The media contributes to the problem by promoting unattainable body images. Focusing on the overall well-being of children is the best way to help them maintain healthy weights.

### APPROACH 3:

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#### Create a culture of fitness

The crux of the problem is that our society bombards children and families with opportunities to eat more and do less. Fast foods, electronic pastimes, less gym time, and multi-car families have all contributed to the problem of obesity. We need to drastically change our home, school and community environments to restore a healthy balance between the calories we eat and the calories we burn. Advertisers need to become part of the solution by promoting healthier food options, especially to young audiences.

### MAKING IT HAPPEN

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What can we do to bring about positive changes?

# Introduction



**M**ore children are overweight today than ever before, and the numbers keep rising. Overweight children and youth experience more health problems, ones that can worsen as they grow into adulthood. They are often teased and even ridiculed, causing emotional scars that can last a lifetime.

The vast majority (92 percent) of adults in the U.S. believes that childhood obesity is a serious national problem, according to a recent survey conducted by the Harvard School of Public Health.<sup>1</sup> The West Virginia Center for Civic Life and West Virginia Office of Healthy Lifestyles found similar concerns when they interviewed and surveyed more than a hundred residents of our state about the problem.



“As a teacher, I witnessed the social devastation of obesity – at all grade levels,” said a retired teacher in Mineral County. “The combination of the health hazard and the social and psychological impact is alarming.”

“I worry that the habits children are developing now will stay with them into adulthood and inevitably lead to health problems,” said a student at the University of Charleston. “They will not be able to live the lives they could have lived if they were a healthy size.”

These were among the many concerns expressed by West Virginia parents, students, teachers, social workers, nurses, policymakers, and business and community leaders. Their comments and ideas were then used to determine the information and approaches that are included in this discussion guide. The purpose of the guide is to encourage community-level deliberation about the nature of the problem and what we should do about it.

While there are many different opinions on the issue, most people agree that multiple factors contribute to the rising numbers of overweight children. To tackle the problem successfully, everyone needs to be involved – families, schools, health and social services, community and faith-based groups, government, and businesses. There are no quick fixes, but with sustained effort it’s likely that we can make a positive difference, as we have in reducing smoking and increasing seat belt use.

“The problem didn’t come about overnight, and it isn’t going to disappear overnight, either,” said a school nurse in Kanawha County. “We need to get serious about this and start working together. There is a lot we can do that doesn’t cost a lot.”

## America's Expanding Waistline

The problem isn't limited to children, of course. Across our state and nation, people in all age groups are gaining weight. Sixty percent of adults are above what experts consider a healthy weight, and one in four adults is in the obese range. West Virginia consistently ranks among the top six states in adult obesity.

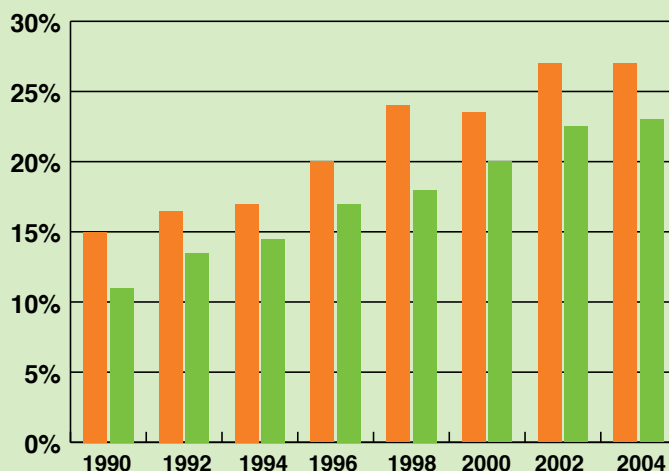
"Obesity has become so prevalent in West Virginia that it has become acceptable," one state resident commented.

One third of school-age children in the U.S. are overweight, and about half of those children weigh in the obese range. Childhood obesity has tripled during the past three decades, with increases occurring in every age group. The national prevalence of obesity is now 13.9 percent among preschoolers, 18.8 percent among elementary students, and 17.4 percent in middle and high schools. In West Virginia, the proportion of obese school-age children is comparable to the rest of the country, while our obesity rate among preschoolers is slightly lower than the national rate.

Health experts are careful when talking about overweight and obesity in children and teens, emphasizing that there's no one ideal size and that healthy weights come in ranges. A good weight range for most eight-year-olds, for example, is about 50 to 70 pounds, depending on height and body build.

Body Mass Index (BMI) is an estimate of a person's body fat based on height and weight. With children, the measure also takes into account age and gender. It's used to help identify when people are outside a healthy weight range, but it's only an estimate. Because muscle weighs more than fat, it's possible for a muscular person to have a high BMI without being overweight. It's also possible for someone to have an average BMI but still have too much body fat.<sup>2</sup>

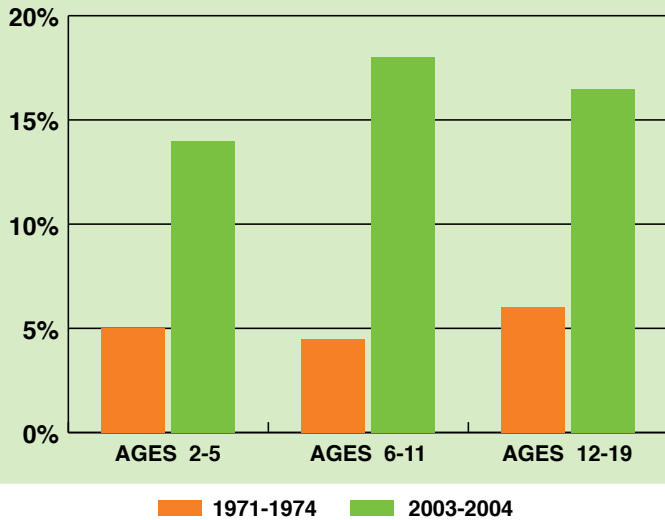
### RIISING OBESITY IN ADULTS IN WEST VIRGINIA AND U.S.



WEST VIRGINIA UNITED STATES  
(Source: Behavioral Risk Factor Surveillance System)

"The problem didn't come about overnight, and it isn't going to disappear overnight, either...We need to get serious about this and start working together."

## RIISING OBESITY IN U.S. CHILDREN



(Sources: Behavioral Risk Factor Surveillance System and Youth Risk Behavior Surveillance System, 2003)

Across age groups, more males than females are overweight or obese. Nationally, racial minorities and low-income adults are more likely to have weight problems, but the data for West Virginia show no significant differences based on race or income. However, in both the state and nation, the more education people have, the more likely they are to have a healthy weight.

Mathematically speaking, the explanation for America's obesity epidemic is straightforward: We're consuming more calories than we use in our daily activities. Researchers at the Harvard School of Public Health examined this "energy gap" among children and teens. They found that children overall consumed 110 to 165

more calories per day than they needed, resulting in an extra ten pounds of weight over a ten-year period. They found that overweight teens consumed 700 to 1,000 excess calories every day, gaining an average of 58 extra pounds over a ten-year period.<sup>3</sup>

The underlying causes are more complicated, however, according to the Centers for Disease Control and Prevention (CDC). Some people may be genetically predisposed to becoming overweight and easily put on extra pounds when they eat too much or exercise too little. This, however, doesn't explain why childhood obesity has risen so dramatically, when human genetics have remained the same.

More likely influences include individual behavior, including the type and amount of food we eat and how much time we spend in rigorous versus sedentary activities. Another major contributor is the environment, especially for children, including the meals provided to them at home, school and child care centers, the frequency of gym classes, the availability of electronic media, access to healthy and unhealthy foods, and the safety of their neighborhoods for walking and playing. Most researchers believe that obesity involves a variety of factors, rather than a single cause.

### The Consequences of Being Overweight

"I have a nephew who had childhood obesity that turned into adulthood obesity," said a woman from Cabell County. "I am concerned we are raising a generation of children who do not know how to make healthy choices about which foods to eat and how much is too much."

Our survey found that West Virginians are troubled about the effects of obesity on children, now and in the years to come. Studies show that their concerns are well-founded. According to the Centers for Disease Control:

- Overweight youth have more risk factors for heart disease, including high cholesterol, high blood pressure, and abnormal glucose tolerance. One study found that 60 percent had at least one risk factor, and a quarter had two or more risk factors.
- Other health problems are also more common among overweight youth, including asthma, hepatic steatosis (degeneration of the liver), and sleep apnea. Type 2 diabetes, which was previously linked to adult obesity, is now increasing among overweight children and adolescents.
- Psychological stress is a common problem among overweight youth, who often experience stigma and discrimination due to their size. This, in turn, can lead to low self-esteem and hinder their school performance and social relationships.
- Overweight children and teens are more likely to be obese as adults. One study found that 80 percent of overweight youth ages 10-15 were obese at age 25. Another study found that if overweight begins before age 8, obesity in adulthood will likely be more severe.

Beyond the harm that obesity causes individuals is the toll it takes on society. One of the most striking examples is cost. Annual medical expenses related to obesity top \$75 billion in the U.S. In West Virginia, the yearly costs are close to \$600 million. Reducing preventable illnesses is key to controlling health care inflation, say health economists, and to making health care affordable to all who need it.<sup>4</sup>

### Learn More *Online...*

- **Centers for Disease Control and Prevention** provides information on the prevalence, causes, treatment and prevention of overweight and obesity in children and adults in the United States. [www.cdc.gov/nccdphp/dnpa/obesity](http://www.cdc.gov/nccdphp/dnpa/obesity)
- **KidsHealth** is a popular Web site sponsored by the Nemours Foundation, which provides youth and families with accurate, up-to-date, and jargon-free health information. [www.kidshealth.org](http://www.kidshealth.org)
- **Shaping America's Youth** provides information on programs and community efforts across the United States directed at increasing physical activity and improving nutrition in our nation's youth. [www.shapingamericasyouth.org](http://www.shapingamericasyouth.org)
- **West Virginia Office of Healthy Lifestyles**, located in the state Bureau for Public Health, is dedicated to improving the health of West Virginians by promoting the importance of physical activity and good nutrition. [www.wvohl.org](http://www.wvohl.org)

## What Should We Do?

“The problem is a hard one,” said a mother from Cabell County. “I don’t usually respond to surveys like this. It just seemed to hit a chord with me. I have a young child. I don’t want to make the wrong choices for him.”

Most of the people we surveyed shared similar sentiments. They offered numerous ideas for addressing the problem, but acknowledged that there are no easy solutions. We examined and grouped their ideas into three “approaches” as a way to begin communitywide discussions:



**Approach 1:** Teach personal responsibility for fitness.



**Approach 2:** Focus on overall child well-being.



**Approach 3:** Create a culture of fitness.

Many of us will see at least some value in each of these approaches. The challenge lies in coming to agreement on priorities and being willing to act on them. To do so, we need to grapple with these questions:

- If we can’t do everything at once, where should we start?
- What actions are most likely to have the greatest impact?
- What steps are the most doable in terms of time, resources, and public will?
- What should we expect from government, from our schools and communities, from business leaders and from ourselves?

The forum is the beginning of this important conversation. We hope it leads to further discussions, involving wider circles of people who care about the issue and are willing to work toward healthy futures for all our children.





# APPROACH 1:

## Teach personal responsibility for fitness.

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**A**ccording to Approach 1, the crux of the problem is that our children are not getting the education and supervision they need in order to be fit and healthy. Eating and exercise habits established during childhood have lifetime consequences. There is an abundance of information on children's nutrition and activity needs, but we're not putting it into practice. Adults need to play a stronger role in guiding young people to choose healthy foods and include enough physical activity in their daily lives. Parents and teachers need to be good role models and make healthy lifestyles a top priority.

### Recognizing the Problem

"One of the challenges is parents who think their children's obesity is just a phase and keep feeding them unhealthy meals and teaching them unhealthy habits," said a University of Charleston student. "I think it's sad to see eight-year-olds weighing more than me, but the parents are still buying them Big Macs at McDonalds. Something needs to change."

A troubling number of parents don't recognize their children's weight problems, according to a survey conducted by University of Michigan researchers. When they asked parents of extremely overweight elementary school students to pick the description that best described their children's weight, less than a third said "very overweight." A surprising 43 percent said "just about right," and 37 percent said "a little overweight."

"It suggests to me that parents of younger kids believe that their children will grow out of their obesity, or something will change at older ages," said Dr. Matthew Davis, who led the study. "When I see a child obese at these younger ages, I take that as a sign of ways nutrition can be improved, a child's activity level can be improved."<sup>5</sup>

But many health professionals are hesitant to talk about the problem for fear of offending the parents and embarrassing the children. Several years ago, a Harvard School of Public Health study found that 70 percent of the pediatricians surveyed didn't address the problem of weight with parents of obese children. In 2007, an expert committee convened by the American Medical Association published detailed recommendations to help health





“Kids First” pays for physical exams of children entering kindergarten who don’t have health insurance.

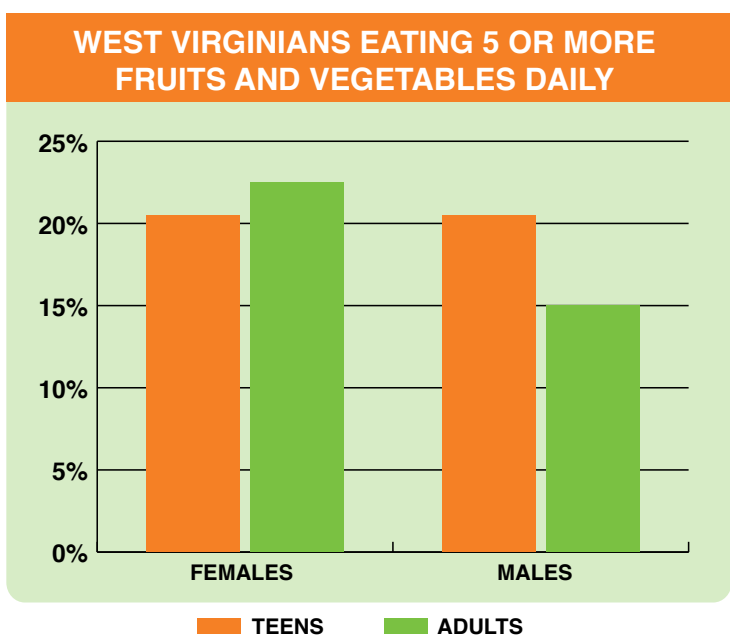
care providers identify, treat and prevent childhood obesity, urging them to involve parents in the process.

It’s never too early to address the issue, according to Dr. Bill Neal, a cardiologist in the West Virginia University pediatrics department: “The problem begins with the concept that a fat baby is a healthy baby. The parents are proud because they have this big baby, but it’s not healthy, it’s not okay. Healthy education needs to begin when the child is a toddler.”<sup>6</sup>

An example of Approach 1 in practice is Kids First, a new state program – the first in the nation – that pays for a full physical exam for children entering kindergarten who don’t have health insurance. The exam will include everything

from vision and hearing to early signs of obesity. An estimated 1,100 children will benefit when the program is launched in the summer of 2008. The program will be funded by the Children’s Health Insurance Program, a state and federal program that serves children whose families make too much to qualify for Medicaid, but not enough to afford private insurance.

“We have so many people uninsured, and we have so many kids with obesity and Type 2 diabetes,” said Governor Manchin when he unveiled the program. “With all the money we’re spending, why are we not doing more for prevention? This is a good use of those dollars. We’re not afraid to get out there and do something different.”<sup>7</sup>



(Sources: Behavioral Risk Factor Surveillance System and Youth Risk Behavior Surveillance System, 2003)

## Teaching by Example

“A big challenge is getting kids to eat right and cut out sugary soft drinks, fast food, and junk foods,” said a University of Charleston student. “Also, getting them out and exercising, because of TV and video games – none of which the government can regulate because these are personal choices.”

Too many children aren’t getting proper nutrition or enough physical activity, and it’s up to the adults in their lives to provide more guidance, according to Approach 1. We can’t turn back the clock, but we can focus on teaching young people to navigate a healthy course in a world filled with unhealthy temptations. Currently, only one fifth

of West Virginia teens eat the recommended five servings of fruits and vegetables daily. Thirty percent report being physically inactive, and a third spend three or more hours in front of a television every day.

Reversing current trends will take serious, ongoing efforts by parents, teachers, youth group leaders and other adults in positions of authority. And that means that adults need to pay more attention not only to what they say, but also what they do. West Virginia adults currently fare no better than children when it comes to daily consumption of fruits and vegetables, and less than half meet recommended guidelines for physical activity. Unless we change these unhealthy habits, we'll continue to pass on to our children higher risks of diabetes, heart disease and certain cancers.

"We have at least one, if not two, generations of parents and teachers who also never learned the proper eating and exercise habits," said a man from Kanawha County. "Children learn by example."

A nutritionist working in Boone, Kanawha and Putnam Counties agreed: "Breaking the cycle of bad habits in a family is the challenge. If someone has been eating unhealthy foods and has not been encouraged to participate in physical activity, it is hard to formulate healthier habits. Parents then teach their children this same lifestyle."

## Educating Children and Adults About Healthy Choices

Good, consistent education on healthy eating and physical activity is the key to reducing childhood obesity, say supporters of Approach 1. To be effective, these education efforts must focus on both children and adults.

Several successful programs have been developed in West Virginia with the whole family in mind. These include two community-based nutrition programs created by ABLE Families in Mingo County. Supper-in-a-Sack is a seven week program for parents, which includes nutrition education, hands-on meal preparation, sit-down lunches, and sessions on improving life-



"Nellis Fitness for Life" encourages family physical activities in Boone County.





“Choosy” encourages West Virginians to lead healthy lifestyles.

skills. A spin-off program, Teen Cuisine, shows teenagers how to prepare simple, nutritious recipes while they are home alone. In 2003, Save the Children honored Supper-in-a-Sack as a Promising Practice.

“Choosy” is a multi-generational approach developed by the Motor Development Center at West Virginia University. Choosy is a cartoon character that encourages both children and adults to eat right, be physically active, and refrain from tobacco and drug use. The Choosy Kids Club is an after-school program run by WVU students that helps elementary-age children learn and practice healthy habits.

Healthy Hearts is an Internet-based program sponsored by the Coronary Artery Risk in Appalachian Communities (CARDIAC) project. The program aims to teach 5th and 6th grade students, teachers and families about the effects of physical activity, nutrition and tobacco use on their health and to encourage them to make healthy decisions. The program offers interactive tasks, quizzes, writing activities, educational games, feedback on daily meal and exercise logs, and opportunities to ask questions of experts.

### Learn More *Online...*

- **Choosy Kids Club** is an after-school program sponsored by West Virginia University that helps elementary-age children learn and practice healthy habits. The cartoon character “Choosy” encourages adults to do the same. [www.wvu.edu/~physed/mdc](http://www.wvu.edu/~physed/mdc)
- **Fruits and Veggies – More Matters** is a public awareness and education initiative of the Centers for Disease Control and Prevention. [www.fruitsandveggiesmatter.gov](http://www.fruitsandveggiesmatter.gov)
- **Healthy Hearts**, sponsored by the CARDIAC project, encourages students, teachers and parents to make healthy decisions about diet, exercise and tobacco use. [www.healthyhearts4kids.org](http://www.healthyhearts4kids.org)





## Highlights of Approach 1:

### Teach personal responsibility for fitness.

The crux of the problem is that our children are not getting the education and supervision they need in order to be fit and healthy. Eating and exercise habits established during childhood have lifetime consequences. Adults need to play a stronger role in guiding young people to choose healthy foods and include enough physical activity in their daily lives. Parents and teachers need to be good role models and make healthy lifestyles a top priority.

### Actions that support Approach 1:

- a. Educate children, parents and teachers about proper nutrition, how to plan healthy meals, and how to read nutrition labels when buying food.
- b. Encourage a variety of physical activities as part of daily living, and avoid restricting physical activity (such as recess) as punishment.
- c. Give honest and constructive feedback to children and their parents about weight problems during health screenings and physical exams.
- d. Set limits and regularly monitor the time children spend with computers, television, electronic games and other sedentary activities.
- e. Serve more home-cooked meals with plenty of fresh fruits and vegetables; limit reliance on fast foods that are high in calories and low in nutrition.
- f. Provide healthy meals and snacks in schools, child care centers, and other programs serving youth, and increase the amount of time dedicated to exercise.
- g. Increase options for part-time employment with benefits to give parents more time to guide and care for their children.

### Concerns about this approach:

A major concern about this approach is time. Working parents are hard-pressed to find time to cook every night, and their children's extracurricular activities often interfere with the family dinner hour. School schedules are already packed with required courses, making it nearly impossible to squeeze out time for more gym and health classes. Many families – due to money and location – have limited access to healthy foods and safe physical activities.

## ◆ **APPROACH 2:**

### **Focus on Overall Child Well-being**

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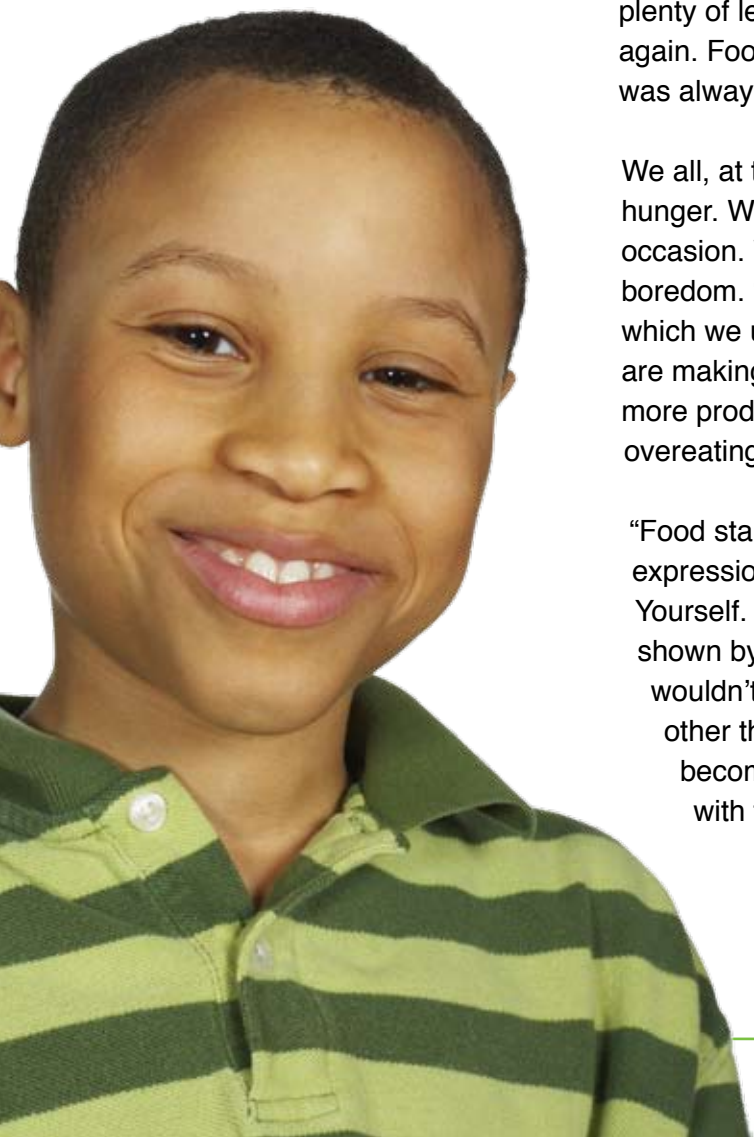
According to Approach 2, the crux of the problem is that we focus too much on children's weight – whether too high or too low – as the primary concern, rather than as a symptom of other issues. For many, food is a source of comfort during sad or stressful times, which can lead to a pattern of overeating as a way to cope with emotions. For others, the lack of food is an ongoing cause of worry and poor health, which interferes with school, work and relationships. The media contributes to the problem by promoting body images that are unrealistic and unattainable. Focusing on the overall well-being of children is the best way to help them achieve and maintain healthy weights.

#### **Addressing Emotions that Trigger Overeating**

"When I was growing up, meals were a big production," a West Virginia teacher recalled. "Maybe it was because my folks were very much children of the Depression, both from households with lots of kids, both with coal miner fathers. Both had seen plenty of lean times and vowed to never be in that position again. Food was important symbolically, and as a result, there was always too much of it around."

We all, at times, eat for reasons that have nothing to do with hunger. We may eat to reward ourselves or celebrate a happy occasion. We may eat to relieve stress, anger, sadness or boredom. "Emotional eating" is a term for ongoing behavior in which we use food to cope with situations and emotions that are making us uncomfortable, rather than dealing with them in more productive ways. Some experts say that three-quarters of overeating is due to emotions.<sup>8</sup>

"Food starts off as being not just a source of life but an expression of love," says Dr. Roger Gould, in his book, *Shrink Yourself*. "At the heart of almost every culture, hospitality is shown by feeding people. And a celebration or a time of grief wouldn't be complete without food. Using food for reasons other than for simple sustenance is a normal part of life. It becomes a problem when food becomes so closely linked with feelings that the two overlap and become one."



When emotional eating leads to being overweight, diets are rarely successful unless people learn other coping strategies besides eating. A more holistic approach is needed, according to faculty at the University of California, San Francisco, School of Medicine. They developed a successful weight loss program for children and adolescents called SHAPEDOWN. The program is tailored to different age levels, addresses social and psychological issues, and involves the family. The focus is on self-esteem, relationships, coping skills, and healthy habits, which lead to children reducing and maintaining their weights in normal ranges.<sup>9</sup>

“Children need to be taught early on that there are many other ways to provide themselves with comfort and entertainment, besides eating until they are ready to pop,” said a social worker in Cabell County. “At age-appropriate times children should be taught about food addictions and how to know when someone has a problem, as well as the dangers of poor eating habits. The same is done for drugs, alcohol and cigarettes, so why not do this with nutritional issues?”

Occasionally, emotional eating is a warning sign of serious problems that call for the assistance of counselors or other helping professionals. Abuse, neglect and other childhood traumas lead some victims to adopt unhealthy behaviors, including overeating, as a way to cope, according to The Adverse Childhood Experiences (ACE) Study, a long-term research project of the CDC and Kaiser Permanente.

## Guaranteeing Food Security

While childhood obesity dominates the news, at the other end of the continuum are children who don't have enough to eat. Nationally, over 35 million people live in households that lack “food security,” which means having sufficient resources to buy the food they need. One in every six children lives in such households. Though starvation is rare in the United States, many children and adults experience chronic, mild malnutrition when family finances are low, forcing them to skip meals or cut back on the amount or quality of their food. This can have harmful effects on child development, physical and mental health, and workplace productivity.

Considerable progress has been made in reducing hunger and malnutrition through federal programs, including food stamps, free and reduced school lunches and breakfasts, summer meal programs, and nutrition programs for pregnant women. But hunger is increasing as economic conditions worsen, particularly among low-income Americans.

“As costs for food, energy, and housing continue to rise and wages stagnate or decline, households are finding themselves increasingly strapped,” says Jim Weill, president of the Food Research and Action Center (FRAC). “We need to do more to make sure that households have access to healthy food by expanding proven programs that help.”<sup>11</sup>



Energy Express offers summer reading and nutritious meals in many West Virginia counties.

West Virginia is ahead of many states in addressing the problem. Nearly 60 percent of eligible children participate in the free and reduced school breakfast program, the highest rate in the nation. Summer meal programs are also increasing due to Energy Express, a collaborative program of the West Virginia University Extension Service, Americorps, and other state and local organizations. Over 3,000 children in rural and low-income communities improve their reading skills and receive two nutritious meals a day during the six-week summer session.

Even with these gains, an estimated 65,000 West Virginia households lack food security. In West Virginia, only three-quarters of eligible people receive food stamps, with an average monthly benefit of \$82.95 per person. Increasing participation and raising the benefit level would help alleviate hunger and poor nutrition, as well as help reduce obesity that comes from relying on foods that are cheap, but fattening. In addition, reducing taxes on the working poor and raising the minimum wage would free up money that low-income families could use for healthier food choices, such as fresh fruits and vegetables.

### Building Healthy Body Images

“Mass media images of physical beauty are extremely powerful influences on children,” said a teacher in Cabell County. “I worry about how children’s awareness of their own physical ‘shortcomings’ give children a sense that they aren’t part of life’s mainstream and that somehow they matter less than the beautiful people they ‘know’ through media.”

The super-thin women and muscle-bound men featured in advertisements give young people distorted standards for what’s attractive and healthy. Not only does this cause them to feel bad about their own bodies, but it can lead to behaviors that have unhealthy consequences. For example, almost half of normal-weight third to sixth grade girls say they want to be thinner, according to Kathy Kater, a body image expert and author of *Real Kids Come in All Sizes*. A third of these girls are dieting and more than three-quarters say they’re afraid of becoming fat.

“At a time when they should feel secure about their body’s growth, too many children today learn to worry about size and make choices that contribute to the very problems they hope to avoid,” says Kater. “The compelling wish to be thin or lean provides the seeds for a host of body image, eating, fitness and weight problems that are extremely difficult to reverse once established.”





If unhealthy patterns become severe, they can lead to eating disorders, such as anorexia nervosa (eating and exercise aimed at maintaining extremely low body weight), binge-eating (uncontrolled food consumption), and bulimia (binge-eating, followed by vomiting or laxative abuse). Eating disorders typically begin in adolescence and are much more common among females. About three percent of young women in the United States have eating disorders.<sup>12</sup>

The Randolph County Family Resource Network recently launched the state's first "Girls on the Run" program, which fosters the healthy development of girls 8-13 years old. This international program aims to educate and prepare girls for a lifetime of self-respect and healthy living. The girls learn self-awareness and teamwork, work on a community project, and participate in a 5K run/walk and banquet. Randolph County school counselors report positive changes in the students who participate.



"Girls on the Run" in Randolph County builds healthy bodies and self-esteem. (Learn more at [www.girlsontherun.org](http://www.girlsontherun.org).)

## Learn More *Online...*

- **Energy Express** is a summer program developed by the West Virginia University Extension, which improves reading skills and provides two nutritious meals a day for children in rural and low-income communities. [www.energyexpress.wvu.edu](http://www.energyexpress.wvu.edu)
- **Food and Research Action Center (FRAC)** is a national nonprofit organization working to improve public policies and public-private partnerships to eradicate hunger and undernutrition in the United States. [www.frac.org](http://www.frac.org)
- <sup>a</sup> **Mayo Clinic** offers a free online, 15-minute podcast about overcoming social, emotional and psychological barriers to weight loss. <http://www.mayoclinic.com/health/weight-loss/WT00029>



## Highlights of Approach 2:

### Focus on overall child well-being.

The crux of the problem is that we focus too much on children's weight as the primary concern, rather than as a symptom of other issues. For many, food is a source of comfort during difficult times, which can lead to a pattern of overeating as a way to cope with emotions. For others, the lack of food is an ongoing cause of worry and poor health. The media contributes to the problem by promoting unattainable body images. Focusing on the overall well-being of children is the best way to help them maintain healthy weights.

### Actions that support Approach 2:

- a. Teach children to distinguish hunger pangs from other triggers for eating and to develop alternatives to overeating, including physical activities.
- b. Feed infants when they're hungry, rather than on a set schedule, to help them learn to respond to their own internal cues and avoid becoming obese later in life.
- c. Increase access to healthy foods by low-income families by expanding food pantries, food stamps, school and summer meal programs, and programs for pregnant women.
- d. Refrain from using food as a reward, focusing instead on food as nutrition.
- e. Include "right-sized" media models that reflect more typical and attainable standards for physical appearance.
- f. Increase counseling services in schools and communities to help young people learn appropriate ways to deal with feelings and cope with problems.
- g. Establish weight-loss groups for overweight children and teens that include peer support and alternatives to emotional overeating.

### Concerns about this approach

A major concern about this approach is that it dwells too much on the reasons for overeating and not enough on the behavior itself. Whatever the cause of being overweight, the solution is the same: eat less and exercise more. We need to be careful not to give mental health labels to children who are overweight. We should avoid attributing weight problems to underlying motives, when they may simply be due to the lack of information or effort on the part of children and the adults in their lives.

## ◆ **APPROACH 3:** **Create a culture of fitness.**

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According to Approach 3, the crux of the problem is that our society bombards children and families with opportunities to eat more and do less. Fast foods, electronic pastimes, less gym time, and multi-car families have all contributed to the problem of obesity. We need to drastically change our home, school and community environments to restore a healthy balance between the calories we eat and the calories we burn. Advertisers need to become part of the solution by promoting healthier food options, especially to young audiences.

### **Revamping Schools to Promote Healthy Lifestyles**

“I can remember as a child in elementary school watching programs such as ‘Mulligan Stew,’ which taught children about the basic food groups,” said a social worker from Cabell County.

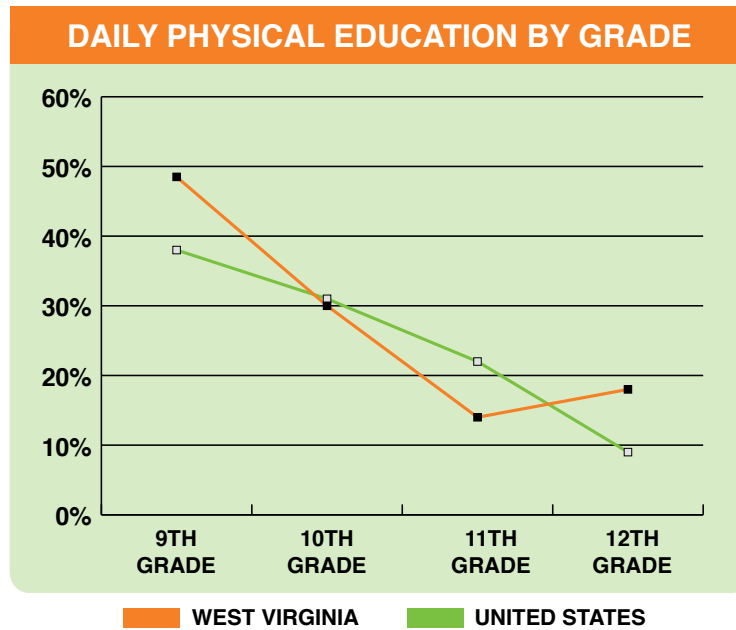
“We took home economics in middle and high school, where we learned how to cook healthy and time-saving meals. Then there was gym class that occurred everyday! In my opinion, there seems to be some correlation between doing away with these programs in school and the onset of obesity in children.”

Children and youth spend more time at school than anywhere other than home and eat one or two meals there on school days. Studies suggest that schools play an important role and could be doing more to counter obesity. For example, the number of high school students who have daily gym classes drops sharply in high school, averaging less than 30 percent across all four grades in West Virginia and the U.S.

Nationally, the vast majority of middle schools (67 percent) and high schools (83 percent) sell soft drinks to students, a practice that sends conflicting messages to young people about healthy choices. But many schools are reluctant to give up their contracts with soft drink vending companies because of the much needed revenue they provide to the school budgets -- \$6,000 per year, on average, for high schools, and about \$500 for middle schools.

Examples of Approach 3 in practice are state and local school board policies that restrict unhealthy beverages and snacks. The West Virginia State





(Source: Youth Risk Behavior Surveillance System, 2003)

Board of Education has adopted strict nutrition standards that include most of the guidelines recommended by the Institute of Medicine. At the local level, twenty-five county school boards have banned the sale of sugary soft drinks altogether.

Increasing physical education has proven to be a more difficult and costly task; daily gym classes would cost the state up to \$1 billion in new facilities, plus \$13 million per year to staff them, according to State Department of Education officials. One promising alternative is the popular, calorie-burning video dance game called “Dance Dance Revolution.” At least ten states are using the game in their public schools. In West Virginia, the game has been instituted in all middle schools, with plans to expand it to high schools. The project is a joint effort of the State Department of Education, the Public Employees Insurance Agency, and West Virginia University.

## Creating Safer and Healthier Communities

“When I was younger, my childhood friends and I would roam the ‘hills and hollers’ from sun-up to sundown,” said a volunteer coordinator in Kanawha County. “As long as I came home to eat and was back in time for bed, my parents never worried. We walked endlessly, rode bikes and played games because there was nothing else to do, but we were getting a lot of exercise in the process. Now, parents would never let a group of kids roam such a large area unsupervised.”

Restricting children’s “screen time” in front of televisions and computers won’t stop rising weights unless young people have physically active alternatives – ones that are safe and healthy. Obesity is more than an individual problem, according to Approach 3, and requires a communitywide response. One such strategy is to collaborate with West Virginia’s Main Street



program, which provides support for community and economic revitalization. Ripley Main Street, for example, created a community task force that has spearheaded the formation of a walking club, better lighting, safer streets and sidewalks, a map of local hiking paths, and several nutrition programs in the schools.

In Marion County, school and community groups recently teamed up to build a playground at Watson Elementary School that is accessible to all children, including the 840 area children who have special needs. In addition to a grant from the West Virginia Office of Healthy Lifestyles, local organizations donated funds and volunteers contributed their time to help construct the playground.



Watson Elementary School's new playground is accessible to all children, including those with special needs.  
(Reprinted with permission from the Times West Virginian, Fairmont.)

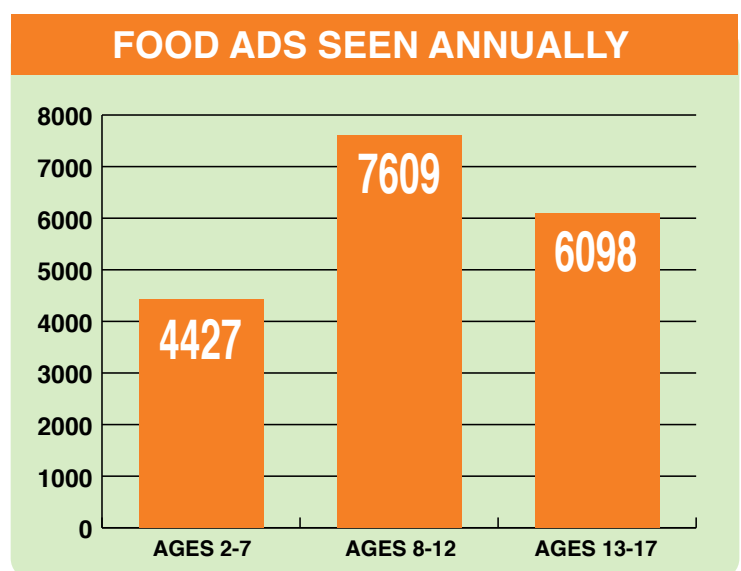
Another community-level challenge, especially in rural areas and low-income neighborhoods, is the availability of healthy foods in stores and restaurants. In West Virginia, a survey conducted in the ten largest cities found that only nine percent of restaurants had “heart-healthy” choices identified on their menus. A national study found that teens whose families had access to full-service grocery stores were less likely to be overweight, while teens in communities that had more convenience stores had higher rates of being overweight.<sup>13</sup>

“If families don’t have access to nutritious foods how can they set a healthy table?” said a health educator in Fayette County. “We need to admit that we have children in our poor communities that go hungry and that these children become obese because inadequate access to foods leads to poor quality foods and unhealthy lifestyle habits.”

## Curbing Unhealthy Advertising

Television poses a double risk for weight gain. In addition to being sedentary, children are also being exposed to a huge helping of ads for unhealthy foods. A recent study found that young people watch thousands of television food ads each year, almost three-quarters (72 percent) of which are for candy, snacks, cereals and fast foods.<sup>14</sup>

Another study analyzed the nutritional content of food being pitched to children and teens in television ads. Of food advertisements viewed by children under twelve years old, 97.8 percent were for



(Source: Kaiser Family Foundation, 2007)



"Pick a Better Snack" is a social marketing campaign of the West Virginia Nutrition Coalition.

products high in sugar, fat or sodium. The rate was 89.4 percent for ads viewed by adolescents.<sup>15</sup>

In early 2006, the Institute of Medicine convened an expert panel to review the available research on the relationship between food marketing and children's diets. The panelists concluded that food advertising significantly affects the preferences and diets of children, especially those under twelve years of age, and is linked to obesity in children and youth. They recommended that food advertising to children be shifted toward healthier options.

In late 2006, ten corporations that are responsible for two-thirds of the youth-oriented food advertising responded to public pressure and agreed to take action to cut back on junk food ads aimed at kids. The companies (General Mills, McDonalds, Coca-Cola, PepsiCola, Hershey, Kellogg, Cadbury Schweppes, Campbell Soup, Kraft Foods and Unilever) formed the Children's Food and Beverage Advertising Initiative to help them come up with guidelines. Their goal is to assure that at least half of advertising targeted to younger children is for healthy foods and lifestyles.

The West Virginia Nutrition Network has launched a social marketing campaign aimed at children and their caregivers to encourage them to eat more fruits and vegetables. Adapted from a program in Iowa, "Pick a Better Snack" includes public service announcements on radio and television, newspaper articles, and billboards, as well as information distributed through local service agencies.

## Learn More *Online...*

- **Children's Food and Beverage Advertising Initiative of the Better Business Bureau** is working to shift food ads aimed at kids toward healthier foods and lifestyles. <http://www.us.bbb.org/WWWRoot/SitePage.aspx?site=113&id=dba51fbb-9317-4f88-9bcb-3942d7336e87>
- **Main Street** is program sponsored by the West Virginia Development Office that provides support for community and economic development. <http://www.wvdo.org/community/mainstreet.html>
- **Standards for School Nutrition** are developed by the West Virginia State Board of Education to set nutrition standards for foods served and sold to students during the school day. <http://wvde.state.wv.us/policies/p4321.1.html>

## **Highlights of Approach 3:**

### **Create a culture of fitness.**

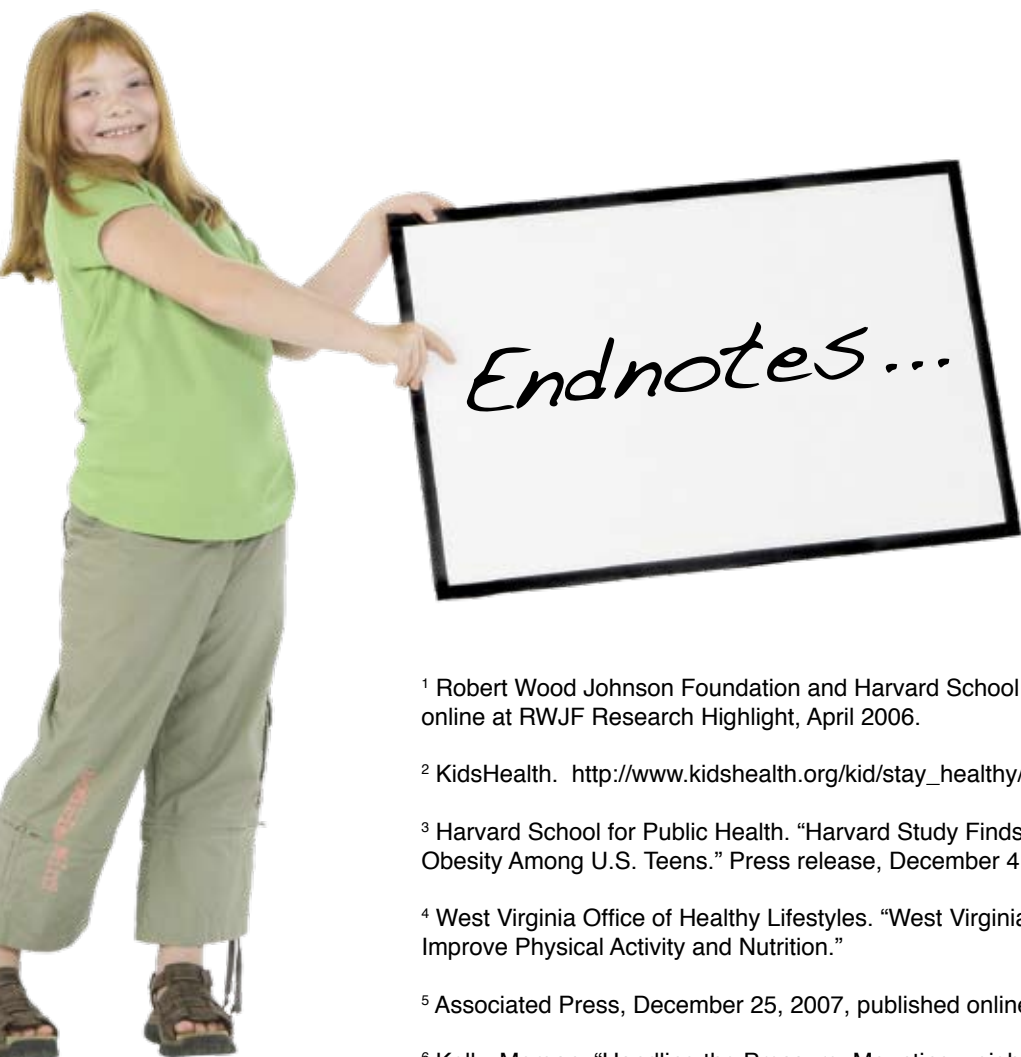
The crux of the problem is that our society bombards children and families with opportunities to eat more and do less. Fast foods, electronic pastimes, less gym time, and multi-car families have all contributed to the problem of obesity. We need to drastically change our home, school and community environments to restore a healthy balance between the calories we eat and the calories we burn. Advertisers need to become part of the solution by promoting healthier food options, especially to young audiences.

### **Actions that support Approach 3:**

- a. Expand opportunities for physical activity throughout communities, including sports leagues, walking and biking trails, and safe playgrounds and neighborhoods.
- b. Limit the advertising of unhealthy foods, especially to children, and encourage the promotion of healthy choices.
- c. Revamp schools to build in more gym classes and other physical activity and eliminate the sale of high-calorie soft drinks and snacks.
- d. Require all students to take home economics or life skills classes that teach them how to plan and prepare simple, nutritious meals.
- e. Provide healthier menu options and portion sizes at fast food and other restaurants.
- f. Include supermarkets in community development and land use plans to increase access to healthy food options in rural and low-income areas.

### **Concerns about this approach:**

A major concern about this approach is that it encroaches on the rights of businesses to advertise, on consumers to make their own choices, and on parents to raise their children as they see fit. There is no universally-accepted standard for the “perfect” weight or optimal physical fitness. This approach could lead to further stigmatizing of both children and adults who fall outside the perceived norm. Resources are also an issue since most communities lack the money needed to expand playgrounds, trails, and sports facilities. Schools may have to find ways to make up for lost revenues from vending machine sales.



<sup>1</sup> Robert Wood Johnson Foundation and Harvard School of Public Health Survey, reported online at RWJF Research Highlight, April 2006.

<sup>2</sup> KidsHealth. [http://www.kidshealth.org/kid/stay\\_healthy/fit/overweight.html](http://www.kidshealth.org/kid/stay_healthy/fit/overweight.html)

<sup>3</sup> Harvard School for Public Health. "Harvard Study Finds Major Energy Gap Contributes to Obesity Among U.S. Teens." Press release, December 4, 2006.

<sup>4</sup> West Virginia Office of Healthy Lifestyles. "West Virginia Everyday... A Statewide Plan to Improve Physical Activity and Nutrition."

<sup>5</sup> Associated Press, December 25, 2007, published online at MSNBC.com.

<sup>6</sup> Kelly, Morgan. "Handling the Pressure: Mounting weight causing hypertension in children." Charleston Gazette, September 19, 2005.

<sup>7</sup> Breen, Tom. Associated Press, January 26, 2008, published in the Saturday Gazette-Mail.

<sup>8</sup> Grayson, Charlotte, MD, editor. "Weight Loss: Emotional Eating." MedicalNet.com, 2004.

<sup>9</sup> "About Shapedown." [www.shapedown.com](http://www.shapedown.com)

<sup>10</sup> Food Research and Action Center. "Hunger and Food Insecurity in the United States." [www.frac.org](http://www.frac.org).

<sup>11</sup> Food Research and Action Center. "More than 35.5 Million Americans Struggled Against Hunger in 2006." Press release, November 17, 2007.

<sup>12</sup> United States Public Health Service. "Mental Health: A Report of the Surgeon General." 1999.

<sup>13</sup> Powell, L.M., Auld, Chaloupka, O'Malley, and Johnston. "Associations Between Access to Food Stores and Adolescent Body Mass." American Journal of Preventive Medicine, 2007, 33(4), pp. S301-S307.

<sup>14</sup> Kaiser Family Foundation. "Food for Thought: Television Food Advertising to Children in the United States." March 2007.

<sup>15</sup> Powell, L.M., Szczypka, Chaloupka, and Braunschweig. "Nutritional Content of Television Food Advertisements Seen by Children and Adolescents in the United States." Pediatrics, 2007, 120(3), pp. 1-8.



# Making it Happen

Please take the time to share your ideas with forum participants and with others.

- 1) What were the main ideas that came out of this forum?
- 2) What can you personally do to encourage healthy weights among youth?
- 3) What can your community do about the issue?
- 4) What policies – local, state or national – should be changed to encourage healthy weights?
- 5) How else can we use what we learned today?





*Contacts...*



