

Pulse

Vol. 1, No. 3

DuPage County Health Department

Summer 2008

The purpose of this two-page surveillance update is to promote the control and prevention of disease, disability, and premature death, as well as to monitor and improve our community health status, by providing clinically relevant information and resources to healthcare professionals in DuPage County.

Childhood Obesity

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The prevalence of obesity in the U.S. among children aged 6 to 11 years more than doubled in the past 20 years, going from 6.5% in 1980 to 17.0% in 2006. The rate among adolescents aged 12 to 19 more than tripled, increasing from 5% to 17.6%.¹ Obesity-related complications affecting virtually every organ (e.g., type 2 diabetes, fatty liver associated with excessive weight, crippling orthopedic problems, sleep apnea) are being diagnosed with increasing frequency in children.² Children who are obese are also at greater risk for social and psychological problems such as stigmatization, poor self-esteem, eating disorders, anxiety, and depression.^{1,2}

Obese young people are more likely than children of normal weight to become overweight or obese adults, and therefore more at risk for associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis. Healthy lifestyle habits can lower the risk of becoming obese and developing related diseases.³

As outlined by the Institute of Medicine, a call to action is emphasized for key stakeholders in private and public sectors to lead and commit to childhood obesity prevention, evaluate all policies and programs, monitor their progress, and widely disseminate promising practices.⁴

To offer perspective on the impact of childhood obesity, and in observance of National Physical Fitness and Sports Month in May by the President's Council on Physical Fitness and Sports, we invite Kara Green, R.N.B.C., B.S.N., School Health Program Manager at the DuPage County Health Department, to provide a guest editorial for our Summer 2008 issue.⁵ We also thank Rich Forshee, Section Chief, Discharge Data at the Illinois Department of Public Health, for his assistance.

References:

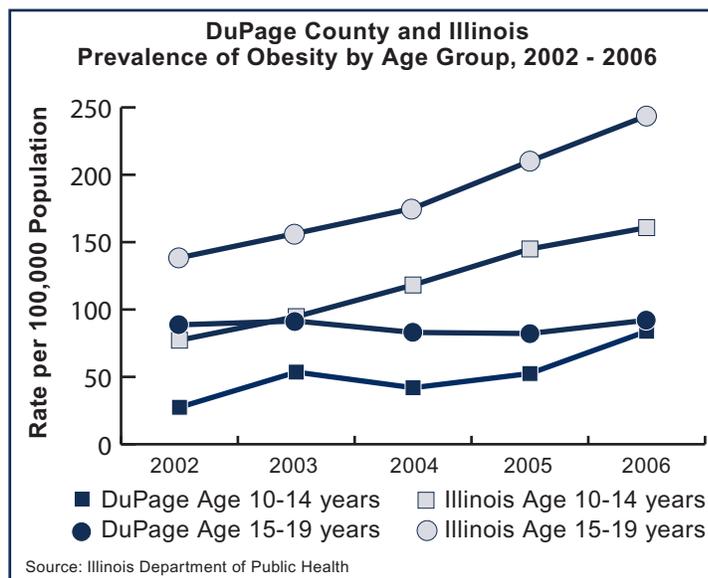
1. www.cdc.gov/HealthyYouth/obesity/index.htm
2. content.nejm.org/cgi/reprint/357/23/2325.pdf
3. www.surgeongeneral.gov/topics/obesity/
4. www.iom.edu/CMS/3788/25044/36980.aspx
5. www.fitness.gov/

The Obesity Epidemic

Helping families make healthier choices

Kara Green, RNBC, BSN
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DuPage County Health Department

From a public health standpoint, the good news about overweight and obesity is that attention to this topic has not waned. Many experts have recognized the epidemic proportions of the issue of obesity in America and the issue has garnered interest by the news media, sports celebrities, and the entertainment industry. We have adopted new health categorizations, new terms (such as "diabesity," the connection/causation between obesity and type II diabetes) and new treatments related to this health condition. The accepted screening tool of obesity and overweight for both children and adults, Body Mass Index (BMI), is now much more of a household term than it was ten or twenty years ago. Obesity and overweight top the list of chronic health conditions and health priorities for both the World Health Organization and the Centers for Disease Control and Prevention. Reducing the prevalence of obesity is a national Healthy People 2010 goal, as well as one of the Surgeon General's Public Health Priorities. Even individual Americans view obesity as a significant concern warranting action: 85 percent surveyed believe that obesity has reached epidemic proportions.¹ The recognition and need to address this health problem even registers locally as the number one rated issue in the DuPage



County Health Department IPLAN (Illinois Plan for Local Assessment of Needs) 2010 Goals.²

Despite the depth and saturation of information we have on this topic, the numbers are not showing improvement yet, especially for children. Data from two NHANES surveys (1976 - 1980 and 2003 - 2004) show that the prevalence of overweight among children and teens is increasing.³

According to the 2007 *Fas in Fat* report from the Trust for America's Health, obesity policies are failing America's children. In this report, Illinois ranked 14th in states with the highest rate of childhood overweight.

Progress is being made in policy, but no single approach will solve this problem. At a state level, Illinois is one of two states in the nation to screen students for diabetes (Continued)

References:

1. Public Opinion Survey by the Trust For America's Health, 2007
2. DuPage County Health Department IPLAN: www.dupagehealth.org/iplan2010/
3. www.cdc.gov/nccdphp/dnpa/obesity/childhood/prevalence.htm



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RESOURCES

School Health Program
(630) 682-7400, ext. 7300

Special Supplemental
Nutrition Program for Women,
Infants & Children (WIC)
(630) 682-7400, ext. 7559

Healthy Schools Campaign
www.healthyschoolscampaign.org

State Program for Nutrition &
Physical Activity
Illinois Department of
Public Health
(217) 785-1060

USDA Food Pyramid Tools
www.mypyramid.gov

Small Step Program
www.smallstep.gov

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Childhood Obesity

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and legislation has created both state and local school wellness initiatives. BMI is also included in the child health examination mandated for students. Changes in nutritional standards at the national and state levels are improving access to healthy food choices and

*“Progress is being made
in policy, but no single approach
will solve this problem.”*

helping to eliminate nutritionally bankrupt foods in the school setting. Although there are still existing gaps in policies and programs, it is clear that there are two major components to reducing obesity: nutrition and physical activity. The role of the government, the school, the workplace, and the community is not to be under-represented in addressing obesity epidemic; however, helping families become more physically active and choosing healthier foods is a significant role for every healthcare professional.

What Healthcare Professionals Can Do:

“The Expert Committee Recommendations Regarding Prevention, Assessment, and Treatment of Childhood and Adolescent Overweight and Obesity” provides a number of key points to guide practitioners in addressing this issue.⁴ These recommendations revise those previously issued in 1998 and offer opportunities for applications in the areas of prevention, assessment, and treatment. Some of the key points include:

- Universally assess BMI at least annually for all children and the classification should be integrated with information such as growth patterns, familial obesity and medical risks.⁵
- Use motivational interviewing and other patient-centered communication techniques versus

traditional healthcare delivery in order to help families identify their own motivation to change in areas specific to both healthy eating and physical activity behaviors.

- Implement a staged approach to treatment of childhood overweight and obesity, taking into consideration the physical and emotional development of the child as well as family readiness to change.⁶

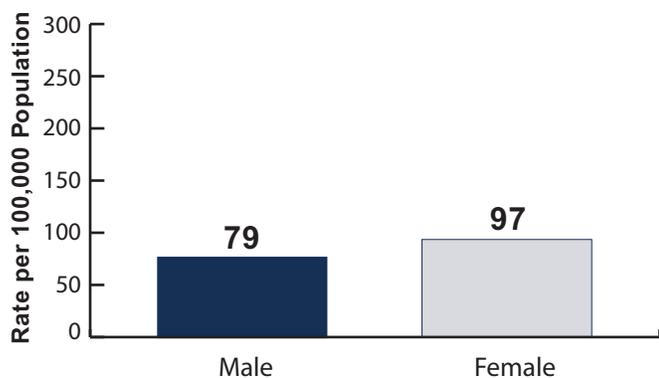
Target behaviors that may be encouraged by healthcare professionals for children and adolescents⁷:

1. Limiting the consumption of sugar-sweetened beverages
2. Encouraging a diet rich in calcium, high in fiber, and balanced energy sources with 9 servings of fruits and vegetables a day
3. Limiting television and screen time to a maximum of 2 hours per day
4. Eating breakfast daily
5. Limiting eating out at restaurants--particularly fast food
6. Encouraging family meal time
7. Limiting portion size
8. Promoting moderate to vigorous physical activity for at least 60 minutes a day
9. Encouraging exclusive breastfeeding to 6 months of age and through the introduction of solid foods

References (continued):

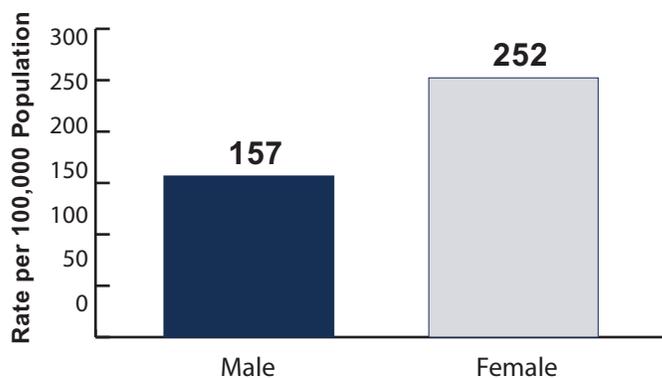
4. Barlow, Sarah and the Expert committee. *Pediatrics* 2007;120;S164-S192 available at <http://pediatrics.aappublications.org/>
5. More information about BMI calculation and current definitions: www.cdc.gov/nccdphp/dnpa/bmi/
6. Treatment guidelines are addressed in more detail in the supplemental article “Recommendations for Treatment of Child and Adolescent Overweight and Obesity” by Spears, Barlow, Ervin et al
7. These guidelines are generalities developed by the expert committee and should be used in combination with other medical guidance specific to the patient.

**DuPage County Rates of Obesity
by Gender for Age 10-19 Years, 2006**



Source: Illinois Department of Public Health

**Illinois Rates of Obesity
by Gender for Age 10-19 Years, 2006**



Source: Illinois Department of Public Health