

LD1160: Reducing Obesity Among Maine's School-Age Children

Size of the Problem

- Childhood obesity has more than doubled in children and tripled in adolescents in the past 30 years.¹
- Approximately one third of Maine children and adolescents are overweight or obese.²

Health Effects of Childhood Obesity

- Obese youth are more likely to have numerous health issues including^{3,4,5}:
 - High cholesterol or high blood pressure, which are risk factors for heart disease
 - Bone and joint problems, sleep apnea and social and/or psychological problems, such as stigmatization and poor self-esteem
- Children who are obese are more likely to be obese as adults and are at greater risk for heart disease, type 2 diabetes, stroke, several types of cancer and osteoarthritis.⁶

Medical Costs of Childhood Obesity in Maine

- Childhood obesity contributes to higher medical costs today and in the future, because obese children and adolescents are more likely than their non-obese peers to become obese adults.⁷
- The medical costs associated with Maine children and adolescents (both obese and non-obese) is estimated at \$1.2 billion over the next 20 years; over 42% of these costs (or \$503.7 million) are attributed to current obese children and adolescents, most of whom are expected to be obese adults.⁷
- Significant savings in future medical costs could be realized by reducing the current number of obese children and adolescents.⁷

Importance of Physical Activity During the School Day

- Physical activity has been shown to improve students' academic performance, including academic achievement and grades as well as concentration and attentiveness in the classroom.⁸
- The U.S. Department of Health and Human Services recommends that children and youth aged 6-17 participate in a minimum of 60 minutes of physical activity daily.
- Only half of Maine fifth graders report getting the recommended minimum of 60 minutes of physical activity per day.⁹
- A typical second grade student in Maine receives just 36 minutes of physical education per week.¹⁰
- Schools have a variety of opportunities to ensure children are physically active for 30 minutes each day, including recess, physical education and classroom physical activity.



Incorporating movement into the classroom is one piece of a comprehensive solution to the childhood obesity epidemic.

Why Prohibit the Use of Food as a Reward?

- When teachers and school staff use food as a reward it can undermine school nutrition education, lead to overconsumption of unhealthy foods, and teach children to eat when they are not hungry.
- According to the Food Allergy and Anaphylaxis Network, 8% of children have food allergies, and the prevalence is on the rise. Schools that prohibit the use of food as a reward are less likely to put the health of children with food allergies at risk.
- Prohibiting food as a reward does not mean children cannot be rewarded.
- Numerous resources are available to assist school staff seeking other ways of rewarding children.

Regular physical activity helps reduce the risk of developing obesity and related chronic diseases and increases student academic performance.

Let's all play a role in giving Maine kids their best shot at success.

1. Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of obesity and trends in body mass index among US children and adolescents, 1999-2010. *JAMA*. 2012;307(5):483-490.

2. MYIS, YRBS 2009

3. Freedman DS, Zuguo M, Srinivasan SR, Berenson GS, Dietz WH. Cardiovascular risk factors and excess adiposity among overweight children and adolescents: the Bogalusa Heart Study. *Journal of Pediatrics* 2007;150(1):12-17

4. Daniels SR, Arnett DK, Eckel RH, et al. Overweight in children and adolescents: pathophysiology, consequences, prevention, and treatment. *Circulation* 2005;111:1999-2002.

5. Dietz WH. Overweight in childhood and adolescence. *New Engl J Med*. 2004;350:855-857.

6. Guo SS, Chumlea WC. Tracking of body mass index in children in relation to overweight in adulthood. *Am J Clin Nut*. 1999;70:S145-148.

7. Medical cost study by Todd Gabe

8. US CDC 2010

9. MaineHealth Health Index Report, 2012

10. Maine DOE, 2010