

Tax foods with “minimal nutritional value” and/or create tax credits for fitness or wellness choices. More than 40 states have adopted taxes on sugary snacks or beverages, raising general revenues or reinvesting the proceeds in nutrition and anti-obesity programs.

Monitor nutritional and caloric guidelines for each meal coming with “incentives” such as toys or games. Recent legislation has promoted guidelines which monitor the maximum number of calories and minimum nutritional value of children’s meals coming with toys or games.

Restrict food advertising to children in public spaces. The Institutes of Medicine recommends that states promote the marketing of healthy foods and beverages. In 2009, only 46% of Michigan schools prohibited all forms of advertising and promotion of candy, fast food restaurants or soft drinks in all locations.

Monitor amounts of physical and health education in schools. Recent legislation suggests setting minimum amounts of physical and health education during the school day/week and systematically increasing the amounts over time.

Other legislation has attempted to introduce a database monitoring and recording physical activity programs in various schools and establishing guidelines where successful activities can be easily understood and recreated in other school districts.

Websites:

Michigan 4x4
www.michigan.gov/healthymichigan

CDC
www.cdc.gov/obesity

Healthy Kids, Healthy Michigan
www.healthykidshealthymich.com

The National Council of State Legislatures has compiled summaries of obesity-related legislation from 2003-2009: <http://www.ncsl.org/default.aspx?tabid=19776#BMI>

Guidelines for action at the family and community level from the American Academy of Pediatrics: <http://www.aap.org/obesity/families.html?technology=1>

The IOM’s report, “Food Marketing to Children and Youth,” provides background on the role of advertising in obesity: <http://www.iom.edu/Reports/2005/Food-Marketing-to-Children-and-Youth-Threat-or-Opportunity.aspx>

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An Overview of Children’s Health Issues in Michigan

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Overview of Childhood Obesity in Michigan:

In Michigan in 2009, 30.6% of children met the Center for Disease Control's (CDC) definition of being overweight or obese. Obesity remains the number one child health concern for the fourth straight year according to the University of Michigan C.S. Mott Children's Hospital National Poll on Children's Health. The consequences of childhood overweight and obesity are severe. The MIAAP survey of Michigan pediatricians, 2010 rated childhood obesity as the most prevalent health concern they encounter. According to the CDC, children who carry excess weight are at immediate risk for:

Health risks now

- Childhood obesity can have a harmful effect on the body in a variety of ways. Obese children are more likely to have—
- High blood pressure and high cholesterol, which are risk factors for cardiovascular disease (CVD). In one study, 70% of obese children had at least one CVD risk factor, and 39% had two or more.
- Increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes.
- Breathing problems, such as sleep apnea, and asthma.
- Joint problems and musculoskeletal discomfort.
- Fatty liver disease, gallstones, and gastro-esophageal reflux (i.e., heartburn).
- Obese children and adolescents have a greater risk of social and psychological problems, such as discrimination and poor self-esteem, which can continue into adulthood.

Health risks later

- Obese children are more likely to become obese adults. Adult obesity is associated with a number of serious health conditions including heart disease, diabetes, and some cancers.
- If children are overweight, obesity in adulthood is likely to be more severe.

Overwhelmingly, excess weight follows children into adulthood, with 70-80% of obese children becoming obese adults. In addition, BMI generally increases with age, so children who are overweight or obese now will probably become even more unhealthy in the future. University of Michigan researchers have found that Americans are becoming increasingly obese at younger ages, a fact which will impact longevity and has important implications for tax collection and the long-term solvency of pension and old-age programs. However, weight loss interventions which include behavior modification therapy, surgery, and pharmacology are effective. Many Michigan pediatricians donate such services to patients who cannot afford to pay for them out of pocket.

- Nationally, obese children on Medicaid have health care costs roughly three times as high as children with normal weight (\$6,730 versus \$2,246 in 2006).

- Treating obesity for adults and children together in Michigan cost \$29 billion between 1998 and 2000 including more than \$1.6 billion in direct costs to Medicare and Medicaid.

Difficult economic circumstances in Michigan have increased the obesity risk factors for low-income Michigan residents, while many of the state's major health and physical fitness initiatives have been cut because of a lack of revenues.

Researchers believe that excess weight in childhood is caused by a host of factors, including:

- Lack of access to healthy foods such as fresh fruit and vegetables
- Lack of opportunities to exercise at school or at home
- Lack of consistently high nutrition standards in schools
- Built environments, lack of "complete streets" and access to recreational facilities
- High levels of stress
- Cultural influences such as marketing and advertising of unhealthy foods

Several policies to fight weight gain in Michigan have already been put into action, though long-term, in-depth evaluations of most interventions have not been completed. Most Michigan schools have physical and health education policies in place, though they vary widely; only 57% of students reported attending gym class in an average week in 2009. Michigan has also established a voluntary BMI database which can be updated by health care providers through the Michigan Care Improvement Registry (MCIR).

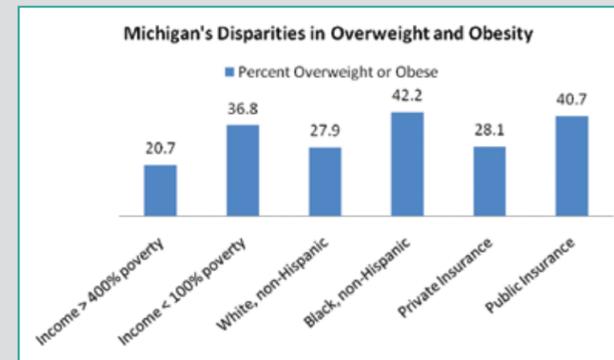
Michigan's Office of Nutrition, Physical Activity, and Obesity Program works to reduce overweight and obesity throughout the state by creating and promoting strategies to increase physical activity and healthy eating. With several partner programs, including the Centers for Disease Control, Michigan Healthy Communities, Healthy Kids, Healthy Michigan, Michigan Fitness Foundation, University of Michigan C.S. Mott Children's Hospital, Helen DeVos Children's Hospital, Michigan Chapter American Academy of Pediatrics, Health Weight Committee - MI-AAP, School-Community Health Alliance of Michigan, Michigan Council for Maternal and Child Health, it produces strategic policy plans, available at www.michigan.gov/preventobesity.

Entering height and weight in the database will automatically calculate BMI and provide physicians clinical support tools.

BMI Definition and Michigan Trends

From the CDC website: Body Mass Index (BMI) is a number calculated from a child's weight and height, using the following formula: (weight (lb) / [height (in)]² x 703). For children, BMI is used to screen for obesity, overweight, healthy weight, or underweight.

In Michigan, the combined rate of overweight and obesity among middle and high school students rose to 27.3 in 2011. Policies to combat weight gain at Michigan schools, such as limits on advertising and junk food, should be retooled to match successful efforts across the nation.



Source: 2007 National Survey of Children's Health

Other Childhood Obesity Initiatives in Michigan

Governor Snyder's MI 4x4 Plan

"Our vision is for Michiganders to be healthy, productive individuals, living in communities that support health and wellness, with ready access to an affordable, person centered, and community based system of care."

The facts point to Michigan having a public health crisis when it comes to obesity and chronic illnesses. 32% of adults are obese (BMI > 30) and 17% of youth are obese. Obesity is the root cause of most chronic illnesses.

Practice Four Key Healthy Behaviors

1. Maintain a Healthy Diet
2. Engage in Regular exercise
3. Get an Annual Physical Exam
4. Avoid all Tobacco Use & exposure

Know your Four Key Health Measures

1. Body Mass Index (BMI)
2. Blood Pressure
3. Cholesterol Level
4. Blood Glucose Level

Childhood Obesity Screening and Treatment Training (COSTT)

Michigan Chapter American Academy of Pediatrics (MI-AAP) in collaboration with Henry Ford Medical Group of Henry Ford Health System is piloting a new program with a grant provided by Blue Cross Blue Shield of Michigan. The program is Childhood Obesity Screening and Treatment Training (COSTT). The program will be focused on the task of preparing pediatricians to:

- Provide onsite education to clinicians and office staff on evidence based management evaluation and treatment of childhood obesity
- Increase the effective management of obese children with use of motivational interviewing, development of action plans
- Educate clinician and staff on use of BMI
- Improve provider's knowledge of anticipatory guidance to educate families on healthy lifestyle
- Educate office staff and physicians on billing codes for evaluation and treatment

Policy Alternatives:

Despite the well-known consequences of overweight and obesity, communities and governments have struggled to establish a proven set of policies to reduce excess weight among children or adults. Preventing obesity and overweight in children is more effective than treating the same conditions in adults. To that end, Michigan could embrace several policy options:

Expand insurance coverage (private or public) for obesity prevention and treatment.

Massachusetts and North Carolina have led the way in ensuring that kids have access to comprehensive weight loss treatment. In Michigan, Medicaid coverage of obesity treatment is limited, with most multidisciplinary services not reimbursed.