

Arkansas Childhood Obesity Audio Conference

Burness Communications

**Moderator: Chuck Alexander
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1:00 PM ET**

Operator: Good day ladies and gentlemen and welcome to the Arkansas Childhood Obesity conference call. At this time, all participants are in a listen-only mode. Later, we will conduct a question and answer session and instructions will follow at that time. If anyone should require assistance during the conference, please press star then zero on your touch-tone telephone. As a reminder, ladies and gentlemen this conference call is being recorded.

I would now like to introduce your host Katherine Thomas, from the Robert Wood Foundation. You may begin.

Katherine Thomas: Thank you yes; this is Katherine Thomas from the Robert Wood Johnson Foundation. Good afternoon everyone and thank you for joining the audio press conference to discuss the third annual Arkansas Assessment of Childhood and Adolescent Obesity. The audio conference will last approximately one hour. There will be a question and answer session immediately following the press program.

The presenters for today's call are Arkansas Governor Mike Huckabee, that's spelled H-u-c-k-a-b-e-e and Dr. Joe Thompson, that's spelled T-h-o-m-p-s-o-n. Governor Huckabee is recognized as a national leader in the areas of health promotion and healthcare reform. He has spearheaded a Healthy Arkansas initiative here in his home state and he recently completed his term as Chairman of the National Governor's Association, where he championed the Healthy America initiative.

He is also co-chair, with former President Bill Clinton, of the Alliance for a Healthier Generation. Dr. Thompson is the Surgeon General for the State of Arkansas and director of the Arkansas Center for Health Improvement. The center is an independent, non-partisan organization that works to address the root causes of poor health among Arkansas residents. It also seeks to establish health policies and initiatives that measurably improve health statewide.

The program will begin with Governor Huckabee providing highlights of recent findings regarding rates of childhood obesity among Arkansas Public School students. Dr. Thompson will follow with a more detailed discussion of the data and future steps. We will then open the phone lines for questions. A transcript of this audio conference will be available at www.achi.net by 5:00 p.m. central time on August 17th. Just to be clear, that's tomorrow.

A replay of this audio conference will be available from 3:00 p.m. today, Wednesday August 16th, until 11:00 p.m. on Tuesday, August 22nd, central time. The call-in number for replay is 888-266-2081, that's 888-266-2081. Please use the conference ID number 951925. And now, Arkansas Governor Mike Huckabee.

Gov. Huckabee: Thank you very much Catherine and thanks to all of you joining us on the conference call today. We feel we have some very significant and frankly, very good news coming out of Arkansas today. After more than a generation, certainly more than 25 consecutive years of seeing national numbers of childhood obesity continue to spiral out of control, we today are able to announce that that progression has stopped. And we have been able to show that an aggressive approach involving many many members of an overall team, both in the public and private sector, have resulted in Arkansas being able to demonstrate that, while these numbers continue to go up nationally, in Arkansas, we have stopped the runaway train.

The reason this is such good news is because up until now, there has been only the alarm going off, but nobody was bringing a hose to the fire. Today, we feel like something significant has happened with us being able to actually demonstrate that an aggressive, targeted and team approach to confronting childhood obesity can, in fact, result in a stopping of this spiraling, out of control issue.

We want to be clear that, we have not resolved the issue of childhood obesity; we've simply stopped it from getting worse. But, before we can start going the right way, we have to stop going the wrong way. What Dr. Thompson will describe in detail is, the methodology by which we've been able to arrive at the conclusion that, in fact, we have stopped going the wrong way, this is not the destination, this is the turning point. But without getting to that point where our direction was stopped we certainly couldn't even think about a destination of getting America's children, and particularly Arkansas' children, healthy again.

There are a lot of people to credit, including our State Legislators, who had the courage to join with me in passing Act 1120 back in 2003 that originally set up body mass index screening of all public school students, some 450,000 of them, in our entire state. In addition, the education community cooperated with us and did not give us the kind of push back that frankly, one might expect in undergoing some massive change in health screenings as a body mass index was. Especially since, it had never been done by any state on a statewide basis ever in the history of the country. And in fact, Arkansas still remains the only state that mandates it for every student in the public schools.

Another real key factor was, we had real cooperation from parents and I can't say enough about mom's and dad's who, when they received this discreet and confidential letter in the mail at home indicating their child's body mass index, overwhelmingly responded positively and favorably. And instead of just writing angry letters to the Governor's office, most of them went with their child to the pediatrician and started saying, "I think maybe I need some help." We've had many anecdotal stories, some very touching and heartwarming, of parents who really sought significant help to begin making a difference in the lives of their children.

But of all the heroes I want to point out, none stand taller and frankly, should be recognized with any greater significance in their role, than the Arkansas Center for Health Improvement. Dr. Thompson, who is currently our State Surgeon General and Chief Health Officer for the State, was Director of ACHI when this process started. And it was really the Center for Health Improvement that engineered the concept and then, helped to shepherd it through the legislature by explaining it repeatedly, to members who really had some queasiness about putting their name, and vote, on a Bill that would be so controversial, or at least we thought. And, further, without their having

compiled, collected and helped assemble and send this data to the parents, and then analyze it for our purposes here... none of this really, could've been possible.

So, I really want to say how much we are indebted to the Center for Health Improvement here in Arkansas for their efforts and for their leadership in this. And with their role and all the other partners involved in this, it has truly been I think, an effort that we can be proud of.

Most importantly is that, we, for the first time, have some positive news on the Childhood Obesity front. For the last several years, there's been stories after stories that have come forth and given us cause for concern, if not outright shock, alarm and even panic. We now believe we have the right message to say that we can turn this around.

We can give parents and most of all, children, hope that this is not in fact, destined to be the generation that will live a less life expectancy, or a shorter life expectancy than their parents and grandparents. And that's been our hope all along.

So with that I'm going to turn this over to Dr. Joe Thompson our State Surgeon General and Chief Health Officer, formerly director of the Arkansas Center for Health Improvement before I asked him to take the Surgeon General position, and let him kind of drill down into the information and tell you about the methodology and how we arrived at it. So, Dr. Thompson, it's all yours.

Dr. Thompson: Thank you Governor. And I am proud to be on the team here relating this information to our national press audience following our local press conference earlier today. I think this is important information.

From the Center for Disease Control data over the last three decades, we've seen a three-fold increase in the proportion of children that have an obesity risk that are in the heaviest category. And even in the last decade we've seen a 70% increase so the trend lines here graphically, have been only in the upward direction. In 2003, the Arkansas General Assembly, with the support and the signature of the Governor, put into place Act 1220, which is a very comprehensive, multi-faceted approach.

We have changed the components in our schools in the food that's offered in the vending machine availability, we have changed the way our Medicaid program reimburses for obesity care. We have changed community awareness; we've had a statewide dialogue on the potential future risks to our communities with childhood obesity. And through that legislation, also required was the annual measurement and assessment and reporting of the body mass index, to every parent of every public school student, Kindergarten through 12th grade, in every school across the state.

This follows the American Academy of Pediatrics and the Institute of Medicine's recommendation that every child have their BMI reported to the parents every year. From a clinical perspective, though, as a pediatrician I know and, all too often across the nation our clinicians know that, parents are not and have not, been getting that information. So a key gap in execution of the Institute of Medicine and the American Academy of Pediatrics recommendations was in place.

In 2003, the component of the Act that dealt with the body mass index assessment the Arkansas Center for Health Improvement, took on as its responsibility, in collaboration and partnership with the Executive agencies responsible for education and health. And with over 300 school districts across the state representing almost 1,100 individual schools, school superintendents, school nurses, principals, PE Teachers and so forth. This represents the educational arm of the state and local school districts that serve over 450,000 students across the state.

In that first year, we reported information on the students' BMI assessments. And quite frankly, we were shocked, as was the nation. The 2002 report from the Center for Disease Control, it had 30%, 3-0% of the children either in the heaviest or the next-heaviest risk category, 15% being overweight, 15% being at-risk. When we reported data from the 2003/2004 school year, we had over 38% of our children in one of those two heaviest categories, 20.9% being in the heaviest weight category. So, almost a 33% increase from the national estimates for our state in just a two-year period.

Now there are not good state-level data available, either historically or currently. Our state is the only state that has state-level, annual data that can report for the whole state's school population. So we don't have good comparative data to show this. The comparison that we have are the national data that, for the last 30 years have shown a trend line only in the upward direction at a very steep rate.

We started measuring in the 2003/2004 school year. The proportion of our students that were in that heaviest category was 20.9%. Last year we reported publicly that the number was 20.8% and this year we're proud to report and actually, want to claim support for the parents of Arkansas that, the rate of the heaviest group is 20.4%. Now, while that trend line, 20.9, 20.8, 20.4, does not have a very negative slope, it at least has a flat slope. And we're confident in claiming that the progression of the Childhood Obesity epidemic within the public school population in the State of Arkansas has been halted.

We see an increase in the proportion of healthy weight kids from 60.1% to 60.1% in the second year, to 60.6% in the third year. This is not to say that we don't have kids that are experiencing new risks, but as a population from a whole as examined, we have fewer kids that are in those heaviest weight categories. And I think it's important for us to put in perspective, no other state nor is there data for any other geographic area that, has been able to halt the progression of the childhood obesity epidemic.

This is our state report; we're releasing statewide data today. The burden of the obesity risk continues to be borne more heavily by the African American population and even more heavily still, by the Hispanic population. We see a statewide issue, this is not isolated in any one geographic area and we are not yet prepared to say what subgroup has experienced the greatest benefit from the multi-faceted, statewide effort that's been put in place.

Our dataset is the only longitudinal; it's the largest longitudinal dataset anywhere in the world that enables us to track the progress of the childhood obesity epidemic and to be able to characterize what does work and what does not work. Right now, what we know is that we implemented a lot of interventions statewide and in our statewide data are showing that as the Governor said, the train has been stopped from going in the wrong direction and it's time for us to turn it around and start moving it back to our destination that we desire.

We've got lots of good activities going on; our center's website will continue to be the place we anticipate releasing, as we have every other year, school district and even school level reports, with some schools having grade-specific level reports, to optimize the information that's available to parents, to PE teachers, to school nurses, and to school officials.

Again, what we have experienced here is for the first time, a true partnership between the education community and the clinical community, to come together and address this epidemic in support of parents, who are the most activated and the most needy of new health information to help them manage these risks. Many of which were previously unrecognized in their child.

Let me close with that and if I can, open for questions, either the Governor or myself will be available through the time period.

Operator: Ladies and gentlemen if you have a question at this time please press the one key on your touch-tone telephone. If your question has been answered or you wish to remove yourself from the que, please press the pound key. Once again, ladies and gentlemen if you have a question at this time please press the one key on your touch-tone telephone.

Our first question comes from Rob Stein from The Washington Post.

Rob Stein: Hi, yes, thank you very much for this. I appreciate you taking the time to answer some questions. Just had a couple of questions. The first was the change from 20.9 to I guess its 20.4, I just want to clarify that first off, what BMI group is that representing? And is that change considered statistically significant? And I guess is two years' worth of data enough time to know whether there's really a trend or just a blip?

Dr. Thompson: Sure, thank you for the questions. I'll try to answer all three, if I don't please come back and requery. In children, we cannot use absolute thresholds of BMI because their growth spurts are different for boys and girls, so we use percentiles. I think everyone probably on the call is familiar with that.

The 20.9/20.4 group is the group defined by the Center for Disease Control as the overweight or the heaviest risk group. And it represents those children that are at or above the 95th percentile reference to the 1970 population. So these are standardized percentiles, these are the same information and same classifications used by the Center for Disease Control with their National Health and Nutrition examinations NHANES data, which is the defenial source for the federal government to report.

Your second question is the change that we're observing statistically significant? Unlike the NHANES data, which is a sample of children from across the United States that, then does have to have a confidence interval around what their point estimate is, Arkansas' data, because of the mandate by the Legislature, is a census of all public health students. So there are no confidence intervals associated with our point estimate. Therefore, there is no question about whether it is statistically significant.

It is reflective of the state population of children and it represents a real change in absolute numbers, not a sample change from which we're drawing a statistical inference.

Rob Stein: I'm not sure if I'm still on or not but... if I am, the last question was, do you have any sense of whether this is really representing a change in the trend or could it just be a blip because it's only two years' worth of data?

Dr. Thompson: Right, yes, it's actually three years of sequential data. Obviously, the first year is the baseline and then two years of follow-up after that. Yeah, I think the interpretation that we have is, every other source of data has shown an upward trend across the last three decades, from the federal government and from state-based assessments of the Youth Risk Behavior Survey. Which, we can get into there.

That's a self-reported dataset so there are some questions about the accuracy of self-reported height and weight by adolescents. Both the NHANES data from the federal government and our data are actual measurements. We measure the height twice in each child and we measure the weight so that we have accurate assessments.

If the trajectory has been upward over the last three decades and we believe that Arkansas' trajectory has not been dissimilar from the Nation's as a whole, then the flat line represented by our three years of assessment is a significant variation in the trajectory.

We saw the flatline last year, when we went from 20.9 to 20.8%. There were concerns that that was a blip and therefore we did not make the claim that, we had halted the progression of the epidemic. We now have three years in a row that essentially, show a flat line, may even suggest a trend downward. Therefore, we're fairly confident this is not a blip that, this is a true change in the trajectory of the obesity epidemic for public school children in the State of Arkansas.

Rob Stein: Thank you.

Operator: Our next question comes from Claudia Wallace from Time Magazine, your line is open.

Claudia Wallace: Thank you, thank you for taking my question. One of my questions is also about statistical significance. And I know that you attempted to answer that question, but I just wanted to be clear that, the very slight downturn... is that within the standard deviation or is it significant?

Speaker: The... let me take just a second on the statistical issue. Almost every research project and all of our federal data, represent a sample of individuals, from which we generate a point estimate that has some uncertainty around what that point estimate is.

And the standard deviation, or the confidence intervals or the main issues around that, represent our confidence of what that number is. Only when we do a census and we actually go out and measure every person, do we eliminate that uncertainty.

Claudia Wallace: But you're not claiming any decrease at this point, you're claiming a flat line correct?

Speaker: We are giving you the census numbers, which we are claiming a flat line...

Claudia Wallace: Okay.

Speaker: The numbers themselves actually, in fractions of a percentage, are going down. We're not claiming that we've established a downward trend.

Claudia Wallace: Okay thank you for that... you know if the CDC has conducted a follow-up national survey, to which you might compare your data? Since, it would be interesting to know if nationally the trend, since 2002, has continued to be up or whether it, too, has flattened?

Dr. Thompson: We have worked closely with the Center for Disease Control and in particular, their nutrition [inaudible] division that's responsible for the analyses and the reports. The next NHANES data that will be released will occur in 2007 and be collected in 2005 and 6. So I think one of our challenges is Arkansas has a census data. We can drill down to the individual school district, the individual school, the individual grade... potentially the individual classroom, and provide information on an annual basis to track the direction of this epidemic.

Our federal data is only periodically available and it's a sample with the statistical issues that we've described. What we have to go on today is that, every one of those federal reports over the last three decades has showed an upward trend. And nobody has shown a flat line like we're able to describe in our data.

Claudia Wallace: I see, but in 2007, you're saying there will be new national data released?

Dr. Thompson: That is our understanding from the Center for Disease Control.

Claudia Wallace: Okay and finally, will you be releasing a more detailed analysis, as you said, with the drill-down data, to see whether certain types of interventions were more effective than others?

Dr. Thompson: Sure, we have three things that we anticipate as future opportunities and committed activities. The first will be, as we've done every year so far, later this fall we will come out with school district and school, and grade-level results that actually help the research community evaluate what their interventions have accomplished. It helps school districts; both clinical and administrative personnel understand what changes they put in place. And I think we will start seeing schools that start standing out in their ability to reduce the epidemic of childhood obesity. So I think that will be coming this fall, probably within the next two months, as we release data to schools for their management of the Act 1220 components in their local environment.

This dataset also, is the world's largest longitudinal dataset in that, we are able to track, anonymously of course, and blinded, individual students across years so that we'll be able to describe what sub-populations, for example gender and ethnic groups... we may either be having an impact on and we need to isolate and to share that information. Or we may be continuing to lose control of the epidemic and so we need to redouble our efforts to be able to help parents of those children be able to avoid their future health care risks.

So our second component will be the longitudinal nature of this dataset and what we're able to do in informing both the national policy and research communities, about what interventions appear to work and where we may need to redouble our efforts to identify new opportunities.

And that third and final aspect that we will be undertaking is, these children actually represent health risks now that will develop into diseases and human and fiscal costs to our health care system in the future. And we are exploring opportunities to look at what these children's health risks are and what future conditions, like Type II Diabetes, hypertension, like Asthma and other conditions that appear to be associated with obesity, what the level of that association is. What the human cost and what the financial cost is to the citizens of Arkansas.

Claudia Wallace: Okay thank you very much.

Operator: Once again, ladies and gentlemen if you have a question at this time, please press the one key on your touch-tone telephone. If your question has been answered or you wish to remove yourself from the que, please press the pound key. I have a follow-up question from Claudia Wallace from Time Magazine.

Claudia Wallace: I did have one more question. I wanted to know... I notice that, the greatest reason for kids not participating in the survey was that they were simply absent the day that this data was taken. And if that's correct, I wonder if you've done any spot checks on kids who were missing from the dataset to determine if perhaps, this might be a self-selected group that might in fact, be a more overweight group that didn't want to participate?

Dr. Thompson: I think, to focus on the data in the report... across all three years and in a fairly consistent manner the most common reason that we did not have a valid BMI assessment was that the child was absent on the day of the assessment. The absentee rates are fairly consistent across days with respect to whether or not the BMI was assessed.

We have done some spot-checking about differences in age and gender across the three years and we have done some spot checking about whether a school, who let parents know the assessment

was going to happen in advance, versus those who just do the assessment and then gave the report home. And we don't appear to see a systematic bias in that.

Obviously, one of the opportunities in tracking the longitudinal data that we'll be doing in that second phase that I just described is if we either have, at the State level or, what may be more likely, at the individual school level, any of these little blips that could affect our results. We don't think it would affect the overall state results. We do think that, those may be something that affected individual school results and we'll be looking for a school that for example, has a high level of absentee rates among overweight kids this year, compared to those that didn't last year.

One other follow-up on that, even those children who are absent the day of school... every parent gets a letter. We have actually, 10 different versions of the letter. We have a letter for overweight, a letter for at-risk, a letter for normal weight and a letter for underweight kids. And then a letter for parents whose child was not assessed for whatever reason. And then, we have the Spanish versions of those five so that we are able to target both, the highest risk group in the Hispanic population, as well as the English speaking population.

So I think over the three year period of time we have raised awareness both, in those parents whose kids we had BMI assessments, but also in those parents for, probably random but potentially intentional reasons, we did not go through a school assessment.

Claudia Wallace: Okay thank you.

Operator: I'm not showing any further questions at this time.

Katherine Thomas: Okay, if that is the case, we want to say thank you to both Governor Huckabee and to Dr. Thompson. And Just to reiterate that, a transcript of this audio conference will be available at www.achi.net by 5:00 central time on August 17th and a replay of the audio conference will be available from 3:00 p.m. today Wednesday August 16th, until 11:00 p.m. on Tuesday, August 22nd. And please note that that is central time. The call-in number for replay is area code 888-266-2081 and please use conference ID number 951925. And thank you to everyone who took part today.

Operator: Ladies and gentlemen, than you for participating in today's conference. This does conclude the conference you may now disconnect. Everyone have a wonderful day.