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ARKANSAS RELEASES LANDMARK DATA ON CHILDHOOD OBESITY

Data from the Arkansas Center for Health Improvement Show Progression of the Epidemic Has Been Brought to a Standstill

Little Rock, Ark. (Wednesday, August 16, 2006) — Arkansas Governor Mike Huckabee today announced the results of the third annual Arkansas Assessment of Childhood and Adolescent Obesity. The new statewide data show that, while childhood obesity is still a major threat, Arkansas has halted the progression of the epidemic among its public school students.

"It's clear that Arkansas is leading the nation in efforts to halt childhood obesity," said Huckabee. "While we still have a lot of work to do, we're creating a culture of better health in our state."

Researchers at the Arkansas Center for Health Improvement (ACHI) analyzed the results of three consecutive years of body mass index (BMI) screenings for Arkansas public school students. The data reveal that the percentage of students classified as overweight decreased from 20.9 percent during the first year to 20.4 percent this year. It also shows that the percentage of students at risk of being overweight—the category between "healthy weight" and "overweight"—declined slightly over the same period from 17.2 percent to 17.1 percent.

While childhood obesity threatens children in all racial, ethnic and socioeconomic groups, African-American and Hispanic children living in low-income communities are especially at risk. If the national epidemic continues to grow unabated, obesity-related illnesses could cause today's young people—for the first time in U.S. history—to have a lower life expectancy than their parents' generation.

The problem is especially pronounced in Arkansas, where nearly 38 percent of children and adolescents are overweight or at risk of being overweight. Obesity rates among children and adults in Arkansas have grown steadily over the last decade, and the state regularly exceeds the national average for obesity rates.

- more -

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To address these alarming trends, state legislators passed Act 1220 of 2003, a unique and comprehensive approach to addressing childhood obesity in schools and communities. The most attention-getting provision of the Act requires the annual screening of each public school student's BMI and the confidential reporting of results to parents. The Act also calls for increased access to healthier foods in schools, as well as community involvement in encouraging physical activity and sound nutrition.

In response to the BMI reporting requirement, ACHI collaborated with policymakers and school personnel to create a system for measuring, weighing and calculating BMI levels for all public school students. For each of the past three years, ACHI has analyzed the resulting BMI data at the school, school district and state levels. Because of its size and methodological rigor, ACHI's BMI database represents the country's most comprehensive and accurate single-state profile of the childhood obesity epidemic.

"The most important reason for BMI assessment and reporting is to provide parents with critical information about a health risk to their children that's all too often unrecognized," said Joseph W. Thompson, MD, MPH, ACHI director and Arkansas surgeon general. "At the same time, it provides a valuable opportunity for us to understand and track the epidemic."

The Arkansas Assessment of Childhood and Adolescent Obesity demonstrates that community members, parents, clinicians, educators, state health officials and legislators can work together to make a meaningful difference. While bringing the rise of childhood obesity to a standstill is a remarkable achievement, ACHI recognizes that reversing the epidemic will require a sustained effort.

"Arkansas' efforts are pointing us in a direction that just might save our children," said Risa Lavizzo-Mourey, MD, MBA, president and CEO of the Robert Wood Johnson Foundation. "Arkansas has halted the rise in obesity among its children and demonstrated how policy and practice can bring better health to the public." The Foundation provided support to ACHI for the creation of its BMI database and for data analysis.

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The Arkansas Center for Health Improvement is a non-partisan, independent health policy center whose mission is to serve as a catalyst for improving the health of Arkansans through evidence-based research, public issue advocacy and collaborative program development. For more information, visit www.achi.net.

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 30 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime. For more information, visit www.rwjf.org.

Arkansas Governor Mike Huckabee

Mike Huckabee became Arkansas' governor in 1996 and is currently the second-longest serving governor in the country. In a state where his party is the minority, Gov. Huckabee has proven he can work across party lines to get things done.

Last year, *Governing* magazine named Huckabee one of its Public Officials of the Year, and *Time* magazine named him one of the five best governors in America. In December 2005, Huckabee also received the AARP's Impact Award.

Most recently, Gov. Huckabee has gained national notoriety for his personal journey to health, losing 110 pounds in a little over a year and recently completing two marathons. His Healthy Arkansas initiative aimed at encouraging people to make healthy lifestyle choices, has become a model for the nation. Huckabee's fourth book, "Quit Digging Your Grave With A Knife And Fork," has received favorable reviews across the country. He fought for passage of the Clean Indoor Air Act of 2006 which creates a smoke-free environment for all Arkansans to work and do business.

During his tenure, Gov. Huckabee created the ARKids First program, providing access to health care to tens of thousands of uninsured children, ensured that 100 percent of the state's tobacco settlement funds are used for health purposes, implemented education reforms that have resulted in steady increases in student test scores, promoted technology to the point where Arkansas was recognized as having the best online services in the country, completed the largest road construction project in the state's history, rehabilitating the state's system of crumbling interstate highways, and pushed through the Arkansas Legislature the first major, broad-based tax cuts in state history.

Huckabee became chairman of the National Governors Association in 2005 and is promoting his Healthy America Initiative across the country. Huckabee is also the Chairman of the Education Commission of the States where he is shining a light on the importance of the arts in education.

Gov. Huckabee loves to play bass guitar in his Rock-n-Roll band, Capitol Offense, which has opened for artists such as Willie Nelson and the Charlie Daniels Band, and has played the House of Blues in New Orleans, the Red Rocks Amphitheater in Denver, Colorado and for two presidential inauguration balls.

The governor and his wife, Janet, have three grown children - John Mark, David and Sarah, a black Labrador named Jet and a Shitz Tsu named Sonic.

Joseph W. Thompson, MD, MPH

Joseph W. Thompson, MD, MPH, the Surgeon General for the State of Arkansas, is responsible for identifying strategies across state government and shaping policies to improve the health of Arkansans. Also, as the Director of the Arkansas Center for Health Improvement (ACHI), he is responsible for developing health policy, research activities, and collaborative programs that promote better health and health care in Arkansas. He works closely with the Governor's office and the Arkansas Legislature as well as with public and private organizations to support relevant public health policy topics such as access to quality care. Through ACHI, Dr. Thompson has led efforts in planning and implementing obesity- and tobacco-related health promotion and disease prevention programs and health care financing reform. Dr. Thompson is also an active faculty member of the Colleges of Medicine and Public Health at the University of Arkansas for Medical Sciences (UAMS) and practices as a general pediatrician and preventive medicine specialist at Arkansas Children's Hospital. He is the Principal Investigator (PI) on a Robert Wood Johnson Foundation-funded grant on *School Policies to Combat Childhood Obesity* and has served as the PI for Health Resources and Services Administration (HRSA) and RWJF grants to expand and stabilize health insurance coverage. His publications reflect his research interests in varied areas of health care—access, quality, and disparities in receipt of care. He earned his MD from UAMS and MPH from the University of North Carolina at Chapel Hill. He was a Robert Wood Johnson Clinical Scholar and was the first Agency for Healthcare Research and Quality Child and Adolescent Health Scholar.

Rhonda Sanders, MPH, BA

Rhonda Sanders has worked for Arkansas Advocates for Children & Families (AACF) in multiple capacities for the last twelve years. Currently, she is the Director of Health Policy and Legislative Affairs. In her current position she stays abreast of Medicaid and SCHIP policy for the state, monitors Medicaid enrollment and utilization of services for children in the state and advocates with state policy makers to improve the health care delivery system for children in Arkansas. She has served as the project director for both Covering Kids and Covering Kids and Families for the past 7 years. Rhonda is the chairperson of the Child Health Advisory Committee for ACT 1220 and a member of the state's Health Adequacy Committee. Prior to working at Arkansas Advocates she worked at the Arkansas Department of Health where she was the director of the Child Health Planning project. She is a graduate of Ouachita Baptist University with a degree in Accounting and received a Master in Public Health from the UAMS College of Public Health last year.



The **Arkansas Center for Health Improvement (ACHI)** was formed in 1998 as an innovative solution to the health crisis faced by Arkansas—a solution that is producing results. When ACHI was formed, a preponderance of data showed that Arkansans consistently fell well below national health standards. These problems stemmed from a combination of factors: low rates of health insurance, lack of access to quality health care, health disparities by race, and environmental and socioeconomic influences. Contributing to this crisis were unhealthy lifestyles and behaviors and a history of insufficient emphasis on health promotion and disease prevention. Today, the environment in Arkansas is changing to support and promote health.

ACHI's founding philosophy is that Arkansans' poor health status will not improve until root causes are addressed and health policies and initiatives that alter behaviors and measurably improve health are established. Arkansas has highly regarded health care professionals and facilities; however, prior to ACHI, no single organization accepted responsibility for improving all Arkansas's overall health and health care.

Acting as an independent nonpartisan organization, ACHI has mastered the use of scientific evidence to influence policy without losing its objective status. By stimulating, supporting, and complementing the work of other institutions committed to health improvement, rather than duplicating efforts, ACHI gains the synergy critical to improving Arkansans' health. Thus, ACHI has effectively focused attention on multifaceted, complex determinants of poor health while fulfilling its mission—*to be a catalyst for improving the health of Arkansans through evidence-based research, public issue advocacy, and collaborative program development.*

ACHI's vision is to be a trusted health policy leader committed to innovations that improve the health of Arkansans. ACHI's innovative approach, independence, and collaborative atmosphere enable it to broker support for and catalyze the creation and implementation of policies, programs, and services that positively influence health.

To create and disseminate the knowledge needed by other organizations and the public to improve the health of Arkansans, ACHI concentrates efforts in three key areas while considering factors that influence health at individual, system, and societal levels:

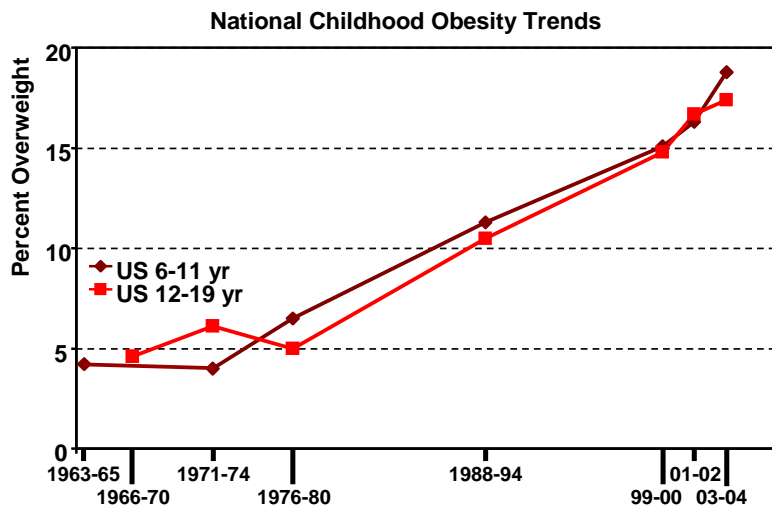
- Evidence-based research—ACHI is an unbiased resource for health data with analytic expertise and scientific skills necessary to guide health policy
- Public issue advocacy—ACHI supports, stimulates, and enhances others' work by creating and disseminating knowledge necessary to improve health
- Collaborative program development—ACHI is a catalyst and leader in developing innovative statewide programs focused on health and health care.

Prevalence of Obesity

National rates of obesity in both adults and children have risen dramatically over the past two decades. Results from two key national surveys—the Youth Risk Behavior (YRBS) and National Health and Nutrition Examination Survey (NHANES)—show a rising epidemic of obesity among youth.

The CDC defines at risk for overweight as having a BMI-for-age ≥ 85 th percentile and < 95 th percentile and overweight as having a BMI-for-age ≥ 95 th percentile.¹

The NHANES studies show dramatic increases the prevalence of childhood overweight over the past three decades, as shown in the graphic. The 2003–2004 NHANES data estimate that 33.4% of those aged 2–19 years were at risk for overweight or overweight.²



NHANES data sources: Ogden et al. *Prevalence and Trends in Overweight Among US Children and Adolescents, 1999-2000*. JAMA 2002;288(14):1728-1732. Ogden et al. *Prevalence of Overweight and Obesity in the United States, 1999-2004*. JAMA 2006;295(13):1549-1555.

This trend has important public health implications because approximately 50% of adolescents with a BMI ≥ 95 th percentile become obese adults³ and 70% of these adolescents are more likely to become overweight or obese adults.⁴

The 2005 YRBS reported that 28.8% of U.S. high school students were at risk for overweight or overweight.⁵ Prior to the BMI screenings, the most recent estimates available regarding Arkansas youth were self-reported surveys published by CDC in 2001, which suggested that 30 percent of high-school students reported information suggesting they were at risk for overweight or overweight; recently released 2005 YRBS data shows 32 percent of students being classified in these two weight categories. A limitation of the YRBS is self-reporting of data which underestimates the prevalence of overweight in adolescent populations.⁶

Arkansas data collected through Act 1220 of 2003 now provide a state population-based census of BMI for examination.

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Arkansas Act 1220 of 2003

The Arkansas General Assembly passed Act 1220 of 2003* to address the crisis of childhood and adolescent obesity. The goals of this landmark legislation are to positively change the environment within which children go to school and learn health habits everyday, to engage the community to support parents and build a system that encourages health, and to enhance awareness of childhood and adolescent obesity. Key requirements of the Act are to:

- Create a 15-member statewide Child Health Advisory Committee (CHAC)** to make recommendations to the State Board of Education and State Board of Health regarding physical activity and nutrition standards and related environment in public schools
- Employ community health promotion specialists
- Eliminate access to vending machines in public elementary schools
- Require that schools disclose contracts for competitive (i.e., non-USDA School Lunch Program) foods and beverages
- Assess annually body mass index-for-age (BMI) of all public school students (kindergarten–12th grade), with the results and an explanation of possible health effects reported to parents on school report cards (later amended to separate and health reports)
- Create school district-level nutrition and physical activity advisory committees to raise awareness and create local policies

To support and expand a unique and nationally recognized statewide effort to combat childhood and adolescent obesity, the Arkansas Center for Health Improvement (ACHI) was asked by the Arkansas Departments of Education and of Health to develop and implement standardized protocols to assess and report the BMI of all public school students in the state. Currently, ACHI is working to (1) support, maintain, and enhance the Arkansas BMI Initiative epidemiologic database to enable accurate individual reporting and facilitate analyses, reports, and research not required in Act 1220, including creating a web-based data entry and reporting mechanism.

Annual evaluations of Act 1220 programs are being conducted by the College of Public Health at the University of Arkansas for Medical Sciences. With respect to BMI assessments, key findings of the year 2 evaluation indicated that parents and adolescents continued to be generally accepting of and comfortable with BMI measurements and reporting in the schools and no negative outcomes were found that seemed to be related to BMI measurement.

* Source: AR Annotated Code, 20-7-133-135, 2003. **CHAC members represent the AR Dept. of Health and Human Services; AR Dietetic Association; AR Academy of Pediatrics; AR Academy of Family Practice; AR Association for Health, Physical Education, Recreation, and Dance; jointly the AR Heart Association, American Cancer Society, and American Lung Association; College of Public Health of the Univ. of AR for Medical Sciences; AR Center for Health Improvement; AR Advocates for Children and Family; Univ. of AR Cooperative Extension Service; AR Dept. of Education; AR School Food Service Association; AR School Nurses Association; AR Association of Education Administrators; and AR Parent Teacher Association.

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National Recommendations to Combat Obesity

The dramatic trends in both child overweight and adult obesity, coupled with increased health and financial burdens associated with weight problems, have stirred health policy oriented organizations and federal agencies to propose recommendations to confront this crisis.

In a 2001 call to action, *Overweight and Obesity: A Vision for the Future*,⁷ then U.S. Surgeon General David Satcher prioritized 15 recommended activities for immediate national implementation by individuals, families, communities, schools, organizations, and government. These activities are centered around communicating with and educating the public about health issues related to overweight and obesity; taking action to assist Americans in balancing healthful eating with regular physical activity; and investing in research on the causes, prevention, and treatment of overweight and obesity.

Researchers and policy makers acknowledge that the problem of obesity is a complex issue; despite numerous studies, no single treatment approach across all age bands has attained universal acceptance or demonstrated consistently positive outcomes. It is well accepted, however, that overweight children have a much higher propensity for becoming obese adults.^{3, 4, 8-11} Additionally, overweight in childhood is linked to increased morbidity in adulthood.¹²⁻¹⁷ Thus, many national recommendations have centered on preventing and combating child and adolescent obesity.

The American Academy of Pediatrics (AAP) in 2003 recommended strategies to foster prevention and early identification of overweight in children.¹⁸ In one recommendation, pediatricians are strongly encouraged to initiate overweight prevention by incorporating BMI assessment of children and guidance to parents during office visits. Another key strategy recommended by the AAP calls for community advocacy for interventions targeting children's health through collaboration of local, state, and national organizations, including schools and health care organizations.

In 2004, the Institute of Medicine (IOM) responded to a Congressional request for a prevention-oriented action plan for childhood obesity. IOM released the report, *Preventing Childhood Obesity*,¹⁹ which concluded that child and adolescent obesity is an epidemic affecting all 50 states. The report detailed a proposal for a comprehensive national strategy that included specific recommended actions for families, schools, industry, communities, and government. Social, environmental, medical, and dietary factors responsible for the increased prevalence of childhood obesity were also discussed. The IOM's plan identified both short- and longer-term interventions, as well as recommendations for the roles and responsibilities of numerous stakeholders.²⁰ A key IOM recommendation is that schools conduct annual assessments of each student's weight and height to generate gender- and age-specific BMI percentiles and make this information available to parents and students (when age appropriate). Arkansas's BMI Initiative was highlighted in the section on school activities (Box 7-4, p. 271).¹⁹

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What is a Body Mass Index (BMI)?

A body mass index (BMI) measurement for children or adolescents is:

- ***A calculation based on height, weight, age and gender.*** Children's body fat content changes as they grow. Also, girls and boys differ in their body fat content as they mature. This is why BMI for children, also referred to as BMI-for-age, is gender and age specific.
- ***A screening tool.*** An elevated BMI does not necessarily mean a child is obese. For example, a stocky, muscular child can have an elevated BMI but a physician is the best judge of accuracy for body weight and health.
- ***Recommended by the American Academy of Pediatrics.*** In a 2003 policy statement, the American Academy of Pediatrics recommends that every child every year have his or her BMI assessed.
- ***Informative.*** BMI raises awareness among parents about health risks associated with obesity and overweight. Obese children now have diseases such as type 2 diabetes that previously only occurred in adults. Overweight kids tend to become overweight adults, continuing to put them at greater risk for heart disease, high blood pressure, and stroke.
- ***A guide to help parents tell if their child is at risk of being overweight or underweight.*** Many parents are not aware of their child's BMI and do not routinely discuss weight issues with their child's physician.
- ***Supported by scientific evidence that parents will use BMI information to modify their children's nutritional and physical activities.*** According to a study in the Archives of Pediatrics and Adolescent Medicine, parents of overweight children in Cambridge, Massachusetts, who received health and fitness reports planned to change their child's diet and physical activity levels.

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SAMPLE CHILD HEALTH REPORT (Healthy-weight Student, English Version)

«Example School District»
«Example School Name»
«Address»
«City, AR, #####»

January 26, 2006

«Parent Name»
«MailingAddress1»
«MailingCity», «MailingState» «Zip»

Dear Parent or Guardian:

This important letter is about the health of «*Example Student*». Please read all of it.

Many children in Arkansas have health problems caused by their weight. Recently, your child's height and weight were measured at school. Height, weight, age, and gender are used to figure body mass index percentile (BMI). A BMI is a screening test that only tells if a person is overweight, at risk for overweight, a healthy weight, or underweight.

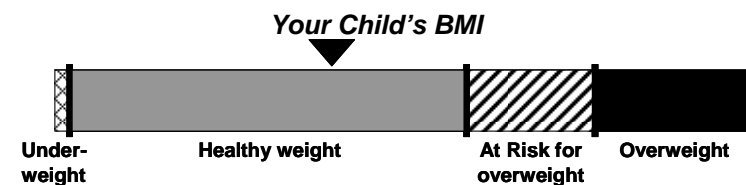
If a child is overweight, it is usually because the child has too much body fat. Children who have too much body fat have higher risks of health problems than those who have a healthy weight. Overweight or at risk children are more likely to become overweight or obese adults. Obesity may lead to diabetes, high blood pressure, heart disease, and many other problems. Children who are underweight may also have health problems.

Why was a BMI measurement done by the school?

State law requires your child's school to measure BMI every year and send a report to you. Arkansas schools also screen children to look for problems with hearing and eyesight. Measuring your child's BMI is another way to help improve her health. Actions taken now may lower the risk of developing serious illnesses as a child gets older. So, it is important to measure BMI every year to see if your child is growing and developing in a healthy way.

Is your child's weight a health problem?

Your child was weighed and measured on 01/26/06. «*Example*» was 5 feet 1 inch tall and weighed 105.2 pounds, which gives her a BMI that suggests she has a **HEALTHY WEIGHT**.



Arrow shows your child's BMI compared with other Arkansas school children.

What should you do?

Because «*Example*» has a BMI that suggests she has a **healthy weight**, you should talk to your child's doctor about monitoring her weight to prevent future health problems. Please show this letter to your doctor («*Example*»'s BMI was **19.8** or **53.0** percentile). Your doctor will recheck your child's BMI to make sure the measurements done at school are correct. Your doctor can also discuss healthy diet and activity choices for your child. For example, the American Academy of Pediatrics, a group of doctors who care for children, suggests that your family should:

- Offer healthy snacks like fruits, vegetables and foods low in sugar and salt.
- Drink fewer sodas and more water, low-fat milk or low-calorie drinks.
- Limit television and video time to no more than 2 hours a day.
- Take family walks, bicycle, run or exercise with your child.

Healthy habits start early. Please be aware that diet and physical activity will affect your child's health and life.

Thank you,
«Example School Name»

Please go to www.achi.net (OR) www.healthylarkansas.com for more information.

SAMPLE CHILD HEALTH REPORT (Overweight Student, English Version)

«Example School District»
«Example School Name»
«Address»
«City, AR, #####»

January 26, 2006

«Parent Name»
«MailingAddress1»
«MailingCity», «MailingState» «Zip»

Dear Parent or Guardian:

This important letter is about the health of «*Example Student*». Please read all of it.

Many children in Arkansas have health problems caused by their weight. Recently, your child's height and weight were measured at school. Height, weight, age, and gender are used to figure body mass index percentile (BMI). A BMI is a screening test that only tells if a person is overweight, at risk for overweight, a healthy weight, or underweight.

If a child is overweight, it is usually because the child has too much body fat. Children who have too much body fat have higher risks of health problems than those who have a healthy weight. Overweight or at risk children are more likely to become overweight or obese adults. Obesity may lead to diabetes, high blood pressure, heart disease, and many other problems. Children who are underweight may also have health problems.

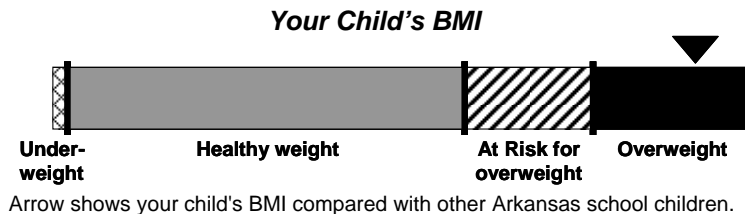
Rarely, a child's BMI may be high (at risk for overweight or overweight) because the child is very muscular. Being muscular does not increase health problems for children. Only a doctor can tell if a BMI is high because of too much body fat. Occasionally, a medical condition can contribute to a child's weight. Based on the information below, you may want to talk to your child's doctor.

Why was a BMI measurement done by the school?

State law requires your child's school to measure BMI every year and send a report to you. Arkansas schools also screen children to look for problems with hearing and eyesight. Measuring your child's BMI is another way to help improve his health. Actions taken now may lower the risk of developing serious illnesses as a child gets older. So, it is important to measure BMI every year to see if your child is growing and developing in a healthy way.

Is your child's weight a health problem?

Your child was weighed and measured on 01/26/06. «*Example*» was 5 feet 6 inches tall and weighed 187.6 pounds, which gives him a BMI that suggests he may be **OVERWEIGHT**.



What should you do?

Because «*Example*» has a BMI that suggests he may be **overweight**, you should talk to your child's doctor. Please show this letter to your doctor («*Example*»'s BMI was **29.7** or **97.4** percentile). Your doctor will recheck your child's BMI to make sure the measurements done at school are correct. Your doctor can also discuss healthy diet and activity choices for your child. For example, the American Academy of Pediatrics, a group of doctors who care for children, suggests that your family should:

- Offer healthy snacks like fruits, vegetables and foods low in sugar and salt.
- Drink fewer sodas and more water, low-fat milk or low-calorie drinks.
- Limit television and video time to no more than 2 hours a day.
- Take family walks, bicycle, run or exercise with your child.

Healthy habits start early. Please be aware that diet and physical activity will affect your child's health and life.

Thank you,
«Example School Name»

Please go to www.achi.net (OR) www.healthyarkansas.com for more information.

SAMPLE CHILD HEALTH REPORT (Healthy-weight Student, Spanish Version)

«Example School District»
«Example School Name»
«Address»
«City, AR, #####»

January 26, 2006

«Parent Name»
«MailingAddress1»
«MailingCity», «MailingState» «Zip»

Estimados Padres:

Esta carta importante se refiere a la salud de «*Example Student*». Por favor léala toda.

Muchos niños en Arkansas tienen problemas de salud debido a su peso. Recientemente, en la escuela de su niño, la estatura y su peso fueron medidos. Las medidas de peso y estatura, así como la edad y el sexo se usaron para calcular el percentil del índice de masa corporal (IMC). El IMC es una prueba inicial que sugiere si una persona tiene sobrepeso, está al riesgo de sobrepeso, tiene peso apropiado o está baja de peso.

Si un niño está pasado de peso, usualmente se debe a que tiene un exceso de grasa corporal. Los niños que tienen exceso de grasa corporal tienen más riesgo de tener problemas de salud que los niños con un peso apropiado. Los niños que están pasados de peso o en riesgo de estar pasados de peso son más propensos a ser adultos obesos o con sobrepeso. La obesidad puede causar enfermedades tales como diabetes, alta presión, problemas del corazón así como otros problemas de salud. Los niños bajos de peso también pueden tener problemas de salud.

¿Por qué se midió el IMC en la escuela?

Las leyes del estado de Arkansas requieren que la escuela de su niño mida el IMC cada año y que se le envíe a usted un reporte sobre los resultados. En las escuelas de Arkansas también se practican pruebas iniciales para buscar problemas con la vista y la audición de los niños. Medir el IMC de su niño es otra manera de ayudarlo a cuidar su salud. Acciones que se tomen ahora pueden ayudar a disminuir el riesgo de desarrollar enfermedades serias cuando crezca su niño. Así que, es importante medir el IMC cada año para ver si su niño está creciendo y desarrollando de una manera saludable.

¿Es el peso de su niño un problema de salud?

El pasado 01/26/06, su niño fue medido y pesado en la escuela. «*Example Student*» midió 3 pies con 10 pulgadas y pesó 51.4 libras, lo que le da un IMC que sugiere que el tiene un **peso apropiado**.

¿Qué debe hacer usted?

Dado que el IMC de «*Example Student*» sugiere que el tiene un **peso apropiado**, sería bueno que hablara con el doctor de su niño acerca de cómo mantener un peso apropiado para prevenir problemas de la salud en el futuro. Por favor enséñele esta carta al doctor («*Example Student's*» BMI was **16.6** or **77.2** percentile). Su doctor verificará el IMC de su niño y se asegurará que las medidas que se tomaron en la escuela son las correctas. Además, su doctor puede informarle acerca de una alimentación saludable y actividades físicas para su niño. Por ejemplo, la Academia Americana de Pediatría es un grupo de médicos que atienden a niños y sugieren que su familia debe de:

- Ofrecer bocadillos saludables tales como frutas, verduras y otras comidas bajas en azúcar y sal.
- Beber menos sodas y tomar más agua, leche desgrasada o bebidas bajas en calorías.
- Limitar a dos horas diarias el tiempo viendo televisión o jugando videos.
- Hacer ejercicios con sus niños tales como corriendo, caminando o usando la bicicleta.

Los hábitos saludables empiezan a una edad temprana. Por favor, esté conciente que la alimentación y la actividad física afectarán la salud y vida de su niño.

Gracias,
«Example School Name»

Para mayor información, visite www.achi.net.



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«Example School District»
«Example School Name»
«Address»
«City, AR, #####»

January 26, 2006

«Parent Name»
«MailingAddress1»
«MailingCity», «MailingState» «Zip»

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Esta carta importante se refiere a la salud de «*Example Student*». Por favor léala toda.

Muchos niños en Arkansas tienen problemas de salud debido a su peso. Recientemente, en la escuela de su niña, la estatura y su peso fueron medidos. Las medidas de peso y estatura, así como la edad y el sexo se usaron para calcular el percentil del índice de masa corporal (IMC). El IMC es una prueba inicial que sugiere si una persona tiene sobrepeso, está al riesgo de sobrepeso, tiene peso apropiado o está baja de peso.

Si un niño está pasado de peso, usualmente se debe a que tiene un exceso de grasa corporal. Las niñas que tienen exceso de grasa corporal tienen más riesgo de tener problemas de salud que las niñas con un peso apropiado. Las niñas que están pasadas de peso o en riesgo de estar pasadas de peso son más propensas a ser adultos obesos o con sobrepeso. La obesidad puede causar enfermedades tales como diabetes, alta presión, problemas del corazón así como otros problemas de salud. Las niñas bajas de peso también pueden tener problemas de salud.

Raramente, la IMC de un niño puede estar alta (sobrepeso o al riesgo de sobrepeso) debido a que el niño sea muy muscular. Al ser muy muscular no aumentan los problemas de la salud en el niño. Solamente puede decir un doctor si la IMC está alta a causa de mucha grasa corporal. Según la información en esta carta, sería bueno que hablara con el doctor de su niña.

¿Por qué se midió el IMC en la escuela?

Las leyes del estado de Arkansas requieren que la escuela de su niña mida el IMC cada año y que se le envíe a usted un reporte sobre los resultados. En las escuelas de Arkansas también se practican pruebas iniciales para buscar problemas con la vista y la audición de los niños. Medir el IMC de su niña es otra manera de ayudarla a cuidar su salud. Acciones que se tomen ahora pueden ayudar a disminuir el riesgo de desarrollar enfermedades serias cuando crezca su niña. Así que, es importante medir el IMC cada año para ver si su niña está creciendo y desarrollando de una manera saludable.

¿Es el peso de su niña un problema de salud?

El pasado 01/26/06, su niña fue medida y pesada en la escuela. «*Example Student*» midió 4 pies con 0 pulgadas y pesó 71.6 libras, lo que le da un IMC que sugiere que ella pueda estar **sobrepeso**.

¿Qué debe hacer usted?

Dado que el IMC de «*Example Student*» sugiere que ella está **sobrepeso**, sería bueno que hablara con el doctor de su niña. Por favor enséñele esta carta al doctor («*Example Student's*» BMI was **21.2** or **98.3** percentile). Su doctor verificara el IMC de su niña y se asegurara que las medidas que se tomaron en la escuela son las correctas. Además, su doctor puede informarle acerca de una alimentación saludable y actividades físicas para su niña. Por ejemplo, la Academia Americana de Pediatría es un grupo de médicos que atienden a niños y sugieren que su familia debe de:

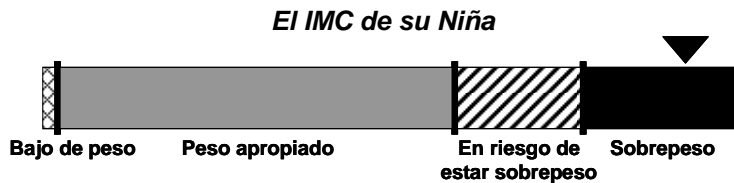
- Ofrecer bocadillos saludables tales como frutas, verduras y otras comidas bajas en azúcar y sal.
- Beber menos sodas y tomar más agua, leche desgrasada o bebidas bajas en calorías.
- Limitar a dos horas diarias el tiempo viendo televisión o jugando videos.
- Hacer ejercicios con sus niños tales como corriendo, caminando o usando la bicicleta.

Los hábitos saludables empiezan a una edad temprana. Por favor, esté conciente que la alimentación y la actividad física afectarán la salud y vida de su niña.

Gracias,

«Example School Name»

Para mayor información, visite www.achi.net.



La flecha demuestra como el IMC de su niña se compara con el de otros niños en las escuelas de Arkansas.

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