VDA - Optimizing the health of Virginians through leadership and expertise in food and nutrition

Prevention and Treatment of Childhood Obesity

Overweight and obese children in Virginia are a serious health concern that affects the quality of life and the cost of health care. In 2008 17% of children ages 2-5 that participated in WIC were overweight (>95th percentile) and 14% were at risk for being overweight (85th-95th percentile).[1]
Further, obesity-related diseases cost Virginians over $1.6 billion in 2003-estimated to be 5.7% of Virginia's total medical expenditures. Already Virginia has the 14th highest health care cost in the 50 states.[2] 31% of Virginia's children are overweight or obese based on a 2007 survey completed by the U.S. Department of Health and Human Services. Virginia has the 23rd highest percent of overweight and obese children out of 51 states and the District of Columbia.[3]

Contributing factors for childhood obesity include lack of exercise and poor nutritional habits:

- A 2003 sample of 12 fourth grade classes in Virginia[4] revealed that
  - Only 58% of the children reported that they have daily recess
  - 40.5% reported watching 3+ hours of television daily
  - 74% of children reported they played at least 1 hour of video games daily
  - 93% reported playing outside for at least 1 hour daily
- In 2003, 74% of Virginians reported consumption of less than 5 servings of fruit and vegetable daily

Virginia is making progress on tackling the causes of childhood obesity but there is much more that can be done. The Trust for America's Health (TFAH) conducted a study of state government action and found that Virginia only meets 2 of the 8 *Obesity Related Standards in Schools-2007*[5]. The two met are physical education requirements and health education requirements. Though these standards are met, Virginia's policies are unevenly implemented throughout the state. Standards not met (no current state laws) include nutritional standards for school meals (Federal standards used), nutritional standards for competitive foods, limited access to competitive foods, BMI or health information collected, non-invasive screening for diabetes and receives CDC school health grants.

Virginia's policymakers should consider bills supporting:

- Increasing the state's appropriation to school breakfast and lunch programs
- Setting nutritional requirements and limitations on food sold in schools beyond the regular school meal program
- Require all school divisions to implement more rigorous physical education requirements

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[1] Data accessed from Virginia Department of Health, Division of WIC and Community Nutrition Services, WIC-net. Accessed on November 11, 2009.
[2] Finkelstein, E. *Obesity Research*, January 2004; vol. 12.
[3] 2008-2009 U.S. Programs Partner Map for CHANGE, Save the Children. Accessed on November 11, 2009.
[4] Virginia Department of Health. *"An Examination of Healthy Behaviors of Virginia's Children."* 2003.
[5] Trust for American's Health. *"Supplement to "F is Fat: How Obesity Policies are Failing America, 2007" Obesity-Related Legislation Action for States, Update."* Accessed on November 11, 2009.