Disclosure

Angie Mock has no relevant financial relationships with commercial interests to disclose.

Learning Objectives

At the end of this presentation, the participant will be able to:
1. Compare obesity trends by state from 1985 – present with a specific emphasis on Texas
2. Define the overall Framework for Preventing obesity
3. Educate patient and patient families on evidence-based Boys & Girls Programs that empower youth to make healthful choices.

Our Healthy Lifestyles Vision

Boys & Girls Clubs of America envisions our Movement as a catalyst for change, empowering our youth to make healthful choices – for life. By charging members to “Live Healthy” through regular physical fitness, eating well and practicing sound decision-making skills, our youth will be well on their way to becoming successful adults.

The Need to Build Healthy Lifestyles is Evident

• Nearly 33 percent of American children aged 2 to 19 years are overweight or obese. In 1960, only 4 percent of children were obese.
• Only 30 percent of students attend daily physical education classes.
• Approximately 12 percent of students did not eat for 24 or more hours to try and lose or keep from gaining weight within a 30 day period.
• Almost 25 percent of students surveyed stated that over the course of the past week they did not participate in any physical activity (enough to increase their heart rate and make them breathe hard) for more than 60 minutes.

LIVE HEALTHY

Where every member
• Is engaged in physical activity for at least 60 minutes daily.
• Increases their knowledge of healthy habits and good nutrition. Commits themselves to practicing healthy habits.
• Abstains from substance abuse and other risky behavior.
• Interacts positively with peers, adults and form positive family relationships.
The Need to Build Healthy Lifestyles is Evident

Obese children are more at risk for developing life-threatening conditions and chronic illnesses, such as:

- Type 2 diabetes
- Hypertension
- High cholesterol
- Kidney failure
- Impaired vision
- Sleep apnea
- Menstrual abnormalities
- Some cancers

Setting the Context

- Problems of overweight and obesity are vexing
- Cause is multi-factorial
- Solutions depend of your view of causality
- What will solutions require of us?
  - A magic bullet?
  - Profound and pervasive changes in lifestyle, the food supply, and physical activity levels
- Sustainability of efforts is essential

Framework for Preventing Obesity

Behavioral Settings
- Social Norms and Values
  - Home and Family
  - School
  - Community
  - Club

Food and Beverage Industry
- Agriculture
- Education
- Media
- Government
- Public Health Systems

Sectors of Influence

Energy Intake
- Energy Expenditure
- Energy Balance

Prevention of Overweight and Obesity Among Children and Adolescents

Obesity Trends* Among U.S. Adults

**BRFSS, 1985**

(*BMI ≥30, or ~ 30 lbs. overweight for 5'-4" person)
Obesity Trends* Among U.S. Adults
BRFSS, 1987
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’4” person)

No Data         <10%        10%–14%

Obesity Trends* Among U.S. Adults
BRFSS, 1988
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’4” person)

No Data         <10%       10%–14%

Obesity Trends* Among U.S. Adults
BRFSS, 1989
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’4” person)

No Data         <10%       10%–14%        15%–19%

Obesity Trends* Among U.S. Adults
BRFSS, 1990
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’4” person)

No Data         <10%        10%–14%        15%–19%

Obesity Trends* Among U.S. Adults
BRFSS, 1991
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’4” person)

Obesity Trends* Among U.S. Adults
BRFSS, 1992
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1993
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5'-4" person)

No Data         <10%        10%–14%        15%–19%

Obesity Trends* Among U.S. Adults
BRFSS, 1994
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5'-4" person)

No Data         <10%        10%–14%        15%–19% ≥ 20%

Obesity Trends* Among U.S. Adults
BRFSS, 1995
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5'-4" person)

Obesity Trends* Among U.S. Adults
BRFSS, 1996
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5'-4" person)

Obesity Trends* Among U.S. Adults
BRFSS, 1997
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5'-4" person)

Obesity Trends* Among U.S. Adults
BRFSS, 1998
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5'-4" person)
Obesity Trends* Among U.S. Adults

BRFSS, 1999

(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’-4’ person)

No Data         <10%        10%–14%        15%–19%        20%–24% ≥ 25%

Obesity Trends* Among U.S. Adults

BRFSS, 2000

(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’-4’ person)

No Data         <10%        10%–14%        15%–19%        20%–24% ≥ 25%

Obesity Trends* Among U.S. Adults

BRFSS, 2001

(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’-4’ person)

No Data         <10%        10%–14%        15%–19%       20%–24% ≥ 25%

Obesity Trends* Among U.S. Adults

BRFSS, 2002

(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’-4’ person)

No Data         <10%        10%–14%        15%–19%       20%–24% ≥ 25%

Obesity Trends* Among U.S. Adults

BRFSS, 2003

(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’-4’ person)

No Data         <10%        10%–14%        15%–19%       20%–24% ≥ 25%

Obesity Trends* Among U.S. Adults

BRFSS, 2004

(*BMI ≥ 30, or ~ 30 lbs. overweight for 5’-4’ person)

No Data         <10%        10%–14%        15%–19%       20%–24% ≥ 25%
Obesity Trends* Among U.S. Adults
BRFSS, 2005
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5′4″ person)

Obesity Trends* Among U.S. Adults
BRFSS, 2006
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5′4″ person)

Obesity Trends* Among U.S. Adults
BRFSS, 2007
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5′4″ person)

Obesity Trends* Among U.S. Adults
BRFSS, 2008
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5′4″ person)

Obesity Trends* Among U.S. Adults
BRFSS, 2008
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5′4″ person)

Obesity Trends* Among U.S. Adults
BRFSS, 2009
(*BMI ≥ 30, or ~ 30 lbs. overweight for 5′4″ person)
Obesity Trends* Among U.S. Adults

BRFSS, 2010

(*BMI ≥ 30, or ~ 30 lbs. overweight for 5'-4" person)

Obesity: Solutions

Interventions and strategies include:

- Increase consumption of fruits and vegetables
- Increase physical activity
- Increased consumption of water with meals/activities
- Reduce consumption of high-energy-dense foods
- Decrease television viewing

Partnership/MetLife Foundation Study

- 12 to 17 year olds abuse prescription drugs more than they abuse ecstasy, crack/cocaine, heroin, and methamphetamine combined
- 60% of teens who have abused prescription painkillers did so before age 15
- There are as many new abusers age 12 to 17 of prescription drugs as there are of marijuana

Teen Smoking and Drug Trends

- Teen smoking rates have remained stable with 25% of teens reporting smoking cigarettes in the past month.
- Teen inhalant use remains steady at 10 percent for past year use.
- Steroid and heroin use among teens remains low at 5 percent for lifetime use.

Teen Pregnancy

- Preventing teen childbearing could save the United States about $9 billion per year
- Compared to women 20 to 21 years, mothers aged 19 and younger, are more likely to drop out of high school and remain single parents.
- The children of teen mothers are more likely to have lower cognitive proficiency at kindergarten, exhibit behavior problems, have chronic medical conditions, rely more heavily on publicly provided health care, be incarcerated at some time during adolescence until their early 30s.
Empowering Youth to Make Healthful Choices

- High Engagement: Demonstrated commitment to leading a healthier lifestyle
  - Youth acquire and maintain attributes of good decision-making related to healthy lifestyles

- Moderate Engagement: Members showing initial interest and enthusiasm for healthy lifestyles
  - Emphasize the importance of healthful lifestyles in Club programs and activities
  - Increase participation of youth in nutrition-related activities
  - Engage youth in programs that prevent substance abuse and other risky behaviors

- Baseline Engagement: ALL youth learn the importance of healthy habits and resilience to risky behaviors

Knowledge of Healthy Lifestyles
- Youth have increased knowledge of good decision-making skills
- Improved knowledge of healthy habits
- Increased knowledge of resistance skills (e.g., peer-led activities like SMART Moves, Daily Challenges)

Key Elements of Impact
- Culture of Health & Wellness
- Family/Community Engagement
- Live Healthy Programs

There are some simple steps Clubs should put in place to help create healthy lifestyles for members. ALL Club members should participate in the following:

- The Triple Play Daily Challenges
- Triple Play Healthy Habits and
- SMART Moves/SMART Girls

Live Healthy Principles

There are some simple principles Clubs should employ to create healthy lifestyles for members:

- Ensure 60 minutes of daily physical activity
- Ensure youth participate in nutrition-related activities
- Increase health and physical activity by improving the built environment
- Implement standards around Club vending
- Provide balance to Club celebrations
- Encourage parents to get involved in member’s fitness.

Live Healthy Contact Information

Boys & Girls Clubs of America
Wayne B. Moss
Senior Director – Sports, Fitness & Recreation
404.487.5761
wmoss@bgca.org

Boys & Girls Clubs of San Antonio
Angie Mock
CEO
210.436.0686
amock@begreatsa.org