

**RESOLUTION  
Of THE  
SOUTHERN HEALTH ASSOCIATION  
FOR THE PREVENTION OF  
CHILDHOOD OBESITY**

**WHEREAS**, results from the 1999-2002 National Health and Nutrition Examination Survey (NHANES), indicate that an estimated 16 percent of children and adolescents ages 6-19 years are overweight; and

**WHEREAS**, affiliate member states represented in the Southern Health Association (SHA), report between 26 percent and 35 percent of low income children ages two through five are overweight or at risk for becoming overweight; and (*States representing the SHA and included in these percentages are Arkansas, Florida, Georgia, Kentucky, and South Carolina*).

**WHEREAS**, Affiliate member states represented in the (SHA), report between 26 percent and 30 percent of high school students are overweight or are at risk of becoming overweight; and *States representing the SHA include: Alabama, Arkansas, Florida, Georgia, Kentucky, North Carolina, South Carolina, and Tennessee*).

**WHEREAS**, the prevalence of childhood obesity is increasing in all sex, age, racial and ethnic groups in the United States, particularly in Hispanic and African Americans; and

**WHEREAS**, severe obesity in childhood is related to increased stress on weight bearing joints, increased blood pressure and dyslipidemia, risk of diabetes and breathing difficulties; and

**WHEREAS**, According to 2005, data approximately 176,500 people living in the United States aged 20 years or younger were reported as having diabetes. This represents 22 percent of all people in this age group; and

**WHEREAS**, the American Heart Association recommends that all children ages five and over should participate in at least 30 minutes of enjoyable, moderate intensity activities each day in order to achieve and maintain a good level of cardiac/respiratory fitness; and

**WHEREAS**, in 2005, 21 states were funded at \$400,000 to \$450,000 for capacity building initiatives. Seven states were funded at \$750,000 to \$1.3 million for basic implementation, bringing the total number of funded states to 28; and

**WHEREAS**, national studies have shown that an increase in physical activity to three to five days per week translates into a 20 percent improvement in health; and

**WHEREAS**, obese children are subject to discrimination, social stigmatization, low self esteem, depression, and reduced earnings and educational achievement in adulthood; and

**WHEREAS**, social prejudice and stigmatization contribute to unhealthy weight loss practices that have negative physical and psychosocial consequences; and

**Childhood Obesity Resolution**  
**Page Two**

**WHEREAS**, according to a study of national costs associated with both overweight and obesity medical expenses accounted for 9.1 percent of total U.S. medical expenditures in 1998, and may have reached as high as 78.5 billion dollars (92.6 billion in 2002 dollars). Approximately half of these costs were paid by Medicaid and Medicare; and

**WHEREAS**, the health of obese children is compromised by the lack of treatments known to be consistently effective and safe during periods of growth as well as the limited availability of insurance coverage for family-oriented treatments; and

**WHEREAS**, the childhood obesity epidemic is linked to environmental factors such as increased accessibility to calorie dense foods, decreased physical activity, and increased sedentary behavior; and

**WHEREAS**, promising intervention strategies to address childhood obesity include limiting hours of television viewing, increased physical activity, and consuming lower calorie nutrient rich diets; and

**WHEREAS**, there is a lack of state specific data systems available to monitor the prevalence of obesity in children and youth; and

**THEREFORE BE IT RESOLVED**, that the SHA supports proposed state and federal legislation relating to children's health and the establishment of statewide taskforces to study the obesity epidemic; and

**BE IT FURTHER RESOLVED**, that the SHA encourages environmental changes in schools and communities promoting healthier lifestyles for children of all ages; and

**BE IT FURTHER RESOLVED**, that the SHA supports the integration of nutrition and health into school curricula; and

**BE IT FURTHER RESOLVED**, that the SHA supports policies that promote healthy food choices available in school based breakfast, lunch, and after school snack programs; and

**BE IT FURTHER RESOLVED**, that a copy of this resolution be placed on the SHA website, forwarded to the State Health Officer/ and or the Commissioner of the public health agency, and key members of the General Assembly of each state in the SHA region, and a copy be included in the minutes of the association.

This resolution was approved by the membership of the SHA at its annual educational conference this 5<sup>th</sup> day of May 2006.

---

Ted Hanekamp, President  
Southern Health Association

## **Childhood Obesity Resolution Bibliography**

National Health and Nutrition Examination Survey, (NHANES) 1999-2002

U. S. Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics

U.S. Department of Health and Human Services, CDC Behavioral Risk Factor Surveillance Survey (BRFSS 2003)

U.S. Department of Health and Human Services, CDC, Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases

U.S. Department of Health and Human Services, CDC Youth Behavioral Risk Factor Surveillance Survey (BRFSS 2003)