Conclusion
Nationally, one in three children is overweight or obese. Obesity is a complex condition that begins early in life, and very often continues through adolescence and into adulthood. Childhood obesity often results in serious health consequences and accompanying health care costs in childhood and throughout the lifespan. If current trends continue, Missouri will spend $12 billion annually on obesity-related health care by 2030. To reverse the obesity trend, we must consider policies that support improvements in our food and fitness environments, as well as improve access to early intervention and treatment services for children and families.

The Good News!
Childhood obesity, and the related health conditions and health care costs, often is preventable. Missouri can improve the food and fitness environment for our children. We can begin to impact the high rates and rising costs of this complex disease through implementing policies that support school and child care settings, improve access to treatment and build statewide infrastructure for prevention and treatment.

Executive Summary
The recommendations embrace the dual strategies of prevention and treatment, and build on current evidence, strategies outlined by the Missouri Council for Activity and Nutrition (MoCAN), and thoughtful discussion throughout 2014.

These recommendations were designed to:
• Be actionable by the state legislature or governmental agencies
• Be reasonable to achieve in the next two years
• Be impactful as supported by the evidence
• Have the potential to be statewide in reach

The draft recommendations were presented at four public forums across the state, in which valuable public testimony was gathered and used to finalize the approaches. The Subcommittee on Childhood Obesity believes that these recommendations, if enacted in a comprehensive manner, offer an effective way to address obesity with Missouri’s children.

About Childhood Obesity
Obesity in children is the number one health concern among parents in the United States. Nationally, one in three children is either obese or overweight. Obesity rates have more than doubled for children and quadrupled for adolescents in the past 30 years. Shifts in the Food and Fitness Environment: Today’s children are generally less active at school and child care due to decreases in the amount of physical education, recess time and active play time offered each week.

Some children have limited access to healthy food at home, school or child care and many are bombarded with unhealthy food offerings.

Costs of Inaction: The goal is to prevent obesity, to detect risks early and, if needed, provide effective treatment. Many Missouri families are unable to access treatment for obesity due to costs and limited availability. When obesity is left untreated, children are at higher risk for developing health conditions, and the cost of treating these illnesses is significant. If trends continue, Missouri will spend $12 billion annually on obesity-related health care by 2030.

Critical to the Health of Our Children: Missouri’s Actions for Addressing Childhood Obesity

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Prevention of Childhood Obesity: Early Childhood

Rationale: Risk for obesity begins in early childhood, when habits and patterns are first forming. Missouri rates for overweight and obesity in low-income children are 29 percent. Children who are overweight or obese as preschoolers (2-5 year olds) are five times more likely to be overweight or obese at 12 years old when compared to their normal weight peers. Missouri child care licensing regulations for nutrition and physical activity have not been updated since 1993. Current regulations meet only five of the 47 nationally recommended standards for preventing childhood obesity in child care.

How it would work: Physical and social environments are important influences on young children's eating and activity patterns. Updating child care licensing rules will enhance prevention strategies during this critical child development period. The Missouri Department of Health and Senior Services (DHSS) would work with child care community stakeholders to update licensing rules to align with the latest evidence on standards for nutrition, feeding practices, physical activity and screen time. Through a network of collaborating partners, the department would ensure training and support services would be available for child care professionals to achieve the new standards.

Prevention of Childhood Obesity: Schools

Rationale: When children enter school, the rates of overweight and obesity jump to 34.2 percent for 6-11 year olds and to 34.5 percent for 12-19 year olds compared to 22.8 percent for 2-5 year olds, nationally. Children with obesity perform worse in school, miss more school days, have lower self-esteem and are more often the targets of bullying compared to their healthy weight peers.

Schools provide opportunities for students to learn about and practice healthy eating and physical activity behaviors.

How it would work: The Missouri Department of Elementary and Secondary Education (DESE) would establish the Office of Student Wellness with staff dedicated to maintaining up-to-date grade-level expectations for the health and physical education curricula. In addition, DESE would modify the school accreditation scoring guide by creating and maintaining a health and wellness component that provides an incentive for schools to voluntarily implement obesity prevention strategies. The Office of Student Wellness, working in collaboration with DHSS and a network of collaborating partners, would assure training and technical assistance for educators and school administrators to implement best practices and school wellness policies.

Five Policy Actions to Improve Children's Health

1. Update child care licensing rules on feeding practices, nutrition, physical activity and screen time. Assure training and support services for child care providers to meet new standards.
2. Establish an Office of Student Wellness to maintain expectations for health and physical education curricula. Modify school accreditation by including a voluntary health and wellness component. Provide support to schools to implement best practices and school wellness policies.
3. Reimburse licensed professionals with specialized training to provide family-centered evidence-based multi-component weight reduction programs through Medicaid.
4. Establish Centers of Excellence across Missouri to assure regional, coordinated access to evidence-based treatment; provide evidence-based weight management services; train health care providers, school staff and others about screening, treatment, referral coordination and prevention strategies; and support research to improve approaches.
5. Establish a commission to oversee implementation, study effectiveness and provide a forum for education and future actions.

Infrastructure: Centers of Excellence

Establish Centers of Excellence across Missouri to assure regional, coordinated access to treatment; provide evidence-based weight management services; train health care providers, school staff and others about screening, treatment, referral coordination and prevention strategies; and support research to improve approaches.

Rationale: Although childhood obesity is one of the most common childhood problems seen by primary care providers, many are not trained to screen accurately and intervene early. Establishing Centers of Excellence would provide much needed infrastructure and capacity-building, so that children and their families across the state can access evidence-based prevention and treatment services. The Centers of Excellence model for children with autism spectrum disorders has increased services and improved clinical and community capacity, allowing families to access a full continuum of care across Missouri.

How it would work: The Centers of Excellence for Children with Obesity would build on this proven Missouri model to improve access, quality and outcomes for children with obesity. DHSS would define key functions and contract with qualified organizations to establish at least three Centers of Excellence across Missouri that meet standards to provide evidence-based, multi-component weight reduction programs. Through a state and regional network of affiliated partners (e.g., schools, non-profit organizations, health centers, child care facilities), each center would support effective prevention efforts and coordinate access to treatment. The centers would provide training on screening, treatment options, prevention strategies, and referral coordination for children who are overweight or obese and support research to improve approaches.

Treatment of Childhood Obesity: Reimbursement for Effective Services

Reimburse licensed professionals with specialized training in family-centered, evidence-based, multi-component weight reduction programs through all Medicaid plans. Reimburse services provided in health care or community settings for children who are overweight or obese.

Rationale: About 60 percent of children who were overweight or obese had one risk factor for heart disease; and 25 percent had two or more risk factors, according to a study of children ages 5 to 10 years old. Type 2 diabetes accounts for as many as half of all new cases in children in certain U.S. populations. Expert groups recommend comprehensive multi-component treatment for childhood obesity; however, most children in Missouri do not receive this evidence-based treatment. Many insurers in Missouri do not provide adequate coverage for childhood obesity treatment despite substantial evidence that obesity warrants early and comprehensive treatment.

How it would work: The Missouri Department of Social Services, through MO HealthNet, would assure that all Medicaid plans provide reimbursement for services provided by licensed professionals (e.g., applied behavioral analysts, physicians, psychologists, social workers, registered dietitians) with specialized training in Medicaid-approved evidence-based multi-component weight reduction programs. Children with a body mass index (BMI) at or above the 85th percentile for age and gender would be eligible for reimbursed services, whether or not they had co-morbid conditions.

Missouri rates for overweight and obesity in low-income children