

MESSAGING TOOLKIT TO PROMOTE THE PREVENTION AND TREATMENT OF CHILDHOOD OBESITY IN MISSOURI

Prepared for the Missouri Council for Activity and Nutrition
February 2018





History

This toolkit was developed to further the mission to advance the dual strategies of obesity prevention and treatment for Missouri's children and their families. The Subcommittee on Childhood Obesity, established in 2014, completed a comprehensive review of evidence and compiled recommendations that offer an effective way to address obesity with Missouri's children. This work culminated in a report with five statewide recommendations that were provided as requested to the Missouri Children's Services Commission and published in 2015. (<http://extension.missouri.edu/mocan/OC2015/ChildhoodObesityReportCSC.pdf>). The Missouri Council for Activity and Nutrition (MOCAN) is a critical partner in the ongoing implementation of these recommendations.

Purpose

At this time, we want to increase awareness of the needs for childhood obesity prevention and treatment efforts and engage more people to implement effective approaches. This toolkit was developed after extensive literature review and primary research in the state of Missouri to customize messages for two audiences, namely health care providers and policy makers.

For whom is this toolkit designed?

- Representatives or members of associations or agencies that work on childhood obesity prevention and treatment activities, e.g, local public health agencies, statewide associations, community not-for-profit agencies, members of MOCAN, or health care provider associations.
- Health care providers who want to inform their colleagues about the value of assessing weight status in patients and early intervention, and updates on new resources and insights.
- Universities or other agencies providing training to health care providers on family-based behavioral treatment for weight management.
- Associations that are working on increasing state or community awareness and actions to improve policies and environments to support health and obesity prevention.

Special Acknowledgements

- Special thanks for to our funders - the Health Care Foundation of Greater Kansas City, Children's Mercy, and MOCAN's funding received from the Missouri Department of Health and Senior Services and Missouri Foundation for Health.
- Work completed by staff at the Health Communication Research Center, University of Missouri-Columbia.
- Supports and reviews provided by MOCAN's staff, members and working groups to complete this document.



Table of Contents

Policy makers

Recommendations.....	5
Talking points	7
Sample newsletter	10
Sample social media posts	11
Fact sheet	12
Brochure	14

MESSAGING TO POLICY MAKERS

RECOMMENDATIONS

These messaging recommendations are based on a review of literature and interviews with Missouri policy makers, with particular consideration to the unique characteristics of the state. Here are a few of the most relevant insights:

- The research indicated that when public health professionals talk about prevention, policy makers may understand the word as referring to secondary prevention, which is more consistent with the medical model (i.e. cancer screenings). There is an educational opportunity to redefine prevention as a community-based initiative that happens before problems start.
- In Missouri, most policy makers live in rural areas. Communication should emphasize the fact that rural children are disproportionately affected by obesity.
- Policy makers are more open to health policy around schools. Positioning school time as only a fraction of a child's week could help underline the importance of affecting community environments, as well.
- Missouri's current governor served in the military, as have 14 percent of our current legislators. We recommend continuing to push the message that childhood obesity is a threat to national security and obstacle to military recruitment.
- Emphasizing the cost savings of prevention is important. However, term-limited, elected officials may be less incentivized to think about long-term outcomes. When possible, cost savings statistics should be presented for shorter-term time periods, even if the dollars saved appear less impressive.
- Weight bias and the belief that being overweight is entirely, or almost entirely the responsibility of the children or parents of the children with obesity is pernicious and particularly difficult to change. Previous research led the Missouri Foundation for Health (MFH) to recommend that when talking about social determinants of health, communication materials first acknowledge personal responsibility, essentially "meeting people where they are," then framing policy efforts as a way to create an environment that will help families make healthy decisions. Though there was some mixed research that has emerged since MFH made the recommendation, the bulk of research still indicates this as a promising strategy.
- Try sharing your own story of a Missouri child with obesity and the circumstances he or she faces. It is important to remember that touching, well-crafted stories are often more influential on policy makers than statistics.

- Even policy makers who are reliable health champions need more information about causes of childhood obesity and solutions. We developed a quick fact sheet geared more toward policy makers who already champion health policy, while the brochure is more tailored for people who need to be better informed.

TALKING POINTS

Facts about childhood obesity

Nearly one out of three children in Missouri is overweight or obese.

- Missouri has made some progress in the epidemic - the rate of childhood obesity among Missouri children in the WIC program has started to decrease slightly, signaling the success of the program.¹
- Seventy-six percent of children who are obese will become adults who are obese.²

Healthy habits

It is easier for families to form healthy habits when healthy, affordable food and opportunities for physical activity are all around them.

- Forming healthy habits starts early. New research indicates that stress on children in their first few years of life, and even stress on their mothers while they are pregnant, changes children's brains in ways that increase risk for obesity. The stress can result from circumstances like food insecurity, poverty, and violence.³

Prevention

Most of what makes us healthy or unhealthy takes place outside of a doctor's office. Access to affordable, nutritious foods in healthy communities helps prevent health conditions like obesity before they start.

- People may be caught in a cycle of habits that affect their health; focusing on preventing overweight or the problems that come with it can save money and help people form healthier habits.
- There are state-level solutions to manage Medicaid costs. Focusing on prevention strategies that make healthy food and physical activity easily available saves money and makes it easier for families to make healthier decisions.
- Preventive strategies not only keep people healthy, but can also help decrease high cost visits to the ER.
- State and local-level actions can help prevent childhood obesity. These include:
 - Supporting design of community environments to support play and physical activity.
 - Improving healthy food options in neighborhoods and public settings.
 - Including physical activity as part of child care, school, and programs outside of school

- and work places.
- Supporting health care prevention, and assuring access and referral to effective treatment for high-risk children.
- Promoting National Safe Routes to School Initiatives at the local level to increase safe walking routes to school.
- Supporting community and school gardening programs.
- Promoting access to healthy foods through participation in USDA programs like the National School Meals Programs, Child and Adult Care Food Program, and Family Nutrition Program.

National security

Forward-thinking states like Missouri can lead the charge on ensuring that we have a fit and ready military to answer the call of duty.

- Currently 72 percent of Missourians ages 17-24 are ineligible for military service - their failure to meet fitness standards is a leading cause.⁴
- As teens mature to young adults, one out of four in the United States is too overweight to join the military.⁵

Health in all environments

Improving the health of schools is just one part of reducing childhood obesity. During the school year, children spend 80 percent of their week outside of schools – where they live and play. Making changes in communities, along with schools, will have a higher impact on the health of Missouri children.⁷

Rural

Missouri is a state with a proud, rural heritage. Unfortunately, rural children are at a greater risk for obesity.

- Rural children are 25 percent more likely than their urban peers to be overweight.⁸
- Rural children are more likely to be bullied than urban children and being overweight is one of the leading factors for bullying.⁹
- Why are rural children overweight? A few likely causes are:
 - Lack of infrastructure like sidewalks and bike lanes to encourage physical activity
 - Limited access to healthy, affordable foods
 - Low access to treatment professionals including dietitians and psychologists

Treatment

While prevention is key, we can't leave behind children who are already overweight. There are new, effective treatments for childhood obesity.

- Medical nutrition therapy and family-based behavioral therapy have been found by the US Preventive Services Task Force to be effective.

- MO HealthNet plans to start reimbursing for these treatments in 2018.
- Family-based treatment has the added benefit of improving health outcomes for adults as well as children.

Cost of obesity

- If body mass indices were lowered by five percent, Missouri could save eight percent in health care costs.²
- According to the National Conference of State Legislators, taxpayers fund about half of the costs of obesity, around \$60 billion/year, through Medicaid and Medicare.¹⁰

Sources

1. <https://stateofobesity.org/wic/>
2. <http://extension.missouri.edu/mocan/OC2015/ChildhoodObesityReportCSC.pdf>
3. http://healthyeatingresearch.org/wp-content/uploads/2017/06/her_stress_obesity_5-30.pdf
4. https://0.tqn.com/z/g/usgovinfo/library/PDF/unable_to_serve.pdf
5. https://strongnation.s3.amazonaws.com/documents/5/bf7c452a-69b0-402c-8242-a8ffa1172407.pdf?1469545806&inline;%20filename=%22Retreat%20is%20Not%20an%20Option_NATIONAL.pdf%22
6. <https://www.militarytimes.com/news/your-military/2016/09/11/the-u-s-military-has-a-huge-problem-with-obesity-and-it-s-only-getting-worse/>
7. Percentage calculated based on average length of school day in Missouri. https://nces.ed.gov/surveys/sass/tables/sass0708_035_s1s.asp
8. Lutfiyya, M. N., Lipsky, M. S., Wisdom-Behounek, J. and Inpanbutr-Martinkus, M. (2007), Is Rural Residency a Risk Factor for Overweight and Obesity for U.S. Children? *Obesity*, 15: 2348–2356. doi:10.1038/oby.2007.278
9. Missouri Department of Health and Senior Services Office of Primary Care and Rural Health. (2017). Childhood bullying in rural Missouri. Jefferson City, MO. Accessed January 22, 2018 from <http://health.mo.gov/living/families/ruralhealth/pdf/bullying-rural-missouri.pdf>
10. <http://www.ncsl.org/research/health/childhood-obesity-legislation-2013.aspx>

Sample newsletter

Nearly one out of three Missouri children is overweight or obese and rural children are 25 percent more likely to be overweight. Why have we seen the number of children who are overweight triple over the last 30 years? Is it because parents don't care? The answer is an unequivocal "no." Personal responsibility does play a role but it is clear that other factors in families' environments and circumstances are what has changed. A few of the causes include:

- Infrastructure – These days, towns are built for driving, not for walking – especially in rural areas.
- Poverty – Healthy food like fruits and vegetables are harder to come by in rural and low-income urban neighborhoods, while junk food and soda is cheap and ubiquitous. Single parents or parents working two jobs have limited time for cooking or shopping sales for affordable food.
- More access to junk food - There are more fast food restaurants in both rural and African American communities.
- Screen time – Kids are surrounded by iPads, smart phones and even old-school entertainment like televisions!
- Advertising – With that additional screen time comes increased opportunities for advertisers to target youth with junk food advertising. Low-income children in rural and African American communities see more ads for junk food. Children are inundated with 1,000 ads annually for fast food alone.

Being overweight affects more than just appearance. Children who are obese are more likely to be bullied and develop other health problems. Alarming, 70 to 80 percent of children who are obese become adults who are obese. They are prone to adverse health conditions including high blood pressure, diabetes and heart disease. Additionally:

- One out of four young adults is too heavy to join the military, threatening national security; and
- The average annual health care costs for people with obesity are \$1,429 higher than for healthy-weight individuals.

Families are trying hard to provide healthy options for their kids, but they can't do it alone. The consequences of allowing this trend to continue will be severe. Small policy changes will reap tremendous benefits and in turn, will help Missourians be more productive, healthier and happier. You can help by supporting initiatives that increase access to affordable, healthy food; make it safer and easier for people to walk and exercise; and provide referral to affordable health care prevention for low-income children.

SOCIAL MEDIA

Sample social media posts

- Did you know that childhood obesity has tripled in the last thirty years? A healthy diet is key to reversing this trend; unfortunately, healthy options are more expensive than junk food. Support local farmer's markets and other initiatives to increase access to fruits and vegetables.
- Why is childhood obesity a national security issue? One in four young adults are too overweight to qualify for the military.
- Missouri has a strong rural heritage, but unfortunately rural children are 25 percent more likely to be overweight. Supporting initiatives like Livable Streets in your community can help reduce this gap. <http://livablestreets.missouri.edu/>
- Why have we seen the number of children with obesity triple over the last 30 years? Is it because Missouri parents don't care? The answer is an unequivocal "no." Factors in families' environments and circumstances are what has changed. Working two jobs with no time to cook, coupled with ubiquitous, cheap junk food and increased advertising to children are just a few of the obstacles.
- Discrimination based on weight remains a part of day-to-day life for many Missourians. The shame people feel about their weight can lead to eating disorders, a lack of job opportunities, lower pay, and many more social issues. To find out more, check out this brochure by the Obesity Action Coalition. <http://www.obesityaction.org/weight-bias-and-stigma/understanding-obesity-stigma-brochure/understanding-obesity-stigma-brochure-viewer>

FACT SHEET

CHILDHOOD OBESITY IN MISSOURI

Childhood Obesity Facts

- Nearly one out of three children in Missouri is overweight or obese. Rural children are 25 percent more likely to be overweight than their peers.
- Obesity causes physical and emotional health complications for children now and as they grow older. Diseases like diabetes and high blood pressure harm children's health and quality of life. Bullying, depression and low self-esteem are more common in children with obesity.
- Starting healthy habits early is important. Children who are overweight at ages 2 to 4½ (the approximate ages of WIC participants) are five times more likely to be overweight at age 12. Unfortunately, 70 to 80 percent of children who are obese will remain obese as adults.
- Missouri has made some progress with reducing childhood obesity. The rate of childhood obesity among Missouri children in the WIC program has started to decrease slightly, signaling the success of the program.
- But more progress is needed. Missouri ranks 20th for overweight and obesity rates among high school students.

Causes of Childhood Obesity

- There's a global trend toward unhealthy eating and decreased physical activity. Factors include increased portion sizes, television viewing among children, consuming more soda and other sugary beverages, snacks and fast food.
- Low-income families have less access to healthy, affordable food. Healthy foods like fresh fruits and vegetables are harder to come by than processed food. Junk food costs less, is easy to find, and low-income children see more advertisements for junk food, which increases their craving.
- Poverty-induced stress impacts a child's brain development and increases risk for obesity. New research indicates that stress on children in their first few years of life, and even on their mothers before they are born, changes their brains in ways that lead to obesity. The stress can result from food insecurity, poverty, and violence.
- Combined with a poor environment, genetics influence obesity. Extra weight is 25 to 40 percent heritable from parents to children.



Impact of Childhood Obesity

- National security: One out of four young adults in the United States is too overweight to join the military.
- Health care costs: According to the National Conference of State Legislators, taxpayers fund about half of the costs of obesity through Medicaid and Medicare - about \$60 billion annually. If body mass indices were lowered by five percent, Missouri could save eight percent in health care costs.
- Lifelong health: Children who are obese are more likely to develop chronic diseases such as diabetes and cardiovascular diseases at a younger age.
- Workforce: Children who are obese are less likely to pursue education beyond high school and as adults, health conditions related to obesity result in more days of work missed.



Missouri Council for Activity and Nutrition (MOCAN) contact information:

Donna Mehrle
University of Missouri Extension
mehrled@missouri.edu
573.884.0929
Twitter: @MOCANtalks
Facebook: @MissouriMOCAN

Sources:

<http://extension.missouri.edu/mocan/OC2015/ChildhoodObesityReportCSC.pdf>
<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/profiles/missouri.html>
<https://stateofobesity.org/states/mo>
http://frac.org/wp-content/uploads/frac_brief_understanding_the_connections.pdf
http://healthyeatingresearch.org/wp-content/uploads/2017/06/her_stress_obesity_5-30.pdf
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4408699/#ref18>
https://oa.mo.gov/sites/default/files/FY_2018_Budget_Summary.pdf
http://www.who.int/dietphysicalactivity/childhood_why/en/



The Missouri Council for Activity and Nutrition is a coalition of statewide and local agencies, institutions, organizations, local coalitions and individuals who work together to improve the health and quality of life of Missourians through healthy eating and active living initiatives.



Support these MOCAN initiatives to help give communities the power to creatively address childhood obesity at a local level:

- Eat Smart in Parks
- Missouri Livable Streets
- Missouri Farm to School

LearnMore

For more information on MOCAN and MOCAN initiatives, please visit **MOCAN.org**.



PREVENTING CHILDHOOD OBESITY

Supporting Healthy Habits for Missouri Communities



Supporting Healthy Habits

Missouri is a state with a proud, rural heritage. Unfortunately, **rural children are 25 percent more likely than their peers to be overweight.** And 70 to 80 percent of children who are obese will become adults who are obese. That's why starting healthy habits early is important.

Childhood obesity is a costly problem. According to the National Conference of State Legislators, **taxpayers fund about half of the costs of obesity,** around \$60 billion/year, through Medicaid and Medicare. If body mass indexes were lowered by five percent, **Missouri could save eight percent in health care costs.**

There are state-level solutions to manage Medicaid costs. **Focusing on prevention strategies saves money** and addresses the unhealthy habits that lead to health problems, like obesity. Preventive strategies not only keep people healthy, but can also help decrease high cost visits to emergency departments.

Healthy Environments

Forming healthy habits starts early. New research shows that stress on children in their first few years of life, and even on their mothers before they are born, changes children's brains in ways that lead to obesity. The stress can result from circumstances like food insecurity, poverty, and violence.



CURRENTLY 70 PERCENT OF AMERICAN TEENS ARE NOT ELIGIBLE FOR MILITARY SERVICE- THEIR FAILURE TO MEET FITNESS STANDARDS IS A LEADING CAUSE.

What Can You Do?

Forward-thinking states, like Missouri, can lead the charge on ensuring that we have a fit and healthy population. You can help prevent childhood obesity by supporting these measures:

- Design of community environments to support play and physical activity.
- Healthy food options in neighborhoods and public settings.
- Physical activity as part of child care, school, and programs outside of school and work places.
- Health care prevention, access and referral to effective treatment for high-risk children.
- National Safe Routes to School Initiatives at the local level to increase safe walking routes to school.
- Community and school gardening programs.
- Access to healthy foods through participation in USDA programs like the National School Meals Programs, Child and Adult Care Food Program, and Family Nutrition Program.