



CIGNA & the Healthy Kids Challenge: Helping kids lead healthy lives.

The Facts

Most of us have seen headlines talking about the “obesity epidemic” now affecting more than half of the U.S. adult population. Unfortunately, the headlines are no longer limited to adults, as more and more children are overweight as well. According to the National Institute of Health (2002), the number of children who are overweight has doubled in the last two to three decades. Obesity in a young population is a serious issue, with many health and social consequences that often continue into adulthood.

Along with the rise in childhood obesity, there has been an increase in the incidence and prevalence of co-occurring medical conditions in children and adolescents. Pediatricians and childhood obesity researchers are reporting more frequent cases of obesity-related diseases such as type 2 diabetes, asthma and hypertension, that once were considered adult conditions (American Obesity Association, [AOA], 2002).

Overweight children, ages 10 to 14, with at least one overweight or obese parent, were reported to have a 79 percent likelihood of overweight persisting into adulthood (American Obesity Association, 2002). Three out of four children who are obese at age 12 will be obese as an adult (Boyse, 2004). But perhaps even more devastating to an overweight

child than the health problems, is the psychological distress that accompanies the stigma and social discrimination of obesity. Children who are teased for their appearance or lack of physical capabilities (due

The good news is that evidence shows it is much easier to change a child’s eating and exercise habits than it is to alter an adult’s.
(BUPA, 2004)

to weight constraints) can feel shame and isolation, and are likely candidates to develop a poor self-image and struggle with depression.

Many factors contribute to causing child and adolescent obesity. Some are modifiable and others are not. **Modifiable** causes would include low levels of physical activity, poor

eating habits, (eating while watching TV, eating when not hungry), and a volume of sedentary behaviors such as watching television, playing video games or computer surfing. **Non-modifiable** causes would include things such as a genetic tendency toward obesity, and a family history of obesity-related health risks such as early cardio vascular disease, high cholesterol, high blood pressure levels, type 2 diabetes and orthopedic problems (AOA, 2002).

While there is no doubt that genetic factors can play a role in obesity, they are thought to be less significant than environmental factors. The fact is that children learn from those around them, and families tend to share eating and activity habits. Most children put on excess weight because their lifestyles include an unhealthy diet and a lack of physical activity. The good news is that evidence shows it is much easier to change a child’s eating and exercise habits than it is to alter an adult’s (BUPA, 2004).



CIGNA

A Business of Caring.

How to Help

Consultation with a dietitian or nutritionist that specializes in children's needs can be a valuable part of obesity treatment. Some experts advise that children should not be encouraged to lose weight, but rather to "maintain" their weight, so as to "grow into it" as they get taller. Obviously, this will depend on each individual, so consultation with a medical professional is important.

In helping your children maintain a healthy body weight, remember that both emotional and physical factors need to be considered. Below are some strategies and suggestions to help when assisting families and children in making lifestyle changes around food, weight and general health.



Emotional Factors

- Be supportive. Children know if they are overweight. The negative messages are likely reinforced by society and their peers regularly. Therefore, at home especially, they need acceptance, support, love and encouragement.
- Do not use food to comfort a child. Instead, give them attention. Listen to them and offer your hugs, love and time. Use lots of verbal rewards and praise with your children.
- Set limits. Making a lifestyle change is difficult, and changing eating habits is a huge lifestyle change. Your child will need you to be both firm and supportive. They will also need you to model healthy eating habits such as stopping eating when you are full versus cleaning your plate and choosing foods such as vegetables rather than fries as side dishes when eating out. Help your child do the same.
- Avoid using food as a reward, especially high calorie foods. Making them a reward often makes them more desirable. Instead of using food as a source of celebration, use a favorite outing, go to a movie or offer to host a friend overnight as the reward.
- Do not limit sweets and high-fat food items so much that they become the child's ultimate craving or goal. Making them difficult to obtain often makes them more desirable and might inadvertently promote "sneak eating." Rather, teach children to eat them in moderation.
- Focus more on a healthy lifestyle than on weight issues. Praise



your child *often* for his or her strengths. This will help build confidence and a more positive self-image. Criticism and punishment are harmful and ineffective.

- Make sure your child understands that he or she can make a difference in his or her weight and that you be supportive them every step of the way.

Physical Factors

- Set guidelines the amount of time your children can spend watching television, playing video games or sitting at the computer.
- Get your entire family involved in eating healthier. It's better for everyone, and your child won't feel like he or she is being singled out when it comes to mealtimes and snacks.
- Do you have a family pet? Make it your child's job to take it out for exercise every day.
- Build activity into your family's daily lives: park farther away from buildings, take stairs instead of elevators, and include activity in daily chores such as washing cars, vacuuming stairs, mowing the lawn, etc. Depending on their age

and level of autonomy, encourage children to walk to places such as school and nearby shops, rather than always jumping in the car and driving them places.

- Plan family time that involves activity. Go for a bike-ride or a group walk. Wash the car, take the dog to the dog-park, go hiking or visit a lake or a beach. Plan a trip to a local amusement park. Allow your children to help make the list and then assist in choosing the activity.
- Be sensitive and aware of your child's limitations. Find activities your children will enjoy; activities that aren't too difficult and that won't cause embarrassment.
- Set short-term, realistic goals for changes in your child's diet and exercise program on a weekly basis (Weekly goals are short-term and can be seen as attainable by children. Also, if they miss it, they know next week isn't too far away. This will avoid discouragement and allow for a normal growth process. Use rewards when your child meets these weekly goals. Remember the tips about "rewards".
- The U.S. Surgeon General recommends moderate physical activity for children every day for at least 60 minutes, (AOA, 2002). However, exercising an hour every day may

be unrealistic for a child unaccustomed to even minimal amounts of physical activity. In those situations, an individualized program designed by a medical professional should be designed according to your child's specific needs. Focus on small, gradual changes in eating and activity patterns. This helps form healthy habits that can last a lifetime.

Food Factors

- Plan structured mealtimes and snacks on a schedule. This prevents "grazing" throughout the day. Model and insist on good meal habits.
- Insist that your child eat meals and snacks at a table and away from distractions such as the television or computer, or while doing homework. Diversions such as these can easily lead to overeating.
- Teach your child about choosing a healthy variety of foods for his or her diet and about proper proportions. In a world of "super sizing," food chains, restaurants and the media have distorted normal portion sizes.
- Keep only healthy foods in your home, including the type of snacks you have on hand. Good options include fresh, frozen or canned fruits and vegetables; yogurts, low-fat ice-cream, frozen fruit bars and low-fat cheeses; and cookies such as fig bars, graham crackers, ginger snaps and vanilla wafers.
- Avoid having fast food part of any regular routine.
- Make mealtime a group family occasion as much as possible. Make this the specified 'time to eat' in your household.



- Attempt to get children involved in preparing food. This will increase their awareness of what they are eating, help them discern healthy versus less healthy foods and cooking options, and teach them valuable skills in the process!

Some aspects of healthy living are common sense: If you foster your child's natural inclination to run around and explore, limit sedentary behaviors, such as television and video games, and eat only when hungry not out of boredom, a healthy weight should take care of itself as the child grows. However, it is important to catch weight problems early, so if you are worried about your child's current weight or concerned that your child may be developing a weight problem, make an appointment to speak with a doctor, nutritionist or

other medical professional soon. Information in this document is taken from the resources cited and developed for use by the general public. It is not intended as medical/clinical advice or treatment. Only a health care provider can make a diagnosis or recommend a treatment plan. For more information about your behavioral health benefits, you can call the member services or behavioral health telephone number listed on your health care identification card.



References:

American Obesity Association. (2002). *Childhood obesity*. Retrieved, September 12, 2004, from the World Wide Web.
Website:
<http://www.obesity.org/subs/childhood/>

Boyse, K. (2004) *Obesity and overweight*. Retrieved, September 13, 2004, from University of Michigan Health System.
Website:
<http://www.med.umich.edu/1libr/yourchild/obesity.htm>

British United Provident Association. (2004). *Avoiding childhood obesity*. Retrieved, August 23, 2004, from BUPA: The Personal Health Service.
Website:
http://hcd2.bupa.co.uk/fact_sheets/html/child_obesity.html

National Institutes of Health. (2002). *Childhood obesity on the rise*. Retrieved, August 23, 2004, from The NIH Word on Health.
Website:
<http://www.nih.gov/news/WordonHealth/jun2002/childhoodobesity.htm>



A Business of Caring.

"CIGNA HealthCare" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.