PROVIDING A REAL SOLUTION TO CURBING CHILDHOOD OBESITY

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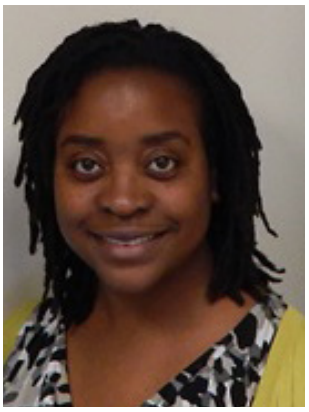


From headlines to statements from public leaders, childhood obesity has been named one of our nation's most critical and imperative policy issues. They are right. Conquering childhood obesity is essential to creating a more stable, healthy, and productive future and to deterring the financial impact of chronic disease in the US. There has been a mad rash of "answers" to ending childhood obesity, which are mainly nutrition and exercise based. If it was that simple, we would give a child a granola bar and tell them to run around the track after school.

If it really were that simple, we wouldn't be writing this article. There would be no need.

Let's face it, America—it is not that simple and we can't turn our focus away now. Not when the going gets tough. As Americans, we need to examine childhood obesity, its impact on underrepresented populations and once and for all, find the real solution. We need smart, wise investments. We owe it to our future generations. When the going gets tough, Americans get going.

DISPARITIES IN CHILDHOOD OBESITY

Children with obesity are more likely to experience high blood pressure, hyperlipidemia, insulin resistance and type-2 diabetes, sleep apnea, asthma, steatohepatitis, GERD, joint problems, discrimination and poor self-esteem. They are more likely to become obese adults, where they run the increased risk of arthritis, heart disease, diabetes and cancer. And they are most likely to be African American, Hispanic, and Native American.

Poverty predisposes children to becoming overweight or obese. If a parent has completed college, studies show their children eat more vegetables and consume less sugary drinks than those of parents who have completed high school or less. A child's environment exacerbates their risk for weight gain and disordered eating if the parents are given to societal pressures of oversized portions of processed food in front of the TV and sedentary entertainment. Based on national data we know that lower income areas have fewer parks and bike trails, less availability of organized sports, fewer full service grocery stores where produce and lower fat foods are available, and more fast food restaurants. More than 60 percent of African American, Hispanic and Native American families live in these neighborhoods compared to 31 percent of White and Asian families.[1]

These children are not developing healthy behaviors because they have no examples of healthy eating and lifestyle choices. This difference will maintain higher obesity rates. Behavioral health is a critical component of childhood obesity.

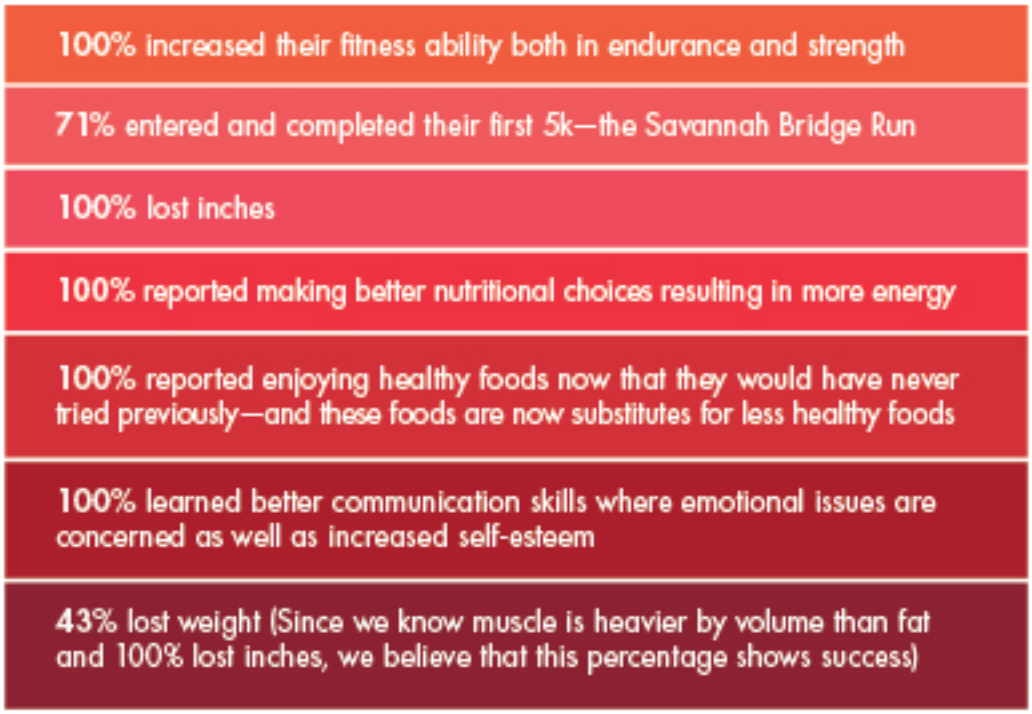
THE NEED

Ineffective parental role modeling of unhealthy eating patterns and lack of physical activity give children a false 'normal' of family life. Add sedentary behavior, eating from the window (fast food), and consumption of sugary, simple carbohydrate laden foods and drinks is a recipe for obesity and disease. While these factors increase the obesity risk, they also promote disordered patterns of weight-control.

There is a correlation between this behavior and depression leading to interpersonal difficulties. As these behaviors continue, they can spiral out of control, becoming more difficult to reverse and even address. Early intervention is crucial to change these—often, generational—patterns.

Children and teens with obesity may face psychological in addition to medical concerns. Low self-esteem, feelings of worthlessness, or feeling overwhelmed by a situation seemingly out of their control may give way to suicidal thoughts, increased

OUR PILOT STUDY RESULTS USING THIS MODEL SPEAK FOR THEMSELVES.



school absences, and early drop out as the downward spiral continues. This process is much more common than people realize, and it happens much easier than one would think.

TREATMENT & PREVENTION OF CHILDHOOD OBESITY

Addressing this crisis is a national imperative; how to address it is the question. Obesity prevention or treatment programs tend to focus on 'energy-balance,' i.e., the balance between what we eat and what we do to conduct normal physical activity and growth. It seems a simple equation, but what we ignore is how complex that balance is—it includes environmental, cultural, social, and psychological factors that affect what we eat and what we do.

To really stop childhood obesity, we have to deal with the fundamental issues. We have to give children the motivation to change behavior, support them by providing them with coping skills to deal with their barriers, and help them address the cultural or ethnic practices that influence their ability to change. Behavioral health programs that help children identify and deal with their emotions add the missing piece to childhood obesity prevention. ***COPE*** (Childhood Obesity Prevention and Education) in Georgia and ***STEPS for Kids*** in New Jersey are two interventions that do this by implementing a behavioral approach.

OUR PROGRAMS

COPE is a community based nonprofit which combats childhood obesity through a combination of nutrition education, fitness, and behavioral health in predominantly after school settings; complete with a parent engagement component. COPE's mission is to prevent, reduce, and identify indicators of childhood obesity through our threefold approach. The inclusion of behavioral health is the element that truly sets COPE apart. COPE was founded with the belief that we must teach kids healthy coping skills in order for them to learn balance in life and health.

Cognitive Behavioral Therapy (CBT) is a proven successful psychotherapy process that helps a person take steps towards behavior change. The concept of CBT is that one's thoughts and feelings determine one's behavior. Even though we cannot con-

trol every aspect of our surroundings, we can control how we process what happens to us. Children must develop a healthy relationship with food so they don't fall prey to poor eating habits and unhealthy behaviors.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. They recommend CBT as the most effective therapy for drug and alcohol addictions. Knowing this, we believe that it is also the most effective method to accurately and effectively reduce childhood obesity.

COPE utilizes this model to deliver its weight-management program. Our counselors have backgrounds in addictions, and experience working with children and serving the at risk community. The same licensed counselors serve the entire 36-session, 12-week program to allow time for trust to grow. Each participant has the opportunity to address toxic emotions triggering compulsive eating behaviors, and our holistic family approach gives the entire family time to identify unhealthy behaviors contributing to the child's need to mood alter/escape their reality through the misuse of food or sugar.

This compares to an intensive outpatient program but without the cost to the families, since we offer our programs free of charge. Obviously all children suffering from obesity do not have psychological or emotional issues requiring therapy, and it is important to note that having obesity does not equate to having an eating disorder or an addiction. However, since many do, we offer a safe place to identify those who need more intervention.

STEPS for Kids uses the Empowerment Model–based on the belief that people are able to control and direct their own lives. Empowered people are able to transform their situations by identifying their problems, creating goals and objectives, developing strategies to meet those goals, finding and using the resources they need, acting to change their lives, and reflecting on what they achieve. Through interactive group-based sessions, families receive the tools they need to change their own lives. They learn how to navigate the barriers to stopping the cycle of obesity that they find in themselves, their families, their communities, their environment, and in society.

As every situation is unique, STEPS for Kids challenges children and their families to develop their own solutions to the problems they identify. Families come to the program by referral from a pediatrician. The free 14-week program provides caregivers and children access to masters-level social workers, registered dietitians, and exercise specialists, who lead them through an evidence-based curriculum developed at Yale University in New Haven. Families explore emotional eating, issues with self-esteem, and bullying with others who, like them, are dealing with overweight or obese. Participants are safe to share their feelings and be supported, knowing that they are not alone.

Through the Empowerment Model, STEPS for Kids encourages co-operation, the development of life skills, and critical thinking and analysis. Children feel encouraged, happy, and empowered. STEPS for Kids helps families to believe in their ability to live their best lives. This sets them up for a lifetime of good health and good choices.

NEXT STEPS IN ADDRESSING CHILDHOOD OBESITY

Legislative action is needed now to ensure proper funding opportunities exist to support conquering childhood obesity through behavioral interventions. Funding will support research to test and develop behavioral programs that are streamlined, effective, and generalizable. The time is now to deal with childhood obesity using the missing piece—behavioral health. If we are to change the trajectory of this nation, if we are to create a future with a healthy, productive, and successful population, we need to get on the move.

1. National Center for Children in Poverty (2014). Demographics of Low-Income Children. Columbia University Mailman School of Public Health. Retrieved from http://www.nccp.org/profiles/US_profile_6.html