

## Promoting Healthy Weight Families: *An Employer Analysis of the Causes of Overweight Among Youth and Promising Solutions to the Problem*



*This issue brief presents a comprehensive analysis of the epidemic of child and adolescent overweight, including information on prevalence, health consequences, costs and causes. The brief also outlines a number of ways that employers can help families achieve healthy weight goals and therefore be a part of the solution to this growing epidemic. The Business Group's tool kit, Reducing Child and Adolescent Obesity is made possible by support from the Maternal and Child Health Bureau of the Health Resources and Services Administration, Health and Human Services.*

### Brief in Brief

- More than 30 percent of American youth ages 6 to 19 have some degree of unhealthy excess weight, a record high that has more than tripled since 1970.
- Once considered adult problems, diabetes, hypertension, metabolic syndrome and a host of other debilitating and costly health conditions are now more commonly seen among overweight youth.
- Businesses have a vested interest in addressing the problem of overweight among youth to ensure that the future workforce is healthy and to contain health care costs.
- The main causes of overweight among youth are unhealthy diet and too little physical activity, two factors that should be the central focus of any effort to address the problem.
- To design an effective response to the problem, emphasize prevention for all youth and utilize recommended interventions that can help overweight youth reach and maintain a healthy weight.

### Why Employers are Concerned About Overweight Youth

The U.S. now has the highest percentage of overweight youth in our nation's history and the added weight is taking a severe toll on many young people's health. A national composite index on the status of American children confirmed that obesity is the single most widespread health problem facing children today. The index shows that because of obesity, children's overall health well-being is 15 percent lower than it was during the mid-1970s.

This decline in health status is largely caused by serious weight-related health conditions that were once rare in young people, but are now more commonly seen in pediatric practices across the country. The effects of these conditions could prove catastrophic for many young people as they reach what should be the prime of their lives. Among the most alarming pediatric overweight health problems are:

#### Metabolic Syndrome

A recent study found that half of severely overweight children have metabolic syndrome, a dramatic rise from an earlier study based on 1988-1994 data that found only 29 percent of severely overweight youth had the disorder. (Metabolic syndrome is marked by having three or more of the following conditions: obesity, high blood pressure, high blood sugar, high triglycerides and low HDL.)

Young people with metabolic syndrome are at increased risk of developing diabetes and heart disease at an early age.

### **Type II Diabetes**

It is conservatively estimated that 32.8 percent of male children and 38.5 percent of female children born in 2000 will contract type II diabetes during their lifetimes, and that a child who becomes a diabetic at age 10 could have his or her life shortened by 19 years. In a study of 51 Native American patients in Canada who had been diagnosed with type II diabetes before reaching age 17, seven were dead by age 30, three were on dialysis, one was blind, another had a toe amputated and of 56 pregnancies, only 35 resulted in live births. During their lifetimes, young people with diabetes are at great risk of developing heart disease, kidney disease, blindness and stroke.

### **Heart Disease**

High blood pressure, high cholesterol and fluctuating blood sugar levels among overweight youth are laying the foundation for poor heart health at much earlier ages than ever before seen. In an Australian study presented at the American Heart Association's 2003 meeting, overweight children as young as six were shown to have the earliest detectable signs of atherosclerosis, a precursor to future heart disease. Other studies of youth with diabetes have found fatty streaks in coronary vessels and aortas by three years of age and plaques as young as eight years of age.

As a result of these and other harmful health consequences associated with overweight (see *A Heavy Weight on Health*, page 6), experts warn that children today are in danger of having a shorter lifespan than their parents—a development that would erode more than 100 years of child and adolescent health improvements. Furthermore, medical thought leaders and economists warn that the health and economic costs associated with obesity are quickly approaching the costs associated with smoking. Fortunately, the problem is preventable in most cases.

Because of the sharply rising health care costs associated with overweight youth and the fact that many overweight youth develop into obese adults, large employers are taking steps to address the issue among their employees' dependents. The National Business Group on Health is committed to providing employers with practical information about preventing and treating overweight among youth. This issue brief provides an overview of the problem including information on prevalence, health consequences, economic costs, and causes. Additional information and case studies provide companies with tools that can help benefits managers design and implement programs that prevent overweight among dependent youth as well as treat those who are identified as overweight or at risk for overweight.

## **Defining the Problem**

Different tools and terms are used to identify weight problems among adults and youth:

### **For adults**

The Body Mass Index (BMI) charts are the recommended measurement tool for adults. BMI charts compare weight relative to height and when used in conjunction with a waist circumference measurement, a BMI score it is one of the best ways to determine whether an adult has a healthy weight.

### **For young people ages 2 to 20**

The BMI-for-age charts are the recommended tool for identifying whether a young person's weight ages 2 to 20 is healthy or not. In 2000 the CDC issued these improved growth charts, which are organized by age and gender and accommodate youth growth patterns.

The following terms coincide with BMI and BMI-for-age measurements and are used to classify weight status:

### **Obese**

Term used to define adults with a BMI of 30 or greater. This term should not be used for children.

### **Underweight**

Refers to children below the 5th percentile of the BMI-for-age.

### **Healthy Weight**

Refers to children whose weight falls between the 5th and 85th percentile of the BMI-for-age.

### **At Risk for Overweight**

Preferred term for children and teens between the 85th and 95th percentile of the BMI-for-age.

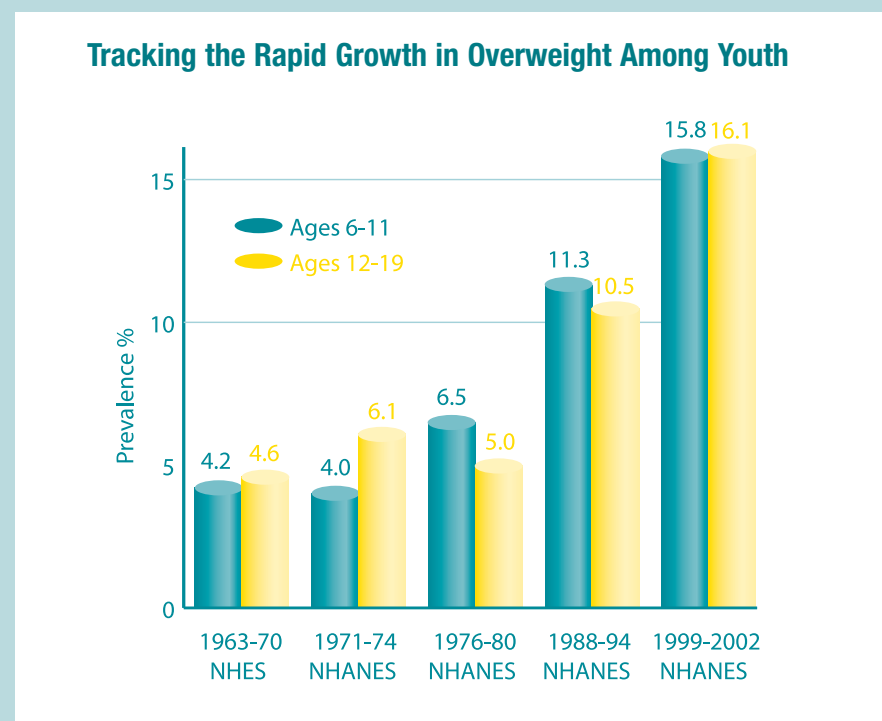
### **Overweight**

Because of the stigma associated with the term "obese," health advocates instead use the term "overweight" to refer to children and teens who are at or above the 95th percentile of the BMI-for-age.

**Because BMI-for-age charts are a relatively new resource, advocates are working to inform providers of their availability and ease of use.**

## A Heavy Weight on Youth, Health and Costs

- Between the late 1970s and 2000, the prevalence of overweight among children 6 to 11 years of age more than doubled. During the same period, overweight more than tripled among adolescents ages 12 to 19 (See Chart).



- Today, 16.5 percent of American youth are overweight and another 15 percent are at risk for overweight, which amounts to approximately 18 million children and adolescents who are struggling with unhealthy amounts of excess weight.
- While girls and boys are almost equally at risk of becoming overweight, there are certain populations of youth who are at increased risk:
  - more Hispanic (21.8 percent) and African American (21.5 percent) youth are overweight than White youth (12.3 percent);
  - additionally, adolescents from families with incomes below 130 percent of the federal poverty threshold are twice as likely to be overweight as those from families with incomes that are above 130 percent of the federal poverty level.

- Youth who are overweight and at risk for overweight are in danger of serious short- and long-term health problems (see *A Heavy Weight on Health*, page 6).
- The total cost attributed to obesity in the U.S. is estimated at \$117 billion, including \$61 billion in direct costs and \$56 billion in indirect costs. Today, it is estimated that the overall costs of obesity-related diseases are as high as 9.1 percent of all national health care expenditures.
- National estimates of health care costs related to overweight youth have not been developed. However, there is solid evidence that overweight youth are more of a burden on the health care system than healthy weight youth:
  - Hospitalizations for obesity-related diseases among children have increased sharply over the last 20 years, and costs for these hospitalizations have more than tripled during this period—rising from \$35 million to \$127 million.
  - From 1979 to 1999, pediatric discharges for certain weight-related diseases increased dramatically: diabetes nearly doubled; obesity and gall bladder disease tripled; and sleep apnea increased fivefold.
  - Overweight youth with asthma use more medicine, wheeze more and make more unscheduled visits to emergency rooms than young people with asthma who are within a healthy weight range.
- The health care costs associated with obese adults are well documented. Compared to adults within a healthy weight range, obese adults spend:
  - 105 percent more on prescription drugs;
  - 36 percent more on inpatient services;
  - 14 percent more on outpatient services; and
  - 36 percent more on all medical care.
- Employers bear much of the direct and indirect costs associated with the nation's obesity epidemic. There is solid data on the costs employers bear for obese employees (see *A Heavy Weight on Business*, page 7), but the share of costs associated with overweight children is not yet reported.

## A Heavy Weight on Health

### Overweight Youth: The Short-term Complications

Overweight youth are at increased risk for a number of serious health conditions compared to youth within a healthy weight range. The following diseases and conditions—many of which were rare in children until recent years—are costing the nation years of healthy life and hundreds of millions of dollars in health care expenses.

#### Cardiovascular

High blood pressure  
High blood cholesterol  
Lipid disorders

#### Endocrine

Type 2 diabetes  
Insulin resistance  
Impaired glucose tolerance  
Menstrual irregularities

#### Orthopedic

Accelerated growth  
Bowed legs  
Hip disorders

#### Psychosocial

Social discrimination  
Depression  
Low self-esteem  
Substance use

#### Pulmonary

Asthma  
Sleep apnea

### Overweight Youth: The Long-term Complications

Overweight youth tend to become obese adults. The probability of an overweight young person developing into an obese adult increases from approximately 20 percent at age four, to 80 percent by adolescence—putting a large number of overweight youth in danger of greater weight-related health problems later in life. The economic costs of these conditions are catastrophic and threaten to drive up health care costs even higher than increases seen in recent years.

#### Cancer

breast cancer  
colon cancer  
endometrial cancer  
gall bladder cancer  
kidney cancer  
prostate cancer

#### Endocrine

type 2 diabetes  
insulin resistance  
impaired glucose tolerance  
metabolic syndrome

#### Obstetric/Gynecologic

gestational hypertension  
gestational diabetes  
cesarean section  
toxemia  
overdue births  
induced labors and longer labors  
menstrual irregularities  
urinary infection  
urinary incontinence

#### Orthopedic

osteoarthritis  
musculoskeletal disorders

#### Psychosocial

social and professional discrimination  
depression  
decreased productivity

#### Pulmonary

asthma  
sleep apnea

#### Cardiovascular

high blood pressure  
high blood cholesterol  
cardiovascular disease  
stroke  
lipid disorders

Sources: Centers for Disease Control and Prevention; American Academy of Pediatrics; American Obesity Association.

## A Heavy Weight on Business

### Direct Costs

In 1994, researchers estimated that obesity cost companies more than \$15.4 billion (all costs adjusted to 2002 dollars):

- \$9.4 billion for direct medical expenses
- \$2.9 billion for paid sick leave
- \$2.2 billion for life insurance
- \$970 million for disability insurance

### Indirect Costs

Between 1988 and 1994, businesses bore significant increases in a number of indirect costs associated with overweight and obese employees (see below). In 2002 dollars, the estimated cost of lost productivity attributed to obesity was more than \$4.6 billion. Note that these estimates relate to overweight employees and do not take into account the additional indirect costs associated with employees who care for or worry about an overweight child.

Estimated Indirect Costs in 1994	Increase since 1988
39 million lost work days	+ 50%
239 million restricted activity days	+ 36%
90 million bed days	+ 28%
63 million physician visits	+ 88%

### Case Study

General Motors analyzed the weight ranges of 18,534 of its employees to determine whether there were increased costs associated with those who were overweight or obese (a BMI of 30 or higher indicates obesity). This table illustrates the study's findings—that the more an employee weighed or the greater their BMI, the more health care costs they incurred.

Body Mass Index	Percent Workers	Total Health Care Cost (Mean)	Medical Expenses (Mean)	Medication Costs (Mean)
18.5–24.9	25.2	\$3,593	\$2,536	\$1,057
25.0–29.9	40.4	\$3,705	\$2,534	\$1,171
30.0–34.9	21.8	\$5,032	\$3,402	\$1,630
>34.9	11.7	\$5,965	\$3,827	\$2,138

Source: 2001 analysis by the Health Management Research Center, University of Michigan.

## How Did We Get Here and What Can We Do?

While hereditary factors can predispose some youth to obesity, today's overweight epidemic cannot be blamed on genetics. The reason overweight has reached epidemic proportions among youth is because many young people eat more calories than they burn in physical activity.

There are two ways that employers can have a favorable affect on the prevalence of overweight among their employees' dependents. Prevention is one of the best ways to address the problem, and ensuring that employees themselves have the tools they need to maintain a healthy weight is the best foundation for a healthy weight initiative aimed at dependents. In addition to prevention efforts, employers can work through benefits managers, medical directors, EAP directors and wellness program directors to improve care for youth who have been identified as overweight or at risk for overweight.

Guidelines for the prevention, screening, and treatment of adult obesity are available from the U.S. Preventive Services Task Force, and recommendations for weight loss are available from the National Heart Lung and Blood Institute and the National Institute for Diabetes, Digestive and Kidney Diseases (see Resources). While similar guidelines for addressing childhood obesity are not yet available from the U.S. Preventive Services Task Force, leading pediatric health advocates have issued a number of recommendations that are widely regarded as the standard approach to good care. These guidelines, summarized below, can inform business efforts to develop age-appropriate overweight prevention, detection and treatment plans for youth. See *Employer Tactics for Attacking Overweight Among Youth*, page 12 for more detailed information about how to design a business response to the problem of overweight among dependent youth.

### Recommended prevention goals:

#### Infants and Toddlers

- Improved breastfeeding rates
- Adoption of healthy eating behaviors
- Safe play with babies and toddlers

### Tools You Can Use

The National Business Group on Health has produced an employer toolkit in response to the epidemic of overweight youth. *Reducing Child and Adolescent Obesity* contains a dynamic set of resources that can help employers address the health and economic consequences of obesity among beneficiaries' dependents. In addition to this issue brief, the toolkit includes a comprehensive PowerPoint presentation on the business interest in overweight youth, practical program ideas and resources for corporate benefits, medical and wellness administrators, and an in-depth series of fact sheets for parents. All materials can be customized with the corporate or brand identities of member organizations. *Reducing Child and Adolescent Obesity* can be found online at [www.businessgrouphealth.org/prevention/et\\_childobesity.cfm](http://www.businessgrouphealth.org/prevention/et_childobesity.cfm).

### Children and Teens

- Adoption of healthy eating behaviors both at home and outside the home
- Limited consumption of non-nutritious foods
- Increased levels of regular physical activity to at least 60 minutes per day
- Limited time with media (TV, video games, computer)

Because BMI-for-age charts are relatively new, many providers are unaware of their availability. Despite recommendations from the CDC and the American Academy of Pediatrics, a recent study found that only 19 percent of pediatric providers currently use the BMI-for-age charts. See Resources for information on obtaining the charts and accessing medical education that addresses how to use them.

### Recommended screening goals:

Routine use of BMI-for-age screenings by health care professionals for all children age 2 and older during well child visits.

### Recommended treatment goals for young people who are identified by a health care provider as overweight or at risk of overweight:

#### Infants and toddlers under 2 years old

- Due to very young children's rapid growth, pediatricians may recommend reassessment and/or referral to a pediatric obesity specialist for care

#### Children age 2 and over and Teens

- Weight maintenance for most overweight and at risk for overweight youth
- Moderate weight loss of about 1 pound/month for overweight and at risk for overweight youth with medical conditions (should be overseen by a physician or pediatric obesity specialist)
- Parent and family participation in strategies that address the problem

#### Severely Overweight Youth with Serious Medical Conditions

- Facilitated consultation with and/or referrals to pediatric obesity specialists for assessment and care
- In severe cases, recommended treatment can include rapid weight loss diets, medications or bariatric surgery

### Best Practices for Health Care Providers

Medical directors and provider panels should be informed of the following recommended treatment protocols that have been developed by a panel of national experts in childhood overweight.\* The Weight-control Information Network can assist clinicians in identification of pediatric weight-control services (see Resources).

#### Infants and toddlers under 2 years old

Consult a pediatric obesity specialist for appropriate evaluation and treatment in rare cases of severely overweight children younger than 2 years old

#### Children ages 2 to 7 years old

Encourage weight maintenance when:

- BMI-for-age is between the 85th and 95th percentiles; or if
- BMI-for-age is at the 95th percentile or above and there are no weight-related medical conditions

Weight loss of approximately 1 pound/month should be considered when:

- BMI-for-age is at or above the 95th percentile and weight-related medical conditions exist

#### Youth ages 8 to 20 years old

Encourage weight maintenance when:

- BMI-for-age is between the 85th and 95th percentiles and there are no weight-related medical conditions

Weight loss of approximately 1 pound/month is recommended when:

- BMI-for-age is between the 85th and 95th percentiles and weight-related medical complications exist; or if
- BMI-for-age is at or above the 95th percentile

#### Extreme cases of youth overweight

Providers treating youth who are extremely overweight and/or have serious health complications related to excess weight should either consult with or refer the patient to a pediatric obesity treatment center, where specialists can evaluate the best approach to treatment. In rare cases where aggressive weight loss measures are warranted, these centers will be able to prescribe and monitor restrictive diets, administer medications when appropriate, and help determine whether bariatric surgery should be considered for adolescents.

\* Barlow SE, Dietz WH, "Obesity evaluation and treatment: Expert Committee recommendations. The Maternal and Child Health Bureau, Health Resources and Services Administration and the Department of Health and Human Services". *Pediatrics*, 1998 Sep;102(3):E29. Available at <http://pediatrics.aappublications.org/cgi/content/full/102/3/e29>

### Programs that Work

Childhood obesity prevention and treatment initiatives have been implemented throughout various sectors, and some have demonstrated success at addressing the various factors that underlie the problem. While many of these programs are not led by the business sector, they provide models for companies interested in achieving two key objectives: ensuring that employees and their families improve their diets and engage in more physical activity.

#### KidShape© [www.kidshape.com](http://www.kidshape.com)

Non-profit organization that focuses on family-based pediatric weight management through a culturally sensitive curriculum. The eight-week program emphasizes healthy eating habits, positive health behavior changes, positive body image, and improved physical activity.

Results: 87 percent of children who participated lost weight during the program and 80 percent of these children keep that weight off up to two years after the program; Children experienced a significant reduction in fat/sweet servings per day; Children significantly increased their physical activity and significantly decreased their television viewing; KidShape graduates reported a more positive attitude toward themselves after completing the program.

#### Highmark Blue Shield's Fun to be Fit Program

In central Pennsylvania, the insurer took up the issue of childhood obesity and overweight in response to an analysis showing that the company spent \$1.1 billion on co-morbidities closely associated with obesity in 2002. Recognizing that obesity is preventable, Highmark implemented programs to address childhood obesity throughout the community. The company's Fun to be Fit program brought together two programs-FRESH (Food Re-education for Elementary Schools Health) and SPARK (Sports, Play and Active Recreation for Kids)-and created a nutrition and physical education curriculum for elementary schools.

Results: Schools using the program showed a 15-19 percent decrease in consumption of high sodium, high-sugar and high-fat foods; Additionally, time in class spent being physically active also increased.

#### Blue Cross Blue Shield's Be Active Kids Program [www.beactivekids.com](http://www.beactivekids.com)

Be active kids is an early childhood (ages 4 to 5) physical activity and nutrition initiative. Its purpose is to promote healthful eating and physical activity for four- and five year old children.

#### SHAPEDOWN [www.shapedown.com](http://www.shapedown.com)

Program developed by faculty members of the University of California, San Francisco, School of Medicine with contributions from nutrition, exercise physiology, endocrinology, psychology, family therapy, adolescent medicine, family medicine and behavioral and developmental pediatrics. SHAPEDOWN is family-based and targets overweight, nutrition and activity in both children and parents.

Results: At the end of treatment (3 months) and at one-year follow-up (15 months) significantly decreased relative weight and significantly improved weight related behavior, self-esteem, depression and knowledge.

#### 10,000 Steps® Program [www.10k-steps.com](http://www.10k-steps.com)

Program developed in 1998 to promote and assist people in becoming more physically active by increasing their daily steps through walking or running.

## Employer Tactics for Attacking Overweight Among Youth

### Corporate Medical Directors

#### Tips

- Produce articles for the company newsletter using information from fact sheets along with testimonials and/or quotes from employees corporate medical staff or benefits managers
- Include the benefits of breastfeeding in prenatal programs and support new mothers breastfeeding when they return to work

#### Resources

##### National Business Group on Health

Maintains an online resource on breastfeeding for large businesses. [www.businessgrouphealth.org/pdfs/wbgh\\_breastfeeding\\_brief.pdf](http://www.businessgrouphealth.org/pdfs/wbgh_breastfeeding_brief.pdf)

##### Bright Futures in Practice

Offers providers access to easy to use manuals with age-specific assessment and anticipatory guidance for children on nutrition and physical activity. [www.brightfutures.org](http://www.brightfutures.org) or [www.brightfutures.aap.org/web/](http://www.brightfutures.aap.org/web/)

### Benefits Managers

#### Tips

- Offer voluntary HRAs to dependents to obtain baseline data on overweight prevention and intervention needs
- Encourage all providers in the network to use BMI-for-age screenings to assess children's growth and weight at every visit
- Stress the importance of early intervention with health plan managers, so that providers in the network understand that overweight prevention and behavior change goals are easier to achieve in children than in adolescents and adults
- Encourage all participating providers to schedule quarterly visits with overweight patients to supervise their progress and regularly assess them for obesity-related complications
- Encourage disease management vendors and other third party providers to recommend even small weight loss goals
- Offer discounts on gym memberships to employees and their families
- Inform employees that gym fees and exercise equipment may be reimbursed from their flexible benefit account
- Offer workers financial rewards or other incentives for exercising, dieting and other healthy behavior
- Coordinate a family screening day to assess risks for overweight, type 2 diabetes, hypertension and other conditions caused by or exacerbated by excess weight

#### Resources

##### Overweight Children and Adolescents: Screen, Assess and Manage

Training Module that includes recommendations and examples to screen, assess and manage overweight patients. [www.cdc.gov/nccdphp/dnpa/growthcharts/training/modules/module3/text/intro.htm](http://www.cdc.gov/nccdphp/dnpa/growthcharts/training/modules/module3/text/intro.htm)

### EAPs/Wellness Programs

#### Tips

- Emphasize the importance of overweight prevention by encouraging employees to teach healthy eating and exercise habits to their children at young ages, and to model these habits themselves.
- Develop cultural, social and environmental supports to help employees reach their own weight goals so that they, in turn, can help their children do the same.
- Help beneficiaries develop coping skills that allow them to better manage stress, problems balancing family and work life, and other issues that can compromise a family's ability to maintain a healthy weight. These programs should also understand and properly address the links between overweight, low self-esteem and depression.
- Identify emotional or situational triggers that contribute to overeating and help overweight children establish coping skills to handle discrimination from peers.
- Design a "Know Your BMI Challenge" to encourage employees to track their own BMI and those of dependents
- Post activity and event calendars from the local YMCA or community center to keep employees informed about local, family-friendly activities
- Post health promotion interventions such as the food pyramid or food nutrition labels in company cafeterias
- Maintain an onsite, free lending library of books and brochures on healthy eating
- Encourage employee and family participation in National Health Observances like National Nutrition Month in March or the National Physical Fitness and Sports Month in May and other campaigns that encourage healthier living such as the 5-A-Day Program
- Design or obtain from the local Parks and Recreation Department walking maps of the building and surrounding area so that employees can plan for exercise before and after work or on breaks
- Offer childcare when parents exercise
- Offer family-friendly worksite fitness facilities at low cost and engage youth by allowing fitness centers to serve as healthy venues for children's birthday parties and other special events
- Arrange an exchange or swap of employees' sports equipment. Host a sports equipment sale or exchange on the company Intranet or bulletin board
- Encourage employee and family participation in organized community activities such as walks, bike rides, dance-a-thons, etc.
- Encourage employee and family participation in programs like 10,000 Steps a Day from Shape Up America
- Encourage employees to volunteer time coaching or leading youth groups that offer other fitness activities such as hiking
- Contact local hospitals to coordinate group weight loss control classes
- Encourage participating physicians to serve as a connector between children, their families and community or school-based resources so that pediatric patients become invested in their own progress

**EAPs/Wellness Programs** (Continued)

- Use internal communication channels like newsletters and intranet to remind parents and other stakeholders of how to properly monitor and address youth overweight. Such reminders can include useful daily or monthly nutritional and physical activity tips
- Offer employees onsite, telephonic or Web-based weight-loss programs and nutrition counseling
- Ensure that endorsed interventions strive for gradual, permanent changes made slowly, not short-term diets or exercise programs aimed at rapid weight loss, unless specifically warranted in certain cases by a physician
- Ensure that family life service programs offer information on healthy family nutrition, fitness, weight loss and breastfeeding
- Ensure food service vendors and catering services provide healthy food choices onsite
- Arrange for specialists such as dietitians to visit the workplace and present ideas around meal planning to employees
- Encourage the use of stairs and walking for all employees

**Resources****American Dietetic Association**

Searchable database of nutrition professionals for consumers and businesses; Publishes a daily Nutrition Tip of the Day [www.eatright.org](http://www.eatright.org)

**Center for Nutrition Policy and Promotion**

Offers all versions of the food pyramid, including Spanish language. [www.nal.usda.gov/fnic/Fpyr/pyramid.html](http://www.nal.usda.gov/fnic/Fpyr/pyramid.html)

**5-A-Day for Better Health Program**

National Cancer Institute's campaign for healthier eating. The site offers promotional products including posters, brochures, aprons, magnets measuring cups and more. [www.shop5adaycatalog.com/acatalog](http://www.shop5adaycatalog.com/acatalog)

**MenuMailers**

Service that offers email subscribers weekly meal plans, complete with recipes, shopping lists and nutrition information. [www.savingdinner.com](http://www.savingdinner.com)

**Hearts 'N' Parks**

Lists ideas for achieving heart health in local parks. [www.nhlbi.nih.gov/health/prof/heart/obesity/hrt\\_n\\_pk/](http://www.nhlbi.nih.gov/health/prof/heart/obesity/hrt_n_pk/)

**President's Council on Physical Fitness and Sports**

Offers awards programs for people of all ages and fitness levels as incentives for achievement of personal physical fitness challenges. <http://fitness.gov/challenge/challenge.html>

**Shape Up America's 10,000 Steps a Day Program**

Encourages participants to take at least 10,000 steps every day. Companies can encourage employees by distributing or subsidizing pedometers and displaying participants' progress on bulletin boards. [www.shapeup.org/10000steps.html](http://www.shapeup.org/10000steps.html)

**National Health Observances**

A complete calendar of health observances and contact information for reference. [www.healthfinder.gov/library/nho](http://www.healthfinder.gov/library/nho)

**Weight Control Information Network**

Searchable database to locate weight control programs for children in local medical centers and children's hospitals. [www.niddk.nih.gov/health/nutri/nutri.html](http://www.niddk.nih.gov/health/nutri/nutri.html)

**Conclusion**

The rapid increase in the prevalence of youth overweight has signaled an alarm among many public agencies and advocacy organizations responsible for ensuring children's health. As well, the damaging medical and economic consequences of this epidemic are also cause for concern among employers.

The severity of the problem calls for stakeholders in all sectors to take action to prevent overweight among youth and to more effectively intervene when a young person has been identified as overweight or at risk of overweight. While more research is needed to help identify both the prevention efforts and treatments that work best, a solid body of science already exists on which effective programs can be built.

The recommendations and case studies illustrated here represent some of the best approaches to addressing the epidemic of youth overweight. Using the information detailed in this brief, employers can design programs that can facilitate healthy weights in their employee and dependent populations.

**Resources****American Academy of Pediatrics**

[www.aap.org](http://www.aap.org)

**American Dietetic Association**

[www.eatright.org](http://www.eatright.org)

**BMI and BMI-for-age Charts and Calculators**

[www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm](http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm)

**Bright Futures Program**

[www.brightfutures.aap.org/web/](http://www.brightfutures.aap.org/web/) or [www.brightfutures.org](http://www.brightfutures.org)

**Centers for Disease Control and Prevention**

[www.cdc.gov/nccdphp/dnpa/obesity/index.htm](http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm)  
[www.bam.com](http://www.bam.com)

**Health Resources and Services Administration  
Maternal and Child Health Bureau**

[www.ask.hrsa.gov/MCH.cfm](http://www.ask.hrsa.gov/MCH.cfm)

**National Business Group on Health**

[www.businessgrouphealth.org/healthy/about.cfm](http://www.businessgrouphealth.org/healthy/about.cfm)

**National Heart Lung and Blood Institute**

[www.nhlbi.nih.gov/guidelines/obesity/ob\\_home.htm](http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm)

**National Institute for Diabetes, Digestive and  
Kidney Diseases**

[www.niddk.nih.gov/health/nutrit/nutrit.htm](http://www.niddk.nih.gov/health/nutrit/nutrit.htm)

**National Institute for Health Care Management**

[www.nihcm.org/childframe.html](http://www.nihcm.org/childframe.html)

**Robert Wood Johnson Foundation  
Active Living, Obesity and Nutrition Program**

[www.rwjf.org/programs/infoByArea.jsp?value=Active+Living%2C+Obesity+and+Nutrition&id=000002](http://www.rwjf.org/programs/infoByArea.jsp?value=Active+Living%2C+Obesity+and+Nutrition&id=000002)

**U.S. Department of Agriculture**

Food and Nutrition Information Centewww.nutrition.gov

**U.S. Preventive Services Task Force**

[www.ahrq.gov/clinic/uspstf/uspsobes.htm](http://www.ahrq.gov/clinic/uspstf/uspsobes.htm)

**Weight-control Information Network**

[www.niddk.nih.gov/health/nutrit/win.htm](http://www.niddk.nih.gov/health/nutrit/win.htm)

Center for  
Prevention  
and Health  
Services

## ISSUE Brief

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Promoting Healthy  
Weight Families



### About the Center for Prevention and Health Services (CPHS)

The Center houses the Business Group's projects and resources that relate to the delivery of preventive and other health services through employer-sponsored health plans and worksite programs. Through the Center, employers can find practical toolkits to address preventive health and health promotion issues at the worksite. Employers will find current information and recommendations from federal agencies and professional associations, model programs from other employers, and the latest clinical and health services research results. In addition, the Center provides opportunities for employer participation in teleconferences and in-person solutions workshops. Currently, the Center has initiatives in racial and ethnic disparities in health and health care, terrorism and public health emergency preparedness, maternal and child health, preventive services, health services research and quality, health and work performance, benefit design and wellness programs.

For more information, visit [www.wbgh.org/programs/cphs/](http://www.wbgh.org/programs/cphs/) or contact Ron Finch, Ed.D., Director, at [finch@wbgh.org](mailto:finch@wbgh.org).

The complete tool kit, *Reducing Child and Adolescent Obesity*, can be found online at [www.businessgrouphealth.org/prevention/et\\_childobesity.cfm](http://www.businessgrouphealth.org/prevention/et_childobesity.cfm).

### About the National Business Group on Health

The National Business Group on Health, formerly the Washington Business Group on Health, is the national voice of large employers dedicated to finding innovative and forward-thinking solutions to the nation's most important health care issues. The Business Group represents over 200 members, primarily Fortune 500 companies and large public sector employers, who provide health coverage for approximately 50 millions U.S. workers, retirees and their families. The Business Group fosters the development of a quality health care delivery system and treatments based on scientific evidence of effectiveness. The Business Group works with other organizations to promote patient safety and expand the use of technology assessment to ensure access to superior new technology and the elimination of ineffective technology.

Helen Darling, *President*

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