VMS RESOLUTION
PREVENTING CHILDHOOD OBESITY

As passed by VMS Council, October 18th, 2003

WHEREAS, during the past two decades, the percentage of children who are overweight has nearly doubled (from 7 to 13 percent), and the percentage of adolescents who are overweight has almost tripled (from 5 to 14 percent);[1] and

WHEREAS, for the vast majority of individuals, overweight and obesity result from excess calorie consumption and/or inadequate physical activity; unhealthy dietary habits and sedentary behavior together account for approximately 300,000 deaths every year; [2,3] and

WHEREAS, children and adolescents are becoming ever more sedentary; for example, in 1999, 43 percent of students in grades 9 through 12 viewed television more than 2 hours per day; [4] and

WHERAS, children and adolescents have easy access to high fat content food found both in school and at home and Vermont public schools frequently house vending machines containing foods not beneficial to children's nutrition; and

WHEREAS, Type 2 diabetes, high blood lipids, and hypertension as well as early maturation and orthopedic problems occur with increased frequency in overweight youth; another common consequence of childhood overweight is psychosocial—specifically discrimination; [5] and

WHEREAS, overweight children and adolescents are more likely to become overweight or obese adults; this concern is greatest among adolescents; and

WHEREAS, schools in Vermont should provide a healthy environment where children learn and participate in positive dietary and lifestyle behaviors and practices; therefore be it

RESOLVED, that the Vermont Medical Society collaborate with the state-wide Action for Healthy Kids (AFHK) team, a state component of the nationwide initiative dedicated to improving the health and educational performance of children through better nutrition and physical activity in schools; be it further

RESOLVED, that the VMS reaffirms the following two goals that AFHK has identified as priority for 2003:

- **providing food options that are low in fat, calories, and added sugars, such as fruits, vegetables, whole grains, and low-fat or nonfat diary foods throughout the school system;**
- **and providing all children, from pre-K through grade 12 with quality daily physical activity that helps develop the knowledge, attitudes, skills, behaviors and confidence needed to be physically active for life; be it further**

RESOLVED, that VMS will identify a taskforce of physicians, including members of the School Health Committee, who are interested in working to achieve the AFHK goals and other goals they may identify as priority; and be it further

RESOLVED, that VMS will continue to collaborate and coordinate with other organizations and individuals working to prevent childhood and adult obesity, including the Vermont Campaign to End Childhood Hunger; the Vermont WIC Program Childhood Obesity Prevention Program; the Coalition for Healthy Activity, Motivation and Prevention Programs (CHAMPPs); the Vermont Children's Health Improvement Program (VCHIP); the Vermont Area Health Education Centers (AHEC); legislators; and private insurers.

[1] NCHS, CDC. Prevalence of overweight among children and adolescents: United States, 1999 [Internet]. [Hyattsville (MD)]: NCHS [cited 2001 Oct 31]. Available from: www.cdc.gov/nchs/products/pubs/pubd/hestats/over99fig1.htm

[2] McGinnis JM, Foege WH. Actual causes of death in the United States. JAMA 1993 Nov 10;270(18):2207-12.

[3] Allison DB, Fontaine KR, Manson JE, Stevens J, VanItallie TB. Annual deaths attributable to obesity in the United States. JAMA 1999 Oct 27;282(16):1530-8.

[4] HHS. Healthy People 2010, 2nd ed. With understanding and improving health and objectives for improving health. Washington (DC): GPO; 2000. 2 vol. p. 22-19 through 22-23.

[5] Dietz WH. Health consequences of obesity in youth: Childhood predictors of adult disease. Pediatrics 1998 Mar;101(3) Suppl:518-525.