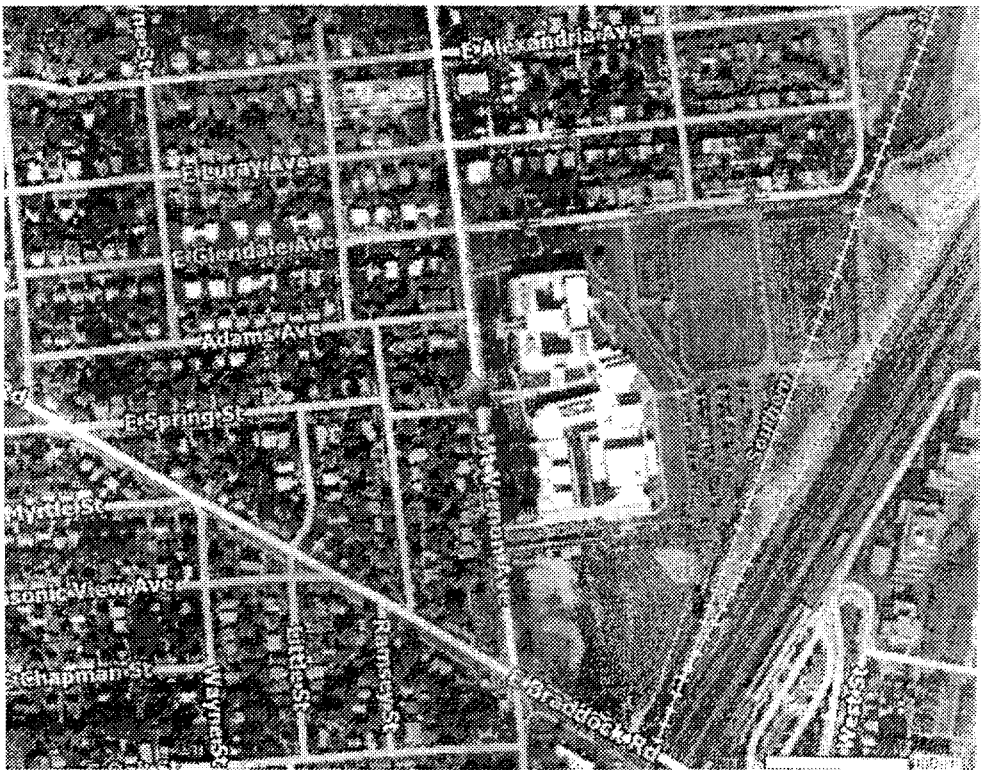


CONCEPT FOR THE ALEXANDRIA CITY MEMORIAL TRACK & FIELD



Current View of George Washington Middle School



Arial view with 8-Lane Track & Field, Plaza and Bike Trail

Image courtesy Mapquest.com Illustration by Gary J. Carr / GaryPhoto.com

**EXCERPTS FROM THE ATHLETIC PROGRAM STRATEGIC PLAN
THAT DIRECTLY SUPPORT AN NCAA QUALITY EIGHT-LANE RUNNING TRACK**

“The Alexandria City Public Schools should offer athletic programs
appropriate to a wide range of skill and ability levels.”

“Participation in athletics should reflect the diversity of the school community”

“It is Important to support student athletes with **excellent**, appropriate, and well maintained
equipment, facilities and fields” (Author’s Emphasis)

“Athletic Programs promote greater community support for our educational system.”

“The ACPS athletic program thrives when families, schools and the community work together.”

GOALS

Goal 1: To offer ACPS students a **premiere** high school athletic program.

Objective 1.1 To implement the **best** practices in every sport.

Strategy 1.1.2 Improve existing facilities and equipment and **develop new facilities.**

Objective 1.2 To **expand opportunities** for participating in sports

Strategy 1.2.1 Identify and **evaluate possible additions** to the sports program

Work Task 1.2.1 d: **Implement pilot intramural program** at GW and Hammond

Strategy 1.2.2 **Increase opportunities for participation in sports** TC currently offers

Work Task 1.2.2.a: Offer summer sports camps in cooperation with DRPCA

1.2.2.b: **Increase competition opportunities**

1.1.1.c: Increase articulation between DRPCA and TC

Objective 2.2 To support student athletes at **achieving their highest athletic potential**

Strategy 2.2.1 Encourage student athletes to **develop expertise in multiple sports**

Work Task 2.2.1.c: Encourage students to **participate in more than one sport**

Strategy 2.2.2 **Develop individualized conditioning plans** for athletes

Strategy 2.2.3 **Maximize practice and competition time** for every athlete

Goal 4: Maintain and **increase student participation** in sports

Objective 4.1: **Increase cooperation** with DRPCA, increase student involvement in athletics

Work Task 4.1.2.a: **Develop feeder program** from DARCA to ACPS athletics

Strategy 4.1.4 **Encourage participation that reflects diversity** of TC community

Work Task 4.1.4.a: **Eliminate barriers to participation**

4.1.1.b: **Encourage student to participation in athletics**

Objective 4.2 Encourage student to **play sports beyond their initial involvement.**

Goal 5: **Develop School and Community culture that supports athletics**

Objective 5.1 **Increase community attendance at athletic events**

A state-of-the-art NCAA quality 8-lane track and field facility is supported fully by many of the goals of the ACPS Athletic Strategic Master Plan.

The Running Track Initiative

by Gary J. Carr

The Goals of the Running Track Initiative:

To build an 8 lane NCAA quality running track and field complex within the city limits, potentially named in honor of our greatest President athlete and former Alexandria City resident Gerald R. Ford

To construct high-quality running tracks at the high school and each middle school

To complete construction at the earliest possible date, preferably within one year

To encourage competitive running in elementary schools through creative playground & field designs

To incorporate running tracks into the playing field design citywide

To design running tracks for quick snow removal and immediately clear them in the winter months

To measure and mark distances for runners and walkers of the hiking and biking trails citywide

To have the latest technological timing devices and track and field implements.

To enlist the support of sports advocates to the importance of running tracks, running and walking

To return the State Championship Banner in Track & Field to the City of Alexandria

SUPPORTING STATEMENT

Running tracks represent the fundamental expression of locomotion, exercise and cardio-vascular fitness in modern societies. Every other sport or physical activity incorporates running or is enhanced by engaging in running.

Running tracks are more inclusive than any other type of outdoor or indoor activity. Running tracks can be used by a majority of the population a majority of the time.

No other sports facility can make this claim.

A playing field of any type, football, baseball, lacrosse or soccer, allows for a most 25 patrons to participate at one time. The contest generally last several hours during which the field cannot be used for any other purpose. They generally require a significant amount of equipment, expertise and practice to participate.

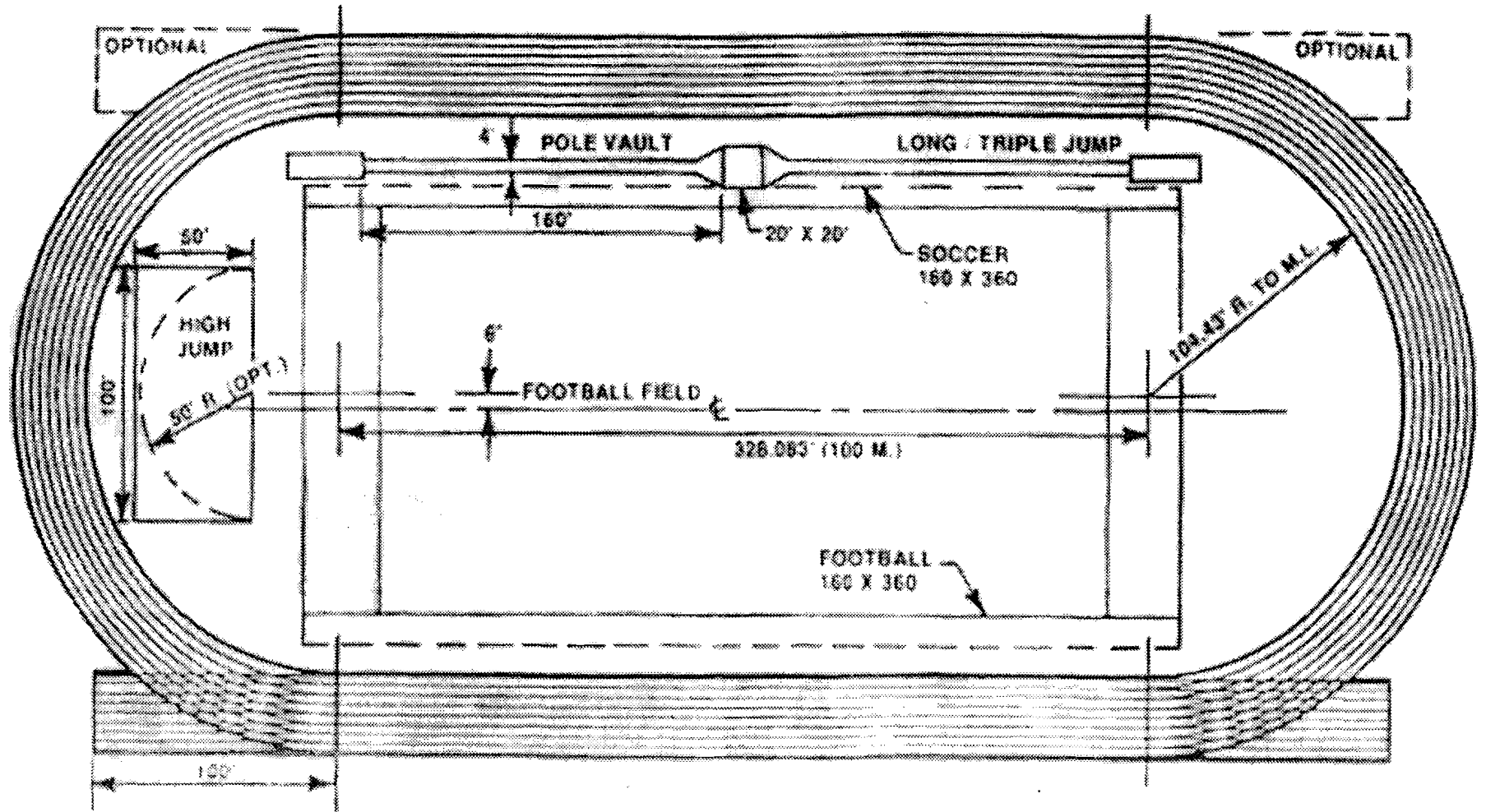
Running tracks can be used by a solitary individual or by several hundred at the same time. All other outdoor sports demand skill and innumerable rules. Running, jogging or walking requires none.

Running tracks require no equipment excepting shoes, and even they are optional. All ages, sexes and physical abilities can participate together or separately with few accommodations.

Running tracks have few vocal advocates. In spite of this, they are used by a wide variety of the populace when available. Advocates of every sports should support of running track proliferation.

Runners will use the tracks in all types of weather, day and night. They will be used in the pouring rain and in the heat of summer. They will even be used during the winter months if snow is expeditiously removed from the surface.

Running is the foundation for the conditioning necessary to participate in all sport activities.





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Exercise: a dose of medicine we all can use

By Ronald M. Davis, MD

This column was originally published in AMA eVoice on [Nov. 8, 2007](#). Dr. Davis is president of the American Medical Association.

If you learned that a single prescription could prevent and treat dozens of diseases, such as diabetes, hypertension, and obesity, would you prescribe it to your patients? I'll bet most of you would.

A new collaboration between the AMA and the [American College of Sports Medicine \(ACSM\)](#) encourages physicians to write this magical prescription for all their patients. Only it's not magic—it's exercise. Through the "Exercise is Medicine" initiative, both the AMA and the ACSM are calling on physicians, regardless of specialty, to share with their patients the importance of incorporating physical activity and exercise into their daily routines.

Nearly 30 supporting organizations are involved with "Exercise is Medicine," which was unveiled at the National Press Club in Washington, D.C., earlier this week. As part of the campaign, which received [some positive publicity in last weekend's issue of USA Weekend](#), educational materials and tool kits are available online that physicians can use in their practices. And educational models will be developed for use in medical schools so students can learn, early in their careers, about the importance of prescribing exercise to patients.

The "Exercise is Medicine" initiative is consistent with the [AMA's efforts to promote healthy lifestyles](#), a priority on the AMA's health care advocacy agenda, of which exercise and physical activity are a key component.

As part of those efforts, the AMA's Healthy Lifestyles Division is developing a tool kit to assist primary care physicians in offering brief screening and interventions on healthy living as a routine activity. The tool kit, which will be online in late 2008, will help physicians focus on not only exercise and physical activity, but also healthy nutrition, stopping tobacco use, and avoiding risky alcohol consumption. The AMA also is convening an advisory group of other health professional organizations to develop strategies to increase routine screening and interventions for healthy lifestyles in primary care.

Physical inactivity is a fast-growing public health problem in this country, and contributes to a variety of chronic diseases and health complications, including obesity, coronary artery disease, cancer, depression and anxiety, arthritis, and osteoporosis. Increasing physical activity can prevent and cure many chronic conditions, such as high blood pressure, diabetes,

and joint pain, while improving a patient's overall health. By engaging in 30 minutes of moderate exercise (such as a brisk walk) on most days each week, many patients will be able to get off medications for those conditions—thus avoiding the potentially harmful side effects those drugs can cause.

Physicians can play a huge role in getting patients off their couches and onto their feet. A recent survey conducted by the ACSM found that nearly two-thirds of patients (65 percent) would be more interested in exercising to stay healthy if advised by their doctor and given additional resources. The survey also found that 41 percent of physicians talk to their patients about the importance of exercise, but don't always offer suggestions on the best ways to be physically active. And 26 percent of patients look to their doctor first for advice on exercise and physical activity.

As employers shift more of the cost of health insurance to employees, more and more Americans are looking for ways to take better care of themselves. The Employee Benefit Research Institute just reported that 81 percent of Americans are looking to be healthier (PDF, 59KB), compared with 71 percent just two years ago.

And the old adage, "Do as I say, not as I do," doesn't apply to exercise. As physicians, we need to be physically active for the same reasons that our patients do, and research shows that doctors who exercise are more likely to counsel patients on exercise, to counsel confidently, and to be trained in counseling.

Exercise is not just an option; it's a necessary, active, and direct way for all of us to maintain good health, avoid illness, improve the quality of our lives, reduce health care costs, and extend life expectancy. It's a prescription for better health and lower health care expenditures—by individuals and by our nation as a whole. Many people would be astounded to learn how much difference a brisk 30-minute walk a few times a week makes in their overall health.

Please make exercise consultation a regular part of your interaction with every patient during every visit, and work with them to establish programs they can start today and continue throughout their lives. By counseling our patients on the importance of physical activity and reminding them about the enormous health benefits that exercise provides, we can help them live healthier, happier, and more active lives. And by practicing what we preach, we can improve our own health as well.

Ronald M. Davis

The lighter side

The American Academy of Orthopaedic Surgeons (AAOS) has produced two hilarious public service announcements on the importance of physical activity and exercise. I show them often in my talks, and they always get huge laughs from the audience. You can view or download them from the AAOS Web site by clicking on the links for their names—Sedentary and Lazy Bones.

I encourage you to show these public service announcements on TVs in physicians' offices, on closed-circuit hospital TV channels, and through any other communications channels that reach patients and consumers. The AAOS encourages the use of these materials for noncommercial educational purposes; contact the AAOS if you wish to use them in other ways.

In Bill Bryson's book *Walk in the Woods*, he described his journey walking the 2,100-mile Appalachian Trail, which stretches from Georgia to Maine. During a stop in Waynesboro, Va., he needed to find a store to buy insect repellent. A man outside the post office suggested that he try a local department store, and asked him where his car was. Bryson said he didn't have a car. The man said, "It's over a mile, I'm afraid." Bryson said it didn't matter, and the man gave him directions.

But then the man said, "You know, when I think about it, it's *well over* a mile—maybe a mile and a half, mile and three-quarters. You walking back as well?" Bryson said yes, and the man shook his head and said, "Long way." Bryson replied, "I'll take emergency provisions." The man missed the joke and then told him, as an afterthought, that there was a taxicab company around the corner.

Of course, Bryson was in the middle of walking 2,100 miles, so walking to a store a few miles out of the way was no big deal. But the point is that many of us have forgotten how to walk. Data from the Centers for Disease Control and Prevention tell us that more than one of every five adults have gotten no leisure-time physical activity during the past month. None at all.

Obesity and Reduced life Expectancy

By calculating years-of-life-lost due to obesity and combining that with estimates of the prevalence of obesity in younger generations, in the coming decades the risk of death from obesity-related causes is about to rise. The **hardest hit will be minorities**, because of limited access to health care and because **they have experienced the most rapid increases in obesity** in recent years, according to the authors.

It is well documented that obesity is associated with an **increased risk of diabetes, heart disease, cancer and other complications**. Obesity and overweight are the second leading cause of preventable death in the United States. And the **largest increases in obesity have occurred among children and minorities**.

The researchers also predict that the **rapid rise in obesity among children and teenagers in the past 30 years will have life-shortening effects** in the future -- perhaps enough to offset any improvements in longevity from anticipated advances in biomedical technology

The incidence of obesity rose approximately 50 percent in the United States in both the 1980s and 1990s. **Two-thirds of all U.S. adults are now classified as overweight or obese, as are 20 percent to 30 percent of all children under age 15**. We now see children under the age of 15 who are obese at a rate of about 20 percent, 20 percent at risk and 20 percent plain out-of shape, whereas that figure was very close to zero a couple of decades ago.



For Girls, Social Status Tied to Weight

Girls Who Perceive Themselves as Unpopular More Likely to Gain Extra Pounds

By DAN CHILDS
ABC News Medical Unit

Jan. 7, 2008—

Adolescent girls who view themselves as unpopular have a higher risk of gaining weight in subsequent years, researchers have found.

The study asked more than 4,400 girls aged 12 to 18 how they viewed their status on the social ladder, from a scale of 1 to 10. Two years later, researchers compared the weight gained by those who ranked themselves as a 5 or higher, compared with the weight gained by those who ranked themselves 4 or lower.

Those who perceived themselves as unpopular were 69 percent more likely to gain two points on the body mass index scale in the two years that followed the questionnaire.

Lead study author Adina Lemeshow, project analyst for the New York City Department of Health, actually completed the study when she was a graduate student at the Harvard School of Public Health. The study was published in the journal *Archives of Pediatrics & Adolescent Medicine*

The study adds to past evidence that social and emotional factors -- including depression and low self-esteem -- are important contributors to obesity in adolescents. But it also takes these findings one step further by demonstrating that for many girls, feelings of social inadequacy precede weight gain.

"Ours is the first study to look at this data prospectively," Lemeshow says. "One question which had always come up was whether it wasn't the other way around -- in other words, how BMI would cause a lower social standing."

Childhood obesity experts who were not affiliated with the research agreed that the study gives a clearer picture of how emotional and social factors could contribute to risk of overweight and obesity.

"Previous studies have been 'snapshots' of children with low self-esteem, which found that they are more likely to be overweight," says Dr. Goutham Rao, clinical director of the Weight Management and Wellness Center at the Children's Hospital of Pittsburgh. "This study tells us that low self-esteem, in the form of low-perceived social status, precedes weight gain."

But some health experts point out that though the study findings are intriguing, more information is needed before it can be said for sure whether low social standing leads to weight gain.

"Do adolescents become obese because they are not popular, or do they become less popular as they gain weight?" asks Judith Myers-Walls, associate professor and extension specialist at Purdue

University's department of child development and family studies. "It is likely that there is a cycle and that both things are happening. A much more detailed study would need to be conducted to explore what happens in the minds and bodies of the young women."

Making Weight Control a Priority

But while the study sheds light on social standing and weight gain in girls, the findings raise the natural question: Why might this be happening?

The answer may lie in the possibility that girls who don't enjoy popularity among their peers may feel they cannot reap significant rewards from maintaining a healthy weight.

"The most obvious connection that struck me was that girls with lower self-esteem do not believe they can benefit much from maintaining a socially acceptable appearance -- in other words, being slim," Rao says. "Therefore, they may invest less time and energy in good nutrition and physical activity, and gain more weight as a consequence.

"Slimness has an enormous social value among girls. If a girl doesn't value herself to begin with, being slim is unlikely to be a priority."

But recent figures suggest weight control should be a priority in this group. According to a separate study published in the Journal of the American Medical Association in 2006, the number of overweight girls in the United States increased from 14 to 16 percent between 1999 and 2004. And a 2005 study in the journal Pediatrics showed that the weight problems in children cost the United States about \$127 million -- three times more than 20 years ago.

So what can be done? Myers-Walls says that one possible implication of the study is that parents and others may be able to help improve the health of young women by helping them find accepting and supportive social environments.

"Girls who do not fit the standards of beauty in any area, including height, skin condition, attractiveness or weight, may have difficulty with finding friends and feeling comfortable among peers," she says. "Adults can help to locate and encourage those environments, and they also can help nonobese adolescents learn to look beyond the surface-level characteristics."

Opening Doors to Further Research

Lemeshow says that while her research does lead to a greater understanding of the social and emotional factors that may contribute to weight gain in adolescent girls, more research is needed before researchers can say for sure that, for girls, being unpopular can directly cause weight gain.

But the research suggests that health professionals working with adolescent girls may have a new direction for helping them maintain a healthy weight.

"While diet and exercise are very important contributors to a healthy weight, how girls feel about themselves should be a part of all of these preventive strategies," Lemeshow says.

Rao agrees. "This study is very important and does provide considerable support for the idea that lower social status negatively influences future health," he says. "After all, obesity itself is related to high cholesterol, high blood pressure, diabetes and heart disease in later life.

"Reaching out to children with low self-esteem to determine why their self-perceived social status is low -- and how it can be improved -- would be a good investment to improve their future health."

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National Institute on Aging (NIA)

EMBARGOED FOR RELEASE
Wednesday, March 16, 2005
5:00 p.m. ET

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Doug Dollemore
301-496-1752

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Obesity Threatens to Cut U.S. Life Expectancy, New Analysis Suggests

Over the next few decades, life expectancy for the average American could decline by as much as 5 years unless aggressive efforts are made to slow rising rates of obesity, according to a team of scientists supported in part by the National Institute on Aging (NIA), a component of the National Institutes of Health (NIH) of the Department of Health and Human Services (DHHS).

The U.S. could be facing its first sustained drop in life expectancy in the modern era, the researchers say, but this decline is not inevitable if Americans — particularly younger ones — trim their waistslines or if other improvements outweigh the impact of obesity. The new report in the March 17, 2005 issue of *The New England Journal of Medicine* appears little more than a year after the DHHS unveiled a new national education campaign and research strategy to combat obesity and excessive weight.

The new analysis, by S. Jay Olshansky, PhD, of the University of Illinois at Chicago, Leonard Hayflick, Ph.D., of the University of California, San Francisco, Robert N. Butler, M.D., of the International Longevity Center in New York, and others* suggests that the methods used to establish life expectancy projections, which have long been based on historic trends, need to be reassessed. This reevaluation is particularly important, they say, as obesity rates surge in today's children and young adults.

“Forecasting life expectancy by extrapolating from the past is like forecasting the weather on the basis of its history,” Olshansky and his colleagues write. “Looking out the window, we see a threatening storm — obesity —that will, if unchecked, have a negative effect on life expectancy.”

Unlike historic life expectancy forecasts, which rely on past mortality trends, the Olshansky group bases their projection on an analysis of body mass indexes and other factors that could potentially affect the health and well-being of the current generation of children and young adults, some of whom began having weight problems very early in life. The authors say that unless steps are taken to curb excessive weight gain, younger Americans will likely face a greater risk of mortality throughout life than previous generations.

“This work paints a disturbing portrait of the potential effect that life styles of baby

boomers and the next generation could have on life expectancy,” says Richard M. Suzman, Ph.D., Associate Director of the NIA for Behavioral and Social Research. Indeed, Suzman notes, obesity may already have had an effect. The sharp increase of obesity among people now in their 60s, he suggests, may be one explanation why the gains in U.S. life expectancy at older ages have been less than those of other developed countries in recent years.

“But it is critical to note that the reduced life expectancy forecast by the study is not inevitable, and there is room for optimism,” Suzman says. “Government and private sector efforts are mobilizing against obesity, and increased education, improved medical treatments, and reduced smoking can tip the balance in favor of reduced mortality and continued improvements in life expectancy.”

For instance, smoking significantly reduces the life expectancy of the average smoker, Suzman says, so obesity is just one of many factors that will need to be accounted for, together or separately, in projecting how Americans will age. The NIA supports several projects on population demography that forecast life and health expectancy, research which is critically important to policy makers looking at the implications of an aging population.

According to the NEJM report, studies suggest that two-thirds of American adults are overweight (having a body mass index — BMI — of 25 or more) or obese (having a BMI of 30 or more)**. One study cited by the authors indicates that the prevalence of obesity in U.S. adults has increased about 50 percent per decade since 1980. Additional research has shown that people who are severely obese — with a BMI greater than 45 — live up to 20 years less than people who are not overweight. Some researchers have estimated that obesity causes about 300,000 deaths in the U.S. annually. In addition, obesity is fueling an epidemic of type 2 diabetes, which also reduces lifespan.

To estimate the overall effect of obesity on life expectancy in the U.S., Olshansky and his colleagues calculated the reduction in death rates that would occur if everyone who is currently obese were to achieve the difficult goal of losing enough weight to reach an “optimal” BMI of 24. The calculation was based, in part, on age, race, and sex-specific prevalence of obesity in the United States from the Third National Health and Nutrition Examination Survey. Based on these calculations, the researchers estimated that life expectancy at birth would be higher by 0.33 to 0.93 year for white men, 0.30 to 0.81 year for white women, 0.30 to 1.08 year for black men, and 0.21 to 0.73 year for black women if obesity did not exist.

The overall reduction in life expectancy of one-third to three-fourths of a year attributed to obesity in this analysis exceeds the negative effect of all accidental deaths combined, and could deteriorate over time, the researchers said.

“These trends suggest that the relative influence of obesity on the life expectancy of future generations could be markedly worse than it is for current generations,” Olshansky and the authors conclude in their report. “In other words, the life-shortening effect of obesity could rise ... to two to five years, or more, in the coming decades, as the obese who are now at younger ages carry their elevated risk of death into middle and older ages.”

The projected decline contrasts with estimates by other leading researchers, which predict

a continuation of the historic trend of increasing life expectancy in America and Europe dating back to the 1850s, according to Dr. Suzman. In fact, he points out that the experience of other developed nations is instructive as a barometer of how much room might exist to increase U.S. life expectancy. More than 20 other developed nations, including France, Japan, Germany, Sweden, and the United Kingdom have a higher average life expectancy than the U.S. Women in Japan, for example, live about 5 years longer than women in the U.S. There is little evidence that life expectancy in these countries is approaching any kind of limit, Suzman says.

In March 2004, the DHHS launched public awareness campaign, entitled *Healthy Lifestyles and Disease Prevention*, to encourage American families to take small, manageable steps within their current lifestyle, such as using the stairs instead of the elevator, to ensure effective, long-term weight control. The campaign includes multi-media public service announcements (PSAs) and a new interactive website, www.smallstep.gov

In addition, the NIA has developed a free exercise guide for older adults, which is available online at www.nia.nih.gov. The NIH and other Federal agencies also offer free information about excessive weight and what can be done about it, including the National Institute of Diabetes and Digestive and Kidney Diseases <http://win.niddk.nih.gov/publications/choosing.htm>, the Food and Drug Administration <http://www.cfsan.fda.gov/~dms/wh-wght.html>, and the Federal Consumer Information Center http://www.pueblo.gsa.gov/cic_text/health/works4you/weightloss.htm.

This research was also supported by the Institute of Government and Public Affairs at the University of Illinois at Chicago and the Charles H. Hood Foundation.

The NIA is one of 27 Institutes and Centers at the National Institutes of Health (NIH), part of the U.S. Department of Health & Human Services. The NIA leads the Federal Government effort conducting and supporting research on the biomedical and social and behavioral aspects of aging and the problems of older people. For more information on aging-related research and the NIA, please visit the NIA website at www.nia.nih.gov. The public may also call for publications describing these efforts and offering health information for older people and their families at 1-800-222-2225, the toll free number for the National Institute on Aging Information Center.

* Olshansky SJ, Passaro DJ, Hershow RC, Layden J, Carnes BA, Brody J, Hayflick L, Butler RN, Allison DB, and Ludwig DS, "A Potential Decline in Life Expectancy in the United States in the 21st Century," *New England Journal of Medicine*, 352:11, pp. 1138-1145.

** BMI is a number that shows body weight adjusted for height. BMI can be calculated with simple math using inches and pounds, or meters and kilograms. For adults aged 20 years or older, BMI falls into one of these categories: underweight, normal, overweight, or obese. Based on BMI, a 6-foot-tall man, for instance, is considered overweight if he weighs more than 190 pounds and obese if he weighs greater than 220 pounds. A 5-foot-4 woman is considered overweight if she weighs more than 150 pounds and obese if her weight exceeds 173 pounds.

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Half-a-Billion Dollars to Beat Obesity

Foundation Announces Largest Commitment Yet to Fight Obesity -- but Will It Work?

By DAN CHILDS
ABC News Medical Unit

April 4, 2007 —

In an effort to combat rising rates of childhood obesity, the Robert Wood Johnson Foundation announced Wednesday that it would commit at least \$500 million over the next five years to tackle the problem.

The announcement means that more money than ever will be spent to try to reverse the epidemic of childhood obesity in the United States -- a goal that the foundation hopes to achieve by 2015.

The effort may not come a moment too soon. Today in the United States, about 25 million kids -- more than 33 percent of the country's children and adolescents -- are either overweight or at risk of becoming overweight.

The grant money is available to anyone with a good idea on how to curb the trend. Ideas on lifestyle modification, facilities for physical activity and school nutrition programs have already been proposed.

And the grant will focus on reaching kids and families in underserved communities -- in many ways, the epicenter of the nation's childhood obesity problem.

But even the foundation's officers say that \$500 million is only a start when it comes to solving the growing crisis of kids who eat far too much -- and exercise far too little.

"This is the largest commitment we've ever made as a foundation," says Dr. James Marks, senior vice president and director of health programs for the Robert Wood Johnson Foundation.

"But large as that is, we know it's not enough."

Will Half-a-Billion Make a Dent?

Depending on how it is spent, health experts say the money could have a giant initial impact.

"It's a huge potential," says Keith Ayoob, associate professor in the department of pediatrics at the Albert Einstein College of Medicine in New York City. "But it's going to be a tool, and like any tool, it can be used wisely or squandered."

Ayoob says it will be critical that the money is not used on only institutional programs but also on programs aimed at parents that ensure healthy lifestyle choices for children in their home environments.

But considering the sheer scope of the problem, some public health experts say half a billion may just represent a healthy start.

"I think that given the magnitude of the problem and how pervasive it is worldwide, we need more investment in this than just \$500 million," says Robert Jeffrey, professor of epidemiology at the University of Minnesota's division of epidemiology and community health.

Marks says he hopes the move will be seen as a catalyst -- one that will spur other philanthropic groups, government institutions and individuals to action.

"What we hope is that it changes the landscape and that others, such as government and private industries, will recognize this problem," he says.

Considering the amount of attention that the threat of childhood obesity has already received, the move will likely garner many allies, Ayoob says.

"I think the chances for working together against this problem are pretty good, because already we have seen the rumblings of that," he says. "I see this as a start, and I hope that it is a catalyst for action."

An Uphill Battle

Still, with millions of children already experiencing the health effects of overweight and obesity, efforts to turn the tide may be off to a woefully late start.

"I'd like to be optimistic, but right now we've got a long way to go," Jeffrey says. "We live in a country in which both the environment and culture is hooked on overeating.

"I think that, as a culture, we are largely in denial on this."

Adding to the problem, Jeffrey says, is the challenge of getting the food industry onboard. Because of the effects that food marketing and advertising have on children, he says, the sector's participation may make or break efforts.

"If we are going to do this right, we need to get into some very murky and heavily political issues," he says.

Still, there are large-scale success stories to be seen. In the four years since launching a statewide obesity initiative, Arkansas has put the brakes on skyrocketing childhood obesity rates.

Initiatives like these, says Arkansas Surgeon General Dr. Joe Thompson, are critical in saving a generation from a host of obesity-related health effects.

"When we look at the adult diseases that are starting to occur in children, we cannot afford not to take action," he says.

Consequences of Inaction

Other states may be wise to follow Arkansas' lead -- and quickly. Jeffrey says that if the trend is not reversed, dire health impacts on society await.

"There are some people who believe that we might actually see a decrease in life expectancy," he says.

But in addition to a widespread increased risk of diseases like type 2 diabetes, heart disease, stroke, and certain types of cancer, the nation may also face a huge economic toll. Already, the Robert Wood Johnson Foundation estimates that the obesity epidemic costs the country \$117 billion a year in direct health care costs and lost productivity.

Childhood obesity alone accounts for \$14 billion of this toll, primarily in the form of direct health care costs to treat kids.

"I am not sure our health care system can bear the cost of this," Ayooob says. "We are going to be spending more and more time with chronic diseases decades before we expected to see them."

Marks agrees. "We cannot afford the health consequences right now, much less down the line," he says.

"This is the most serious health problem facing our children. It is nothing more or less than that."

ABC News correspondent Kate Snow contributed to this report.

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Study: Obese Kids Are Absent More

Study Says Obese Schoolchildren Have Higher Absentee Rates Than Normal-Weight Classmates

By JOANN LOVIGLIO

The Associated Press

PHILADELPHIA

Obese elementary schoolchildren miss a couple more school days on average than their normal-weight classmates, according to a study that says being fat is a better predictor for absenteeism than any other factor.

Researchers said their results suggest that childhood obesity, in addition to serious medical issues, can lead to a plethora of additional problems down the road.

"It's clear in all the literature that the more days of school you miss, it really sets you up for such negative outcomes: drugs and AIDS and (teen) pregnancy," said Andrew B. Geier, a doctoral candidate at the University of Pennsylvania and lead author of the study released Friday.

He said the findings should serve as a clarion call to school officials.

"At this early age to show that already they're missing school, and missing school is such a major setup for big-time problems, that's something school policy people have to know," Geier said.

The researchers from Penn and Temple University looked at 1,069 fourth- to sixth-graders for one academic year in nine Philadelphia schools, where teachers took attendance each morning. Based on body mass index, a standard measure of height and weight, each child was classified as underweight, normal weight, overweight or obese.

Of 180 school days, researchers found that on average the normal weight students missed 10.1 days, overweight kids missed 10.9 days and obese children missed 12.2 days. For reasons that aren't clear, underweight children had the fewest absences 7.5 on average.

In decades of research about student performance, race, socioeconomic status, age and gender have been tagged as the top predictors for absenteeism. The new study, in the latest issue of the journal *Obesity*, concludes that weight tops them all, Geier said.

The study didn't explore why the children missed school. Researchers theorize it's got less to do with medical issues many children at this young age haven't yet developed major obesity-linked maladies and more to do with the stigma of being fat.

"They're missing school because they don't want to be bullied and called names," Geier said.

Researchers tried to make the test group as homogeneous as possible by picking schools that were among the city's poorest, with the assumption that education and income levels would be fairly even.

Nationally, obesity rates have nearly quintupled among 6- to 11-year-olds and tripled among teens and children ages 2 to 5 since the 1970s, according to the Centers for Disease Control and Prevention. Obesity can lead to diabetes, high blood pressure and cholesterol, sleep apnea and orthopedic problems.

The study adds to growing research into non-medical complications of being fat, including data suggesting that obese adults miss more workdays and go to college less frequently than people of normal weight, Geier said.

"This is exactly the kind of study that will get the attention of policy makers," said Jim Bogden, healthy eating project coordinator for the National Association of State Boards of Education. "The correlation with absenteeism is very powerful."

He likened the results to studies linking academic achievement to participation in school breakfast programs research that prompted lots of schools to start offering such programs. In this case, changes could include anything from improving nutrition education and cafeteria offerings to getting parents to serve healthy meals at home.

"Those of us working in school health do all we can to publicize this information, and it seems to be starting to sink in," Bogden said.

On the Net:

Obesity journal: <http://www.obesityresearch.org>

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Childhood Obesity Linked to Future Heart Disease

Overweight Kids More Likely to Experience Chronic Health Problems as Adults, Study Finds

By CARLA WILLIAMS
ABC News Medical Unit

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Being overweight or obese as a child increases the risk of heart disease in adulthood, a new study suggests.

Children who are overweight are more likely to be diagnosed with coronary heart disease as adults compared with their skinnier counterparts, researchers from Denmark report in a study to be published in the New England Journal of Medicine.

The finding could be especially relevant for the United States, where growing numbers of obese children have medical experts worried about future health consequences -- and it could amplify calls for families, communities and governments to take action.

"A small increase in body weight substantially increases heart disease later in life," says Dr. David Ludwig, an associate professor of pediatrics at the Harvard Medical School, who wrote an accompanying editorial to the study.

"If childhood obesity markedly increases heart disease risks, we are looking at a huge public health problem," he says.

Researchers followed 277,000 Danish school children and found that overweight boys between the ages of 7 and 13, as well as overweight girls between the ages of 9 and 13, had an increased risk of both developing heart disease and dying from it as adults.

The older the children are, the higher the chance for later heart risk, the researchers also found. So, for example, a boy who was heavier than his peers at age 7 had a 5 percent increased risk for later heart disease, but a boy who was heavier than his peers at age 13 had a 17 percent greater risk.

"The study seems to underscore what we knew tends to happen in adults -- obesity increases your risk for heart disease," says Keith-Thomas Ayoob, associate professor of pediatrics at the Albert Einstein College of Medicine in New York.

"Children who have been obese for much of their childhood will enter adulthood with chronic health problems that will only continue if their BMI remains high."

Findings May Carry Even More Weight in U.S.

However, what U.S. experts find most concerning is that the fattest Danish boys were barely overweight

according to this country's standards, which means that obese U.S. children could be at an even greater risk for heart disease.

"According to the study, the boy in the heaviest weight range had a 33 percent higher risk of developing heart disease," says Ludwig. "That is really disturbing. Boys in the heaviest weight category barely make it out of the normal weight range in the U.S., which means there is an even greater risk for the millions of obese children in the U.S."

Experts also warn that if left unchecked, childhood obesity and a sedentary lifestyle may undo advancements that have been made in heart disease prevention and survival.

"Major strides have been made in decreasing cardiovascular disease mortality in last few decades," says Dr. JoAnn Manson, a professor of medicine at the Harvard Medical School.

"The trends of increasing obesity in children and adolescents threaten to reverse the progress we have made. I think that a call to action is needed or we may be looking at a reversal of many of these gains."

The Heart of the Problem

Coronary heart disease), which is caused by the buildup of plaque in the arteries, results in restricted blood flow to the heart and can cause chest pain, heart attacks, and even heart failure. It is already the leading cause of death in the United States -- and its prevalence isn't likely to decrease anytime soon.

In fact, a related study, also to be published in NEJM, reports that if the number of overweight children continues to increase at current rates, there will be 100,000 additional cases of heart disease by 2035 that can be attributed to childhood obesity.

"Although projections 25 or more years into the future must be interpreted with great caution, currently available data and trends suggest that overweight among adolescents can be projected to cause substantial increases in the rate and the effect of CHD among future young and middle-aged adults," authors from University of California at San Francisco write in the paper.

Not only will childhood obesity take its toll on the heart, but it will also cause a number of other future health problems. Ludwig says that diabetes, liver damage and sleep apnea are likely to increase as well.

"Preliminary data ... suggest that adolescents with type 2 diabetes will be at high risk for limb amputation, kidney failure requiring dialysis and premature death," Ludwig writes in his editorial. "Fatty liver will progress ... until irreversible organ damage has occurred."

Dr. Meir Stampfer, professor of medicine at the Harvard Medical School, agrees that there are many additional health problems that will arise unless kids start losing weight.

"There are lots of other consequences of obesity in adult life including arthritis -- it's tough on the joints to carry all the extra weight -- diabetes, cancer, stroke, asthma, accidents, and list goes on," he says.

And because childhood obesity is linked to so many future health consequences, it can significantly reduce the lifespans. Ludwig and his colleagues estimate that in 2050 childhood obesity may shorten life expectancy in the United States by two to five years -- "an effect equal to that of all cancers combined," they say.

Addressing the Problem

The future burden on CHD might overwhelm both the health system and the economy unless certain steps are taken.

"It's a health crisis and could also be an economic crisis," says Ayoob. "The cost to our overburdened health system is unimaginable, but it doesn't have to be this way. This is fixable, but it takes a partnership of the community, the government and especially our parents to make it change."

The partnership Ayoob refers to begins at home.

"Individual parents need to really get involved here," he says. "Cut screen time to two hours a day or less. Eat with your kids -- meals that you cook at home. Make it a priority. Nothing will change otherwise."

Outside the home, schools and communities need to be involved. Experts recommend eliminating vending machines from school cafeterias and building safer playgrounds and sidewalks so kids can spend more time running around outside and less time in front of the television.

"There needs to be more physical activity in schools," says Manson. "I think that increasing physical activity is a major component to achieving and maintaining a healthy weight that is often overlooked."

And finally, experts say, the government and industry also have a responsibility. Health policy experts recommend changes in legislation which could make nutritious food cheaper and control the marketing of unhealthy foods.

"These studies are a wake-up call," says Manson. "We need to take this epidemic of overweight children very seriously. Obesity and sedentary lifestyle are independent factors of cardiovascular disease mortality, and the problem has to be approached by both increasing physical activity and improving nutrition."

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