

Preface

Over 60% of the adult population in America is overweight or obese. As shocking as this fact is, the real problem is the lack of a plan that works for everyone. There will never be such a plan. The problem is too complex for a generic answer and, as a result, adults are having trouble dealing with significant lifestyle decisions that need to be made to improve unhealthy weight. There is no quick fix and American adults have a problem with that. Even more alarming is the unhealthy weight of our children and adolescents. Overweight in our youth is galloping along out of control, in epidemic proportions. In 2004, Brownell and Horgen warned us that “American children may be the first generation in modern history to live shorter lives than their parents.” The authors estimate that 16% to 40% of elementary school children are joining the ranks of being overweight or seriously overweight.

Body Mass Index (BMI) is the height-to-weight ratio measurement physicians use in adults and school-age children to define weight status. In our youth, however, BMI is expressed as a percentile based on sex and age. A BMI in the 85th percentile or higher defines students at risk for an unhealthy weight. The higher the BMI percentile over the 85th, the greater the risk of developing serious medical problems that are weight related. The numbers are staggering when you consider that there are 9 million youngsters at a serious weight health risk.

Calling the problem of obesity an ignored public health problem, a spokesperson for the World Health Organization (WHO) warned that millions would experience a variety of serious health disorders (World Health Organization [WHO], 2003). Julie Gerberding, director of the Centers for Disease Control and Prevention (CDC) asserted that the obesity epidemic is more

harmful than any other epidemic in our history (“Americans Experiencing Pandemic,” 2003). Now with the problem dubbed “the childhood obesity epidemic,” we are beginning to address the factors promoting unhealthy weight and much attention is falling upon the role to be played by elementary, middle school, and senior high school principals.

The Child Nutrition Act is a \$16 billion federal bill under the National School Lunch Program, signed into law by President Bush in June of 2004. The new law expands upon policies for better nutrition in the federally funded school breakfast and lunch programs. This act requires that all school districts must develop and adopt written “wellness policies” by July 1, 2006. These policies are to be designed and implemented for the 2006–2007 school year with established written goals for nutrition. Included within the plan are quality statements for guiding educators in the instructional aspects of nutritional education and guidelines for all foods.

The Child Nutrition Act of 2004 also requires the schools to establish programs and procedures to follow for increasing physical activity in the classrooms. Many districts do not have this policy in place, and principals should be aware that their state’s Department of Public Instruction or Local Educational Agency may have additional requirements. Similar to many things educators must do in the schools, the authors know that schools will be looked upon to be a major help in this childhood epidemic. And they should! No other public institution has the ability to pull off such a high stakes and, perhaps, life-extending goal. School principals are already burdened by leadership roles in issues such as increased student poverty, negative imaging by the media, growing teacher shortages, and standards and expectations to meet state mandates and district expectations of the No Child Left Behind Act. They must now take the lead in waging a war on childhood obesity and lead their teachers and students into that arena. In this book, the authors have provided much of the background and insight and many of the tools needed to make an impact on the goal of healthy weight for all children in every school in America.

In Chapter 1, we discuss the importance of childhood obesity in our society by exploring what we call in each chapter, “The Essential Truths.” We sift through the confusing, often inaccurate,

sometimes bogus misinformation available to the public and focus on the science behind the number one public health problem of the twenty-first century. We address unhealthy weight in our youth as a continuum from overweight to obesity and we discuss the extent of unhealthy student population in your schools. We review how the negative impact of childhood obesity touches every aspect of a student's life. There are social and psychological issues, peer group discrimination, and prejudice that interfere with the academic potential. A case study is presented.

The Essential Truths of Chapter 2 are dedicated to the principal's role as an agent of change in the prevention and education in this epidemic of overweight and obese students. A principal's responsibility for guiding and developing the school's vision for overall student success is discussed. The chapter emphasizes the importance of your leadership in the implementation of the related and newly required state, federal, and district laws and standards, all within the framework of the academic school day.

The Essential Truths in this chapter emphasize that the principal must be a positive role model for staff and students alike. You will learn who are facilitators and who could be saboteurs. A healthy role model requires having the tools needed to make changes. What tools are needed and how do you make the necessary changes? How do you identify those staff members who may have trouble changing? You will be given a step-by-step tutorial in the behavioral, nutritional, and exercise aspects needed to attain or to maintain a healthy weight and lifestyle. A wellness and staff development plan for teachers and staff is described, including training opportunities to learn concepts in health and wellness and instructional techniques for implementing integrated instruction within the classroom. Changes in the school environment to support healthy weight habits in the classroom and with teachers are also outlined.

In Chapter 3, the barriers that principals must recognize are outlined. The Essential Truths here include becoming a positive role model and dealing with parental resistance and student prejudice and lack of student understanding of why they should care about their own personal health. The structural barriers of the school environment are significant. We discuss what can be done. Stress and roadblocks to readiness to change are highlighted.

x OVERCOMING OBESITY IN CHILDHOOD AND ADOLESCENCE

In Chapter 4, the focus is on action plans for the school principal. The Essential Truths of this chapter center on developmental aspects of a faculty health promotion plan, plus a plan to improve the health of students, including those aspects that impact childhood psychosocial and emotional development. Who should be involved in plan development? How do you organize such plans? Our answers are in this chapter. Details about how to integrate health and wellness into classroom instruction are presented. How changes in the law will affect you are put into the perspective of what you will be able to accomplish with the insight you will gain from this chapter. Rule changes and new school administrative and classroom teacher responsibilities and obligations have the potential to overburden you and your staff if you are unaware of how to organize a plan of action.

Chapter 5 concentrates on a guide for understanding stress of principals and includes direct, palliative, cognitive, and physical strategies for coping with stress. A stress wellness plan outlined for teachers and staff is organized to be implemented in the school.