



TACKLING CHILDHOOD OBESITY

Rotary District 7030 joins National and International
actions in the fight against Childhood Obesity in the
Caribbean Region



ABSTRACT

This playbook is a quick reference for
Rotary, Rotaract and Interact clubs
when planning on Childhood Obesity
Prevention projects.

**Dr. Rachel Thwaites-Williams &
Dr. Virginia Asin Oostburg**





TACKLING CHILDHOOD OBESITY

DISTRICT 7030 PLAYBOOK
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Note from the authors:

This playbook is for use of Rotary, Rotaract and Interact Clubs when planning on Childhood Obesity Prevention projects. The purpose of the Playbook is to provide Clubs with a source for quick reference on information about Childhood Obesity and ideas or suggestions Childhood Obesity Prevention projects or actions. Clubs are stimulated to work with local professionals and browse related website such as the [Healthy Caribbean Coalition](#) for more information on Childhood Obesity Prevention in the Caribbean. By no means the Playbook or Power Point Presentation supersede information shared by Professionals working in the field of Childhood Obesity.

CHILDHOOD OBESITY

CAUSES



INACTIVITY

- Increased TV time
- Less Outdoor Activities



POOR DIET



- Increased fast food consumption
- consumption of sugary beverages
- Increased snacking and portion sizes



NOT DRINKING ENOUGH WATER

- Children not drinking enough water per day
- Water is good for overall health
- Water increases metabolism



LACK OF EDUCATION



- Many parents unaware of health risks of CO
- Lack of societal support for healthy diet and exercise



TOGETHER, WE CAN FIGHT CHILDHOOD OBESITY!

Rotary Club, District 7030
CARPHA

INTRODUCTION

Obesity is becoming a rising health concern in the Caribbean.

Epidemiology data from the Caribbean show a steady increasing trend in overweight and obesity from 1970 till 2000 in the adult population.

This alarming trend is also seen in children ages 0 – 5 years with the prevalence of obesity increasing over time from less than 5% in 2000 to almost 15% in 2010.

It is save to state that Childhood Obesity has become a major health problem in our Region and that due to the adoption of a more western diet coupled with reduced levels of physical activity have contributed significantly to this phenomenon.

Body mass index (BMI) is a measure used to determine overweight and obesity. For children and teens of the same age and sex, overweight is defined as a BMI at or above the 85th percentile and below the 95th percentile. For children and teens of the same age and sex obesity is defined as a BMI at or above the 95th percentile.

For adults, BMI is calculated by dividing a person's weight in kilograms by the square of height in meters. For children and teens, BMI is age- and sex-specific and is often referred to as BMI-for-age. A child's weight status is determined using an age and sex-specific percentile for BMI rather than the set BMI categories used for adults.

This is because children's body composition varies as they increase in age and there are also significant differences between boys and girls at different ages. As a result, BMI levels among children and teens are expressed relative to other children of the same age and sex.

For example, if a 10-year-old boy is 58 inches tall who weighs 110 pounds, he would have a BMI of 23 kg/m². His BMI is in the 96th percentile for his age and sex. He is above the 95th percentile, and as such, he would be considered as obese. This means that the child's BMI is greater than the BMI of 96% of 10-year-old boys in general.

Weight Status Category	Percentile Range
Underweight	Less than the 5th percentile
Normal or Healthy Weight	5th percentile to less than the 85th percentile
Overweight	85th to less than the 95th percentile
Obese	95th percentile or greater

Childhood obesity is a complex health issue which occurs when a child is well above the normal or healthy weight for his or her age and height. The causes of excess weight gain in young people include factors such as a person's behaviour and genetics. The adoption of a more western diet coupled with reduced levels of physical activity have contributed significantly to this phenomenon. The effect of community and societal pressures and norms also has a significant impact on an individual's ability to make healthy choices.

Making calculation easy

Instead of using charts to determine each child's BMI percentile, we can use the CDC (Center for Disease Control and Prevention) BMI Calculator for children and adolescents:

[**BMI CALCULATOR**](#) (click this link)

Consequences of Obesity

Immediate Health Risks

Children who are obese are more likely to develop:

1. High blood pressure and high cholesterol, which are risk factors for cardiovascular disease (CVD).
2. Increased risk of impaired glucose tolerance, insulin resistance, and type 2 diabetes.
3. Breathing problems, such as asthma and sleep apnoea.
4. Joint problems and musculoskeletal discomfort.
5. Fatty liver disease, gallstones, and gastro-oesophageal reflux (i.e., heartburn).
6. Psychological problems such as anxiety and depression.
7. Low self-esteem and lower self-reported quality of life.
8. Social problems such as bullying and stigma.

Future Health Risks

1. CHILDREN who have obesity are more likely to become ADULTS with obesity
2. Adult obesity is associated with increased risk of heart disease, type 2 diabetes, and many cancers including, colorectal cancer, kidney cancer and oesophageal cancer
3. If CHILDREN are obese, their obesity and disease risk factors in ADULTHOOD are likely to be **more severe**
4. Hypertension, High Cholesterol and Diabetes Mellitus are often referred to as noncommunicable diseases (NCDs); they not only cause **premature mortality** but also **long-term morbidity**
5. Orthopaedic dysfunction such as osteoarthritis from carrying excess body weight for an extended period of time
6. Psycho-social distress, Anxiety and Depression can occur as a result of Childhood obesity and may continue untreated for many years

CHILDHOOD OBESITY LEADS TO....

Due to the rapid increase in obesity prevalence and the serious health consequences, obesity is commonly considered one of the most serious health challenges of the early 21st century.



HEART DISEASE

- High Blood Pressure
- Diabetes
- High Cholesterol
- Heart Attack
- Stroke

Once established, obesity in children (as in adults) is hard to reverse. Monitoring the prevalence of obesity in order to plan services for the provision of care and to assess the impact of policy initiatives is essential.

INCREASED CANCER RISK

- Endometrial Cancer
- Colon Cancer



Rotary and CARPHA recognize the danger and have teamed up to Tackle this disease head-on!!!



PSYCHOLOGICAL ISSUES

- Depression
- Anxiety
- Poor Self Esteem

MUSCULOSKELETAL PROBLEMS

- Arthritis
- Hip dislocation
- Flat feet
- Forearm fracture



ROTARY CLUB DISTRICT 7030 & CARPHA

OBJECTIVES OF THE INITIATIVE

GAME PLAN TO TACKLE CHILDHOOD OBESITY

Rotary Club & CARPHA

Increase Water Drinking



- Rotary Club plans to ensure that water fountains will be put in primary and prep schools across the district
- Educational materials and seminars to increase awareness of the importance of drinking water

Encourage Healthy Diet

- Revised school meal plan
- Eliminate sugary drinks and snacks
- Increase fruits and vegetable intake



Exercise is key!

- Encourage more physical activity in schools
- Sports competitions
- Prizes for participation
- Encourage the kiddies ALWAYS!

Are you ready to get involved?

Check with your local Rotary Club for Details

ROTARY CLUB DISTRICT 7030

OBJECTIVE 1: Increase water consumption by school children

MORE WATER means LESS SUGARY DRINKS!

The more that children get in the habit of drinking water when they are thirsty, the less intake of sugary drinks will occur. This means less calories and LESS likelihood of weight gain and by extension obesity.

So how do we achieve this goal?

- Make drinking water more readily available
- Make drinking water cool or fun!
- Get Parents and Teachers on board to encourage more water intake and less sugary drink intake

#WWRD? (#WhatWillRotaryDo?) 😊

Installation of water dispensers (coolers or fountains) on school compounds.

Rationale: The installation of water dispensers around school compounds encourage students to drink more water by:

- 1) Putting drinking water in easily accessible locations
- 2) Eliminating the financial barrier for students to access drinking water
- 3) Assuring students that water being consumed is treated and suitable for drinking

Steps:

1. Determine the number of schools participating in the program
2. Determine number of students in each school that will participate in the program
3. Procurement of 'X' number of water dispensers per school, or per hundred students
4. Contracts for water dispenser shipment, transport and on-site installation
5. Plan for maintenance of water dispensers, post-installation
6. PowerPoint presentation on the importance of drinking water
7. Create and document in report book for each school

Possible indicators: # of dispensers installed
 # of dispensers still functioning

Distribution of reusable water bottles to students

Rationale:

(a) This will allow students to carry safe drinking water with them at all times, allowing them to consume more water

(b) Branded water bottles can bring visibility to the initiative and increase buy-in from students, teachers, parents and other stakeholders.

Steps:

1. Determine the number of schools participating in the program
2. Determine number of students in each school that will participate in the program
3. Procurement of one water bottle and bag per student
4. Procurement of extra water bottles
5. PowerPoint presentation on the importance of drinking water
6. Make steps to eliminate sugar drink intake in schools – gradually, over 3-6 months
7. Create and document in report book for each school

Possible Indicators: No of branded bottles distributed

OBJECTIVE 2: Increase levels of physical activity in students

Approach 1: Launching a school-wide fitness challenge (e.g. using pedometers). Fostering friendly competition either class vs class or school vs school. Prizes can be offered for best-performing individual, class, school etc.

Rationale: This approach will encourage broader participation by students including students who are not athletic. The element of competition and the introduction of prizes serve as a further incentive for participation.

Potential indicators: # of participating students,
 Change in average BMI,
 # of steps taken (if pedometer challenge is done)

Steps:

1. Determine the number of schools participating in the program
2. Determine number of students in each school that will participate in the program
3. Procurement of 2 scales and 2 height charts per school
4. Set up workshops for teachers or volunteers that will be carrying out measurements – to ensure accuracy of measurements being taken, and to ensure professionalism at all times to reduce risk of bullying of children

5. Set up reporting system for all measurements taken at intervals – every 4 months.
6. Set up reporting system on number of students participating in physical activities per week.
7. Create and document in report book for each school
8. Assign student, faculty or peer counsellors to each school involved at a ratio of 1 counsellor to 50 students approximately.

Approach 2: Scheduling fitness sessions and workshops led by guest facilitators targeted at both teachers and students to educate on the importance of exercise and introduce new forms of exercise to students and teachers (e.g. yoga, CrossFit, etc.)

Potential indicators: # of workshops/sessions completed
 # of students participating in sessions

Steps:

1. Determine the number of schools participating in the program
2. Determine number of students in each school that will participate in the program
3. Set up one workshop per quarter for 3-5 day span that is age appropriate. The workshops should reinforce the importance of physical activity.
4. Ensure that workshops are fun and interactive.
5. Ensure prizes and other incentives are available for each workshop
6. Set up reporting system on number of schools and students participating in workshops
7. Document workshop participation in report book for each school
8. Assign student, faculty or peer counsellors to each school involved at a ratio of 1 counsellor to 50 students approximately.

OBJECTIVE 3: Providing healthier diets to students

Approach 1: Work with School Feeding Programmes and School Cafeterias to create healthier menus.

How? Revision of existing menus with a dietician to come up with healthy, cost-effective alternatives.

The new menu or guideline will be decided upon after meeting with dieticians as well as Health and Education Ministries, and then distributed to all public and private schools involved in the program.

Approach 2: Hosting seminars for students, parents, cafeteria staff, etc. on healthy diets

Approach 3: Development of a healthy diet cookbook with recipes that are cost-effective and appealing to children

Potential indicators: # of school menus improved through the Rotary initiative
of seminars completed, no of attendees at seminars
of cookbooks developed through the initiative

POWERPOINT PRESENTATION

The information shared in this Playbook is also compiled in a power point presentation to provide clubs with a source to use when advocating for Childhood Obesity Prevention Actions. The purpose of providing the Playbook with Power Point Presentation is also to secure consistency and uniformity in sharing of information on Childhood Obesity and Prevention measures. By no means the Playbook or Power Point Presentation supersede information shared by Professionals working in the field of Childhood Obesity.

INFOGRAPHICS

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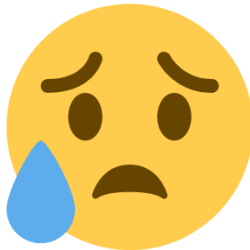


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