

Volume 21 Issue 2 May 20, 2014

Report Highlights

Failing grades are most commonly given for nutrition education and the amount of time schools allow for physical activity.

Parents of overweight children are more likely to give failing grades to their children's schools for efforts to address obesity.

Parents of older children (ages 12-17) are more likely give their children's schools failing grades for obesity-related efforts.

Contact us

A publication from C.S. Mott Children's Hospital, the University of Michigan Department of Pediatrics and Communicable Diseases, and the University of Michigan Child Health Evaluation and Research (CHEAR) Unit. C.S. Mott Children's Hospital

National Poll

on Children's Health



Fighting Childhood Obesity: Are Schools Passing or Failing?

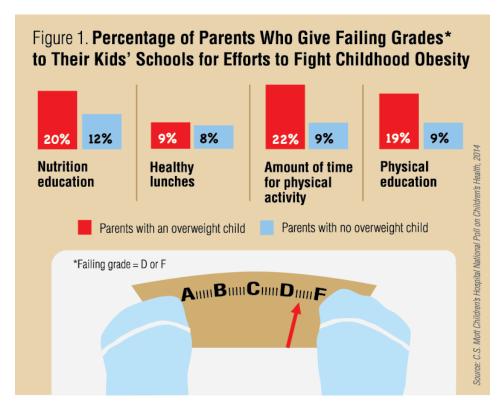
Childhood obesity has consistently topped the annual *NPCH Report* of the <u>top 10</u> <u>children's health issues</u> in the view of US adults. Since children spend so much of their weekdays at school, many schools have tried to fight obesity through healthy school lunches, nutrition education, and opportunities for physical activity.

In March 2014, the C.S. Mott Children's Hospital National Poll on Children's Health asked a national sample of parents of children age 5-17 to grade their children's schools for efforts to address childhood obesity. Parents were asked to assign their children's schools a grade (A, B, C, D, or F) on two strategies to support healthy eating (providing nutrition education, offering healthy school lunches) and two strategies to promote physical activity (amount of time allotted for physical activity, quality of physical education class).

School Efforts to Address Childhood Obesity

Overall, 14% of parents give failing grades (D or F) to their children's schools for nutrition education. Parents also give failing grades for amount of time for physical activity (12%), physical education (11%), and healthy lunches (8%).

However, parents with at least one overweight child (25% of parents perceive one or more of their children as overweight) are often more likely to give schools a failing grade for obesity-related efforts than parents of normal-weight children (Figure 1). Parents of overweight children are twice as likely as parents of healthy-weight children to "fail" the school on opportunities for children to be physically active, and much more likely to give a failing grade for nutrition education and quality physical education.



This report presents findings from a nationally representative household survey conducted exclusively by GfK Custom Research, LLC (GfK), for C.S. Mott Children's Hospital via a method used in many published studies. The survey was administered in March 2014 to a randomly selected, stratified group of adults age 18 and older from GfK's web-enabled KnowledgePanel® that closely resembles the U.S. population. Responses from parents with a child age 5-17 (n=1,168) were used for this report. The sample was subsequently weighted to reflect population figures from the Census Bureau. The survey completion rate was 53% among the parent panel members contacted to participate. The margin of error is ± 2 to 6 percentage points and higher among subgroups.

On the other hand, some parents give a grade of A to their children's schools for the same types of programs: physical education (29%), amount of time for physical activity (28%), healthy school lunches (22%), and nutrition education (17%).

Primary Schools vs. Secondary Schools

Parents of older children (age 12-17) are more likely to give their children's schools failing grades than parents of younger children (age 5-11). These are the proportions of parents of older children who gave their children's schools a D or F:

Amount of time for physical activity: 17% failing

Nutrition education: 15% failing
Physical education: 14% failing
Healthy lunches: 10% failing

Implications

As communities, states, and the United States consider how to address the health and social consequences of childhood obesity, schools naturally come to mind as a potentially pivotal source of information and opportunities for children about nutrition and physical activity. This natural role for schools brings expectations from parents, who may find it difficult themselves to help their children stay have a healthy weight. Schools may want to meet parents' expectations, to help their students develop healthy eating and activity habits early in life. However, scarce funding for new initiatives can make it difficult for schools to innovate in this arena.

In this Poll about school-based nutrition and physical activity efforts, we found that about 1 in 7 to 1 in 12 parents give their children's schools failing grades for nutrition education and physical activity during the school day. Given that childhood obesity affects about 1 in 6 children, these levels of parent critique about their children's schools are cause for concern.

In addition, we found that parents who perceive one or more of their children to be overweight are more likely to give their children's schools failing grades. This is of great concern, because it suggests that the parents who are most likely to look to schools for help regarding obesity are less likely to find it there. Schools may benefit from reaching out to parents in their communities to learn what parents are seeking in terms of school day content and curricula that address obesity.

Moreover, we found that parents of older children are more likely to give their children's schools failing grades than are parents of younger children. This may reflect the concerns of parents of older children who are seeing patterns of more persistent overweight as their children get older, or may reflect less attention to nutrition and physical activity in junior high and high school curricula. Whatever the reason, it is essential for adolescents to develop healthy eating and activity habits as they approach adulthood, and schools can be a positive source of such guidance.

Director: Matthew M. Davis, MD, MAPP Associate Director: Sarah J. Clark, MPH Manager & Editor: Dianne C. Singer, MPH Data Analyst: Acham Gebremariam, MS Web Editor: Anna Daly Kauffman, BA

Website: MottNPCH.org





Facebook | Twitter | Google+ |