

1. CURRENT STRATEGIES TO PREVENT CHILDHOOD OBESITY IN GEORGIA

COMMUNITY INITIATIVES

- Governor Perdue and the Georgia Department of Human Resources created the *Live Healthy Georgia* campaign and Georgia's Nutrition and Physical Activity Plan to increase awareness of and fight obesity among all Georgians.
- The Georgia Department of Agriculture operates seasonal State Farmers' Markets with sales of fruits and vegetables in 15 cities around the state.
- The Department of Early Childcare and Learning received a USDA Team Nutrition grant in 2005 to develop the *Healthy Eating for Life* program.
- Georgia is building a Safe Routes to Schools program through the Department of Transportation with funding provided by the Federal Highway Administration.

SCHOOL POLICIES

Physical Activity

- The Georgia Board of Education only requires PE in grades K–5 for 90 hours of instruction per year (~30 minutes/day). One unit of Health and PE is required for high school students.
- National recommendations are 150 minutes/week for elementary and 225 minutes/week for middle school students.
- The Georgia Youth Fitness Assessment found that almost 90 percent of schools do not meet national recommendations.
- In 2007 the Georgia Department of Education (DOE) began accepting applications to fill the position of state Physical Education coordinator.

Nutrition

- Georgia's school nutrition standards are at the level of the federal government, limiting total and saturated fat, cholesterol, and sodium in school meals. Based on these standards, some foods of minimal nutritional value can compete directly with more healthful options in school cafeterias through a la carte and vending machine sales.
- As of 2006, 17 states, including Alabama, North Carolina, South Carolina, and Tennessee, enacted legislation for stricter school nutrition standards than those set by the federal government.

EVALUATION AND SURVEILLANCE EFFORTS IN GEORGIA

- Department of Human Resources assessed height and weight measurements in the 2005 Oral Health Screening in a statewide sample of 3rd graders.
- Georgia's HIV Prevention Program, funded by the CDC, conducts the Youth Risk Behavior Survey, which includes assessment of dietary and physical activity behaviors in a sample of 6th to 12th grade students across the state.
- Healthcare Georgia Foundation is funding the University of Georgia's Nutrition Intervention Lab and Policy Leadership for Active Youth separately to provide evaluation expertise to various childhood obesity initiatives around the state.
- The Philanthropic Collaborative for a Healthy Georgia funded the Georgia Youth Fitness Assessment in 5,000 5th and 7th grade students during 2006–2007.
- The Georgia DOE Division of School Nutrition is funding an inventory and evaluation of Georgia school districts' local wellness policies.

GEORGIA CHILDHOOD OBESITY TASKFORCES

- Georgia Action For Healthy Kids
- Georgia Center for Obesity and Related Disorders
- Georgia Coalition for Physical Activity and Nutrition
- Obesity Action Network
- Policy Leadership for Active Youth
- *Take Charge of Your Health, Georgia!* Taskforce

1. CURRENT STRATEGIES TO PREVENT CHILDHOOD OBESITY IN GEORGIA

(continued)

POLICY OPPORTUNITIES FOR GEORGIA COMMUNITIES

Policy

Encourage communities to assess their environments by offering tools and incentives

Support for the Department of Transportation (DOT) to enhance the Safe Routes to Schools (SRTS) program

Additional support for the State Farmers' Market programs to include more nutrition education

Work to increase the number of grocery stores in low-income and rural communities

A small tax added to select beverages or foods to fund various obesity-prevention programs

Rationale

The Institute of Medicine (IOM) recommends that communities use a self-assessment tool and partner with outside organizations to evaluate their needs.

The DOT is working to get communities in addition to metro Atlanta to join the SRTS program.

The United States Department of Agriculture offered grants during FY 2006 for such activities. Apply for such funding in the future and partner with Georgia farmers. Both farmers and customers would benefit from the programs.

Atlanta qualifies as an “empowerment zone” or “enterprise community” that makes certain businesses eligible for billions of dollars of tax incentives that could help to establish local grocery stores.

Arkansas added a two-cent tax per 12 ounces of soft drinks, which resulted in \$40 million per year.

According to the Georgia Youth Fitness Assessment Report, adults in Georgia favor an increase in alcohol or tobacco tax to fund initiatives promoting youth-obesity prevention.

POLICY OPPORTUNITIES FOR GEORGIA SCHOOLS

Policy

Use incentives to encourage implementation of local school wellness policies

Consider revised state PE requirements

Consider revised state school nutrition standards

Annual measurement of BMI and assessment of obesity-related behaviors in schools

Incentives for schools to implement curriculum-driven programs

Rationale

Local wellness policies allow schools to tailor goals to meet their individual needs; however, unless policies are tied to a consequence, many schools may not prioritize implementation.

Over one-half of the 5th and 7th grade students in the Georgia Youth Fitness Assessment failed the fitness tests. Additionally, 44 percent of students were not getting enough physical activity.

Schools may profit from sales of more healthful items offered in vending machines.

Small changes in school meals, such as serving only fat-free or lowfat dairy products and adding pureed vegetables to pasta sauces, can lead to lower-calorie and higher-nutrient intakes.

The IOM recommends a strong evaluation component to monitor changes in prevalence and the impact of interventions.

Arkansas was able to evaluate their statewide obesity-prevention efforts after three years because they had a BMI surveillance plan in place.

Curriculum-integrated programs, such as *Planet Health*, *Take 10!*, or *Coordinated Approach to Child Health (CATCH)*, will not replace classroom time devoted to other core subject areas.

2. WAYS OTHER STATES COMBAT CHILDHOOD OBESITY IN SCHOOLS

STATE SCHOOL NUTRITION POLICIES

Arkansas

Provides \$1.5 million for after-school literacy and nutrition programs. All school districts' Child Health Advisory Committees develop nutrition standards and integrate nutrition education into the curriculum.

Colorado

Requires schools to provide students and parents with nutrition information about the foods sold at school.

Louisiana

Limits the sale of specific foods and beverages, based on calorie, sugar, and fat content, to certain time periods before and after school.

North Carolina

North Carolina's Board of Education established nutrition standards for all school foods to promote fruits, vegetables, and whole grains and decrease fat and sugar consumption.

Oklahoma

Eliminated foods of minimal nutritional value in elementary schools, limited access to them in middle schools, and gave more healthful options to high schools.

Vermont

Offers mini-grant farm-to-school programs that develop relationships with local farmers and purchase equipment and educational materials for the program.

Wisconsin

Wisconsin's school health campaign led to over 20,500 students and 8,105 parents reporting increased consumption of fruits and vegetables over five years.

7 States

States with laws to create farmers' markets and farm-to-school programs include [Arkansas](#), [Hawaii](#), [Kentucky](#), [Iowa](#), [New Mexico](#), [New York](#), and [Virginia](#).

17 States

As of 2006, 17 states, including [Alabama](#), [North Carolina](#), [South Carolina](#), and [Tennessee](#), enacted legislation for stricter school nutrition standards than those set by the federal government.

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2. WAYS OTHER STATES COMBAT CHILDHOOD OBESITY IN SCHOOLS (continued)

STATE SCHOOL PHYSICAL ACTIVITY POLICIES

Alabama	Requires PE for a minimum of 30 minutes per day in grades K–8. High school students are required to take PE for one year or two semesters.
Connecticut	Requires schools to offer recess to all students attending full-day classes.
Louisiana	Mandates that all schools provide at least 30 minutes daily of quality physical activity for all students in grades K–6.
North Carolina	North Carolina’s Board of Education mandates that students in K–8 grades receive 30 minutes of exercise per day. A Web site lists 80 activities that fulfill the requirement.
Mississippi	Requires 30 minutes per day of physical activity for K–6 grades and two hours per week for grades 7–9. The bill also calls for an annual state physical activity plan.
Kentucky	Calls for school districts to include physical activity in their wellness policies and to assess the physical activity environment annually.
South Carolina	Requires 30 minutes of physical activity daily for K–5 grades and PE assessment in grades 2, 5, and 8 and once in high school. Results are sent to parents.
Tennessee	Requires 90 minutes of physical activity per week for elementary and secondary school students. The requirement can be met with many forms of activity.
Texas	Mandates 30 minutes daily or 135 minutes weekly of physical activity for grades K–5 and 125 minutes weekly for grades 6–8.

3.

WAYS OTHER STATES COMBAT CHILDHOOD OBESITY IN THE COMMUNITY



PHYSICAL ACTIVITY POLICIES

California	Requires the establishment of a continuous recreation corridor with bicycle and hiking trails around the Sacramento-San Joaquin Delta region.
Kentucky	Passed a bill to study the economic and public health impacts of the state's biking and pedestrian transportation activities and options for addressing obesity.
South Carolina	Uses funds from the sale of special license plates to benefit parks and recreation facilities.
Washington	Legislation made appropriations totaling \$7 million for pedestrian and bicycle safety programs and Safe Routes to Schools projects.
West Virginia	Promotes the <i>West Virginia on the Move</i> program, which aims to improve dietary behaviors and physical activity levels among residents.

HEALTHY EATING POLICIES

Arkansas	Added a two-cent sales tax per 12 ounces of soft drinks, which brings in \$40 million per year.
Connecticut	A budget bill authorizes the Commissioner of Agriculture to develop a statewide promotional campaign for Connecticut's fresh-grown produce. The commissioner is also charged with developing a Web site listing all the state farmers' markets.
Pennsylvania	Passed legislation in 2003 and 2004 to examine the lack of grocery stores in urban communities and to provide financing to encourage development of grocery stores in such underserved areas.
Tennessee	Exempted sales tax from any farm products sold directly by farmers to consumers through an online farmers' market system.

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3.

WAYS OTHER STATES COMBAT CHILDHOOD OBESITY IN THE COMMUNITY (continued)



OTHER OBESITY-RELATED POLICIES

California

Encourages leadership for increased physical activity and improved nutrition and wellness in all branches and levels of government, and encourages local communities, schools, and worksites to take action for increased physical activity and healthful food accessibility.

Florida

Funds from special license plates are used to promote nutrition and physical education programs in communities, allowing for some of the funds to be donated directly to related charities.

4. CHILDHOOD OBESITY ONLINE RESOURCES



NATIONAL RESOURCES

- Centers for Disease Control and Prevention (CDC)
Statistics, strategies, policy guidance, and examples of state obesity programs
www.cdc.gov/HealthyYouth/overweight/index.htm
- Institute of Medicine of the National Academies
Overview of the childhood obesity epidemic and the roles of various stakeholders
www.iom.edu/CMS/22593.aspx
- National Center for Safe Routes to School
Information for developing and implementing a state Safe Routes to School program
www.saferoutesinfo.org/
- National Conference of State Legislatures
Updates and overview of obesity-related legislation in the United States
www.ncsl.org/programs/health/ChildhoodObesity-2006.htm
- Robert Wood Johnson Foundation (RWJF)
Overview and publications of RWJF grantee programs
www.rwjf.org/programareas/programarea.jsp?pid=1138
- School Nutrition Association, Wellness Policies
Information and tools for local school Wellness Policies
www.schoolnutrition.org/Index.aspx?id=1075
- The Food Trust
Guidelines and current projects of the Supermarket Campaign
www.thefoodtrust.org/php/programs/super.market.campaign.php

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4. CHILDHOOD OBESITY ONLINE RESOURCES (continued)



- Trust for America's Health
Report details state obesity policies and their impacts
healthyamericans.org/reports/obesity2007/
- Weight Control Information Network
Science-based information on weight control, obesity, physical activity, and nutrition
win.niddk.nih.gov/index.htm

GEORGIA'S RESOURCES

- Action for Healthy Kids, Georgia School Wellness Policies
Information, resources, and guidance for implementing wellness policies in Georgia
www.actionforhealthykids.org/GATech.php
- Georgia Coalition for Physical Activity and Nutrition (GPAN)
Statistics, news, and activities related to physical activity and nutrition in Georgia
<http://www.g-pan.org/>
- Georgia Department of Human Resources
Live Healthy Georgia campaign: www.livehealthygeorgia.org/
Georgia's Nutrition and Physical Activity Initiative: www.health.state.ga.us/nutandpa/
- Healthcare Georgia Foundation (HGF)
Access to publications from HGF grant programs
www.healthcaregeorgia.org/Publications.cfm
- Georgia Department of Education, School Nutrition
Access to information on school nutrition standards
http://www.doe.k12.ga.us/fbo_nutrition.aspx

5. CHILDHOOD OBESITY STATISTICS

CHILDHOOD AND ADOLESCENT OBESITY IN THE U.S. AND GEORGIA^a

- 18.8 percent of 6- to 11-year-old children in the United States are obese.
- 17.4 percent of 12- to 19-year-old adolescents in the United States are obese.
- Since the 1970s, U.S. obesity rates have more than doubled for 12- to 19-year-olds and more than tripled for 6- to 11-year-old children.
- Childhood and adolescent obesity rates are higher in Georgia than in the United States.
- Disparities in Georgia are similar to those seen nationally. Children who are minorities and from rural areas are more likely to be obese.

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^aObesity is defined as a body mass index (BMI)-for-age percentile ≥ 95 th.

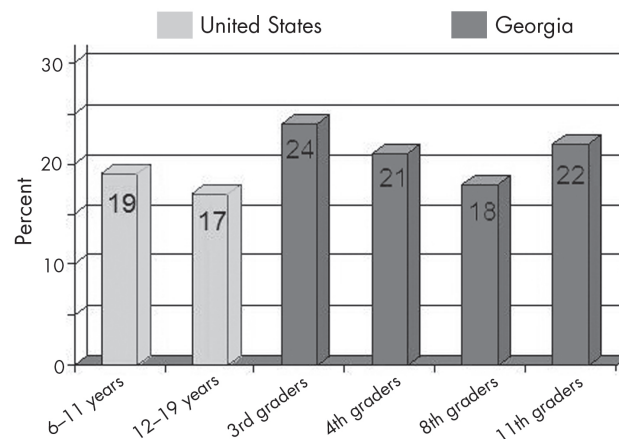


Figure 1. Childhood and Adolescent Obesity Prevalence in the United States and Georgia^a

Sources: 2003–2004 National Health and Nutrition Examination Survey, 2005 Georgia Oral Health Screening (third-grade students), and the 2002–2003 Georgia Childhood Overweight Prevalence Survey.

5. CHILDHOOD OBESITY STATISTICS (continued)



DIETARY INTAKES AND PHYSICAL ACTIVITY LEVELS IN GEORGIA'S CHILDREN

- In Georgia, only 18 percent of high school students consume the recommended five or more servings of fruits and vegetables daily.
- The 2006 Georgia Youth Fitness Assessment found that 97 percent of students are not physically fit, and only 40 percent participate in adequate physical activity.
- Half of middle and high school students in Georgia watch three or more hours of television daily.

THE ECONOMIC IMPACTS OF CHILDHOOD OBESITY

- Overweight and obese children have significantly higher outpatient medical expenses than healthy-weight children.
- In Georgia, adult obesity-attributable medical expenditures totaled \$2.1 billion per year from 1998–2000, with \$405 million from the Medicare and \$385 million from the Medicaid populations.
- In the southeastern United States, only Florida had higher obesity-related expenditures.