Family Impact Seminar

Childhood and Adolescent Obesity: Community and School Policy Options

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The Health Status of Georgia's Children



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What Is The Health Status of Georgia's Children?



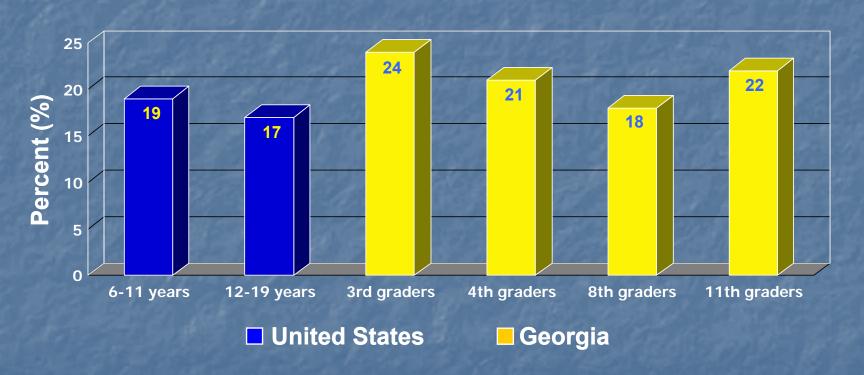
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Recent Surveys of Children's Health in Georgia

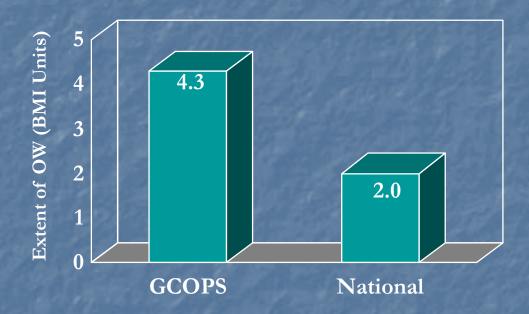
- Georgia Student Health Survey; based on the Youth Risk Behavior Survey, 2003, 2005*
- Georgia Childhood Overweight Prevalence Survey, 2002-03
- Georgia Oral Health Screening Survey, 2005
- Georgia Youth Fitness Assessment, 2006**
 - * Supported by the Healthcare Georgia Foundation
 - ** Supported by the Philanthropic Collaborative for a Healthy Georgia

Childhood and Adolescent Obesity Prevalence in the US and Georgia*



*Obesity is defined as BMI-for-age percentile ≥95th; 2003-2004 NHANES; 2005 Georgia Oral Health Screening (3rd grade) and 2002-2003 GCOPS

Overweight Severity

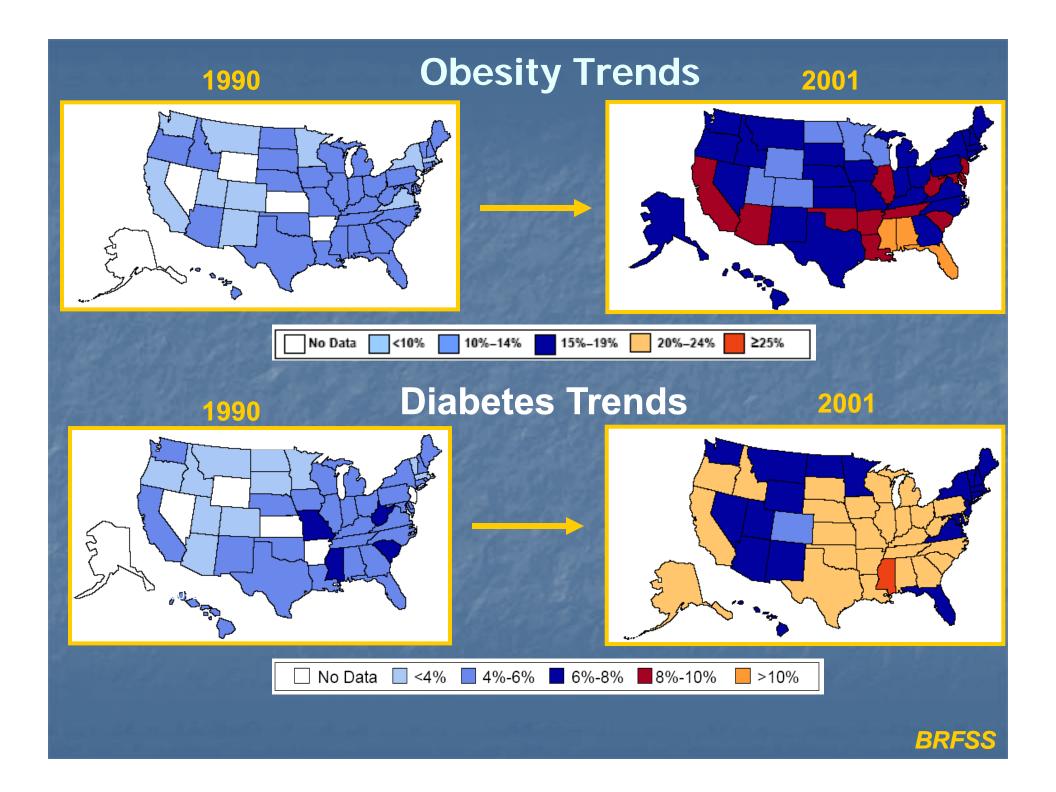


Adults 41 to 54 Years of Age: 2006

- 36% had cardiovascular diseases
- 34% had high blood pressure
- Approximately 10% had diabetes
- Approximately 22% had high blood cholesterol

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- Approximately 22% had high blood cholesterol
- When these adults were 6 to 19 years of age (1971), overweight prevalence was 4 to 5%, nationally

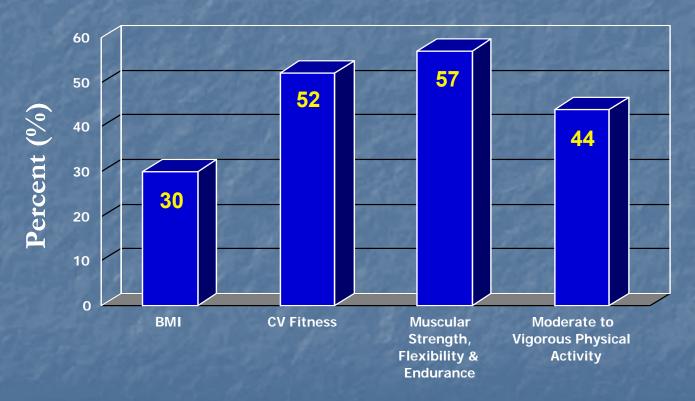


Medical Costs to Georgia

- Cost of obesity in GA- \$2.1 billion annually and for diabetes, over \$4 billion
- Medical costs for an obese child is approximately 3 times higher than the average insured child
- Medical costs is ≈ \$10,000 per year for a diabetic person, vs. \$2,700 for a person without diabetes

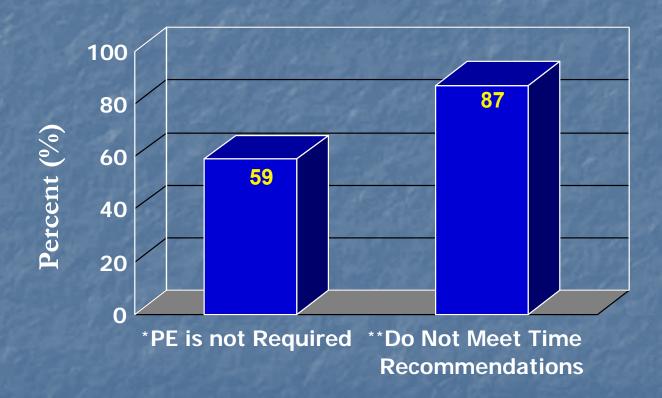
GA Youth Fitness Assessment

Percentage of Students Not Attaining *Healthy Fitness Zone*



N = 4,876 - 5,045 5th and 7th grade students; 93 schools

GA Youth Fitness Assessment: Physical Education Classes



^{*}Elementary schools only

^{**}National recommendations for PE classes are 150 min/wk for 5th graders and 225 min for 7th graders

Summary

- Georgia's children are fatter and less fit than children nationally
- The high degree of overweight severity will lead to health problems and high medical costs
- There are limited efforts to evaluate and monitor the health status of Georgia's children
- Continuous monitoring (surveillance) is needed to ascertain the efficacy of public health interventions

Conclusions

- Effective policies and interventions aimed at preventing the obesity epidemic are needed
- State governments need to commit sufficient resources and adopt policies that foster healthy lifestyles throughout communities and schools (IOM: progress in Preventing Childhood Obesity, 2007)
- Public-private partnerships are essential