

Trends in America



Issue Brief

The Council of State Governments

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COMBATING CHILDHOOD OBESITY

Childhood obesity is a very real and increasing threat for states. According to the National Center for Health Statistics, more than 12.5 million children ages 2 to 19 were overweight in 2003-04. Within the past two decades, the prevalence of overweight has more than doubled among American children and tripled among adolescents.

This trend should be a special concern for state policymakers for a number of reasons. Among children, obesity may be associated with depression, anxiety and more frequent absences from school, which could threaten the strength of a state's future work force. The growing rate of obesity among youth also has led to an increase in chronic conditions that can be debilitating and costly to treat. In 2000, the chance that a child born in the U.S. would be diagnosed with diabetes at some point in their lives was 2-in-5 for girls and 1-in-3 for boys, according to a study published in October 2003 in *The Journal of the American Medical Association*. Among minorities, the risk for diabetes is even higher. Hispanic girls have a 1-in-2 chance of developing diabetes, the study reports.

Diabetes is not the only risk for obese children. Heart disease, the leading cause of death for adults, is making inroads in the nation's youth. According to one study published in a June 1999 edition of *Pediatrics*, 61 percent of the overweight children studied had at least one additional risk factor for heart disease, such as high cholesterol or high blood pressure.

The epidemic of childhood obesity did not occur overnight nor is there one simple reason for why it has increased so rapidly. An increase in eating outside the home, larger portion sizes, unsafe neighborhoods and even how communities are built have likely all played a role in the widening of children's waistbands. But there are programs that work to help children eat better and become more active. Following are three programs that have been effective, each focused on a different area—one on schools statewide, one in rural areas and one in an urban setting. All three stress a comprehensive approach to changing lifestyles and the forging of creative and unique partnerships.



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The States Respond

South Carolina Healthy Schools

In 2003, then-South Carolina state Superintendent of Education Inez Tenenbaum convened a task force of medical professionals, educators, professors and representatives of the food industry to discuss childhood obesity and physical activity. When the task force released its recommendations on how the state could confront childhood obesity, Rep. Bobby Harrell took notice and began to work on

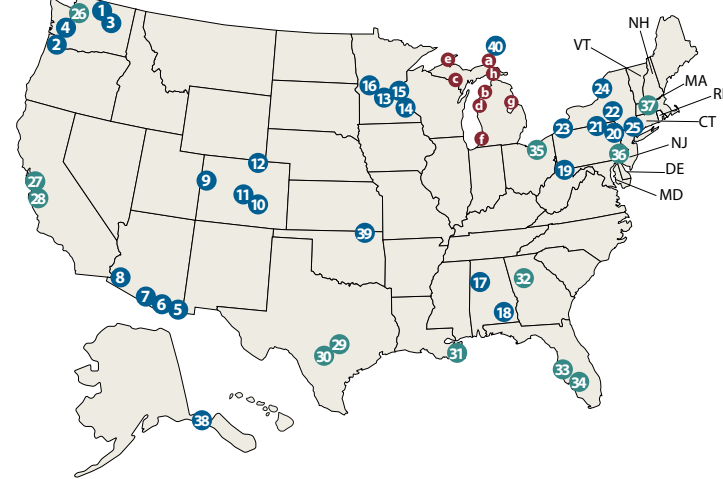
legislation that would become the Student Health and Fitness Act of 2005.

"He took this on as a personal issue," said Lynn Hammond, director of South Carolina Healthy Schools. "... What he did was unique. Often, we're asked as an education agency to react to things legislators put in bills. In this case, he had his chief of staff pull together a group of people ... and sit down and say, 'OK, here's the issue, here's what we think we want to do, how do we go about it?'

"Oh boy, what an opportunity to sit down and have the conversation and work with legislative staff to do something. ... We could hash out what was feasible both from the legislative side ... and what was feasible on the educational side. I can't overemphasize how important it is to have people at the table before you put legislation forward."

The bill takes a comprehensive approach to improving the health of South Carolina's elementary school students.

Communities with Steps Programs



States-Coordinated Small Cities/ Rural Communities

Washington

1. Chelan, Douglas & Okanogan Counties
2. Clark County
3. Colville Confederated Tribes
4. Thurston County

Arizona

5. Cochise County
6. Santa Cruz County
7. Tohono O'odham Nation
8. Yuma County

Colorado

9. Mesa County
10. Pueblo County
11. Teller County
12. Weld County

Minnesota

13. Minneapolis
14. Rochester-Olmsted County
15. St. Paul-Ramsey County
16. Willmar

Alabama

17. River Region
18. Southeast Alabama

Pennsylvania

19. Fayette County
20. Luzerne County
21. Tioga County

New York

22. Broome County

23. Chautauqua County
24. Jefferson County
25. Rockland County

Large Cities/ Urban Communities

26. Seattle-King County, WA
27. Santa Clara County, CA
28. Salinas-Monterey County, CA
29. Austin-Travis County, TX
30. San Antonio-Bexar County, TX
31. New Orleans, LA
32. DeKalb County, GA
33. St. Petersburg-Pinellas County, FL
34. Tampa-Hillsborough County, FL
35. Cleveland, OH
36. Philadelphia, PA
37. Boston, MA

Tribes/Tribal Entities

38. Southeast Alaska Regional Health Consortium, AK
39. Cherokee Nation Health Services Group, OK
40. Inter-Tribal Council of Michigan, MI
 - a. Bay Mills Indian Community
 - b. Grand Traverse Bands of Ottawa & Chippewa Indians
 - c. Hannahville Indian Community
 - d. Huron Potawatomi Indian Community
 - e. Keweenaw Bay Indian Community
 - f. Little Traverse Bay Band of Odawa Indians
 - g. Saginaw Chippewa Indian Tribe
 - h. Sault Ste. Marie Tribe of Chippewa Indians

Source: Centers for Disease Control and Prevention. Accessed from http://www.cdc.gov/steps/steps_communities/index.htm September 12, 2007.

The bill:

- Set the number of minutes elementary students must spend in structured physical education classes plus time for additional physical activity. It tops out in the 2008-09 school year with 90 minutes of P.E. and 60 minutes of additional physical activity outside of P.E. each week. It reduces the student-teacher ratio for physical education teachers and mandates that arts programs cannot be cut to make room for P.E. or physical activity.
- Provided that by the 2007-08 school year, the legislature would have to appropriate money to fund school nurses for elementary schools. In the current budget cycle, the state appropriated \$24 million that will fund the majority of the salaries for a school nurse at each elementary school. Hammond said local school districts are funding the remaining portion of the nurses' salaries locally.
- Required the state Board of Education to adopt nutrition standards for all foods sold or served in elementary schools, limiting fat content, portion sizes and the kinds of drinks that can be served during the school day. It also gives students 20 minutes to eat lunch from the time they are served.

Hammond said schools have been given leeway as to how they implement the mandates. For the physical activity piece, schools can incorporate more movement into the classroom, make recess more physical or even download exercise videos through the state's educational television service.

Hammond said state policymakers and executives need to be paying attention to childhood obesity and how schools can fit into the solution.

"Children spend at least seven-and-a-half, eight hours a day in a school setting ...," she said. "They really need to look at what is happening, to provide the opportunity for children to be moving during the school day. Parents, particularly, need to be looking at this."

For more information, visit <http://ed.sc.gov/agency/offices/lace/healthyschools/>.

To read the student Health and Fitness Act of 2005, visit http://www.scstatehouse.net/sess116_2005-2006/bills/3499.htm.

Steps to a Healthier NY

In September 2003, New York state received a five-year grant from the Centers for Disease Control and Prevention (CDC) to address obesity, diabetes and asthma and their related risk behaviors, including a lack of physical activity, poor nutrition and tobacco use. The New York Department of Health focused its efforts on four rural areas: Broome, Chautauqua, Jefferson and Rockland counties. They were selected because of their high rates of chronic disease, low economic status and a good track record of working with other chronic disease programs.

Cynthia Jaconski, program director for Steps to a Healthier NY, said CDC developed a basic model for the program focusing on evidence-based community interventions. States and localities, however, can adapt it to fit their needs. The key to Steps, she said, is creating community partnerships. The New York program included such things as school districts from two counties banding together to make purchasing fresh fruits and vegetables more affordable, getting neighborhood stores to offer a healthier selection of food, encouraging worksite wellness programs and wellness policies at child care centers, making communities more walkable and getting restaurants to highlight healthier options on menus.

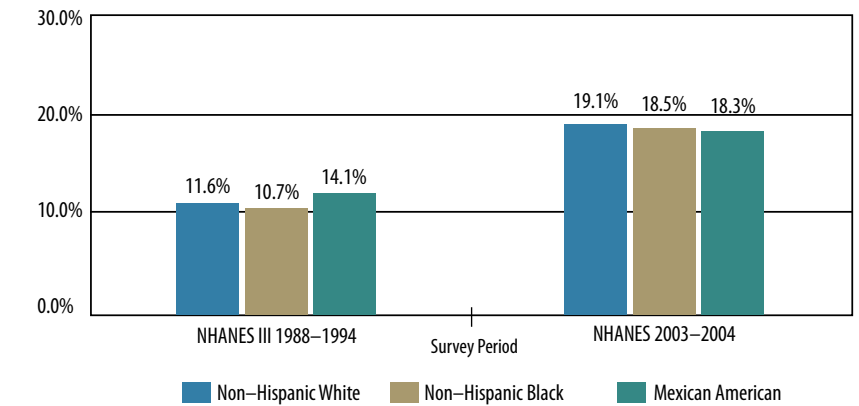
Jaconski said no matter where you go in these four communities, people are hearing the same message about how to live a healthier life. And by focusing on how to make healthier choices easier for people, she said, these changes can be sustained after the CDC funding expires in 2008.

"You can have a much bigger bang for your buck to do these environmental policy changes," Jaconski said. "We don't have the resources to go to every individual. But in the community, if you make the right choices easier, they're naturally going to do it. ... It's about spending your money differently and programs working together."

The results of the Steps program have been promising. Due in large part to the Steps-sponsored staff wellness program, the Jefferson County school district was able to save more than \$300,000 annually in health insurance costs. More than 75,000 residents in

the four counties have participated in community-wide physical activity programs. Also, more than 300 children in three of the counties have completed an American Lung Association program that has been shown to increase asthma management skills.

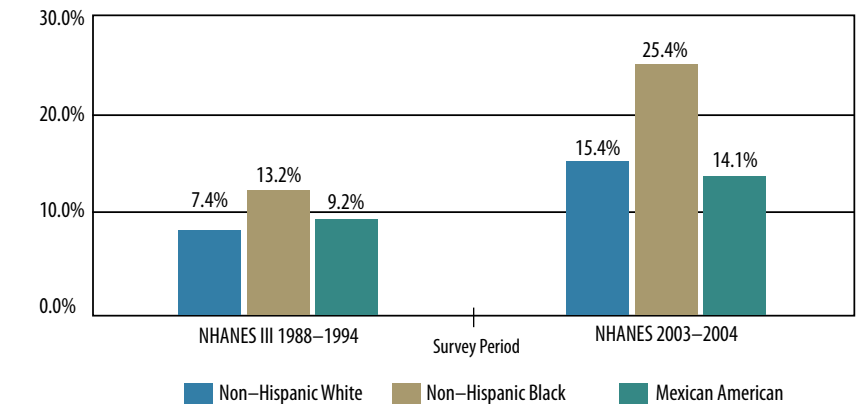
Adolescent Boys Prevalence of Overweight* by Race/Ethnicity (Aged 12 -19 Years) National Health and Nutrition Examination Surveys



*Sex and age-specific BMI \geq 95th percentile based on the CDC growth charts.

Source: Centers for Disease Control and Prevention. Accessed from <http://www.cdc.gov/nccdphp/dnpa/obesity/childhood/prevalence.htm> September 6, 2007.

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An increase in eating outside the home, larger portion sizes, unsafe neighborhoods and even how communities are built have likely all played a role in the widening of children's waistbands.

For more information about the Steps Program, visit http://www.cdc.gov/steps/about_us/index.htm.

For more information about the Steps to a HealthierNY program, visit http://www.health.state.ny.us/prevention/healthy_lifestyles/steps/.

Shape Up Somerville (Massachusetts)

In 2002, the CDC funded a three-year, Tufts University initiative to prevent obesity among children in first through third grade. Somerville is a small, heavily populated city with little open green space. In 2003, Tufts researchers discovered that 46 percent of Somerville's first- through third-graders were either overweight or obese.

"The idea was trying to change the child's environment at every point in their day," said Elizabeth Nahar, program director of Children in Balance, Tuft's childhood obesity initiative.

Shape Up Somerville worked to improve the food available to children at school, introduced children to new foods and provided training for food service staff. The program also introduced a new health curriculum that focused on more healthful eating and more activity in both school and after-school programs throughout Somerville. It also reached out to parents through monthly parent newsletters that contained, among other things, coupons for healthful foods. Four parent forums were held in English, Spanish, Portuguese and Haitian Creole to reach out to the ethnically diverse residents of Somerville.

Nahar said the participating children reduced their weight gain by approximately one pound over those in the control group. Among children, Nahar said, weight control programs can be successful by reducing weight gain rather than weight loss. If overweight children keep their weight constant, they can achieve a normal body mass index as they grow taller.

"It was a reduction in weight gain, not a loss of pounds," Nahar said. "Over five to eight years as they grow into adults, that could possibly mean the difference between reaching adulthood as overweight or not overweight."

Although the CDC funding ended in 2005, Nahar said several of the programs started during Shape Up Somerville have been continued. Tufts helped city officials find more funding to continue training for the food service workers and other school personnel. The city and Tufts found money to fund a Shape Up Somerville coordinator and a Shape Up Task Force was created. Public awareness of the program continues to be high.

"I think one of the things Somerville points to is a community-wide intervention is a good thing," Nahar said. "It maybe is more difficult, but it can also strengthen communities. ... It (the program) really tried to address the environment as a whole. I think that's one of the most important things to come out of it."

For more information about the Shape Up Somerville program, visit <http://www.childreninbalance.org>.

—Jennifer Ginn is a health policy analyst at The Council of State Governments.

Trends in America

The most dominant characteristic of the 21st century is not just change, but the rate of change. Understanding change is the first step toward identifying and implementing effective responses. Trends in America Issue Briefs are designed to help state leaders promote positive change through forward-looking policies and strategic investments.