

# 2008 Georgia Program and Data Summary:

# OBESITY



## Georgia's Nutrition and Physical Activity Initiative

Georgia's Nutrition and Physical Activity Initiative is a statewide effort between the Division of Public Health and its partners to prevent obesity and other chronic diseases through healthy eating and physical activity initiatives across the life span. The initiative focuses on influencing breastfeeding, healthy eating, physical activity, and reduced television/screen time in a variety of settings through education, skill building, policy, and environmental change approaches. The Initiative promotes the key messages of the *Live Healthy Georgia* campaign: Eat Healthy, Be Active, Be Positive, Be Smoke Free, and Get Checked.

## Background

In July 2003, the Georgia Department of Human Resources, Division of Public Health received a five-year grant from the Centers for Disease Control and Prevention (CDC) to support state nutrition and physical activity programs to prevent obesity and other chronic diseases. The program was refunded in July 2008 for another 5 years to focus on implementation of healthy eating, physical activity, and breastfeeding strategies in the state plan.

## Overall Goal

To prevent and control obesity and related chronic diseases through the promotion of breastfeeding, healthy eating, and physical activity initiatives.

## Highlights

1. The prevalence of obesity has increased rapidly in Georgia.
2. The rise in obesity has had a severe health and economic impact on Georgia.
  - Obesity costs Georgia \$2.1 billion every year.
3. Poor dietary behaviors and sedentary lifestyles have contributed to the adverse health and economic impact of obesity.
4. Organizational policies and environmental features are important factors in shaping behaviors related to nutrition and physical activity.
5. Communities, early child care centers, schools, worksites, faith-based organizations, and health care organizations can promote the Initiative and Live Healthy Georgia campaign messages through policies and environments supporting healthy behaviors.

## Key Strategies

1. Implement *Georgia's Nutrition and Physical Activity Plan to Prevent Obesity and Other Chronic Diseases, 2005-2015*.
2. Maintain statewide infrastructure for nutrition and physical activity.
3. Build and sustain partnerships – finding solutions through partnership.
4. Conduct strategic planning activities to update the comprehensive state physical activity and nutrition plan.
5. Identify and improve data and surveillance sources and evaluation.
6. Develop and implement pilot interventions.
7. Provide training and technical assistance.

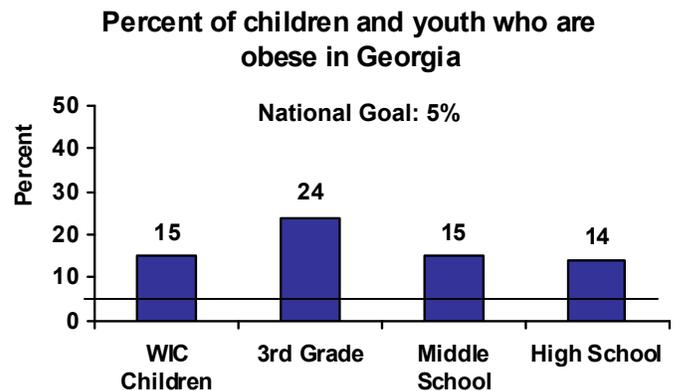
# OBESITY IN CHILDREN AND YOUTH

**Obese children are more likely to become obese adults.**

## Obesity in children and youth is a significant public health problem in Georgia

### Percentages of obese\* children and youth in Georgia

- **15,000 (15%)** children aged 2-4 years in the Women, Infant, and Children (WIC)<sup>†</sup> program are obese.
- **28,000 (24%)** third grade children<sup>‡</sup> are obese.
- **43,000 (15%)** middle school students<sup>#</sup> are obese.
- **62,000 (14%)** high school students<sup>#</sup> are obese.
- The percentages of obese children and youth in Georgia do not meet the Healthy People 2010 national goal (5%) regardless of age, sex, race, or ethnicity.



## Poor diet and physical inactivity are reasons for the rise in childhood obesity.

- Only about **5 in 9 (55%)** middle school students and **4 in 9 (44%)** high school students in Georgia meet the CDC requirements for recommended physical activity.
- Over **2 in 5** of Georgia's middle school students (**44%**) and high school students (**43%**) watch TV for 3 or more hours on a school day.
- Only **1 in 5 (19%)** high school students in Georgia consumes 5 or more servings of fruits and vegetables daily.

## Environments and policies influence health behavior in children.

- Schools can encourage healthy lifestyles in students by adopting policies, environmental features, and providing programs supporting healthy diets and regular physical activity.
- Communities can promote healthy lifestyles in children by creating safe and supportive environments for healthy eating and physical activity.

## Hospital costs due to obesity-related diseases in children are rising rapidly.

- Hospital costs due to obesity-related diseases in children increased from \$35 million during 1979-1981 to \$127 million during 1997-1999 nationwide.

## Obese children are at increased risk for other medical conditions.

- Obese children are at increased risk for:
  - Hypertension
  - Asthma
  - Sleep apnea
  - Diabetes
  - Decreased well being (low self-esteem)

**Definition of obesity:** \*Body Mass Index-for-age = 95<sup>th</sup> percentile or higher

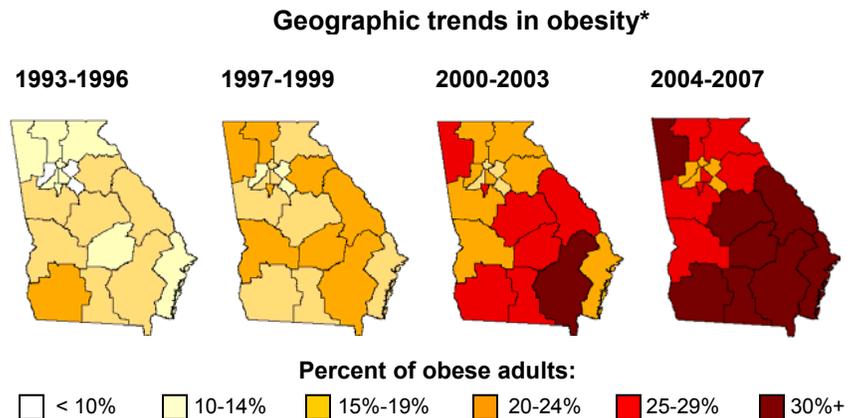
**Data sources:** † 2006 Pediatric Nutrition Surveillance System ‡ 2005 Georgia Oral Health Screening # 2007 Georgia Student Health Survey

# OBESITY IN ADULTS

**Obesity increases the risk of developing cardiovascular disease, diabetes, stroke, hypertension, gall bladder disease, osteoarthritis, and some cancers.**

## The percentage of obese adults is rising rapidly in Georgia.

- The percentage of obese adults has increased rapidly in all regions of the state.
- **1.9 million (29%)** adult Georgians<sup>†</sup> are obese.
- The percentage of obese adults in Georgia does not meet the Healthy People 2010 national goal (15%) regardless of age, sex, race, ethnicity, income, or education level.<sup>‡</sup>



## Poor diet and physical inactivity have contributed to the rise in obesity.

- Only **1 in 2 (48%)** adults in Georgia<sup>†</sup> are regularly active.
- Only **1 in 4 (25%)** adults in Georgia<sup>†</sup> consumes 5 or more servings of fruits and vegetables daily.

## Environments and policies influence health behaviors in adults.

- Adults are more likely to be regularly active if they have a safe and convenient place to walk.<sup>‡</sup>
- More environmental features and organizational policies are needed in communities, worksites, and health care settings to promote healthy eating and regular physical activity.

## Obesity costs Georgia an estimated \$2.1 billion every year.

- The annual cost of obesity in Georgia is estimated at **\$2.1 billion** (\$250 per Georgian each year), which includes direct health care costs and lost productivity from disease, disability, and death (indirect costs).
- The estimated average hospital length of stay for obese individuals is 85% longer than for normal-weight individuals nationwide.

## Obese adults are at increased risk for other medical conditions.

Obese adults are at increased risk for:

- Cardiovascular disease
- Diabetes
- Stroke
- Hypertension
- Gall bladder disease
- Osteoarthritis
- Some cancer

**Definition of obesity:** \*Body Mass Index = 30.0 or more

**Data Source:** † 2007 Georgia Behavioral Risk Factor Surveillance System

‡ 2001 Georgia Behavioral Risk Factor Surveillance System

# PHYSICAL ACTIVITY IN YOUTH

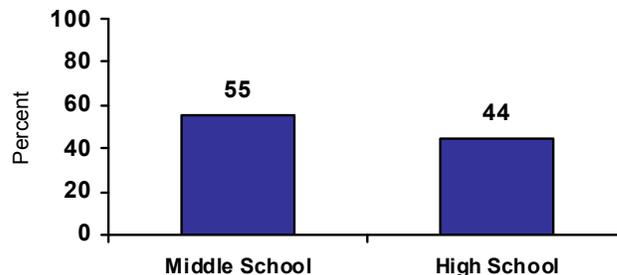
**Inactive children and youth are more likely to become inactive adults, leading to increased health care costs.**

## Youth do not get enough physical activity.

### Percentages of youth who meet requirements for recommended physical activity\* in Georgia

- **55%** of middle school students meet requirements for physical activity.<sup>†</sup>
- **44%** of high school students meet requirements for physical activity.<sup>†</sup>

Percent of youth who meet requirements for physical activity in Georgia, 2007



## Policies and environments in schools and communities influence physical activity behaviors in children and youth.

### Schools

- Few middle school students (**39%**) and high school students (**34%**) attend daily physical education classes.<sup>†</sup>
- Only **44%** of middle schools and **15%** of high schools require students to attend daily physical education classes in each grade.<sup>‡</sup>
- **66%** of middle schools and **54%** of high schools in Georgia offer intramural activities to students.<sup>‡</sup>
- Most middle schools (**86%**) and high schools (**78%**) in Georgia allow use of the school's athletic facilities outside of school hours.<sup>‡</sup>

### Communities

- Few middle school students (**19%**) and high school students (**22%**) in Georgia, who live one mile or less from school walk to school.<sup>†</sup>
- Traffic is a very common barrier to walking or biking to school among middle school students (**18%**) and high school students (**12%**) who live one mile or less from school.<sup>†</sup>

## Regular physical activity reduces risk for other medical conditions.

- Regularly physical activity reduces risk for the following medical conditions:
  - Hypertension
  - Obesity
  - Stroke
  - Diabetes
  - Poor mental health
  - Arthritis or joint symptoms

**Definition of recommended physical activity:** \*At least 60 minutes of physical activity on 5 or more days per week.

**Data source:** † 2007 Georgia Student Health Survey  
‡ 2006 School Health Profiles Survey

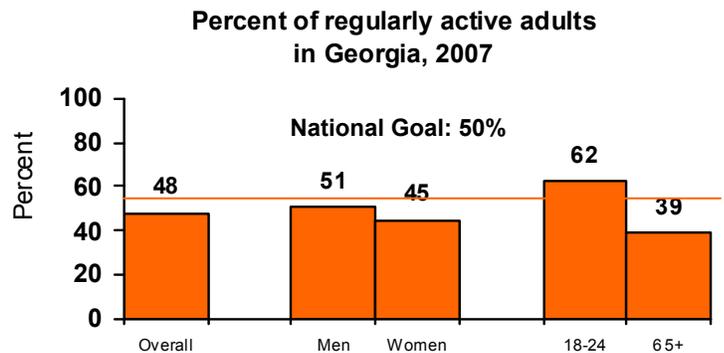
# PHYSICAL ACTIVITY IN ADULTS

**Lack of regular physical activity can lead to high blood pressure, stroke, obesity, diabetes, arthritis, and poor mental health.**

## Adults do not get enough regular physical activity.

### Percentage of regularly active\* adults in Georgia

- Only **1 in 2 (48%)** adults<sup>†</sup> are regularly active.
- Men (**51%**) are more likely to be regularly active than women (**45%**).<sup>†</sup>
- Young adults aged 18-24 years (**62%**) are more likely to be active than older adults aged 65+ years (**39%**).<sup>†</sup>
- The Healthy People 2010 national goal for regular activity in adults is 50%.



## Policies and environments in communities, worksites, and health care settings impact physical activity behaviors in adults.

### Communities<sup>‡</sup>

- Adults with a safe and convenient place to walk in their community are more likely to be regularly active (**42%**) than adults without a safe place to walk (**27%**).
- Neighborhood sidewalks and streets, public parks, school tracks, fitness centers, and walking trails, are the most common places to walk among adults in Georgia.

### Worksites<sup>¶</sup>

- Few worksites (**< 24%**) in Georgia have organizational policies, environmental features, or programs to encourage employees to be regularly active.

### Health care<sup>#</sup>

- Most health maintenance organizations (HMOs) in Georgia have policies to support physical activity by providing educational material, counseling, or discounts or fee reductions to join programs to all members.
- Only one HMO in Georgia has a policy to reimburse providers and paid members for physical activity assessments and counseling from specialists.

## Physical inactivity cost Georgia \$543 million in hospital charges in 2006.

- Physical inactivity has had a severe health and economic impact on the state. In 2006, insufficient activity and inactivity were responsible for:
  - **2,733** deaths<sup>§</sup>
  - **16,654** hospitalizations<sup>¶</sup>
  - **\$543 million** in hospital charges<sup>||</sup>

**Definition of regular physical activity:** \*30+ minutes of moderate physical activity on 5 or more days per week or 20+ minutes of vigorous physical activity on 3 or more days per week.

**Data sources:** † 2007 Georgia Behavioral Risk Factor Surveillance System  
¶ 2002 Georgia Worksite Survey  
§ 2006 Georgia Vital Statistics

‡ 2001 Georgia Behavior Risk Factor Surveillance System  
# 2004 Georgia Health Plan Survey  
|| 2006 Georgia Hospital Discharge Data

# HEALTHY EATING

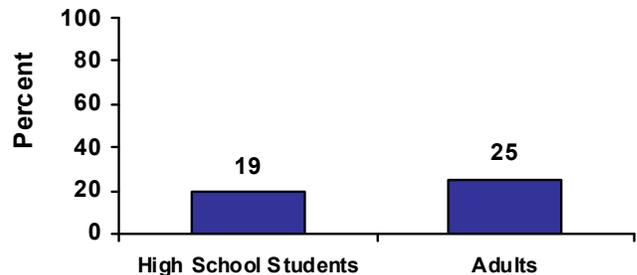
**Diets rich in fruits and vegetables may reduce the risk of some types of cancer and heart disease.**

## Fruit and Vegetable Consumption in Georgia

### Recommended fruit and vegetable consumption

- Only **1 in 5 (19%)** high school students\* consumes the minimum recommendation of 5 or more servings of fruit and vegetables per day.
- Only **1 in 4 (25%)** adults† consumes the minimum recommendation of 5 or more servings of fruit and vegetables per day.
- The percent of high school students and adults who consume the minimum recommended servings of fruits and vegetables are consistently low across all sex, race, ethnic, and age groups.

**Percent of youth and adults who consume 5 or more servings of fruit and vegetables per day, Georgia, 2007**



## Policies and Environments Influence Healthy Eating Behaviors

### Schools‡

- Few middle schools (**12%**) and high schools (**10%**) have a policy to offer fruits and vegetables in school settings.
- Few middle schools (**<35%**) and high schools (**<33%**) have nutrition standards for foods sold as a la carte items in the cafeteria or in vending machines, snack bars, fundraisers, class parties, and athletic events.
- Less nutritious snack foods and beverages such as chocolate candy, high-fat salty snacks, and soft drinks are readily available in many middle school (**39%-63%**) and high school (**75%-89%**) vending machines.

### Worksites¶

- Few (**10%**) worksites offer healthy eating classes, weight management classes, or weight management counseling for employees.

### Health care#

- Most Health Maintenance Organizations (HMOs) in Georgia provide members with nutrition education, counseling, discounts, or fee reductions to join nutrition programs.
- Only two HMOs in Georgia have a policy to reimburse providers and paid members for nutrition assessments and counseling from specialists.

## Healthy Eating Helps Promote Good Health

- Diets rich in fruits and vegetables help reduce risk for:
  - Heart disease
  - Stroke
  - Some types of cancer
  - Excess weight gain

**Data sources:** \* 2007 Georgia Student Health Survey  
‡ 2006 School Health Profiles Survey  
# 2004 Georgia Health Plan Survey

† 2007 Georgia Behavioral Risk Factor Surveillance System  
¶ 2002 Georgia Worksite Survey

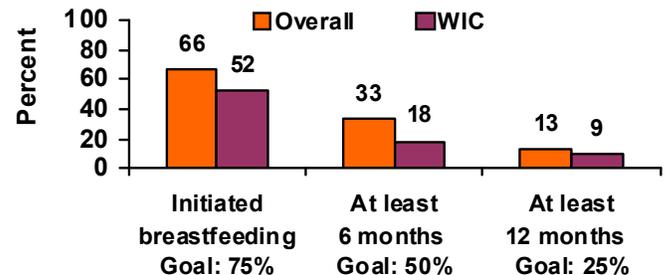
# BREASTFEEDING

**Breastfeeding has many health benefits for both the mother and baby.**

## Breastfeeding Initiation

- **66%** of all mothers\* initiated breastfeeding with their babies.
- **52%** of mothers participating in the Women, Infants, and Children (WIC) program† initiated breastfeeding with their babies.
- The percentage of mothers who initiated breastfeeding with their babies in Georgia does not meet the Healthy People 2010 national goal (75%).

Percent of mothers who breastfed their babies, Georgia, 2006



## Breastfeeding Duration

- Only **33%** of all mothers\* breastfed their babies at least 6 months.
- Only **18%** of mothers participating in the WIC program† breastfed their babies at least 6 months.
- Only **13%** of all mothers\* breastfed their babies at least 12 months.
- Only **9%** of mothers participating in the WIC program† breastfed their babies at least 12 months.
- The percentages of mothers who breastfed their babies for at least 6 months and 12 months in Georgia were well below the Healthy People 2010 national goals for at least 6 months (50%) and 12 months (25%).

## Barriers to Breastfeeding

- Didn't like breastfeeding (**46%**) and going back to work or school (**18%**) are the most common barriers to breastfeeding initiation.‡
- Difficulty with nursing (**42%**), milk doesn't satisfy baby (**38%**), sore nipples (**23%**), and going back to work or school (**21%**) are the most common barriers to continued breastfeeding reported by mothers.‡

## Communities and Worksites Can Help Promote Breastfeeding

- Communities and worksites can help increase breastfeeding initiation and duration by adopting organizational policies and environmental features to support breastfeeding mothers.

## Benefits of Breastfeeding

### For Mother

- Minimizes postpartum bleeding
- Reduces risk for uterine, ovarian, premenopausal breast cancer

### For Baby

- Enhances immune system
- Improves cognitive development
- Promotes physical contact and bonding

**Data sources:** \* 2006 National Immunization Survey † 2006 Pediatric Nutrition Surveillance System (PedNSS)  
‡ 2005 Pregnancy Risk Assessment Monitoring System (PRAMS)

## Georgia's Nutrition and Physical Activity Initiative

# KEY STRATEGIES

### 1) Implement Georgia's Nutrition and Physical Activity Plan: [Georgia's Nutrition and Physical Activity Plan](#)

The Plan serves as a blueprint for action for state and local partners. The plan is divided into 7 action areas: state partnership/infrastructure, community, worksites, healthcare, schools, faith-based communities, and data and evaluation. Strategies have been identified to meet these objectives aimed to influence public policy changes, community changes, organizational changes, and individual and family changes.

#### **Priorities Areas for 2008-2009**

The Task Force Workgroups have each identified priority areas to support the implementation of the plan.

**School:** Provide Georgia Healthy School Awards

**Worksite:** Development and dissemination of Worksite Health Promotion Toolkit

**Faith-based:** Train Faith-based leaders on Live Healthy in Faith Toolkit

**Early Child Care:** Develop wellness policies for early childcare centers

**Community:** Implement Smart Choices Program, which promotes healthy vending and concession stand choices in Georgia parks and recreation centers; promotes active community environments

**Healthcare:** Development of a web-based nutrition, physical activity, and obesity training resource for health care professionals

### 2) Maintain a statewide infrastructure for nutrition and physical activity

The Division of Public Health works internally across three Offices (Office of Healthy Behaviors, Office of Birth Outcomes, and the Office of Epidemiology, Evaluation and Health Information) and externally with partners to create a comprehensive nutrition and physical activity infrastructure. Georgia's Nutrition and Physical Activity Initiative supports the key messages of the [Live Healthy Georgia](#) campaign: Eat Healthy, Be Active, Get Checked, Be Positive, and Be Smoke Free.

### 3) Build and sustain partnerships - Finding solutions through partnership

Identifying and involving internal and external partners for the initiative is an ongoing effort. The Initiative's Task Force consists of over 60 state and local partners and forms the infrastructure for new partners to join the initiative and participate in workgroups for the following settings: worksite, school, early child care, faith-based, community, and healthcare. Georgia's Breastfeeding Coalition also comes under the umbrella of the Initiative.

### 4) Conduct strategic planning activities to update the comprehensive state physical activity and nutrition plan

The socio-ecological model served as the framework for [Georgia's Nutrition and Physical Activity Plan](#). The Plan will be updated to integrate current nutrition and physical activity public health initiatives. During the updating process, the Task Force will gather input from partners at the local level through regional planning meetings across the state (representing urban, suburban, and rural areas) with an emphasis on health disparities and sustainability of efforts.

### 5) Identify and improve data and surveillance sources and evaluation

Success of the implementation of Georgia's Nutrition and Physical Activity Plan will be evaluated based upon process and outcome measures through current surveillance systems and surveys in place, new surveillance tools to be developed, and special surveys as needed to address gaps in data for each of the settings in the plan.

### 6) Develop and implement pilot interventions

As part of the initiative, [two pilot programs](#) are underway: a **worksite intervention** piloting the Work Healthy Toolkit at worksites throughout Georgia and a **Teen Nutrition and Physical Activity Intervention** for African American high school students living in South Fulton County.

### 7) Provide training and technical assistance

The Division of Public Health Staff provides technical assistance to internal and external partners on issues related to obesity, nutrition, and physical activity. The Initiative also coordinates and disseminates key training opportunities and monthly updates relevant to nutrition and physical activity.

Visit <http://health.state.ga.us/nutandpa/> for more information on Georgia's Nutrition and Physical Activity Initiative.

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