Status of Obesity in Georgia 2000



Division of Public Health

Status of Obesity in Georgia Table of Contents

Introduction	1
Obesity-Related Diseases	2
Populations for Obesity Prevention Focus	4
Minorities	
Children	
Growth and Development	6
Obesity Data on Georgia's Children	7
Barriers to Obesity Control and Prevention	8
Physical Activity	
Environmental	
Television	
Competing with Commercial Marketing	9
Children's Eating Behaviors	
1998 Survey Results on Barriers	
Preventive Actions Taken in 2000	10
Take Charge of Your Health Campaign	11
Obesity - A Call to Action	12





Publisher:

Nutrition Section

Family Health Branch
Division of Public Health
Georgia Department of Human Resources
Two Peachtree Street, Suite 11-222
Atlanta, Georgia 30303-3142

Gary B. Redding
Acting Commissioner
Georgia Department of Human Resources

Kathleen E. Toomey, M.D., M.P.H. Director Division of Public Health

Rosalyn K. Bacon, M.P.H. Director Family Health Branch

Frances H. Cook, M.A., R.D., L.D. Director, Nutrition Section Family Health Branch

Principal Contributors:

Alice L. Trainer, M.A. Communications Coordinator Family Health Branch

Susan Burns, R.D., L.D.
Nutrition Program Consultant, Nutrition Section

Pamela S. Wilson, R.D., L.D.
CVD Prevention Program Manager, Chronic
Disease Prevention & Health Promotion Branch

Vera M. Green, M.S., R.D., L.D. Planning and Program Development, Nutrition Section

Carol MacGowan, M.P.H., R.D., L.D.
Breastfeeding Coordinator, Nutrition Section

Status of Obesity in Georgia Introduction

The prevalence of obesity has reached epidemic proportions throughout the United States. From 1991 to 1998, Georgia reported the greatest rate of increase in prevalence of adult obesity (101.8%) in the United States. In 1998, 18.7% of Georgia's overall adult population was classified as obese in a report from the Centers for Disease Control and Prevention (CDC), higher than the 1998 national average of 17.9%. (Figure 1) Currently, more than 50% of the adults in this country are considered overweight, with 22% reported as obese. Overweight in adults is defined as a body mass index (BMI) between 25 and 29.9, and adult obesity is defined as a BMI of 30 or over. BMI is a ratio of weight in kilograms to height in meters squared. In children, BMI is calculated in relationship to normal for age. Almost 80% of obese adults have diabetes, high blood pressure, coronary artery disease, osteoarthritis or gallbladder disease. Close to 40% of obese adults have two or more of these chronic disease risk factors, compounding their health problems. African-Americans reported a high prevalence of obesity in the U.S., 26.9% in 1998 (up from 19.3% in 1991). Over 29% of Georgia's residents are African American, who have a higher prevalence of obesity, physical inactivity, hypertension and diabetes than other groups in Georgia.

A survey report was completed for the Office of Nutrition (OON) in July 1998 by the University of Georgia's Survey Research Center. The telephone survey was conducted to determine behaviors, attitudes and knowledge concerning nutrition and physical activity and to identify any significant differences between Georgia's general population and the state's WIC households. WIC, the Federal Supplemental Nutrition Program for Women Infants and Children, works cooperatively in Georgia with the Family Health Nutrition Section to improve the health status of pregnant women and young children up to age five. These WIC participants are served regularly in local public health departments across the state. Respondents from a WIC household were significantly more likely (52.8%) to report a family member as 30 pounds or more overweight than general population respondents (45.1%).

Obesity is strongly linked to poor nutrition and physical inactivity. In combination, these behaviors account for over 300,000 deaths annually in the U.S., second only to deaths due to tobacco. Behavior Risk Factor Surveillance System (BRFSS) 1996 data revealed that Georgians had the highest incidence (over 50% of those surveyed) of no leisure-time physical activity in the U.S. (Figure 2) Lack of physical activity for an extended period of time is a major barrier to good health. Inactivity and poor nutrition are the trigger for many chronic diseases that can actually begin in the earliest childhood years. During the last three years, the Office of Nutrition (now the Nutrition Section) of the Family Health Branch has been promoting good nutrition practices and 30 minutes of moderate physical activity daily for all Georgians via the Take Charge of Your Health Social

Marketing Campaign. Some of the health promotional efforts were conducted in areas known to have populations with higher incidences of the chronic diseases related to poor nutrition and physical inactivity. The campaign uses specially researched and designed, consumer-tested marketing messages, materials and programs. (See page 11)

Obesity-Related Chronic Diseases

- Ninety-seven million Americans (over half the adult population) are overweight or obese. In Georgia, approximately 900,000 people are considered obese.
- Studies reveal that children of obese parents are more likely to be obese as adults.
- Obesity is a factor in the development of many chronic diseases, such as: diabetes, heart disease, stroke, and some types of cancers. These obesity-related diseases cost close to \$100 billion annually in medical expenses.
- Factors identified as contributing to the development of diabetes are: genetic background, obesity (poor food choices) and lack of physical activity.
- Diabetes is more common in certain ethnic groups, such as African Americans, Hispanics and Native Americans.
- Type 2 diabetes (formerly known as noninsulin-dependent diabetes) is the most common form of diabetes, usually developing in adults over age 40. Now, children are being diagnosed with this disease, presumably because of the increase in obesity with children under 17. Type 2 diabetes may be prevented by maintaining normal weight and regular physical activity.
- Some studies suggest that several types of cancer are associated with obesity or physical inactivity.
- Cardiovascular disease (CVD), including obesityrelated heart disease and stroke, is the #1 killer in every city and county in Georgia. More Georgians die each year from CVD than from all forms of cancer, AIDS, suicides, & traffic injuries combined. (Figure 3)
- Cardiovascular disease caused 23,461 deaths in Georgia during 1997. The death rate from CVD is 10% higher in Georgia than the national rate.
- Emotional and psycho-social problems are caused or heightened by obesity, particularly in children and adolescents. These traumas can contribute to some of the non-disease causes of death in the overall Georgia picture (e.g., eating disorders, suicides or injuries).
- Approximately 12% of all deaths in the United States are attributable to lack of regular physical activity.

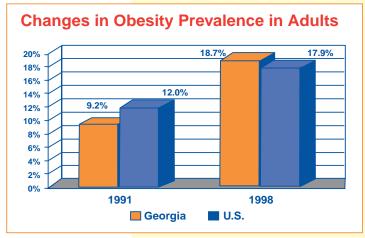


Figure 1 - Adult obesity percentage comparisons between Georgia and the rest of the U.S. over an eight year period. Note Georgia's 101.8 % increase.

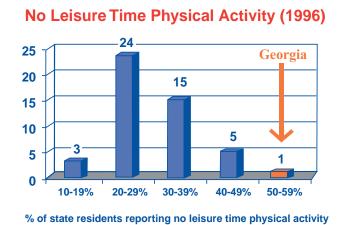


Figure 2 - 1996 Behavioral Risk Factor Surveillance System Report from 48 states, depicting the "no leisure time physical activity" percentages.

"Prevention is the key to the future."

David Satcher, M.D. U.S. Surgeon General



"Ideally, we must reach Georgia's children with preventive interventions before these chronic diseases begin to develop."

Rosalyn Bacon, M.P.H.
Director
Family Health Branch
Division of Public Health

Obesity-Related Chronic Diseases

Cardiovascular Disease (CVD) accounted for 23,336 Georgia deaths in 1996, nearly 40% of all the state's deaths. (Figure 3) CVD often develops unnoticed over a twenty- (or more) year period, until the disease finally reaches life-threatening intensity. Some of the main risk factors for CVD include:

- (1) sedentary lifestyles/little or no physical activity;
- (2) regular consumption of high fat foods;
- (3) lack of fiber and other important nutrients in foods consumed; and
- (4) problems related to poverty, such as decreased access to health care or unsafe environments that prevent active lifestyles.

The following pie chart illustrates the leading causes of death in Georgia, including many of those diseases or problems affected by obesity, discussed on the previous page.

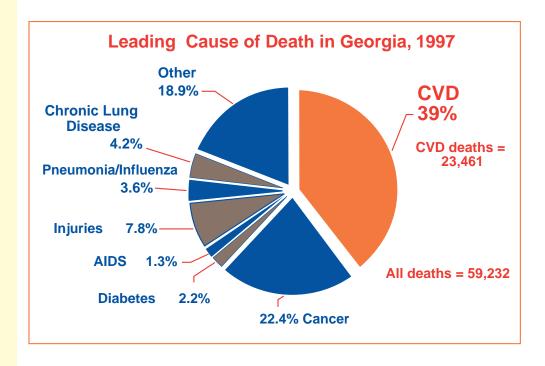


Figure 3 - Cardiovascular Disease (CVD) is the leading cause of death in Georgia, as shown by this depiction of 1997 data.

Populations for Obesity Prevention Focus Minorities

- African-Americans reported a high prevalence of obesity in the U.S., 26.9% in 1998 (up from 19.3% in 1991). Over 29% of Georgia's residents are African American.
- African Americans have a higher prevalence of obesity, physical inactivity, hypertension and diabetes than other populations in Georgia.
- Georgia residents of Hispanic ethnicity showed an increase in obesity prevalence from 11.6% in 1991 to 20.8% in 1998. Hispanic residents make up 3.1% of Georgia's population, according to the 1999 census, which places this population at an estimated 239,566 people. Demographers at Georgia State University state that the numbers are more likely in the 480,000 to 750,000 range.
- Hispanics are concentrated in a few southern agricultural and northern manufacturing counties. Since their state numbers are officially recorded as relatively small, this particular population has not been targeted as a priority group for many statewide health initiatives.
- Hispanics often have high rates of diabetes and obesity. Therefore, some counties have begun to focus health interventions on this ethnic group.
- Many other immigrant populations in Georgia are growing rapidly. English as a Second Language classes are taught within state schools to people/children speaking over 35 different languages.
- Minority groups should be considered in program and intervention planning, because of definite cultural and ethnic preferences regarding food and dietary habits.
- The July 1998 OON Survey reported that 56.3% of the non-white population stated that a household member was 30 pounds or more overweight, compared with 45.8% of the white population.
- Metropolitan Statistical Area (MSA) regions had 49.5% of respondents reporting a household member 30 pounds or more overweight, compared to 43.6% of the non-MSA (or more rural) respondents.

Children

Dramatic increases in overweight and obesity have been documented among U.S. children above six years of age, in both genders and in all population groups. In the United States, approximately one child in five is now overweight. Overweight children are more likely to become obese adults. Additionally, an overweight school-aged child with an obese parent has over a 70% chance of being obese in young adulthood.

Principal data sources for this document include the:

- 1999 Georgia State of the Heart Report
- 1998 Office of Nutrition's Georgia Survey on Nutrition and Physical Activity
- 1999 Georgia Diabetes Report
- Recent reports from the Centers for Disease Control and Prevention (CDC)
- Pediatric Nutrition Surveillance System (PedNSS)
- 1994 National Health and Nutrition Examination Survey (NHANES III)
- Behavior Risk Factor Surveillance System (BRFSS)
- National Youth Risk Behavior Surveillance (YRBS) - last valid Georgia data collected in 1993

"The Nutrition Section of the Family Health Branch is promoting and guiding statewide collaborative efforts to develop successful interventions to instill healthy lifestyle behaviors in children that will last a lifetime."

Frances H. Cook, M.A., R.D., L.D.
Director
Nutrition Section
Family Health Branch
Division of Public Health

continued on page 5...

To move effectively into the new millennium, the Nutrition Section of Family Health is:

Developing an action plan for addressing obesity in the child and adolescent populations.

The following strategies are planned:

- Identify and establish baseline data sources for complete assessments of all population groups, particularly children (Must re-establish YRBS)
- Identify successful models, materials and practices for interventions with children
- Collaborate with appropriate state and community partners to explore obesity issues and solutions
- Develop a long-term action plan to impact obesity in Georgia using many different venues and/or methods

Prevention and control of obesity should be emphasized as essential in the development of public health programs, instead of treatment of the weight problem after it has developed. There is little research available on obesity prevention today, but obviously prevention efforts could be most successful if effectively established in early childhood. Unfortunately, there are no statewide data on children from 6 to 17 years of age in Georgia. Current data are required to clearly assess and evaluate childhood obesity in Georgia and to pinpoint state problem areas for pilot interventions. These statistics on children are collected and current in other states. CDC conducts the Youth Risk Behavior Surveillance (YRBS) nationally on an annual basis. However, due to an inadequate response by individual schools, valid Georgia data sets have not been included in CDC's report since 1993. Decision-makers in the state should push to re-establish the YRBS in Georgia schools to avoid continued absence of data about unhealthy or unsafe behaviors among the state's youth. Community-based obesity prevention approaches are needed to reach children and their parents. Solutions cannot be approached effectively without proper data to assess definite needs.

Research indicates that parents or caregivers who understand good nutrition can help preschoolers choose healthful foods but have less influence on the choices of children as they mature. Thus, the impact of nutrition and physical activity education on health may be more effective if directed toward preschool children and their parents/caregivers, with continued emphasis on these messages and initiatives through pre-adolescence.

The alarming increase in obesity between the 1960s and 1980s for all U.S. children was significantly higher among African American girls than among Caucasian girls. The high prevalence of obesity in African Americans possibly contributes to their higher total mortality, as well as to their excessive rates of coronary heart disease, diabetes mellitus and hypertension.

Childhood obesity is associated with altered lipid and insulin metabolism, placing obese youth at increased risk for future cardiovascular disease, diabetes and some cancers. The number of existing fat cells and the lifestyle behaviors of diet and exercise appear to track from adolescent childhood through adulthood, thereby providing a rationale for early intervention.

In *The Obesity Epidemic: A Pediatrician's View* (by John Rowlett, M.D.), data collected from school studies in Savannah suggest that obesity begins very early. Over the past several years, Rowlett has measured height and weight on more than 5000 seven-year-old children. Nearly 19% of the females and 13% of the males tested were diagnosed as obese by currently accepted standards. Testing on older children reveals that the trend continues into adolescence. One-fourth of the fourteen-year-old females in this study are classified as obese.

Growth and Development in Childhood and Adolescence

- Birth to two years is characterized by rapid growth and brain development in infants. According to American Academy of Pediatrics, breastfeeding is the healthiest feeding method for infants, during at least the first year. Recent studies also reveal that extending breastfeeding beyond six months can decrease a child's potential for becoming obese.
- The percentage of breastfed infants in the Georgia WIC Program grew from 30.9% in 1995 to 43.6% in 1999, through breastfeeding promotion and peer support among WIC moms.
- In children under two years, dietary fat plays a key role in the formation of vital nerve and brain tissue. Fat-reduced foods are not recommended for these very young children.
- More than 84% of children and adolescents eat too much total fat (i.e., more than 30% of calories from fat), and more than 91% eat too much saturated fat (i.e., more than 10% of calories from saturated fat).
- Adolescents eat an average of only 3.6 servings of fruits and vegetables a day, instead of the five recommended by the National Cancer Institute.
- Of the youth aged 6 to 17 years in the U.S., nearly 25% are overweight. Obese children are more likely to become obese adults, with associated chronic diseases, such as: late onset (type 2) diabetes, heart disease, stroke, and some cancers. Type 2 diabetes has begun appearing in some obese middle school children, although previously only seen in adults.
- In 1999, 9.4% of Georgia's WIC children (1-5 years) were obese, compared to 7.7% in 1989.
- Over 60% of overweight 5- to 10-year-olds display a biochemical or clinical cardiovascular risk factor, such as high cholesterol or high blood pressure.
- Nearly half of the U.S. youth ages 12-21 are not vigorously active on a regular basis. Physical activity declines as children get older.
- Regular physical activity positively affects many physiologic functions in both children and adults. It benefits musculoskeletal, cardiovascular, respiratory, and endocrine systems, reducing many risk factors for several chronic diseases.
- Early healthy eating patterns promote optimal childhood health, growth and intellectual development, leading into healthier adult years.
- Good nutrition can prevent immediate health problems, such as: iron deficiency anemia, childhood obesity, eating disorders, and dental caries; and can prevent long-term health problems.

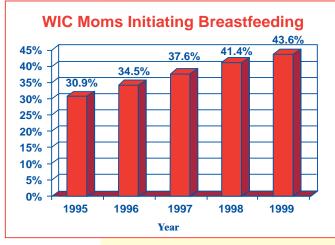


Figure 5 - Breastfeeding increases among WIC mothers over the past five years.

... continued from page 6



Figure 4 - Besides preventing obesity, children (especially females) should understand the importance of good food choices in building strong bones to prevent osteoporosis later.

- Research indicates that osteoporosis prevention should begin in child-hood, by ensuring adequate intake of calcium and vitamin D, especially in females (but, males also can develop osteoporosis). (Figure 4)
- Young persons' food choices are influenced by TV advertisements for low-nutritive foods (one food ad for every five minutes of Saturday morning shows). To counter those promotions, equal time and creative effort must be spent in developing nutrition/physical activity messages.
- Adolescents need extra nutrients (not extra fatty foods) to support their growth spurts, which begin in girls at ages 10-11, and in boys at 12-13.
- Eating disorders are common among teens and even pre-teens, whose food choices are often influenced by social pressure to achieve distorted cultural ideals of body image. Emphasis should be on good health habits and not weight.

Obesity Data on Georgia's Children

Childhood obesity is a substantial public health problem. Obesity prevention should begin as early as possible, by emphasizing healthful pregnancies, breastfeeding, and a healthful diet in early childhood. Prevention of the early development of excess fat cells is advantageous, rather than having to search later for complex treatments to shrink those extra fat cells. Accurate data on children in Georgia are needed to plan prevention intervention programs.

Since there is only limited current data available on Georgia children ages 6-17 years, many state children's health issues must be assumed from national

statistics and trends. The Pediatric Nutrition Surveillance System (PedNSS) has information from the Georgia Women, Infants and Children Program on children ages 0-60 months. However, these WIC children are only 4.3% of Georgia's child population. PedNSS data indicate an increase in obesity from 7.7% in 1989 to 9.4% in 1998. (Figure 5) In the FY98 Georgia WIC Program, 196,436 black children participated, as well as 150,466 white children, 39,602 Hispanic, 5,576 Asian, and 1,102 Native American. PedNSS data show that Georgia WIC children are following national trends of increased overweight and obesity. Data on children, ages 10-17, have not been available since 1993, the last valid Georgia YRBS survey year.

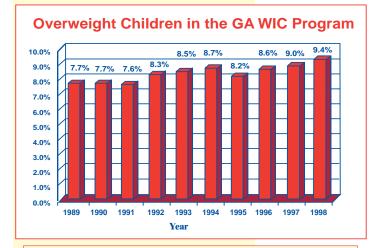


Figure 5 - Georgia's surveillance data documenting weight increases among WIC children (1-5 years old) over the past 10 years.

The third National Health and Nutrition Examination Survey (NHANES III) in 1994 classified 10-15% of U.S. children and adolescents as obese. From 1980 to 1994,

obesity prevalence in U.S. children and adolescents doubled. Today, 65% of obese 5- to 10-year-old children have at least one cardiovascular disease (CVD) risk factor, and 25% of these obese 5- to 10-year-olds have two or more risk factors for CVD.

Barriers to Obesity Control and Prevention

Physical Activity

Due to recent changes by the State Board of Education in health and physical education (PE) requirements, another challenge has been presented in Georgia. An amended rule requires that school systems provide 90 hours of health and physical education each year **only** in grades K-5, instead of through middle school, as was previously required. Above the 5th grade, schools are mandated only to make health and physical education courses **available** to students. Thus, **Health and PE courses at this level are no longer required**. Optimally, state and/or community policies and programs should stress the physical health and activities of Georgia's children, as well as academic advancement. A physically healthy child has more potential to succeed academically than a physically unhealthy child.

Environmental

For now, there are not sufficient community strategies in Georgia to produce total environmental support for area-wide healthy eating and physical activity. A supportive community environment was suggested as the ideal in a World Health Organization Report from June 1997. Unsafe neighborhoods or the perception of danger in many locations (e.g., in lower socioeconomic areas or heavily congested areas) discourage people from outside activities or permitting their children to play outdoors. Many housing developments do not have sidewalks or safe areas to walk, and few bike paths exist at this time. Less than 100 miles of walking trails exist in Georgia, according to Ed McBrayer, PATH Foundation Executive Director.

Television

The amount of television viewed by a child is a strong predictor of obesity in that child. In fact, each hourly increment of TV viewing by adolescents has been associated with a 2% increase in the overall prevalence of obesity among this age group. Television viewing and video/computer games affect energy balance by limiting physical activity, often while increasing overindulgence in high caloric snacks. TV viewing certainly affects what children want and choose to eat. "We know it (TV) affects patterns of food consumption," said William Dietz, M.D., Ph.D., Director of the Division of Nutrition and Physical Activity at CDC. "Children eat the food they see advertised on TV. If you've seen any children's shows, you know that these foods tend to be fast foods, sugared breakfast cereals and snacks. TV is a behavioral health hazard." Family dynamics play an important role in the amount of television time for children. The barrier to obesity prevention in this case is that families are often either unaware of the impact of TV, apathetic about TV time, or haven't the energy or resources to make changes. Public Health programs should offer collaborative support in local community planning processes to provide innovative strategies that promote family involvement in fun, physically active, healthy lifestyle activities.

Optimally,

state and/or community policies and programs should stress the physical health and activities of Georgia's children, as well as academic advancement.



"TV is a behavioral health hazard."

William Dietz, M.D., Ph.D.
Director
Division of Nutrition and
Physical Activity, CDC



Health messages have to compete with all the cute, colorful ads, specially developed to appeal to today's youth.

Competing with Commercial Marketing

The Center for Science in the Public Interest (CSPI) has stated "that soft drink companies are mounting 'predatory' marketing campaigns aimed at children and adolescents." Michael F. Jacobson, Ph.D. Executive Director of CSPI, says that soda has "become their (children and adolescents) main beverage, providing many with 15% to 20% of all their calories and squeezing out more nutritious foods and beverages from their diets." Also, Jacobson suggests that the government begin to "fund major campaigns promoting healthful diets and physical activity." He states that "the National Cancer Institute spends only about \$1 million annually to publicize its 5-A-Day (fruits and vegetables) campaign. In comparison, McDonald's spends \$1 billion, soft-drink companies more than \$500 million, M&M candies \$67 million on their promotions."

Children's Eating Behaviors

Children adopt inappropriate eating habits quite early, and these habits are difficult to change. According to a recent children's eating behavior study, "an enormous amount of learning about food and eating occurs during the transition from exclusive milk diet of infancy to the omnivore's diet, consumed in early childhood." This is a difficult age level for interventions, even when using careful instruction with parents. Too much control by parents may backfire and provide children with fewer opportunities to learn self-control. Another study concluded that mothers, particularly those with less education (high school degree or less), failed to recognize their overweight children as being overweight. Children's Healthcare of Atlanta has a stress-free feeding educational program to teach indigent teen parents how to allow babies and toddlers to choose what to eat and how much among healthful food choices.

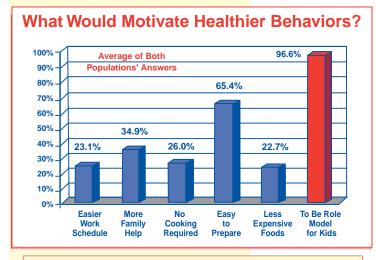


Figure 5 - Answers to the 1998 OON survey question, asking what would possibly cause respondents to adopt healthier behaviors. Most said to be role models.

1998 Survey Results on Barriers

The 1998 survey, conducted by the OON, had respondents list significant, perceived barriers to appropriate physical activity for them or their families. Major barriers were:

- (1) Had to care for small children (WIC, 40.7 %; General Population [GP], 23.%)
- (2) Had tried to exercise regularly but gave up (WIC, 63.0%; GP, 44%)
- (3) Did not know how to get started in a physical activity program (WIC, 47.8%; GP, 22.4%).

Health promotions should increase awareness about the ease of beginning moderate physical activity, such as walking, with a gradual build-up of time. Or activity can be done during three ten-minute intervals each day.

... continued from page 9

Survey respondents named some motivations (Figure 5) that would help them overcome barriers and promote better eating and cooking habits. Two of the top motivations are:

- (1) Easy preparations of healthy foods (WIC, 67.9%; GP, 62.9%);
- (2) More family help (WIC, 43.3%; GP, 26.8%).

An average of 32.4% of all survey respondents said that they eat fast food more than twice a week and that they believe high-fat foods taste better (WIC, 56.0%; GP., 53.8%). It will be a challenge to convince Georgians that they can enjoy a tasty low-fat meal, prepared with ease at home. Finally, parents, both in the general population (94.4%) and in the WIC population (98.7%), overwhelmingly said that they would change behavior to be better role models for their children. This result can assist in intervention development to overcome some of the barriers.

Preventive Actions Taken in 2000

In March 2000, a consultant from the Nutrition Section was designated to work full-time on Obesity Prevention and Control in Georgia, in order to facilitate and coordinate the following aspects of work involving the obesity problem in Georgia: (1) strategic planning, (2) program development and implementation, and (3) associated collaborations. Also, an Obesity Advisory Board of experts in childhood concerns has been assembled to guide and facilitate project planning and to offer consultation in statewide obesity prevention interventions and programs.

For the past few years, Georgia has been strategically planning to reduce the incidence of obesity and related chronic diseases. Currently, this planning is coordinated jointly by the Nutrition Section of the Family Health Branch (FHB) and the Chronic Disease Prevention and Health Promotion Branch (CDPHPB), assisted by other state public and private organizations.

The Georgia Coalition for Physical Activity and Nutrition (GPAN), in close consultation with Public Health, has undertaken the task of creating a collaborative ten-year state strategic plan to impact chronic diseases through improved nutrition and physical activity.

The GPAN plan objectives are based on the Surgeon General's Healthy People 2010 Objectives for the Nation. GPAN's stated mission is "to improve the health of Georgians by promoting healthy eating and increased physical activity." The GPAN has 501(c) 3 status with approximately 300 active members from over 80 organizations, both public and private, including corporations, small businesses, non-profits and academic institutions. Chronic Disease and the Nutrition Section of FHB consultants are facilitating the planning process. The Obesity Advisory Board will assist in planning, particularly with childhood obesity prevention plan strategies. The final result will be a state plan with policy and environmental focus.



Georgia Coalition for Physical Activity and Nutrition

adopted the *Take charge of your health* artwork as the coalition symbol.

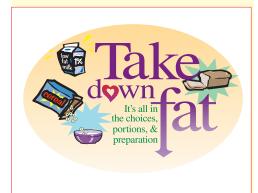
continued on page 11.

... continued from page 10











Statewide Social Marketing Campaign to Promote Healthy Lifestyle Behaviors The **Nutrition Section** of the FHB has begun saturating the state with "Take Charge of Your Health" (TCOYH) billboards, bus placards, banners, posters, radio advertisements and brochures as part of a continuing social marketing campaign to promote health behavior changes in nutrition and physical activity. Nutrition staff have shared these "TCOYH" materials and graphic designs with GPAN members to promote the statewide spread of consistent health messages through as many different venues as possible. Continued emphasis is required to compete with commercial ads.

"Take Charge of Your Health" Campaign

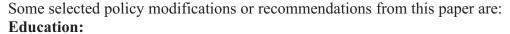
The important relationship between nutrition and healthful living seems obvious. Many people today, however, are overwhelmed with the vast numbers of conflicting nutrition messages. They do not fully understand nutrition's role in improving health and preventing disease. To combat this difficulty, the Nutrition Section of FHB is encouraging people in Georgia to accept personal responsibility for making good nutrition and physical activity decisions for themselves and for their families. This motivational effort in the state is being promoted through a carefully planned, easy-to-understand social marketing campaign, entitled "Take Charge of Your Health." Three behaviors to reduce the incidence of chronic disease were targeted for promotion: (1) eating five serving of fruits and vegetables combined each day; (2) eating less fatty foods; and (3) being more physically active (at least 30 minutes most days of the week) - each behavior known to help prevent many chronic diseases.

Because nutrition- and physical activity-related chronic diseases, including obesity, disproportionately affect many people in Georgia, this health promotion campaign was carefully researched and tested among consumers in Georgia. They were asked to make choices that would motivate them to think about healthy behavior changes. Consumers chose the behavior messages that they could easily understand from several differently worded choices. They also selected the graphics and colors that they preferred to best catch their attention. The final three message choices go together perfectly with the main campaign slogan. They are: (1) Take Five-A-Day; (2) Take Down Fat; and (3) Take Action, as pictured at left.

Obesity only recently has been identified as a chronic disease, affecting morbidity and mortality in epidemic proportions across the United States. Georgia's health burden, caused by obesity and related chronic diseases, could be greatly reduced with significant, long-term nutrition and physical activity behavior changes. Obesity is a major problem in Georgia, considering the rapid increase in obesity prevalence. (Figure 1) Therefore, it is important to continue coordinated, collaborative efforts to market the three pictured messages, and the main campaign theme, "Take charge of your health" until Georgians (particularly children) recognize the logos and say the messages as quickly as they recognize and recite other TV ad slogans.

Obesity - A Call to Action

A call to action should be prescriptive—offering solutions, plans, workable activities, timelines and identification of resources or technical assistance. A January 2000 publication, *Halting the Obesity Epidemic: A Public Health Policy Approach*, by Marion Nestle, Ph.D., M.P.H. and Michael F. Jacobson, Ph.D. calls for national leadership to ensure the participation of health officials, educators and legislators, as well as business leaders, urban planners, transportation experts and nonprofit groups in formulating a successful campaign to "halt this epidemic." The authors believe that the obesity crisis can be compared to the environmental crisis. **Public outcry and support regarding the need for solutions to the obesity problem could result in beneficial studies, actions and policy changes by influential groups, similar to the positive outcomes that resulted from targeting environmental needs.**



- Provide public funding for mass media promotion campaigns that stress healthy eating and physical activity.
- Declare and organize an annual National "No-TV" Week.
- Require and fund daily physical education and sports programs in primary and secondary schools, extending the school day, if necessary.
- Promote healthy eating in school and government cafeterias and healthy activity patterns and behaviors among employees at these institutions.

Food labeling and advertising:

- Require restaurants to provide calorie content on menus.
- Require nutrition labeling on fresh meat and poultry products.
- Restrict advertising of high-calorie, low-nutrient foods on television shows commonly watched by children, or require that broadcasters provide equal time for healthy message promotions.

Food assistance programs:

- Protect school food programs by eliminating the sale of high-calorie, lownutrient foods in vending machines or through school sales.
- Develop an incentive program to encourage Food Stamp recipients to purchase fruits, vegetables, whole grains and other healthful foods.

Health care and training:

- Require medical, nursing, and other health professions to teach the principles and benefits of healthful diets and exercise.
- Require health care providers to learn about behavioral risks for obesity and how to effectively counsel people to change behaviors
- Require Medicaid and Medicare regulations to provide incentives to health care providers for nutrition and obesity counseling and other interventions that meet specified standards of cost and effectiveness.

Transportation and urban development:

• Provide funding and other incentives for bicycle paths, recreation centers, swimming pools, parks and sidewalks.





For further information or to learn how to become involved, contact the Family Health Nutrition Section at 404-657-2884.

2000

Publication # DPH01.15HW



Georgia Department of Human Resources
Division of Public Health
Family Health Branch, Nutrition Section
Two Peachtree Street, Suite 11-222
Atlanta, Georgia 30303-3142
404-657-2884 Fax: 404-657-2886

Electronic version of this document available at: http://health.state.ga.us/programs/nutrition