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 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 re-funded 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 other chronic diseases through the promotion of healthful eating and physical activity.

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
   a. Georgia’s obesity costs are $2.4 billion every year
3. Poor dietary behaviors and sedentary lifestyles have contributed to the adverse health and economic impact of obesity
   a. Only 25% of adults consume five or more servings of fruit and vegetables each day
   b. Only 44% of high school students meet physical activity requirements
4. Organizational policies and environmental features are important factors in shaping behaviors related to nutrition and physical activity

Key Strategies

1. Implement Georgia’s Nutrition and Physical Activity Plan to Prevent Obesity and Other Chronic Diseases, 2005-2015 (available at http://health.state.ga.us/nutandpa/)
2. Build and maintain statewide infrastructure for nutrition and physical activity
3. Strengthen and sustain partnerships – to find solutions through partnership
4. Conduct strategic planning activities to update the state comprehensive physical activity and nutrition plan
5. Collaborate with partners to develop a sustainability plan
6. Identify and improve data and surveillance sources and evaluation
7. Provide training and technical assistance to internal and external partners
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)† program are obese
- **28,000 (24%)** third grade children‡ are obese
- **56,000 (15%)** middle school students¶ are obese
- **65,000 (14%)** high school students¶ are obese
- The Healthy People 2010 national goal for obesity among children and youth (ages 6-18) is **5%**
- Georgia exceeds the Healthy People 2010 national goal for children and youth in every age, sex, race, and ethnic group

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

- Only **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 consume 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

Medical care to treat obese children is costly.

- Obesity-related hospitalizations of children in Georgia cost **$2.1 million** a year and continue to rise#

Obese children are at increased risk for other medical conditions.

- Obese children are at increased risk for:
  - Hypertension
  - Sleep apnea
  - Diabetes
  - Low self-esteem
  - Asthma

Definition of obesity: *Body Mass Index-for-age = 95th percentile or higher
Definition of recommended physical activity: ≥At least 60 minutes of physical activity on 5 or more days per week.
Data sources: † 2006 Pediatric Nutrition Surveillance System ‡ 2005 Georgia Oral Health Screening ¶ 2007 Georgia Student Health Survey # 2007 Georgia Hospital Discharge Data
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
- **28% (1.9 million)** of civilian adult, non-institutionalized Georgians† 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

!!![](image)

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**Geographic trends in obesity**

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

- Only **1 in 2 (48%)** adults in Georgia‡ are regularly active
- Only **1 in 4 (25%)** adults in Georgia‡ consume 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¶
- 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 **$2.4 billion** every year.

- The annual cost of obesity in Georgia is estimated at **$2.4 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 60% 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
- Hypertension
- Stroke
- Gall bladder disease
- Osteoarthritis
- Some cancer

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

**Data Source:** † 2008 Georgia Behavioral Risk Factor Surveillance System
¶ 2001 Georgia Behavioral Risk Factor Surveillance System
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 and 44% of high school students meet requirements for physical activity†
- In both middle and high school, significantly more male students than female students are meeting the recommendations‡
- In a recent assessment over half (52%) of 5th and 7th grade students did not pass a cardiovascular health assessment‡
- 22% of 5th and 7th grade students did not meet standards of muscular strength, flexibility, and endurance‡

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†
- Only 44% of middle schools and 15% of high schools require students to attend daily physical education classes in each grade§
- 66% of middle schools and 54% of high schools in Georgia offer intramural activities to students¶
- Most middle schools (86%) and high schools (78%) in Georgia allow use of the school’s athletic facilities outside of school hours¶

Communities
- Few middle school students (19%) and high school students (22%) in Georgia, who live one mile or less from school walk to school†
- 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†

Regular physical activity reduces risk for other medical conditions.

- Hypertension - Diabetes - Arthritis or joint symptoms
- Obesity - Poor mental health - Stroke

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
¶ 2006 School Health Profiles Survey
Adults do not get enough regular physical activity.

**Percentage of regularly active adults in Georgia**

- Only 40% of adults† are regularly active.
- Normal weight adults (49%) are more likely to be regularly active than overweight (44%) or obese adults (35%)†
- Across all racial groups, men (51%) are more regularly active than women (45%).
- Among men, Hispanic men (55%) have a higher prevalence of regular physical activity than black and white men (44% and 47%)†
- White women (43%) are more likely to be regularly active than either black women (31%) or Hispanic women (30%).

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

**Communities‡**
- 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¶**
- In Georgia 40% of worksites have organizational policies or programs to encourage employees to be regularly active.

**Health care#**
- 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 $599 million in hospital charges in 2007.**

- Physical inactivity has had a severe health and economic impact on the state. In 2007, insufficient activity and inactivity were responsible for:
  - 2,774 deaths§
  - 17,213 hospitalizations*
  - $599 million in hospital charges*

**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:** † 2001-07 Georgia Behavioral Risk Factor Surveillance System ‡ 2001 Georgia Behavior Risk Factor Surveillance System ¶ 2008 Georgia Worksite Survey # 2004 Georgia Health Plan Survey § 2007 Georgia Vital Statistics ⦿ 2007 Georgia Hospital Discharge Data
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* and 1 in 4 (25%) adults† consume the minimum recommendation of 5 or more servings of fruit and vegetables per day
- 26% of adults report eating less than one serving of vegetables a day and 38% of adults report eating less than one serving of fruit a day
- Among adults, those with higher levels of education are more likely to eat five or more servings of fruits and vegetables every 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

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¶
- Only 30% of 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
  - Some types of cancer
  - Stroke
  - Excess weight gain

Data sources:  *2007 Georgia Student Health Survey  †2007 Georgia Behavioral Risk Factor Surveillance System  ‡2006 School Health Profiles Survey  ¶2008 Georgia Worksite Survey  #2004 Georgia Health Plan Survey
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](http://health.state.ga.us/nutandpa/) serves as a blueprint for action for state and local partners. The plan is divided into seven 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 2009-2010**

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

- **School:** Provide Georgia Healthy School Awards and conduct a Wellness and Academic Success Summit
- **Worksite:** Distribute, evaluate and provide trainings on the Worksite Health Promotion Toolkit
- **Faith-based:** Disseminate Live Healthy in Faith Toolkit and continue to provide support to faith-based organizations
- **Early Child Care:** Conduct a pilot to assess implementation of wellness policies for early childcare centers
- **Community:** Offer Complete Streets Concepts Trainings and implement Operation Frontline
- **Healthcare:** Develop a web-based training resource for health care professionals on obesity prevention and treatment and conduct five pediatric obesity management trainings

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

The Division of Public Health works 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](http://health.state.ga.us/nutandpa/) 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 nutrition and physical activity plan**

The socio-ecological model served as the framework for [Georgia's Nutrition and Physical Activity Plan](http://health.state.ga.us/nutandpa/). 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) **Collaborate with partners to develop a sustainability plan**

Identifying components of the state plan that can be sustained over time and possible funding sources to sustain them is important for the long-term impact of the work of the statewide partnership. The partnership will write a plan that selects components of Georgia’s Nutrition and Physical Activity Plan that are important to sustain over time and identify possible resources for making that possible.

6) **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 will be developed, and special surveys as needed to address gaps in data for each of the settings in the plan.

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.


**Date updated:** August 2009