

Alabama Obesity Task Force

Strategic Plan for the Prevention and Control of Overweight and Obesity in Alabama

TABLE OF CONTENTS

Letter from the State Health Officer	1	Alabama State Obesity Task Force	19
Executive Summary	2	History	20
Overview of the obesity epidemic.....	3	General guiding principles	
What is obesity?	4	of the task force	20
Body Mass Index.....	4	Multifaceted approach	
Over-fat.....	4	guidelines	20
Waist circumferences	5	Evidenced-based	
Obesity trends.....	5	approaches that work	22
Influencing factors	6	Alabama’s State Plan:	23
Nutrition.....	6	General comments	24
Physical activity	7	How to use the state obesity plan	24
General consequences	7	Six working groups:	
Health concerns	7	Perspectives in Alabama	25
Economic	9	Nutrition subcommittee.....	25
Alabama specifics.....	11	Physical activity	
Alabama trends (BRFSS)	12	subcommittee	26
Alabama adults	12	Data subcommittee	29
Alabama youth/ children	12	Youth and family	
Alabama racial and		subcommittee	31
socioeconomic influences	13	Community subcommittee.....	32
Influencing factors	14	Healthcare subcommittee	34
Nutrition.....	14	Additional areas of intervention	34
Physical activity	14	Media and social marketing.....	34
Attitudes	14	Research	35
General Consequences	15	Funding concerns	35
Health	15	Resources for Implementing	
Economic burden	16	The Plan	36
Healthy Alabama 2010.....	17	References	45



LETTER FROM THE STATE HEALTH OFFICER

The goal of the State Obesity Task Force was to develop and implement a comprehensive, realistic state plan which will reduce the worsening obesity epidemic in Alabama. The plan was not to change approaches already in progress, but rather to create a uniform approach to reduce obesity. The Alabama State Obesity Plan provides goals and objectives to follow at various social-ecological levels. The plan provides various approaches to address the impact of obesity on Alabama's citizens including education and awareness, lifestyle and behavioral choices, community-based environmental strategies, school and worksite improvements, and policy development or changes. This plan does not address pharmacological or medical interventions, however, these are also appropriate for certain individuals based on established medical criteria. It is our hope that the plan is used statewide as a reference for selecting approaches to implement. It can be beneficial in setting formal goals, such as in a corporate business plan, as well as in informal settings, such as a community project.

The various levels of influence, as noted in the adaptation of a social-ecological model, are important since the question of whether obesity is a personal concern versus a public health concern exists. I propose it is both. Obesity is a public health issue because an overwhelming majority (80 percent) of persons who are obese have additional health problems. The individual has the ultimate responsibility in making wise choices, but at the same time the environment must support, encourage, and even reinforce personal decision-making processes.

In addressing weight concerns, an empha-

sis will be placed on a healthy relationship with food, a healthy body weight, and a physically active lifestyle. Approaches include learning to select appropriate amounts and types of foods as well as learning personal coping mechanisms to replace comfort eating. There is a consensus that people know they "should eat right", but I am less convinced that people know what actually is right or how to do it.

The approach in this report is to address good nutrition and physical activity throughout the lifecycle. Breastfeeding support is the logical place to start, as breastfeeding decreases the chances of the child becoming overweight while assisting the mother to return to a pre-pregnancy weight. The importance of the school day for our children and the work place setting for adults cannot be understated. The structured school/ work setting can help people to make good decisions as long as the positive options are there. Communities developing walkable areas for all citizens, resulting in physical activity opportunities that are readily available, can happen.

Data will be a key in evaluation and for future documentation. It will be helpful to have standardized health data at the county or town level.

To make this truly a plan for the entire state, new partners are encouraged to join. With all of us working together, we can make a difference.

"Alabama, together one choice, one step, and one life at a time!"



EXECUTIVE SUMMARY

In the United States, obesity has risen at an epidemic rate during the past 20 years. In 2003, 15 states had obesity prevalence rates of 15 to 19 percent; 31 states had rates of 20 to 24 percent; and four states had rates more than 25 percent. Alabama was one of the four states.

To develop a multifacet approach, a statewide task force was organized in 2004. The task force included representatives from state and local governments, medical professionals, academia and research, industry, community, and citizen representatives. This report is the result of their work.

The Alabama Obesity State Plan provides a statewide focus for reducing and preventing obesity through healthy lifestyles that emphasize balanced eating patterns and adequate physical activity. The strategies outlined in the plan are targeted for all age groups, races, and socioeconomic classes. This plan will not eliminate existing efforts, but does encourage statewide collaboration.

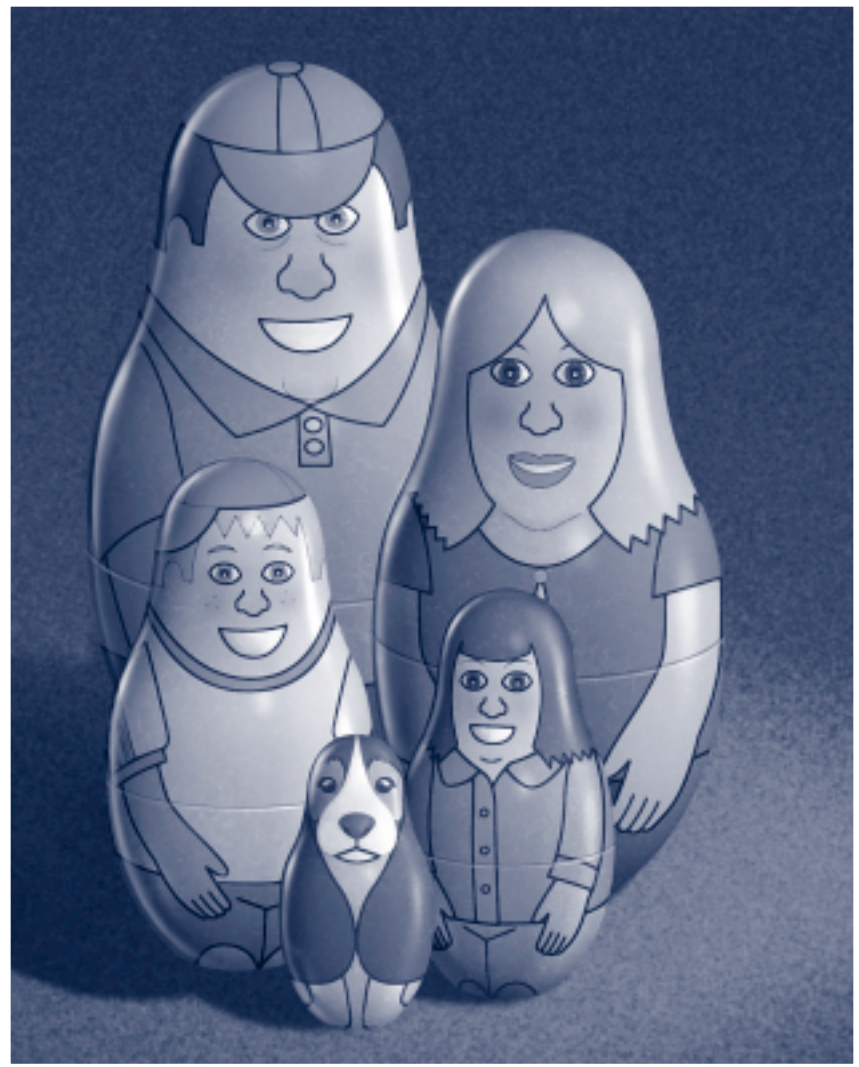
General statements and opinions from the task force set the tone for the overall goals and measurable objectives. These statements included:

“Being overweight or obese is a very complex issue with many different contributing factors. This plan must be passionate, creative, and innovative with solutions that do not simply mimic other states.”

“The severity of obesity in Alabama makes our challenge even greater. Media campaigns and public education are important but will not be the only or best solution to a problem of this magnitude.”

“Task force members must be willing to challenge current ideas and solutions. We must “think outside the box” when developing approaches to this problem. Our approach needs to combine prevention, intervention, evaluation, and research. This plan must have realistic, workable solutions.”

The format of this report includes individual sections on obesity trends in the nation and in Alabama, specific goals and actions steps for each subcommittee, and tools or references to assist implementing the plan at all levels.



Overview of the Obesity Epidemic

OVERVIEW OF THE OBESITY EPIDEMIC

WHAT IS OBESITY?

Body Mass Index

Obesity is defined as an excessively high amount of body fat or adipose tissue in relation to lean body mass. Body Mass Index (BMI) is a common measure expressing the relationship (or ratio) of weight-to-height. It is a mathematical formula in which a person's body weight in kilograms is divided by the square of his or her height in meters squared (wt/(ht)²). The BMI is more highly correlated with body fat than any other indicator of height and weight. Individuals with a BMI of 25 to 29.9 are considered overweight and are approximately 20 pounds above appropriate weight for height. Individuals with a BMI of 30 or more are considered obese and are 30 or more pounds over appropriate weight for height. For adults over 20 years old, BMI falls into one of these categories:

Adult (21 and over)	
BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 and Above	Obese

Children and Adolescent (2-20)	
BMI	Weight Status
Underweight	<5th percentile BMI for age
Normal weight	≥5 to <85 BMI for age/gender
At risk for overweight	≥85th to <95th BMI for age/gender
Overweight	≥95th BMI for age/gender
Obese	Not used in children/teens

Below is an example of calculating a BMI using the English system and in the metric system.

- English Formula:

$$\text{BMI} = \frac{(\text{Weight in Pounds})}{(\text{Height in Inches} \times \text{Height in Inches})} \times 703$$

$$\frac{(220)}{(75 \times 75)} \times 703 = 27.5$$

A person who weighs 220 pounds and is 6 feet 3 inches tall has a BMI of 27.5.

- Metric Formula:

$$\text{BMI} = \frac{\text{Weight in Kilograms}}{(\text{Height in Meters})^2}$$

$$\frac{99.79}{1.905 \times 1.905} = 27.5$$

A person who weighs 99.79 kilograms and is 1.905 meters tall has a BMI of 27.5.

Use of BMI for Children

The terms obese, overweight and at risk for overweight are defined differently in pediatric populations than in adults (see chart below). Body Mass Index (BMI) is the primary measure utilized to define weight stats in both adults and children. BMI is calculated using the person's weight and height and is a helpful indicator of weight status. In adults, BMI is a fixed measurement without regard to gender or age. In children and adolescent, BMI is age and gender specific and therefore the BMI measurement in this popu-

lation changes with age. Because of these differences between adult and children's BMIs, the BMI for the pediatric population must be plotted on the CDC growth charts enabling on to determine BMI-for-age percentiles (www.edc.gov/growthcharts). The chart, Children & Adolescents, summarizes the categories by BMI and percentages in children.

BMI Limitations

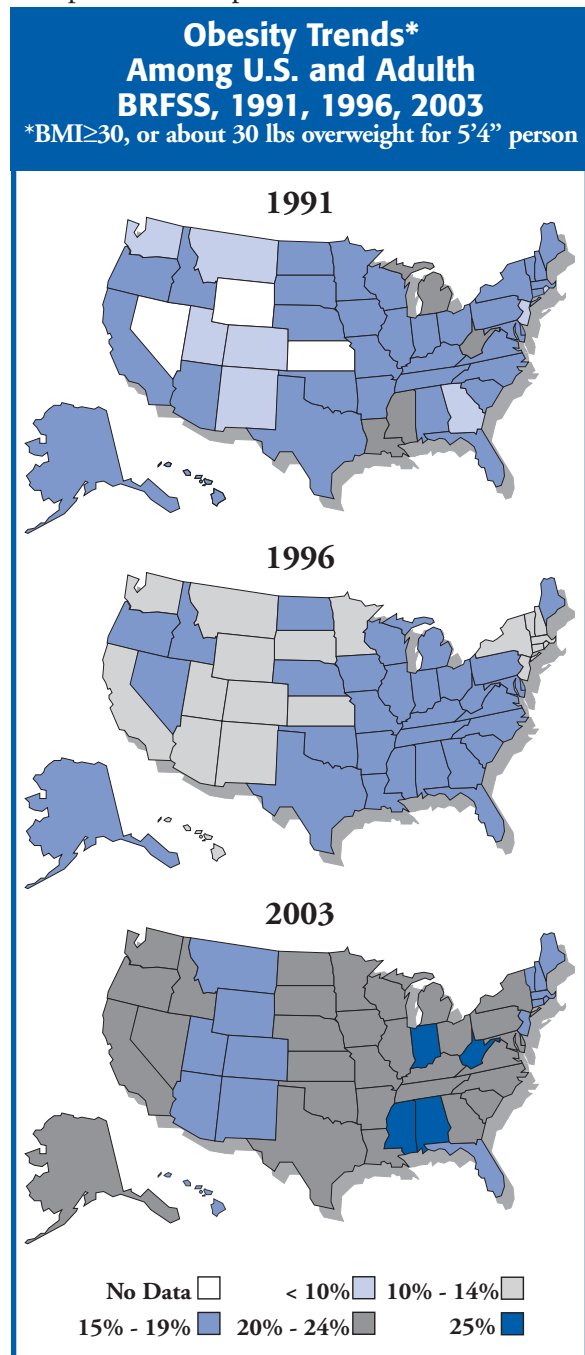
Body Mass Index (BMI) reflects body composition and correlates well with body fat; however, it has limitations. A very muscular person may be in the overweight BMI category. For example, professional athletes may be very lean and muscular, with very little body fat, yet due to the weight of the increased muscle, they may weigh more than others of the same height. This would need to be considered in reviewing their BMI. While they may qualify as "overweight" due to their large muscle mass, they are not necessarily "over fat," regardless of BMI.

It is possible for a person who is in an appropriate BMI weight range to be "over fat". By using a skinfold or fat analyzer, the percent of body fat can be determined.

Waist circumferences

The amount of body fat (or adiposity) includes concern for both the distribution of fat throughout the body and the size of the adipose tissue deposits. The waist size is an additional, independent risk factor for certain diseases and can be used in conjunction with the BMI. Waist measurements reflect evidence that excess visceral fat - surrounding the abdominal organs - increases the chance of heart disease or diabetes. Research indicates that visceral fat (waist size) is more

important in the disease process than subcutaneous fat, which is just under the skin. Abdominal fat cells appear to produce certain compounds that may influence cholesterol and glucose metabolism. Men are at risk who have a waist measurement greater than 40 inches (102 cm). Women who have a waist measurement greater than 35 inches (88 cm) are at risk. The waist size appears to be an independent risk predictor when BMI is at



25- 34.9

NOTE: If a person has short stature (under 5 feet in height) or has a BMI of 35 or above, waist circumference standards used for the general population may not apply.

OBESITY TRENDS

Obesity is occurring worldwide as well as nationally. The words “pandemic” and “epidemic” have been used to describe the dramatic upward trends seen in adults and children. According to the World Health Organization, the United States has the greatest incidence of overweight and obesity in the world. The prevalence of obesity has increased steadily and is at epidemic levels. Results from the 1999–2002 National Health and Nutrition Examination Survey (NHANES), using measured heights and weights, indicate that an estimated 65 percent of U.S. adults are either overweight or obese. The Centers for Disease Control (CDC) and Prevention report that Alabama is ranked first in terms of number of adults with overweight and obesity.

Adults are not the only ones with excessive weight. Childhood obesity has become the most prevalent pediatric nutritional problem in the United States. Results from the 1999–2002 National Health and Nutrition Examination Survey (NHANES), using measured heights and weights, indicate that an estimated 16 percent of children and adolescents ages six to nineteen years are overweight. The prevalence rate has been rising steadily in all age groups, with overweight being seen at younger ages. Excess weight in childhood is frequently a precursor to adult

obesity. The array of associated physical disorders and emotional problems that often accompany obesity can persist, and frequently worsen, throughout life. Moreover, the probability of adult obesity increases as overweight children age: 50 percent of children who are overweight at age six will become overweight adults, by adolescence, the probability escalates to 80 percent. If one parent is overweight or obese, the child has an 80 percent chance of being overweight or obese. Adults who were overweight as children are at increased risk for poor health for longer periods than adults who were not overweight as children.

Disparities in overweight and obesity prevalence exist in segments of the population based on race and ethnicity, gender, age, and socioeconomic status. For example, overweight and obesity are particularly common among minority groups and those with a lower family income. The prevalence of overweight and obesity is higher in women of minority populations than in caucasian women. Among men, Mexican Americans have a higher prevalence of overweight and obesity than caucasians or African Americans. For non-Hispanic men, the prevalence of overweight and obesity among Caucasians is slightly greater than among African Americans.

Among school aged children, there is a higher occurrence of obesity in African American, Native American, Puerto Rican, Mexicans, and Native Hawaiians. Data from CDC shows African American and Hispanic Children are at 21.5% as compared to 12.3% of Caucasians children.

INFLUENCING OBESITY

FACTORS

Obesity is a complex issue. Body weight is the result of genes, metabolism, behavior, environment, culture, and socioeconomic status.

Specific rare hereditary diseases may increase the risk of obesity. In addition, there seems to be a general tendency for obesity to run in some families, though the reason for this is not well understood. Behavior and environment play a large role influencing people to be overweight and obese. However, generally and very simplistically speaking obesity is a result of an energy imbalance. This means most Americans are eating too many calories and not getting enough physical activity.

Nutrition

The American eating pattern has been studied to identify reasons causing the obesity epidemic. The studies indicate that Americans have lost perception of the standard serving size. Serving sizes started growing in 1970, rose sharply in the 1980's, and continued to increase in the 1990's. It was during this time Americans lost the perception of a serving size. According to the American Diabetic Association, most Americans overestimate how much food makes up one serving.

Americans are also eating away from home more now than in the past. The American Cancer Society reports that servings in restaurants are approximately two and a half times what the average female needs. When large portion sizes are coupled with the types of foods we consume, high fat, high sugar, high calorie, weight gain is not a surprise.

Eating for reasons not related to hunger also plays an important role. Emotional eat-

ing, whether it is out of boredom, seeking comfort, relieving stress, or celebrating, can add extra, unexpected calories.

An emphasis is being placed on family meals at home. Children eating more than three (3) meals per week with the family were less likely to skip breakfast. The children also had better consumption of fruits, vegetables, and dairy foods. Family meals frequency had a strong positive association with energy intake, percentage of calories from protein, calcium, iron, vitamins A, C, E, B6, folate, and fiber.

Physical activity

The incidence of overweight and at risk of overweight is directly linked to lack of physical activity and increase in inactivity, such as viewing television more than two hours per day. Our society has become very sedentary. Approximately 43 percent of adolescents watch more than two hours of television each day. Girls are less active than boys are and become even less active as they move through adolescence. Numerous health-related organizations have recommended increased physical activity in order to decrease overweight and the associated risk factors. The American Heart Association, the Institute of Medicine, the United States Department of Health and Human Services, the U. S. Surgeon General, Action for Healthy Kids, Centers for Disease Control and Prevention, and the Robert Wood Johnson Foundation, are examples of health-related agencies calling for increased physical activity for children.

There are numerous reports that evaluate the relationship between academic performance and health behavior. Action for Healthy Kids reports that in school districts across the United States, administrators, teachers, and researchers are demonstrating that proper

nutrition and physical activity are linked to academic achievement, self-esteem, mental health, and improved school attendance.

GENERAL CONSEQUENCES

Health concerns

Overweight and obesity are estimated to be second only to smoking as preventable causes of death. The proportion of deaths where obesity is a major contributing factor will grow with continued increase in obesity prevalence. Life expectancy is predicted to fall in coming years because of obesity, a startling shift in a long-running trend toward longer lives. It is estimated that within 50 years, obesity will shorten the average life span of 77.6 years by at least two to five years; more than the impact of cancer or heart disease.

Obesity is linked to many health diseases, such as:

- Arthritis - Osteoarthritis of knee and hip, Rheumatoid Arthritis
- Birth Defects
- Cancers - Breast Cancer, Colorectal Cancer, Esophagus and Gastric Cancer, Endometrial Cancer, Renal Cell Cancer
- Cardiovascular disease
- Carpal Tunnel Syndrome
- Daytime Sleepiness
- Deep Vein Thrombosis
- End Stage Renal Disease
- Gallbladder Disease
- Gout
- Heart Disorders
- Hypertension
- Impaired immune response
- Impaired respiratory function

- Infections following wounds
- Infertility
- Liver Disease
- Low Back Pain
- Obstetric and Gynecologic Complications
- Pain
- Severe acute biliary and alcoholic pancreatitis
- Sleep apnea
- Stroke
- Surgical complications
- Type 2 Diabetes (Non Insulin Dependant Diabetes Mellitus)
- Urinary Stress Incontinence

Of these health concerns, the chart below lists the leading causes of death in 2002 according to the CDC Division of Vital Statistics. These apply to both male and female adults.

2002 Leading Causes of Death

Heart Disease	28.5%
Malignant Neoplasm (Cancer)	22.8%
Cerebrovascular Diseases (Stroke)	6.7%
Chronic Lower Respiratory Disease	5.1%
Accidents (Unintentional)	4.4%
Diabetes Melitus	3.0%
Influenza/Pneumonia	2.7%
Alzheimer's	2.4%

Obesity and overweight substantially increase the risk of morbidity from hypertension; dyslipidemia; type 2 diabetes; coronary heart disease; stroke; gallbladder disease; osteoarthritis; sleep apnea and respiratory problems; and endometrial, breast, prostate, and colon cancers. Higher body weights are also associated with increases in all-cause mortality. Significant health problems occur in the pediatric age group as well as the adult population.

Obesity Related Morbidities

Cardiovascular
Accelerated atherosclerosis
Dyslipidemia (increased triglycerides, low HDL cholesterol level, increased LDL cholesterol level)
Hypertension
Increased left ventricular mass
Endocrinologic
Hyperinsulinemia
Insulin resistance
Early puberty (accelerated linear growth and bone age)
Polycystic ovaries, dysmenorrhea
Respiratory
Hypoventilation (Pickwickian syndrome)
More frequent respiratory infections
Sleep apnea
Orthopedic
Coxa vara
Slipped capital femoral epiphyses
Blount's disease
Legg-Calve-Perthes disease

Obesity is linked to cardiovascular disease and type 2 diabetes through the promotion of insulin resistance and other associated physiological abnormalities, including dyslipidemia, elevated blood pressure, and increased left ventricular mass. Overweight and insulin resistance have been linked to the early development of atheromata in young adults independent of other cardiovascular risk factors. Pulmonary, skeletal, dermatologic, immunologic, and endocrinologic systems display obesity-related morbidities. These apply to male and female as noted in the chart above.

Cardiovascular Health

Heart disease and stroke are the principal components of cardiovascular disease and are listed as the first and third leading causes of

death in the United States. They account for more than 40 percent of all deaths. About 950,000 Americans die of cardiovascular disease each year, which amounts to one death every 33 seconds. It is estimated that 61 million Americans, almost one-fourth of the population, have some form of cardiovascular disease. High blood pressure is a major risk factor for heart disease and the chief risk factor for stroke and heart failure, and also can lead to kidney damage. It affects about 50 million Americans—one in four adults. Studies show that the risk of death from heart disease and stroke begins to rise at blood pressures as low as 115 over 75, and that it doubles for each 20 over 10 millimeters of mercury (mm Hg) increase. So, the harm starts long before people get treatment.

“Unless prevention steps are taken, stiffness and other damage to arteries worsen with age and make high blood pressure more and more difficult to treat. The new pre-hypertension category reflects this risk and, we hope, will prompt people to take preventive action early” said NHLBI Director Dr. Claude Lenfant.

Cancers

Fat cells are not static deposits. Visceral fat is metabolically active and increased visceral fat is linked to certain cancers. Obesity is strongly linked to cancer of the uterine lining or endometrium. An overweight woman has twice the risk of developing that cancer as a lean one; once she becomes obese the risk rises as much as three and a half (3.5) to five (5) fold. A person who is obese has up to triple the risk of kidney cancer and of esophageal cancer as does someone in an appropriate body weight range. Overweight and obese men are 50 percent as likely as lean men to get colon cancer; for women the extra risk is 20 to 50 percent. Fat is linked to

breast cancer in postmenopausal women and increases the risk of the disease by 30 percent among the overweight and 50 percent among the obese. Prostate cancer is more common in men who have BMI of 35 or higher. In addition, these men have a 60 percent risk of cancer recurrence within three years or more. This is twice the rate seen in men at the appropriate weight.

Diabetes

During the past ten years, the incidence of diabetes has nearly tripled. Overweight and obesity are significant risk factors for diabetes. The majority of adults diagnosed with diabetes in the United States are either overweight (85.2 percent) or obese (54.8 percent). Persons who have a body mass index (BMI) of more than 30 are 10 times more likely to develop the illness; with a BMI above 35 for 10 years, the risk increases to 80 times compared to a person of average weight. Projections are that 40 to 50 million United States residents could develop diabetes by 2050.

Type 2 diabetes in school children is a new phenomenon. Twenty years ago, it was rare for an adolescent or child to be diagnosed with type 2 diabetes. However, during the last 20 years, childhood diabetes has increased 10-fold. In several clinic-based studies, the percentage of children with newly diagnosed diabetes has risen from <5 percent before 1994 to 30 percent to 50 percent in subsequent years. Pediatricians are reporting that they are now diagnosing type 2 diabetes in children as early as age five. If obesity trends do not change, it is estimated that one in three children will develop diabetes. These risks are even more severe in Hispanic and Black children. Overweight children are at

an increased risk for developing type 2 diabetes during both childhood and later in life. There is a reported association between obesity and type 2 diabetes, sugared beverage consumption, long hours of television viewing, and reduced physical activity.

Economics

Obesity is associated with increased disability, decreased optimal health, increased health care use, and increased mortality, all of which translate into increased health care cost. The direct and indirect costs of obesity care for the nearly 119 million American adults, 65 percent of the population, who are currently overweight or obese is more than \$117 billion per year. This is an increase from previous studies. Taxpayers finance about half of these costs through Medicare and Medicaid. "Obesity has become a crucial health problem for our nation, and these findings show that the medical costs alone reflect the significance of the challenge," said previous Health and Human Services Secretary Tommy G. Thompson.

Poor health is an economic burden on the nation and costs millions of dollars in terms of diminished health and productivity. The figures confirm earlier findings that obesity accounts for a significant, and preventable, portion of the nation's medical bill.



Alabama Specifics

ALABAMA SPECIFICS

ALABAMA TRENDS

Alabama is currently in an overweight and obesity epidemic situation regarding the health of its citizens. The nonprofit group, Trust for America's Health, named Alabama as the “fattest state” in the nation in October 2004. Mississippi and West Virginia followed in second and third places. Alabama ranked first in adult obesity based on 2003 data, with 28.4 percent of adults in the obese category.

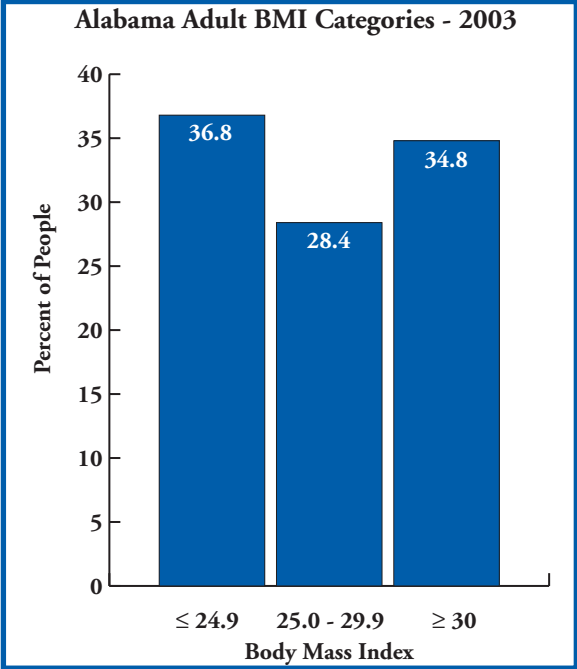
Alabama adults

Sixty-three percent of Alabama adults are overweight and or obese. Obesity is defined as a BMI ≥ 30 and overweight is a BMI 25 to 29.9. Of the 63 percent, 28.4 percent are obese and 34.8 percent are overweight.

Overweight and obesity are prevalent and increasing in Alabama. According to the Alabama Behavior Risk Factor Surveillance System (BRFSS), from 1991 to 2001 obesity rates increased 76 percent. The BRFSS evaluates weight status in Alabama adults by asking height and weight questions in a random digit telephone survey. Questions are developed by the Centers for Disease Control and Prevention (CDC). In 2003 in Alabama, approximately 28 percent of adults were obese, with rates similar for men (27.1 percent) and women (29.6 percent). In addition, approximately 35 percent of the adults were overweight -- considerably more males (42.9 percent) than females (27.3 percent).

Alabama youth/ children

Alabama youth are also overweight. Self-reported data from the 2003 Youth Risk Behavior Survey (YRBS) showed 14 percent



of youth were at risk for being overweight with an additional 14 percent already overweight, as defined as body mass index at or above the 95th percentile for age.

The Alabama Department of Public Health (ADPH) and the Alabama State Department of Education collected height and weight data on 822 adolescent students in six schools from different geographic regions in Alabama in 2001. Forty four (44) percent of the evaluated students were at risk for overweight or overweight based upon body mass index (BMI). In 2002, a study completed by ADPH staff of 1,182 students in the second, third, fourth, and fifth grades in six public schools located in Monroe County, Alabama found approximately 17 percent were at risk for overweight and 27 percent were overweight. Rates were higher for black students (29.8 percent) than for white students (23.6 percent).

As indicated in the chart below, obesity rates are above 20 percent in all age groups, with the exception of age 65 and older.

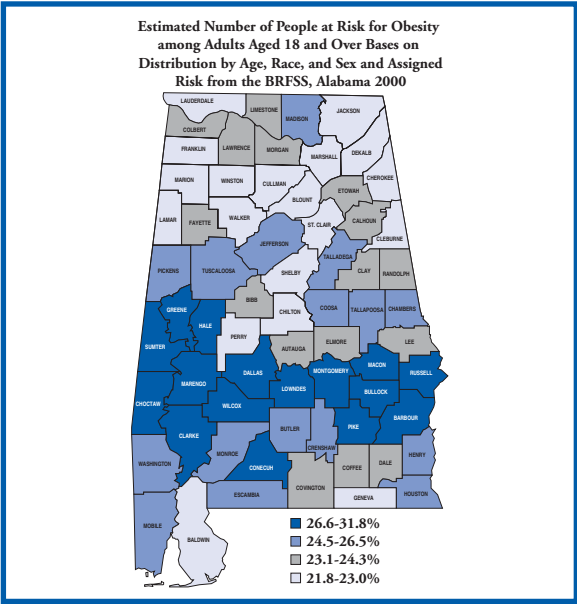
Age	Neither Overweight nor Obese (BMI≤24.9)	Overweight (BMI 25.0-29.9)	Obese BMI≥30
18-24 %	53.1	26.7	20.3
CI	(45.3-60.9)	(19.3-34.0)	14.5-26.0
n	124	49	54
25-34 %	39.8	31.2	29.0
CI	35.1-44.6	26.6-35.7	24.5-33.5
n	208	148	141
35-44 %	30.3	36.3	33.3
CI	26.1-34.5	31.7-40.9	28.8-37.9
n	190	187	181
45-54 %	28.9	37.3	33.8
CI	24.9-32.9	32.8-41.9	29.5-38.1
55-64 %	29.4	36.6	34.1
CI	25.3-33.5	32.1-41.0	29.7-38.4
n	179	202	199
65+ %	41.7	39.4	18.9
CI	37.7-45.6	35.4-43.4	15.7-22.1
n	310	268	129

Alabama racial and socioeconomic differences

Racial and socioeconomic differences in prevalence rates are also evident. In the overweight category, the Hispanic population was at 50.3 percent, the White population at 34.7 percent, and the Black population was at 32.4 percent. Obesity was prevalent in 37 percent of African american versus 26.5 percent of Caucasian, and only 14 percent of Hispanics. The prevalence of obesity among persons at the lowest income levels (less than \$15,000 annually) was approximately 32 percent, compared to a prevalence of almost 25 percent among persons with annual incomes at or exceeding \$50,000. Obesity occurred in approximately 28 percent of adults with less than a high school education, compared to 22 percent among college graduates.

A geographic study of obesity in Alabama was completed utilizing BRFSS obesity data from 1995 to 2000 combined with US Census 2000 data. The geographic distribution of obesity illustrates the highest burden

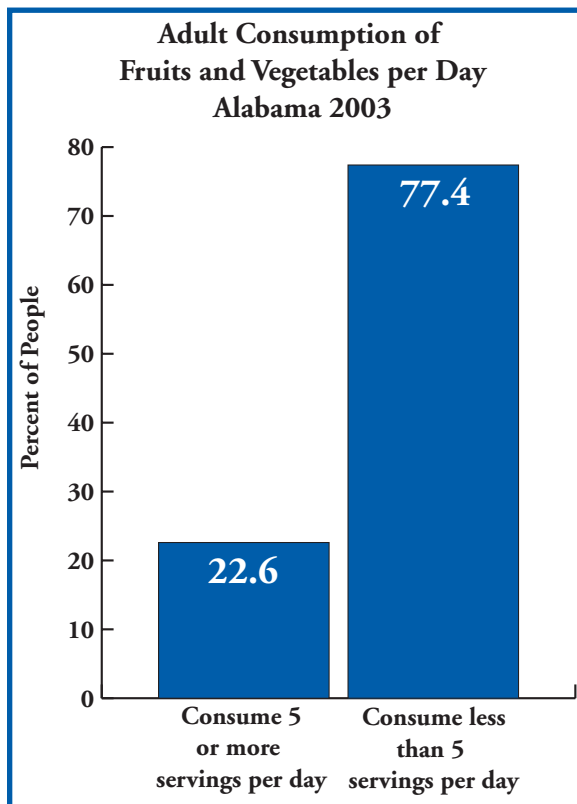
is in 16 counties, 15 of which are in Alabama's economically depressed region. This area, known as the Black Belt of the state, was once known for the dark soil for agriculture. Although the region is known for timber production, rich hunting and fishing, and Civil Rights history, the term Black Belt, has evolved to a reference to the predominate ethnicity in the area.



INFLUENCING FACTORS

Nutrition

It is well established that consuming five or more servings of fruits and vegetables a day and three servings of low fat milk are beneficial in weight control. However, in Alabama 77.4 percent of adults do not eat 5 servings of fruit and vegetables a day. Dietary Behaviors of Alabama students indicate 85.5 percent of ninth through twelfth graders ate less than five servings of fruits and vegetables per day during the past seven days. Ninety two (92) percent of Alabama students drank less than three glasses of milk per day during the past seven days, ranking the worst of all the states.



Physical activity

There is little doubt that regular physical activity is good for overall health. Physical activity decreases the risk for diseases such as colon cancer, diabetes, and high blood pressure and is beneficial for bone health, enhancing mental clarity, and as a stress reducer. It

is very important in weight control. Despite all the benefits of being physically active, most Alabamians are sedentary.

Alabama was ranked as the tenth worst state in terms of prevalence of no leisure time physical activity. Twenty-seven percent of Alabama adults reported participating in no leisure time physical activity.

In addition, 60 percent of the population did not meet the national guidelines for moderate physical activity, and 79 percent did not meet the guidelines for strenuous activity. Forty two (42) percent of Alabama students did not participate in sufficient vigorous physical activity; 81 percent of students did not participate in sufficient moderate physical activity; 59 percent were not enrolled in physical education class; 14 percent did not participate in any vigorous or moderate physical activity; and 39 percent did not participate in a sufficient amount of physical activity.

Attitudes

In October 2001, the Alabama Department of Public Health contracted with the University of Alabama in Birmingham (UAB) to conduct a baseline telephone survey of 400 adults on obesity issues in Alabama. Attitudes, beliefs, and health practices regarding weight were identified. The BMI's of respondents were calculated from self-reported heights and weights. Selected findings included:

- (1) Approximately ten percent of those who were calculated as overweight responded they were not overweight.
- (2) The most common reason for wanting to lose weight was to be able to see a child(ren) grow up.
- (3) The most frequent reasons for not eating a healthy diet were: "it is too hard to count calories," "diets don't work," "I am tired of hearing about dieting", and "eating healthy is too expensive."

GENERAL CONSEQUENCES

Health concerns

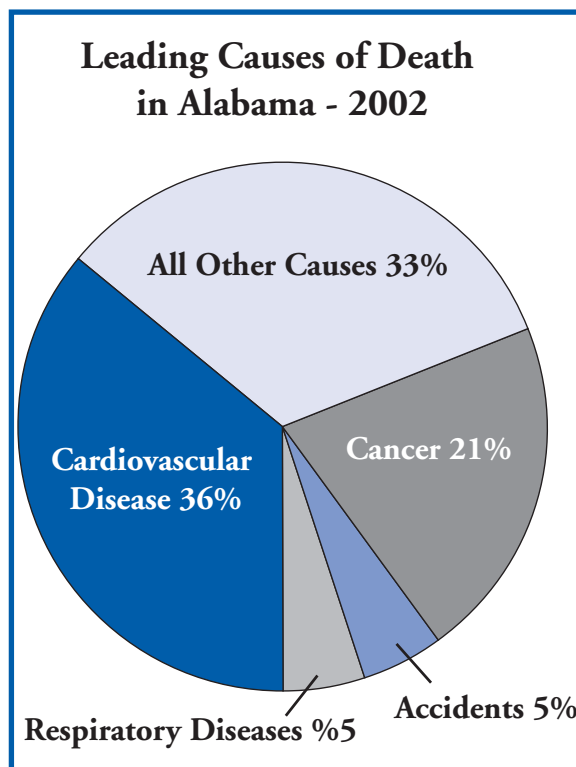
The life expectancy rate for an Alabama citizen is 74.1 years as compared to 77.2 years for the average adult in the United States. In 2001, the life expectancy for an Alabama adult was comparable to the average American adult in 1981. This statistic places Alabama 20 years behind the average state in terms of average life expectancy in the United States. Unless changes are made in lifestyles and behaviors, today's youth may be the first generation in history to not outlive their parents.

Some subgroups are at higher risk for obesity and its associated health problems. Rates of chronic diseases in which obesity is a risk factor are high in Alabama and disproportionately high in similar subgroups. For example, in 1998 age-adjusted cardiovascular mortality rates were substantially higher for African Americans (473.9 per 100,000) compared to Caucasian (383.9 per 100,000). In 1998, the stroke mortality rate for African Americans was 44 percent higher than for Caucasian.

The top two causes of death in Alabama are cardiovascular disease (CVD) and cancer. Much research supports the nutrition and physical activity impact on these diseases. In 2002, CVD accounted for 36 percent of all deaths. More Alabamians die each year from CVD than from all forms of cancer combined. Alabama ranks 6th in the nation in heart disease deaths and 7th in stroke deaths. Alabama ranks above the national average in deaths due to heart disease. African Americans have the highest stroke death rate in Alabama. Alabama ranked third in terms

of adult hypertension. Thirty-three percent of the total Alabama adult population indicated they had been diagnosed with hypertension. In addition, 38 percent of the total adult African American population is at risk for hypertension. The Alabama Department of Public Health identified both high systolic and high diastolic blood pressures in Alabama adolescents.

Cancer is the second leading cause of death accounting for 29,013 or 21.7 percent of all deaths from 1998 to 2000. The three-year crude death rate for cancer for the total population is 220.3 per 100,000 population. The African American and other races crude death rate is 184.4 and the Caucasian crude death rate is 234.1 per 100,000 race-specific population. The 1998 to 2000 age-adjusted death rate¹ for cancer for the total population is 216.2 per 100,000 population. The



African American and other races age-adjusted death rate is 243.1 and the Caucasian age

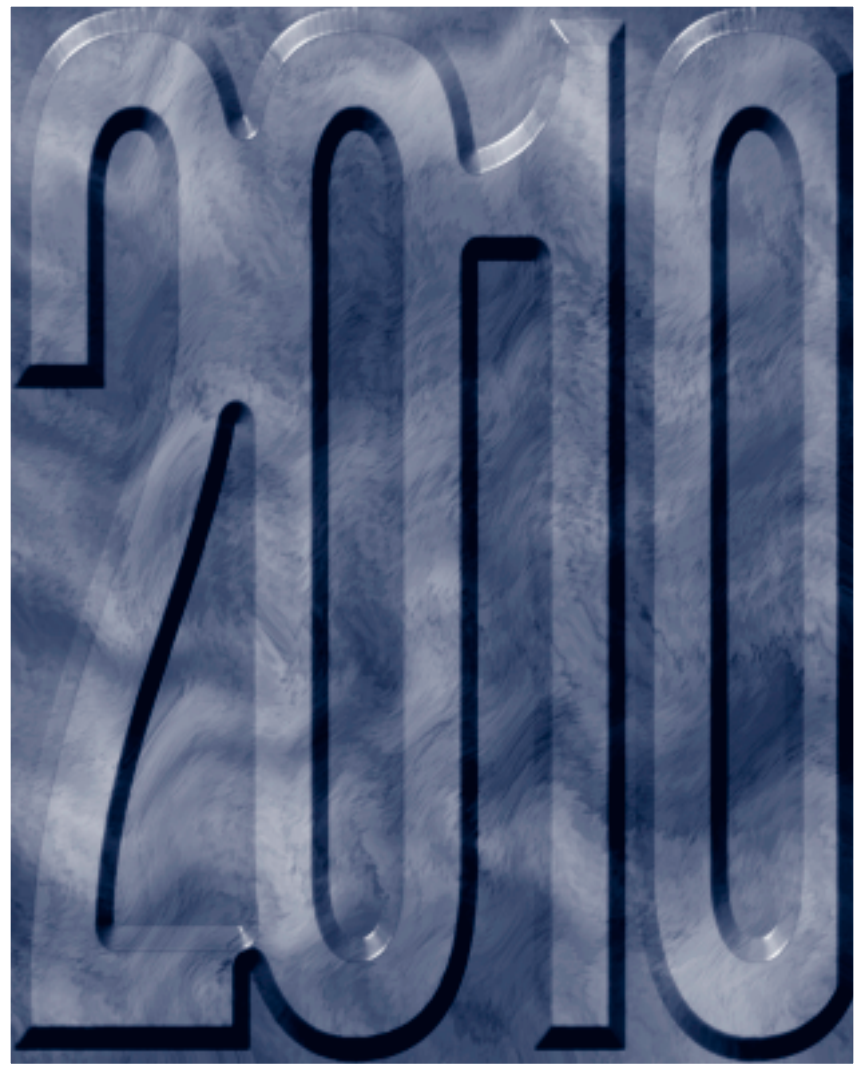
adjusted death rate is 208.9.

Diabetes

An estimated 17 million Americans (6.2 percent of the population) now have diabetes. Alabama has one of the highest rate of diagnosed diabetes (8.4 percent). In 2003, the age-adjusted prevalence of diagnosed diabetes ranged from a high of 10.9 percent in Puerto Rico to a low of 4.9 percent in Colorado. Diabetes is the sixth leading cause of death in Alabama with 3,964 or 3 percent of all deaths from 1998 to 2000. For African Americans and other races, diabetes is the fifth leading cause of death. For Caucasians, diabetes is the seventh leading cause of death. True population statistics data and Alabama data are not yet available regarding the prevalence of type 2 diabetes in school children. However, verbal reports indicates that diabetes in children is growing. Because of elevated risks in Alabama school students, Alabama experiences an even greater potential for type 2 diabetes in school-age children.

Economics

The report, "F as in Fat: How Obesity Policies are Failing in America," stated that Alabama spent the equivalent of \$293 per person on its 4 million plus residents last year paying for health care costs related to obesity - the ninth highest amount in the nation. Because of increases in health care costs and health insurance for state employees and public education employees, the Legislature held a special session in November 2004 to address ways to contain the rise in health insurance costs.



Healthy Alabama 2010

HEALTHY ALABAMA 2010

The overall goal for the Healthy Alabama 2010 Objectives is to increase the life expectancy and quality of life for Alabamians. The disparity in life expectancy between Alabama and the remainder of the nation has actually grown wider in the past decade. A number of factors that can adversely affect longevity include poverty, low levels of educational attainment, higher rates of tobacco

usage, higher rates of obesity, and more people living a sedentary lifestyle and lower utilization of preventive health care measures. These factors result in higher death rates from chronic conditions such as heart disease, stroke, and diabetes. The State Obesity Task force acknowledges these goals and will assist in efforts to reach them.

Physical Activity and Fitness

Adult Physical Activity

1.1 Increase to 25 percent or more the proportion of adults aged 18 and older who engage regularly, preferably daily, in sustained physical activity for at least 30 minutes per day.

	AL Baseline	AL Target	US Baseline	US Target
Adults 18 and older	17 (1997)	25	23 (1995)	30

Adolescent Physical Activity

1.2 Increase to 60 percent or more the proportion of students in grades 9-12 who engage in moderate physical activity for at least 20 minutes a day for 3 days per week.

	AL Baseline	AL Target	US Baseline	US Target
Students grades 9-12	55 (1997)	60	N/A	N/A

Nutrition

Weight Status

1.3 Reduce to 20 percent or less the prevalence of being overweight (defined as a body mass index at or above 27.8 for men and 27.3 for women) among adults aged 18 and older.

	AL Baseline	AL Target	US Baseline	US Target
Adults 18 and older	35 (1997)	20	N/A	N/A

Dietary Guidelines

1.4 Increase to 40 percent or more the proportion of adults aged 18 years and older who meet the dietary recommendations of a minimum average daily goal of at least 5 servings of vegetables and fruits.

	AL Baseline	AL Target	US Baseline	US Target
Adults 18 and older	17 (1997)	40	N/A	N/A



Alabama State Obesity Task Force

ALABAMA STATE OBESITY TASK FORCE

HISTORY

Despite limited resources, the Alabama Department of Public Health (ADPH) and the University of Alabama in Birmingham (UAB) pledged to work together to address healthy opportunities for all Alabamians. The obesity epidemic was acknowledged as were different approaches that were being taken across the state to address it. The first Obesity Task Force meeting was held on May 4, 2004 in Montgomery. Over 70 representatives attended from public health, academia, health care, education, businesses, and community groups.

The charge of the task force was to develop and implement a comprehensive state plan to reduce obesity in Alabama among all segments of the population. The purpose was not to change the approaches already in progress, but rather to help Alabama work together as a whole. The task force members agreed to utilize evidenced based practices in developing the plan. From the first meeting, it was clear the plan would be suitable for Alabama, building on the state's unique characteristics and resources. Members agreed to address weight concerns through emphasizing a healthy relationship with food, a healthy body weight, and a physically active lifestyle.

During the first meeting, members self-selected into committees: nutrition concerns, physical activity concerns, youth and families, community, data, and health care. The committees met on a monthly basis from June through November 2004 establishing goals, adding additional partners, and reviewing potential solutions. By January 2005, each

committee selected a chair. The task force, with 92 total members, became six, separate, yet coordinated committees all creating positive working relationships. The committees developed realistic action steps from the established goals and objectives.

GENERAL GUIDING PRINCIPLES

Multifaceted approach guidelines

In developing a state obesity plan, a social-ecological approach was used. This model was especially appropriate in addressing the very complicated weight issues as it includes influences at multiple levels: individual, interpersonal, organizational, community, and public policy. This ecological perspective includes the importance of approaching public health problems at multiple levels while stressing interaction and integration of factors with and across the levels.

Strategies compatible with this model include enhancing individual responsibility for positive lifestyle change and garnering outside forces through schools, worksites, and community settings.

At the center of the SEA is the individual surrounded by increasing larger circles of influence. These areas, interpersonal, organizational, community, and policy will all influence personal choices. The relationship can be reciprocal; the environment affects health related behaviors and people through their actions can affect the environment. The Alabama State Obesity Plan is designed to enable persons to use the plan at any and all levels.

Individual

Individuals are responsible for positive, sound, life style behavior choices that promote a healthy body. To encourage this, a positive message that promotes healthy eating and increased physical activity through culturally relevant approaches will be used. The need to raise the awareness of the increased obesity rates and decreased physical activity as a serious health issue, its economic cost to Alabama, and its negative impact on the quality of life exists.

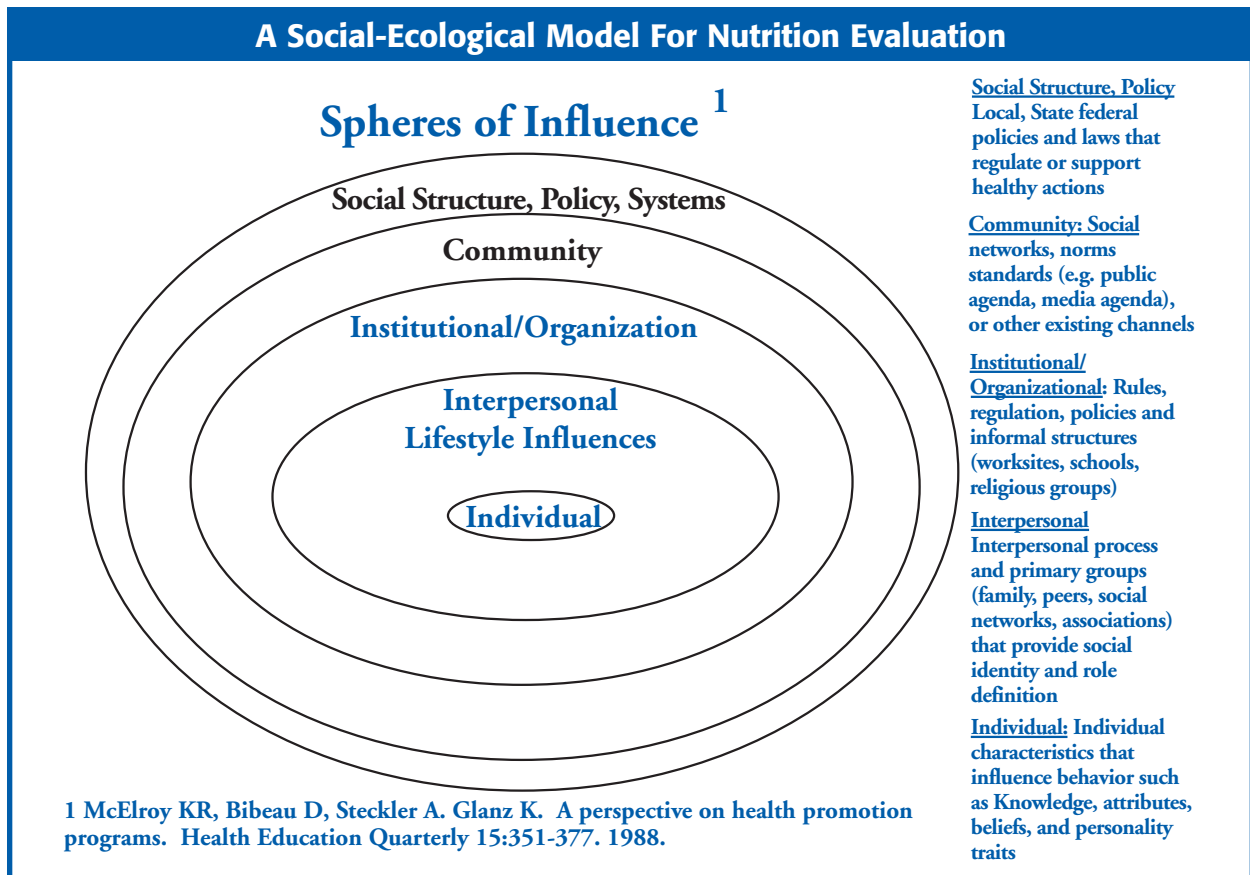
Interpersonal/Group

Alabama citizens are in multiple roles at any given time. A person may be a family member, a friend, or a coworker/peer. All of the roles provide a social identity and can provide or offer support. In addressing obesity issues, Alabama citizens need to be sup-

portive of others and be good role models in maintaining a healthy weight, eating a healthy meal pattern, and being physically active.

The task force will work to increase adult knowledge and skills about being role models for positive eating and physical activity lifestyles in order to strengthen future generation's health outcomes. Additionally a focus on training adults who are parents, who work formally and informally with children and teens, and adults who influence policy and funding decisions will be needed.

Examples include an accountability system in families or with friends for eating healthy food selections. Support can be offered through families and neighbors helping each other become more physically active by going for a bike ride, inviting a neighbor to take a walk, or playing outside with the children.



Institutional/Organizational

Alabama's businesses, industries, organizations, educational sites, including day care, primary, secondary and higher education institutions, work places, medical settings, and other places of employment will provide opportunities to promote good health and recommended behaviors. These increased opportunities can be through formal channels, such as rules and policies, or through informal channels, such as suggestions or guidelines. Examples include employers encouraging physical activity breaks; healthy food items being available in vending machines and in cafeteria selections; wellness programs providing information for all employees; and employers encourage or provide early assistance and appropriate prevention/treatment interventions.

Community

Alabama's communities, social networks, and faith communities that exist formally or informally among individuals, groups, and organizations will promote and support lifestyle choices to promote healthy bodies. To improve our communities and to make them places where people are healthy, safe, and cared for, will take a unified effort. Collaborating effectively with other individuals and organizations, both inside and outside the community, is necessary. This requires a process of people working together to address key issues that are important to them. The community environment will establish and promote healthy eating and active lifestyles as the norm rather than the exception. Community based strategies to support healthy eating and physical activity need to be tailored for the individual community. Access to healthy foods choices and opportu-

nities for physical activity by modifying community and school environments is needed. Examples include churches, mosques, synagogues and other faith organizations that serve meals to members to provide healthy food selections and promote prayer walks or exercise classes at the facility; and for civic groups to select a neighborhood environmental issue to address in efforts to promote walking.

Policy

Alabama's decision makers will be supportive at local and state levels in creating opportunities for healthy eating and physical activity through policies and laws. This will require citizens to raise awareness and promote action among elected and appointed officials, foundations, and potential private sector partners regarding the need for policy change, environmental change, and adequate resources to address overweight/ obesity in Alabama.

Evidenced-based approaches that work

The obesity epidemic is a serious health problem that calls for immediate action to reduce its prevalence. Therefore, the task-force felt that actions should be based on evidence-based research. These interventions or treatment approaches have been scientifically demonstrated to be effective, regardless of the discipline that developed them. This plan is based on research findings that validate the promoted concepts. However, the plan will not be limited only to printed evidenced-based documentation.



Alabama's State Plan Addressing Obesity

ALABAMA'S STATE PLAN ADDRESSING OBESITY

GENERAL COMMENTS

This report presents a plan with goals, recommendations, strategies, and activities encouraging interventions that promote healthy eating and physical activity as approaches for Alabamians to reach and maintain a healthy weight. In developing the plan, it was recognized that a great potential for synergy with enhanced communication and coordination among various groups within the state exists. For example, media messages can be tailored to be put into practice at schools, work places, and community sites. There will also be benefits of learning from successes across the state. The successful approaches can be tailored and implemented in a different location. This coordinated focus will assist in using limited resources and generating new resources by involving the whole state.

Committee members agreed that obesity is a very complex issue. Therefore, approaches taken will consider the relationships with food. These relationships will be explored to address cultural, emotional, and traditional beliefs that determine eating habits.

The plan does not focus on changes needed in the school environment. This is because the State Department of Education developed a Student Health Task Force. The education task force met from September 2004 through May 2005 in developing nutrition and physical activity related recommendations for public schools. The State Obesity Task Force supports the recommendations

made, specifically that schools should provide healthy food choices and address physical education options. Nutrition changes include foods served through the cafeteria, in vending machines, and school stores; that fund raising policies should utilize healthy foods or non-food items; and that teachers should use non-food items as rewards for classroom performance in place of candy. School environment approaches include the recommendation to complete an assessment, such as The School Health Index, to identify potential areas for needed change. Physical activity recommendations include evaluating all physical education (PE) waivers; having PE taught by certified PE teachers in all grades; promoting lifetime, enjoyable activities; reviewing the quality of the classes taught; and limiting the students in each class to a specified ratio of students to teachers.

HOW TO USE THE STATE OBESITY PLAN

The outlined approaches will not be successful without support of representatives from diverse segments of society, industries and businesses, institutions, agencies, media, health care, families, schools, communities, non profit organizations, places of faith, and so on. Implementing the plan must be a statewide effort. Special attention may be needed in communities that experience health disparities and have environments that are not supportive of healthy nutrition habits or physical activity opportunities. The plan can

be used by individuals at both the statewide and local levels. Agencies, institutions, and groups can implement the strategies in work plans. Key stakeholders and decisionmakers can use the report to increase awareness. It is the Task Force's hope that the plan can stimulate new ideas, partnerships, and coalitions.

SIX WORKING GROUPS: PERSPECTIVES IN ALABAMA

NUTRITION SUBCOMMITTEE

Summary:

The goal is to promote both primary and secondary prevention of obesity.

The committee's consensus is there are two groups who would greatly benefit from a nutrition intervention plan. The first group does not understand the health importance of weight control and does not display an understanding of how to transform eating patterns to consume healthier foods. The second group has "head knowledge", but due to environmental conveniences, personal beliefs, and values is not convinced to make lifestyle changes.

Both groups will benefit from a comprehensive media plan and other approaches to promote healthy lifestyles. Such interventions could include community level education efforts, healthier eating choices to be readily available, and opportunities for reward incentives through work or insurance plans.

Specific details:

The nutrition subcommittee agreed that there are different levels of understanding of

health consequences in individuals who are overweight or obese. The first group may or may not acknowledge they have a weight problem. In fact, based on a survey completed in 2001, almost 10 percent of Alabamians who were overweight did not realize they were. This group lacks an understanding in the severity of the health risks associated with obesity and does not display a working knowledge of how to transform eating patterns into healthier food intakes.

Interventions will include educational opportunities to include interactive sessions for learning implementation skills. Topics will include, but not be limited to:

- Health problems associated with obesity
- Portion sizes
- Healthy food choices
- How to read food labels
- How to prepare foods

The second group knows the importance of an appropriate body weight and increased physical activity level, but is not convinced to make lifestyle changes. Educational efforts for this group will need to address:

- Changing knowledge into behavior
- Making appropriate food choices that are easy and convenient
- Learning healthier ways to prepare favorite foods

Both groups will benefit from environmental improvements to foster healthier food as the easier, low-cost choice. The environmental changes will be supplemented with educational messages that address overcoming barriers to losing weight.

Educational strategies will include:

- Providing programs to explore aspects of emotional eating; the uses, values, and

symbolism given to foods; and recognizing fullness versus hunger

- Targeting families and friends in programs to build a support network for the person needing to lose weight
- Teaching parents and children skills to evaluate advertising tactics
- Offering courses that teach skills needed to make better choices when eating away from home
- Promoting breastfeeding as weight control benefits for the mother and prevention for the child.

Environmental changes can be reached by:

- Organizing policy and procedure changes including multi level legislation efforts to address issues such as:
 - Funding for community improvements
 - Allowing only well defined food choices, similar to the Nutrition Supplemental Food Program for Women, Infants, and Children (WIC) for all supplemental feeding programs
 - Providing reward type incentives for the person who reaches and or maintains appropriate body anthropometric provided by places of work, industry, and/or insurance companies- not to penalize overweight or obese persons, but to reward for healthy body sizes
 - Reviewing and revising food purchasing policies at childcare settings, schools, and work environments to promote the purchase and consumption of high-nutrient quality foods
- Increasing the availability of healthy food choices in rural areas of the state by
 - Supporting community gardens and farmer's markets
 - Encouraging local eating establish-

ments to reduce fat, sugar, and salt in preparing "Southern style" foods

- Encouraging food chains, stores and grocers to provide alternative selections.

Specific Objectives for the nutrition subcommittee:

- 1.) To develop and disseminate a resource list to state, community, and health care agencies that will list programs and activities across the state that address health related topics such as nutrition and weight management. These programs will target all of the lifecycle stages. (This will also include examples of weight management programs that have been successful and supported by research.)
- 2) Consult with the data subcommittee to determine prevalence of obesity, breastfeeding, and similar issues in Alabama counties to identify areas that need the resource list and actual resources.
- 3) Identify and choose a question for the Behavior Risk Factor Surveillance System (BRFSS) questionnaire that addresses the affective domain of eating. (No national or state surveys include these questions at this time.) This will assist in collecting data to determine the impact of emotional eating on obesity.

Success Stories

Community train-the-trainer seminars are being conducted in Macon, Greene, and Lowndes counties. Area ADPH employees and community volunteers are trained using the New Leaf Intervention program. The program is a structured nutrition and physical activity and assessment program for cardiovascular disease risk reduction through weight reduction. Community leaders will coordi-

nate area weight loss seminars and lead support groups to promote healthy eating and exercise habits among the women of our state.

PHYSICAL ACTIVITY SUBCOMMITTEE

Summary:

The goal is to promote physical activity as a norm. Two priorities were identified: Increase school programs for youth fitness to develop lifelong habits, and develop exercise-friendly communities.

Changes are needed at multiple levels in order for physical activity to be accepted as the norm. Educating the general population on the need for daily routines with physical activity, with benefits explained is needed. This education will also strive to change the attitude and behaviors associated with the negative association of exercise to a more positive opinion of physical activity in order to make fitness “cool” or popular.

Changes will include, but are not limited to improvements in schools, environmental changes to the community, policy changes in businesses, and educational efforts for the citizens.

Specific details:

In recognition of the importance of regular physical activity for the health and welfare of all Alabamians, the physical activity subcommittee supports the 2005 Dietary Guidelines for Americans, and the respective scientific positions of the American Heart Association and American Academy of Pediatrics regarding physical activity recommendations.

Data shows an unfortunate decline in

physical education requirements in schools. The school environment is an opportunity for children and youth to develop an interest in lifetime, enjoyable physical activities. Students who are more active tend to perform better in academics. Therefore, it is important to increase opportunities for physical activity for children and youth. Strategies to reach this goal include:

- Developing school health councils to review, revise, implement, and monitor, school physical activity policies that encourage the recommended 60 minutes of daily physical activity. Suggested policies for health councils to begin with include, but are not limited to:
 - Incorporating physical activity into other subject lessons during the school day
 - Providing short physical activity breaks between lessons or classes
 - Providing before and after school programs that include daily periods of moderate to vigorous physical activity for all participants and providing information about these opportunities
 - Encouraging daily physical education class for all students including students with disabilities and special health-care needs in grades K-12 to be taught by certified physical education teacher
 - Opening school facilities, such as the gym and playground equipment, before, during, and after the school day, on weekends and during school vacations for use by the community, students, and staff
- Educational efforts to assist in increasing physical activity in the school environment will include:
 - Teaching health skills needed to main-

tain a physically active lifestyle and reduced time spent on sedentary activities

- Utilizing the data collected from the Fitness Testing completed at school to develop, promote, and implement a plan to improve the physical abilities of the students that has parental support
- Support efforts will be needed and can include:
 - Supporting parents' efforts to provide their children with opportunities to be physically active outside of school
 - Utilizing national programs at the local level, such as "Walk to School" and "Safe Routes to School"
 - Encouraging parents and teachers to be active role models for children

Data shows that smart community growth/planning has an impact on health and the environment and that walkable, bikeable communities are increasingly preferred as environments that support opportunities for enjoyable physical activity. Therefore, it is important to increase opportunities for physical activity in neighborhoods and communities. To reach this goal, strategies include:

- Improving the environment to promote physical activity by:
 - Developing or enhancing, advertising and promoting, and utilizing parks and trails in Alabama for physical activity
 - Working together as members of communities and neighborhoods to create and/or enhance access to neighborhood walking trails
 - Completing a community assessment to determine the changes needed to offer physical activity venues. The

assessment should include malls and churches.

- Collaborating with developers, home-builders, and city managers to develop polices making all new subdivisions be walkable and bikeable
- Working with zoning issues to increase opportunities for physical activity in the community, citing Auburn, AL as a model bikeable, walkable community
- Utilizing less involved improvements, such as repairing sidewalks, clearing paths, adding pedestrian signs, etc. to encourage walking for transportation and leisure
- Changing policies at businesses, places of faith etc. to allow access to existing facilities, such as gyms and play-grounds, and similar properties with considerations of liability issues
- Sponsoring community activities that promote family- friendly activities to increase opportunities for physical activity
- Educational and awareness efforts in the community to assist in increasing physical activity will include:
 - Offering education sessions on the importance of daily physical activity in promoting health, preventing chronic disease, in weight loss and maintenance, and preventing obesity to civic groups, clubs, businesses, etc
 - Developing a "Recognition of Activity Friendly Communities" for communities and neighborhoods that foster safe opportunities for daily physical activity
 - Providing information, on a central web site to promote opportunities for recreation, exercise, and outdoor activities at trails, parks, recreation centers,

etc

- Providing educational seminars, classes, and discussions encouraging parents to be positive, active, role models who support regular physical activity and limit children's recreational screen time

As health care costs increase, and with nearly 30 percent of American workers obese and at risk of chronic diseases, rising numbers of companies are using workplace wellness programs to improve employees' health, reduce medical claims, and reduce employee absenteeism. Successful health promotion programs report positive cost-benefit ratios. Healthy, active employees use less time off for sick days, as well as demonstrate increased productivity, and job satisfaction. Therefore, it is important to increase opportunities for physical activities in the worksite environment. To reach this goal, strategies include:

- Educating employers on the business and financial advantage of offering a workplace health promotion program that provides:
 - 1) Educational sessions to employees including but not limited to:
 - the relationship between lifestyle and health
 - weight management
 - behavior change or skill building programs
 - information on maintaining healthy lifestyles
 - smoking cessation
 - 2) Walking or other physical activity programs on site or subsidized memberships to local gyms
 - 3) Supportive environments to address appropriate body weights
 - 4.) Low-cost services such as medical checkups

- Education is needed for business leaders. Leaders need to encourage staff to become physically active. A statewide conference for business leaders featuring worksite wellness approaches is recommended.

DATA SUBCOMMITTEE

Summary:

The Subcommittee agreed that improvements and additional data collection are needed for nutrition and physical activity surveillance. The group expressed a long-term goal of developing standards for collecting data to be used statewide. The data subcommittee noted gaps in the nutrition and physical activity type data available in Alabama. Without this data, a true evaluation on the progress will not be accurate. Being able to collect data with consistent data fields, styles, and stored in a central place is needed to make complete projections and evaluations.

Specific details:

The data subcommittee felt it was imperative to assess the current state surveillance systems. This process will include

- Identifying sources of data from more than one county
- Compiling the data
- Looking for gaps
- Providing data at the local level
- Publicizing the available data

After the data available are analyzed, an enhancement process will begin. An enhanced data collection system is needed for improved evaluation. This will include developing a central depository of data that uses standardized definitions, methods, and collection tools.

Specific Objectives for the data subcommittee:

1. To identify large sources of nutrition and physical information, the committee members will review known existing data sources. Data sets will be searched for pre-determined sets of data, as determined by the committee. As the review is completed, missing information will be listed. This information will be used as an evaluation tool for other committee goals as well as for an obesity surveillance report for the state of Alabama presented in the format of compilations of several reports from available sources of data. The data sources to review include, but are not limited to:

- Dental records
- WIC (Women, Infants, and Children)
- Insurance programs
- School Health Index reports
- Wellness programs
- BRFSS (Behavioral Risk Factor Surveillance System)
- YRBSS (Youth Risk Behavior Surveillance System)
- Body Trek (Jefferson County)
- Health Department intervention programs (such as Jefferson County)

2. Committee members felt that a systematic approach to collecting data in the school setting needed to be adopted. Across the state, many local organizations and intervention groups within the task force may take on screening initiatives in the school system. Therefore, the committee felt that an appropriate project would be the creation of a standardized data system for reporting height and weight data collected by various groups. This would be a voluntary system, at present.

3. The committee will develop a guide of correct procedures for collecting height and weight data. Committee members reviewed the Guidelines for collecting heights and weights on children and adolescents in school settings from the Center for Weight and Health at the University of California, Berkeley. The materials would be field tested before going statewide. The developed guide will be used in conjunction with a web-based data entry system.

YOUTH AND FAMILY SUBCOMMITTEE

Summary:

The Subcommittee narrowed concerns to three priorities: increasing awareness of identification and consequences of overweight among families, equipping caregivers with skills to promote healthy behaviors among youth, and providing opportunities across the lifespan to engage in healthy nutrition and physical activity. Educational efforts will need to include the family as well as the youth. Information will need to be presented in various formats with opportunities for skill building.

Specific details:

The number of overweight and obese youth has been increasing dramatically in recent decades, and there is no sign that this trend is ending. Even though prevention and treatment in clinical settings have been the focus for interventions, researchers now agree that trends in overweight arise from changes in social and environmental factors that need to be understood and modified for effective prevention. Many factors have been suggested as causes of the “obesity epidemic” among

children — reduced physical activity at school and home, campus vending machines, television viewing, larger portion sizes, fast-food restaurants, video games, as well as others. Except for the National Health and Nutrition Examination Survey (NHANES), there is little reliable data to track weight increase among children. In Alabama, there is no statewide screening of weight in children.

The youth and family subcommittee felt that to reach youth the family must be included. Strategies to reach the family will include, but not be limited to the following.

Enhancing family/parent-centered prevention services for special populations including children and adolescents with special health care needs, prenatal women, infants, children, and adolescents by providing:

- Programs designed to foster family meal-times in order for children to learn from the conversations and interactions of friends and family at the table; for children to see what parents are eating and be willing to taste new foods; for children to learn table manners, and for families to grow closer together
- Food tasting opportunities for families as a group to try new foods or new preparation methods
- Classes on general health issues such as
 - The importance of getting enough sleep
 - The need for physical activity
 - Stress management techniques
 - Moderation of alcohol consumption
 - Work and home balance
 - Smoking cessation and abstinence from tobacco products

Education should target obesigenic fami-

lies where all immediate family members are overweight/obese and not physically active. The entire family must be involved for support.

Program leaders need to find ways to reward families who are successful in making lasting changes towards a healthy life style. This could include developing incentive programs, such as tuition reimbursement, health insurance discounts, and reduction of co pay or deductibles as a reward for reaching and maintaining an appropriate body weight and physically active lifestyle.

Enhancing parental and grandparental skills are needed. Programs providing services to parents in various settings could be active in obesity prevention. Examples of needed skills building areas include how to:

- Breastfeed, with emphasis placed on the weight control benefits for the mother and the child
- Deal with children's food choices and eating behaviors to prevent indulgent style parenting
- Encourage physical activity and become a more active role model
- Make consistent decisions to control what food comes into the house
- Estimate appropriate food portions according to the child's age and activity level

A statewide network of educators, health providers, lay leaders etc. who are willing to deliver the above messages needs to be developed and shared with organizations dealing with parents and children. The presentations should be offered in schools, churches, businesses, etc. These presentations should also assist teachers, community leaders, and other adults to be a positive role model for chil-

dren.

A centrally located website should provide suggestions for parenting skills to assist in improving children's food intake and ways to be more physically active.

The community should provide opportunities to promote physical activity and healthy lifestyles targeted at the youth. This will include strategies that will:

- Assist in finding transportation solutions to the event for youth, especially in rural areas
- Find ways to encourage the youth to use paths and trails
- Increase physical activity opportunities for the non-athletic, non-competitive sports youth
- Promote realistic teen/family fitness goals with the clear message that fitness does not mean pro- athlete
- Address barriers to physical activity, such as research findings that found girls do not like to sweat, overweight children feel self conscious , etc.
- Reward positive behavior

COMMUNITY SUBCOMMITTEE

Summary:

Community leaders will collaborate with schools, churches, businesses, and others to create environments that permit lifestyle choices of regular physical activity, healthy eating, and healthy weight as accepted norms. Committee members urge community leaders to collaborate with leaders in schools, churches, businesses, community organizations, and others to create an environment that permits healthy lifestyle choices of physical activity and healthy eating to be the accepted norm.

The environment should provide safe areas for physical activity, utilizing schools, empty business buildings, and/or creating walking /exercise paths. Information listing walking paths and trails will be posted on a central website for easy accessibility

Specifics:

The community subcommittee addressed several environmental, policy, and organizational aspects of making a healthier community. Approaches to take in the community may overlap with approaches outlined by other committees. Approaches include, but are not limited to:

A community-wide assessment should be completed by a collaboration between leaders representing many different areas of the community. Elected officials, leaders from schools, churches, businesses, service providers such as physicians and their staff, neighborhood associations, representatives of individuals in the committee, such as retirees, stay at home mothers, home schooled families, and other community representatives should work together to create an environment which permits healthy lifestyle choices. A grass roots effort is needed in all planning stages. This includes selecting an assessment tool to use to determine community interest; the current nutritional and physical activity opportunities available, and potential improvements needed. The assessment results will be used to prioritize the needed community changes. Task force members can provide technical assistance to local committees to develop and implement a plan.

If appropriate as indicated by the community assessment, the following approaches may be developed:

- Increasing the venues of physical activity opportunities
- Improving the eating environment to make healthier choices become the convenient, easier, low-cost choices
- Increasing availability of fresh produce through farmer market/community gardens as well as local stores
- Developing a family fitness board where family check ins or screenings would determine the “family of the month” based on a set criteria such as the miles walked or other measurable goal is accomplished.
- Providing safe areas for physical activity by utilizing schools, empty business buildings, creating walking/-exercise paths, hiking areas, swimming facilities, and or redesigning the downtown areas to become a pedestrian friendly neighborhood
- Developing advocates within organizations and with external professionals to promote activity in daily activities

Businesses in the community should make changes to provide a healthy environment for staff and to support efforts to develop healthy, active retirees. Approaches may include wellness programs, environmental enhancements to encourage stair use or other physical activity within and outside the business area, and improvements in food selections provided. Business leaders can work with insurance companies to develop policies.

Places of faith need to support a healthy concept as a service for their members and the communities they serve. Many churches are the center of activity in rural areas and could offer physical activity opportunities, such as prayer walks or faith based weight loss programs. Churches can review their own policies, such as ensuring healthier foods and beverages are served at routine meals,

Wednesday night suppers.

Schools need to be supportive for the students and the faculty. Schools can establish an environment that promotes appropriate lifestyle behaviors while decreasing health-related risks.

Working together, community organizations can offer onsite weight control programs for families, healthy choices in vending machines and meal options, and provide physical activity avenues that will improve the overall health of the community, thus decrease costs associated with chronic disease.

HEALTH CARE SUBCOMMITTEE

Summary:

The goal is to enhance the skills of health professionals to prevent and treat weight-related problems. Medical professionals should obtain height, weight, and BMI measurements to assist in the proper care of the patient. Physicians need to be more proactive in identifying and addressing weight related problems. Counseling should be provided in accurate, concise, consistent messages with realistic implementation practices for the patient.

Specific details:

Medical professionals, including pediatricians, family practitioners, primary care physicians, nurse practitioners, school nurses, and providers at public and rural health clinics, etc. should obtain height, weight, BMI, and waist measurements when appropriate, for all patient assessments. Health risk assessments can be implemented to identify high-risk individuals and provide information on how to lower the risks. Counseling should be provided in accurate, concise, consistent mes-

sages with realistic implementation practices for the patient. A consensus of the subcommittee was all medical staff should set good examples for their patients and the community.

Specific issues raised by the subcommittee include:

Training opportunities need to be available for health care providers to help them with better counseling skills. Survey based information indicates many physicians do not feel adequately prepared to discuss weight loss issues with their patients. Topics to include in counseling when appropriate include:

- Health risks associated with obesity
- Disease states seen in children as a direct result of being overweight and lacking physical activity
- Lifestyle changes that are sustainable and realistic
- Benefits of breastfeeding in reducing risks of future childhood weight problems

Specific objectives of the medical subcommittee include:

The subcommittee will work to develop a training manual for use with pediatric patients. The manual will include reference materials, assessment questionnaires to be used in the office, counseling tips to follow, and handouts suitable for reproduction at the office. After the manual has been tested, it will be provided to physicians, school nurses, and possibly other health professionals working directly with children.

The subcommittee feels more information is needed for medical staffing on prevention and treatment of obesity. Plans include working with the Medical Association of the State of Alabama (MASA), Alabama Chapter

of the American Academy of Pediatrics, and similar medical organizations to encourage physicians and health professionals to make overweight discussions a priority.

ADDITIONAL AREAS OF INTERVENTION:

Media and social marketing

There are overlapping needs between priority areas requiring systematic plans for marketing and media promotion activities. A comprehensive, coordinated media plan will include various outlets, such as newspaper and magazines, radio, television, and the internet. A series of consistent, simple messages will be tailored to reach diverse populations. The messages will be sensitive to cultural differences in body images; not supporting overweight as being acceptable, but being sensitive in how appropriate body weight is presented. Messages will focus on communication and intervention strategies to populations at high risk for disease and disabling conditions.

The messages will be developed in a series format, in order to build on previous concepts. Some of the messages the committee recommends to include are:

- Healthy eating does not have to be more expensive
- Physical activity does not mean the same as “exercise” and can be moderate, fitting into any lifestyle
- Physical activity can be very inexpensive, such as walking
- Food selections are choices we make with some choices better than others
- Healthy lifestyles are “doable”

The media plan should be shared with vari-

ous state associations and agencies for their use as well.

Research

The Task Force supports the need for continuous and rigorous research to document community health needs and assets, demonstrate effectiveness of educational and clinical service programs, and improve health outcomes.

Funding concerns

Obtaining recurrent funding is a pressing need before progress in determining local needs and assets, implementing intervention activities, and evaluating program impacts and outcomes can occur. Currently, Task Force members must remember there are limited funds for the priorities and objectives listed. Each member is charged to seek funding sources, whether through partnerships or

grants.

Funding issues include support of third party reimbursement for nutrition and physical activity services, working with insurance companies for treatment and prevention coverage, and lobbying for obesity to be covered by Medicare. These funding sources will provide a funding for the health care provider as well as open access to those needed services.

CONCLUSION

What is the next step?

To stop the obesity epidemic it will take all of us working together. The Alabama State Obesity Plan is a guide to address obesity and related issues. The plan's goals and strategies will direct the Alabama Department of Public Health (ADPH) and the State Obesity Task Force members. We urge you to join us in using this plan as well.

Together
One **STEP** AT
A TIME
A L A B A M A



Resources

RESOURCES

The list of resources is not meant to be an all-inclusive list; rather, the list is a starting place for suggestions of materials that may be of benefit to your particular interest.

COMMUNITY INTERVENTIONS:

Coalition Building

To get physical activity and nutrition on your local agenda, the following steps taken from the University of Kansas Community Toolbox may help. University of Kansas' Community Toolbox may be one of the finest sources of information for community building techniques.

www.ecodevo.com/topics/community_development/

Community Successes

The Center for Disease Control and Prevention (CDC) Nutrition and Physical Activity Communication Team (NuPAC) has launched a searchable Inventory of Qualitative Research in Nutrition and Physical Activity. The site provides basic information about qualitative studies that have been conducted in the fields of nutrition, physical activity, and other related fields. The inventory allows users to search for information using search fields, entering keywords, or searching the entire database.

http://www.cdc.gov/nccdphp/dnpa/qualitative_research

CDC's online journal "Preventing Chronic Disease" is a peer-reviewed, electronic journal

established to provide a forum for public health researchers and practitioners to share study results and practical experience.

http://www.cdc.gov/pcd/about_the_journal/index.htm

GENERAL INFORMATION:

eHealth magazine is a quarterly health and fitness publication, packed with all the latest news and health tips from the UAB Health System.

<http://www.health.uab.edu/show.asp?durki=9645>

Institute of Medicine serves as adviser to the nation to improve health. As an independent, scientific adviser, the Institute of Medicine strives to provide advice that is unbiased, based on evidence, and grounded in science:

<http://www.iom.edu>

The Maternal and Child Health library's offers links to sites on child obesity, physical activity and school programs.

http://www.mchlibrary.info/KnowledgePaths/kp_childnutr.html

Steps to a HealthierUS web page provides specific information on the HealthierUS initiative designed to help Americans, especially children, live longer, better, and healthier lives. The President's HealthierUS initiative helps Americans take steps to improve personal health and fitness and encourages all

Americans to be physically active every day; eat a nutritious diet; get preventive screenings; and Make healthy choices.

<http://www.healthierus.gov/nutrition.html>

How to Lose and Manage Weight- Watch Your Calories, Be Active is part of the US Food and Drug Administration's health message. This web site provides information on adult and childhood obesity issues. Various handouts are available.

<http://www.fda.gov/oc/opacom/hottopics/obesity.html>

The Alabama Cooperative Extension System Program's web site offers information on topics such as reading food labels, understanding the food guide pyramid, shopping tips, healthy recipes, and much more.

<http://www.aces.edu/pubs/docs/indexes/hefn.tmpl#rtfl>

NUTRITION RELATED TOPICS:

Breastfeeding

Information to encourage breastfeeding because evidence suggests the longer a baby is nourished by breast milk alone, the lower the risk of developing obesity in childhood.

http://www.cbc.ca/stories/2004/02/25/obesity_cdn040225

The Department of Health and Human Services Blueprint for Action on breastfeeding
<http://www.cdc.gov/breastfeeding>

American Academy of Pediatrics. This web site includes breastfeeding information including fact sheets, national campaign strategies, and resources.

<http://www.aap.org/healthtopics/breastfeeding.cfm>

Eating Away from Home

"Eating Healthy Away From Home" by the Mayo Clinic is just one example of tips given on this web. A core principle of the Mayo Clinic is "to be a dependable source of health information for our patients and the public." This page provides a gateway to some high quality online resources for health and medical information.

<http://www.mayoclinic.org/news2001-rst/815.html>

American Heart Association. Tips for Eating Out: This web page provides a guide to choosing healthy meals away from home

<http://www.americanheart.org/presenter.jhtml?identifier=531>

Eating healthy when dining out- The new National Heart, Lung, and Blood Institute Obesity Guidelines say that whether or not you're trying to lose weight, you can eat healthy when dining out, if you know how.

http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/dine_out.htm

Eating Patterns of Americans

New or updated information is available from USDA on Diet, Consumption, & Health. See new items in all topics at

<http://www.ers.usda.gov/whatsnew/>

In response to the health concerns associated with obesity, the Robert Wood Johnson

Foundation and the American Heart Association have created a statistical source-book on obesity. This publication, "A Nation at Risk: Obesity in the United States," illustrates how prevalent obesity has become and examines the factors that contribute to the patterns of unhealthy eating and insufficient physical activity that are at the heart of this epidemic. To pre-order your free copy, please contact the American Heart Association at 1-800-AHA-USA1 or send e-mail to inquiries@heart.org

The new government dietary guidelines set a new standard for health and fitness. A special report from WebMD shows you how to meet them. <http://my.webmd.com/content/pages/21/105761.htm>

This site has been constructed to help you find basic information on the more popular diet programs and to guide you forward so that you can discuss the potential dietary programs with your doctor. <http://www.diets-guide.com/>

Emotional eating

Food and feelings are frequently bound together. When people use food and eating to produce certain feelings or to cover up certain feelings, they may be engaging in emotional eating. Eating is tied to emotions. <http://www.empoweredparents.com/pages/EKAssess03.htm>

Emotional eating is the practice of consuming large quantities of food -- usually "comfort" or junk foods -- in response to feelings instead of hunger. Experts estimate that 75% of overeating is caused by emotions.

Information is provided by MedicineNet® is a network of U.S. Board Certified Physicians and Allied Health Professionals http://www.medicinenet.com/emotional_eating/article.htm

Healthy Food Choices

Montana Office of Instruction, Child Nutrition Programs, has developed All It Takes is Nutritious SEN\$E: Students Encouraging Nutritious Snacks Everyday tool kit. This toolkit will guide the participant through key concepts and considerations necessary to make these positive changes. In the end, the school store will not only continue to be profitable, it will contribute to student health and well being in the school. View the entire tool kit at the following website: <http://www.opi.state.mt.us/schoolfood/nutritiousense.htm>

Food and Nutrition Fun for Children is a publication prepared as a resource for parents, teachers, educators, and child care providers interested in materials that will create a food and nutrition awareness in children while teaching them the ABC's of healthy eating. From the Food and Nutrition Information Center at <http://www.nal.usda.gov/fnic/pubs/bibs/gen/childlit.html>

MyPyramid was developed to carry the messages of the dietary guidelines and to make Americans aware of the vital health benefits of simple and modest improvements in nutrition, physical activity and lifestyle behavior. <http://www.mypyramid.gov>

Preparation Skills and Easy, Convenient Recipes

Making Food Preparation Easy by Susan Mills-Gray, a Nutrition Specialist at the University of Missouri Extension
<http://extension.missouri.edu/silver-threads/2003/easy%20food%20prep.htm>

American Heart Association. This on line cookbook provides general health information, weight management tips, a guide to grocery store shopping, tips on eating away from home, and healthy snack ideas as well as recipes.

<http://www.deliciousdecisions.org/sm/index.html>

Heart Healthy Food Preparation Ideas from the National Heart, Lung, and Blood Institute. This site describes how certain ingredients and preparation methods can add unwanted saturated fat and cholesterol to your dishes. The site provides examples of lower fat cooking methods and tips on how to serve dishes low in saturated fat and cholesterol.

<http://nhlbisupport.com/chd1/Tipsheets/hearthealthy.htm>

Articles to implement the 2005 Dietary Guidelines are found at this site. It also provides information and links for recipes for easy meals with dry beans. University of Nebraska Cooperative Extension at
<http://lancaster.unl.edu/food/ciq-recipes.htm>
and <http://lancaster.unl.edu/food/ftapr05.htm>

Food & Health Communications has updated their online recipe database for food and nutrition professionals. This site provides free recipes that are high in fiber, low

in fat and sodium and are based on whole grains, vegetables, beans and fruit. They are easy to make using common ingredients and best of all they are well-tested and taste great.
<http://communicatingfoodforhealth.com/recipes.php>

Portion control

Food Guide Pyramid. The Center for Nutrition Policy and Promotion, an organization of the U.S. Department of Agriculture, was established in 1994 to improve the nutrition and well-being of Americans. This web site provides guidance on using the food guide pyramid to help you choose the foods and amounts that are right for you
www.mypyramid.gov

The Weight-control Information Network provides the general public, health professionals, the media, and Congress with up-to-date, science-based information on weight control, obesity, physical activity, and related nutritional issues. Just Enough for you: About Food Portions” is an example of a handout.
http://win.niddk.nih.gov/publications/just_enough.htm

U.S. Department of Agriculture Center for Nutrition Policy and Promotion. How Much Are You Eating? Home and Garden Bulletin No. 267-1. March 2002. Phone 1-888-878-3256.

<http://www.usda.gov/cnpp/Pubs/Brochures/HowMuchAreYouEating.pdf>

University of Pittsburg Medical Center- This web site provides information from UPMC Nutrition Services' network of registered dietitians that can guide you toward enhanced well-being. “Understanding Portion

Control”

[http://nutritionservices.upmc.com/
NutritionArticles/Habits/Portions.htm](http://nutritionservices.upmc.com/NutritionArticles/Habits/Portions.htm)

Colorado Department of Public Health-
“Portion Control” following information pro-
vides a quick glance at daily serving recom-
mendations of the USDA Food Guide
Pyramid:

[http://www.cdph.state.co.us/steps/
portioncontrol.html](http://www.cdph.state.co.us/steps/portioncontrol.html)

Reading Labels

Developed by The US Department of
Agriculture, this site offers complete informa-
tion on food labels.

[http://www.fda.gov/opacom/backgrounders/
foodlabel/newlabel.html](http://www.fda.gov/opacom/backgrounders/foodlabel/newlabel.html)

On the Teen Scene: Food Label Makes
Good Eating. Teenagers can make the new
food label work for them to lose weight, gain
weight, eat less fat, or simply stay in shape.

[http://www.fda.gov/fdac/features/
795_teenfood.html](http://www.fda.gov/fdac/features/795_teenfood.html)

Reading Food Labels. This site provides
food label reading tips from the American
Diabetes Association.

[http://www.diabetes.org/
nutrition-and-recipes/nutrition/foodlabel.jsp](http://www.diabetes.org/nutrition-and-recipes/nutrition/foodlabel.jsp)

U.S. Food and Drug Administration
Center for Food Safety and Applied
Nutrition. Guidance on How to Understand
and Use the Nutrition Facts Panel on Food
Labels. June 2000.

www.cfsan.fda.gov/~dms/foodlab.html.

Smart Food Shopping

American Heart Association (Refer to the
Preparation and Recipe section for full detail
on this web site.)

[http://www.deliciousdecisions.org/sm/
index.html](http://www.deliciousdecisions.org/sm/index.html)

Tip Sheet: Healthy Eating Starts With
Healthy Food Shopping. The National Heart,
Lung, and Blood Institute Obesity Guidelines
say that you can reduce the time you spend
cooking healthy by using a shopping list and
keeping a well-stocked kitchen.

[www.nhlbi.nih.gov/health/ public/heart/
obesity/lose_wt/shop.htm](http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/shop.htm)

Snacks

American Society of Pediatrics and
American Family Practitioners Association
sponsor this web site for schoolchildren. It
stresses vitality, healthy choices, kid-prepared
snacks, etc. and is very interactive.

www.Kidnetic.com

PARENTING SKILLS TOPICS:

Learning skills to evaluate advertisement

Center for Science in the Public Interest.
Marketing Junk Food to Kids and Pester-
ing Parents. The CSPI report identifies a pleth-
ora of ways that companies target kids in their
homes, in their schools, on the web, and
wherever else kids go.

<http://www.cspinet.org/new/200311101.html>

Parenting skills on food choices and being good role models

The kit, “Preventing Childhood
Overweight and Obesity: Parents Can Make a

Difference”, addresses the issue of the increasing rate of childhood obesity and how parents can be involved in solutions to this problem. The kit allows participants to choose between viewing background information on childhood overweight and obesity on a video or DVD. Handouts in reproducible format are included for sharing at meetings and presentations. For downloadable versions of the materials, access the Project PA website at www.psu.edu/projectpa.

PHYSICAL ACTIVITY TOPICS:

Increasing physical activity

Lighten Up Alabama is a fun, four month health, and fitness program that encourages Alabamians to develop healthy, active lifestyles and eating habits. Alabamians are encouraged to form teams (2 to 10 people), select a team name and team captain, receive weekly health and nutrition tips (via e-mail), and strive for a healthy Alabama! <http://www.lightenupalabama.org>

Alabama Walk is a program designed to profile highway safety deficiencies encountered by children who walk to school daily. The program is dedicated to improving school zone safety and access for pedestrians and promoting the health benefits of walking. Primary goals of the program include identifying and correcting highway related safety deficiencies around schools, raising community awareness and involvement regarding safety and pedestrian issues and promoting walking as an alternative form of transportation. www.alabamawalk.org

Healthy lifestyles benefit everyone. And

when you take part in this special 90 day program you will have the support of the YMCA behind you every step of the way. Making healthy and smart choices includes the entire family. That is why the ShapeUp 2005 program offers beneficial experiences for you and your entire family. <http://www.shapeup2005.com> or <http://www.ymcamontgomery.org/>

The goal of Activate America is to improve the health and wellness of all Americans by equipping the nation's 2,575 YMCAs to become dramatically more effective in directly helping individuals and families live healthier lives, and helping lead their communities and the nation, to reduce barriers and increase supports for healthy living. YMCA "Activate America" was developed utilizing the expert advice of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation. To find a YMCA go to <http://www.ymca.net/index.jsp>

American College of Sports Medicine's mission is devoted to public awareness and education about the positive aspects of physical activity for people of all ages, from all walks of life. <http://www.acsm.org/health%2Bfitness/index.htm>

Creating Opportunities for Physical Activity. On this web site The American Academy of Pediatrics summarize interventions entitled, 2005 Healthy Tomorrows Projects. www.aap.org/commpeps/htpcp/2005%20Project%20Descriptions.doc

Walkable communities

Auburn, AL has been recognized as a model bikeable, walkable community.

Organizing and planning information is located on their website.

www.auburnalabama.org

The Community Guide's systematic review of the effectiveness of selected population based interventions designed to increase levels of physical activity focused on interventions in three areas: informational approaches to increasing physical activity; behavioral and social approaches to increasing physical activity; and environmental and policy changes to increasing physical activity

<http://www.thecommunityguide.org/pa/default.htm>

SCHOOL INTERVENTIONS AND POLICY CHANGES:

How to Complete a Healthy School Index Assessment

CDC provides downloadable materials and instructions at this site:

<http://apps.nccd.cdc.gov/shi/>

School Wellness Policies:

Team Nutrition's website serves as a clearinghouse of information on the components that should be considered when establishing a school wellness policy. Examples of policies already developed by schools and State agencies are provided as resources and references. These policies are not endorsed by USDA nor do they represent a comprehensive list. They are provided to enable schools to have a vari-

ety of examples for local policy development.

<http://www.fns.usda.gov/tn/Healthy/wellnesspolicy.html>

Action for Healthy Kids (AFHK) is a nationwide initiative dedicated to improving the health and educational performance of children through better nutrition and physical activity in schools. This effort represents a response to our nation's epidemic of overweight, sedentary, and undernourished children and adolescents. Healthy schools produce healthy students -- and healthy students are better able to learn and achieve their true potential.

<http://www.actionforhealthykids.org>

Team Nutrition is an integrated, behavior-based, comprehensive plan for promoting the nutritional health of the Nation's children.

<http://www.fns.usda.gov/tn>

WELLNESS PROGRAMS

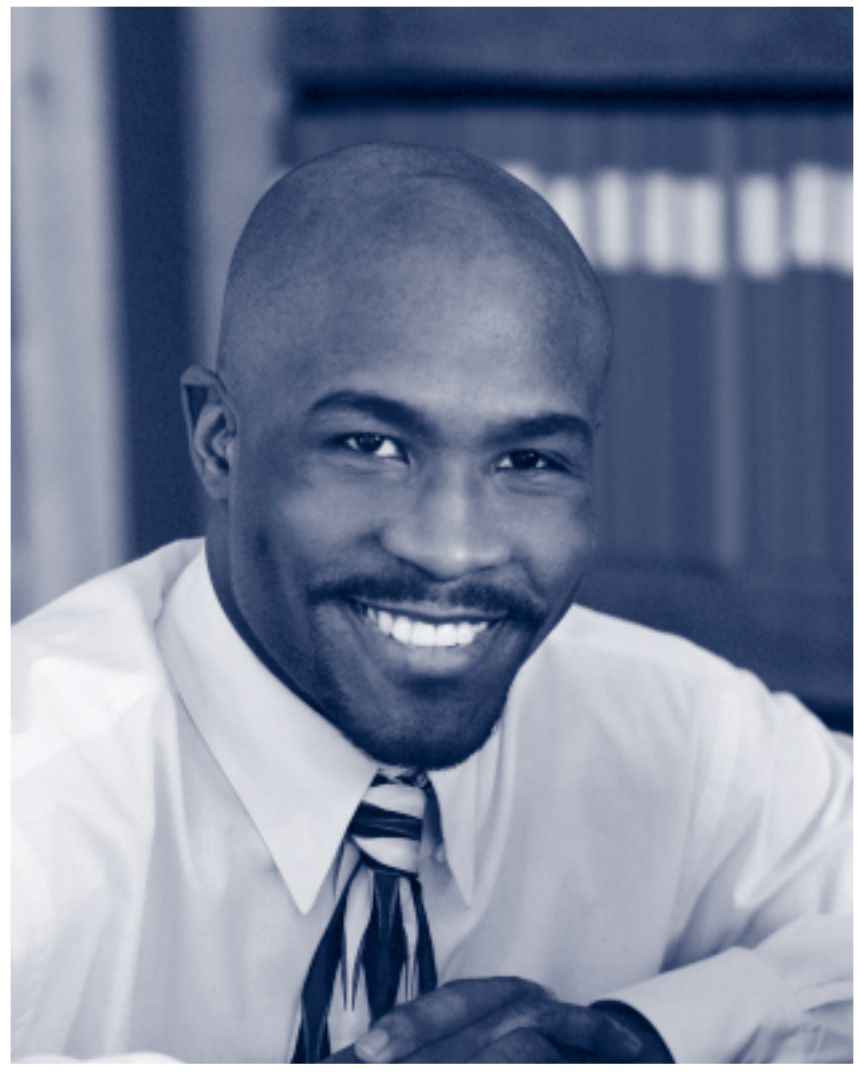
Heart At Work is American Heart Association's flexible, effective, affordable health promotion program -- and it's online. This program enables worksite coordinators to conduct health promotion activities that inspire employees and their families to lower their risk of heart disease and stroke.

www.americanheart.org or
<http://216.185.102.50/haw/>

National Cancer Institute's Body & Soul is a wellness program for African American churches that empowers church members to eat 5 to 9 servings of fruits and vegetables every day for better health. Body & Soul

combines pastoral leadership, educational activities, a church environment that supports healthy eating, and peer counseling to encourage members to eat more fruits and vegetables. The Body & Soul program guide explains how to run the program in the church.

<https://cissecure.nci.nih.gov/ncipubs/searchResults.asp?subject2=Nutrition>



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