One of every five children in Georgia is overweight – or 20% of all residents under age 18. Like many other health indicators, Georgia fares worse than the nation as a whole; approximately 15% of all children in the United States are currently overweight, up from 11% only a decade ago.

This recently recognized epidemic becomes even more serious when the number of children at risk for overweight is included. Using Body Mass Index (or BMI), a common measure of weight status, three in ten (29.7%) middle school students aged 11 to 14 years are either overweight or at risk for overweight. And one in four (26.7%) high school students aged 14 to 18 years is overweight or at risk for overweight.

African American middle and high school students are at greatest risk for being overweight, followed by Hispanics and then whites. And males of all racial and ethnic groups in both middle and high school are twice as likely to be overweight than their female counterparts.

Almost 30% of Georgia middle school students and another 25% of high school students are either overweight or at risk of being overweight.

Studies have shown that overweight children are more likely to have

- Type 2 diabetes mellitus
- Cardiovascular problems such as high blood pressure and high cholesterol
- Asthma, sleep apnea, chronic hypoxemia, early maturation and orthopedic problems
- Psychosocial problems including low self-esteem and depression.

Overweight and obesity have also been linked to endometrial, breast, prostate, and colon cancers. Of particular concern is the fact that youth who are overweight are 70% more likely to be overweight or obese as adults. It is estimated that about one-third of overweight preschool children and one-half of overweight school age children remain overweight in their adult years.

This statistic has significant social and economic implications since overweight and obesity contribute to a number of serious life-threatening or debilitating health conditions in adults, including cardiovascular disease, cancer, and diabetes.

WHAT IS BMI?

The Body Mass Index, or BMI, is a widely used index of weight status for children and adults that relates body weight to height. It is calculated with a simple formula:

\[
\text{BMI} = \frac{\text{weight in kilograms}}{\text{height in meters}^2}
\]

To compare a child’s BMI status with the expected BMI for children of the same age and gender, the Centers for Disease Control and Prevention (CDC) produced BMI-for-Age percentile charts. Using these charts:

A child is overweight if that child’s BMI-for-Age is at or above the 95th percentile.

A child is at risk of overweight if his or her BMI-for-Age is greater than the 85th percentile but less than the 95th percentile.
The two most important factors underlying this epidemic are changes in dietary and physical activity patterns. Nationally, more than one-third of high school students do not regularly engage in vigorous physical activity, and only 29% are enrolled in a daily physical education class. Similarly, students across the nation have poor nutritional habits; on a daily basis, less than one in five eat the recommended five or more servings of fruits and vegetables and over 60% eat too much fat.6

Treatment of overweight that is already established is more difficult, more costly, and less effective than overweight prevention. Thus, to create widespread changes in children's dietary and physical activity habits and patterns, multi-level interventions should be implemented through families, schools, communities, and governmental agencies and should focus on establishing healthy behaviors at the earliest age possible.

After reviewing numerous interventions related to nutrition and physical activity, the Task Force opted to focus on those that have been found effective or highly promising by leading public health institutions and advisory groups, such as the Centers for Disease Control and Prevention, and the school nursing community.

The Task Force met monthly and was chaired by Gary Nelson, President of the Healthcare Georgia Foundation. Its exploration of the childhood obesity issue began by commissioning four papers from nationally recognized experts. These papers examined evidence-based interventions related to nutrition and physical activity from several perspectives: policymaking, health communications, and behavioral and environmental changes. On the basis of these papers and further discussions with national, state, and local experts, the Task Force prepared this brief to share its understanding of the problem along with its collective wisdom on both proven effective and most promising strategies. More detailed findings will be presented to the foundation community on December 10, 2003, followed by facilitated dialogue on possible strategies and directions for addressing this critical health problem.
## Framework of Strategies for Foundations to Address Childhood Obesity

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>PHYSICAL ACTIVITY</th>
</tr>
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<tbody>
<tr>
<td><strong>POLICIES</strong></td>
<td><strong>PROGRAMS</strong></td>
</tr>
<tr>
<td>• Establish nutrition standards for competitive foods provided in schools</td>
<td>• Implement programs in schools and pre-schools that reinforce healthy eating habits through food service and education interventions</td>
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<tr>
<td>• Discourage exclusive marketing contracts between schools and soft drink companies</td>
<td>• Encourage schools to conduct the School Health Index (SHI) to assess the status of health oriented programs and activities in the school, identify gaps, and set priorities</td>
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<tr>
<td>• Require comprehensive nutrition education in curriculum for grades PreK-12</td>
<td>• Lower the price and increase the quantity of more healthful foods in vending machines</td>
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<tr>
<td><strong>COMMUNITIES</strong></td>
<td><strong>SETTINGS</strong></td>
</tr>
<tr>
<td>• Provide financial and other incentives to increase supermarket access in underserved areas</td>
<td>• Implement multi-disciplinary programs on weight management, diet, and exercise</td>
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<tr>
<td>• Designate vacant city land for community gardens and provide free or low-cost water to gardens</td>
<td>• Incorporate healthful nutrition and physical activity information into regular activities offered by park and recreation departments and other community agencies</td>
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<tr>
<td>• Require nutrition labeling on menus, especially in chain restaurants</td>
<td>• Develop communication messages that are achievable and believable</td>
</tr>
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*Working closely with the family unit is an important element of all strategies in both school and community settings.*
The Task Force underscored the need for a concerted effort to address this important public health issue in Georgia. One critical component is a statewide policy vehicle that will:

- Create and maintain a database of effective policies, and disseminate this information.
- Analyze state and local policies, monitor trends, and evaluate interventions.
- Develop state goals and benchmarks.
- Inform policymakers of needed changes.
- Educate policymakers about the importance of adequately funding schools to prevent dependence on income from competitive food sales.
- Work with the media to develop and disseminate effective communication messages.
- Inform organizations of potential funding sources to support program implementation.

Georgia’s philanthropic community also has a unique role in facing the challenge of overweight children. During the December Symposium, foundations will gather together to:

- Better understand the nature and extent of childhood obesity in Georgia and the associated long-term health problems.
- Examine best practices and successful strategies for preventing and correcting childhood obesity from a variety of perspectives (including public policy, research, healthcare access, community norms, environmental concerns, family behavior, and child-serving institutions such as schools, pre-schools, and youth organizations).
- Learn about existing success stories in Georgia and nationally.
- Explore options and opportunities for foundations and grantmakers to fund successful programs statewide and/or in their own communities.

It is hoped that this brief, the Framework, and the Symposium will serve to stimulate further exploration and action and will lead to new and effective partnerships among schools, communities, foundations, and state agencies in improving the lives of children.

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