

Healthy Schools Healthy Youth!

Patty Owen and Erin Peterson

Section of Chronic Disease Prevention
& Health Promotion
Division of Public Health
Department of Health and Social Services
State of Alaska

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Presentation Objectives

Attendees will become familiar with:

- **the national trends and health consequences related to childhood overweight;**
- **the role of schools and communities in preventing obesity**
- **the link between health and learning**
- **the essential components of a healthy school**

Area of concern:

Potential impact of the recent increase in overweight and obesity on children

Height \ Weight	5-0	5-1	5-2	5-3	5-4	5-5	5-6	5-7	5-8	5-9	5-10	5-11	6-0
100	20	19	18	18	17	17	16	16	15	15	14	14	14
105	21	20	19	19	18	17	17	16	16	16	15	15	14
110	21	21	20	19	19	18	18	17	17	16	16	15	15
115	22	22	21	20	20	19	19	18	17	17	17	16	16
120	23	23	22	21	21	20	19	19	18	18	17	17	16
125	24	24	23	22	21	21	20	20	19	18	18	17	17
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160	31	30	29	28	27	27	26	25	24	24	23	22	22
165	32	31	30	29	28	27	27	26	25	24	24	23	22
170	33	32	31	30	29	28	27	27	26	25	24	24	23
175	34	33	32	31	30	29	28	27	27	26	25	24	24
180	35	34	33	32	31	30	29	28	27	27	26	25	24
185	36	35	34	33	32	31	30	29	28	27	27	26	25
190	37	36	35	34	33	32	31	30	29	28	27	26	26
195	38	37	36	35	33	32	31	31	30	29	28	27	26
200	39	38	37	35	34	33	32	32	30	30	29	28	27

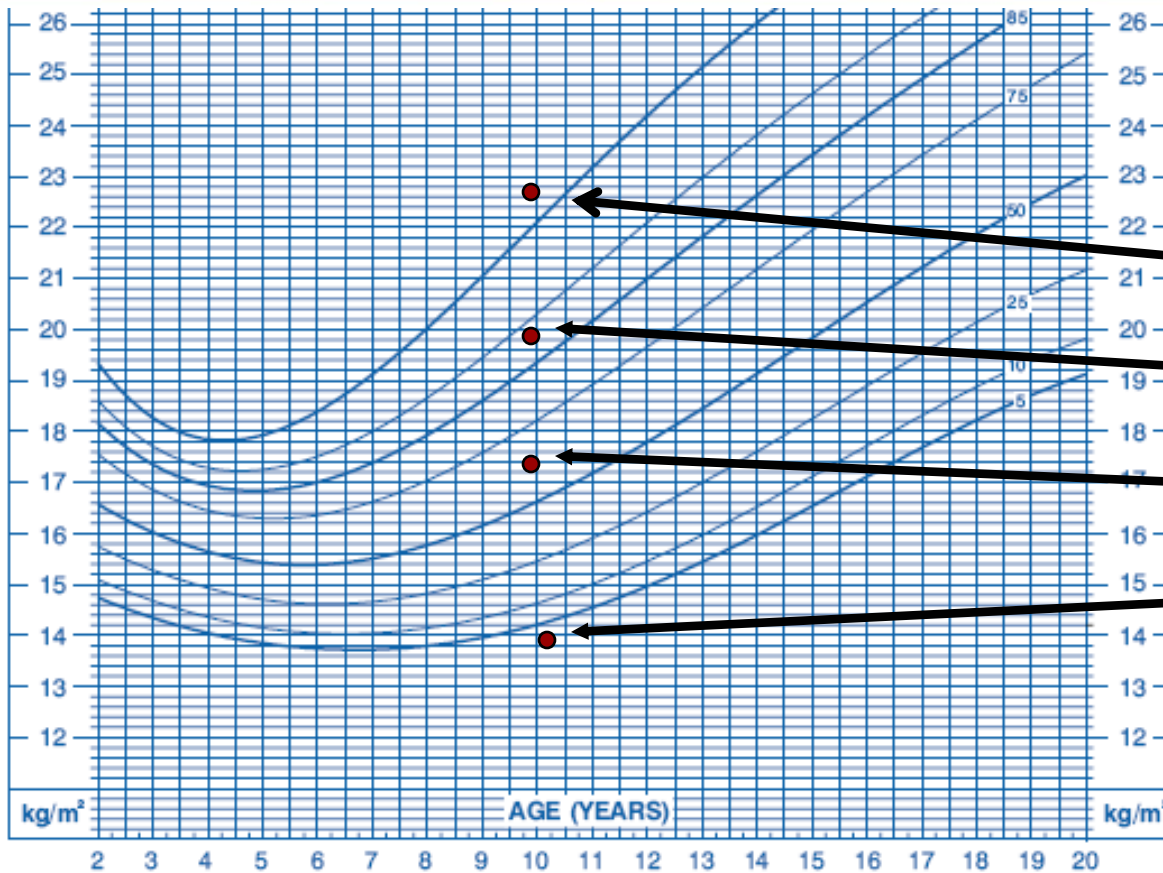
BMI Adults (>20 yrs) Wt (kg) / ht² (m)

Underweight <18.5
 Normal 18.5-24.9
 Overweight 25.0-29.9
 Obese ≥ 30

24 or less – Normal Weight

25-29 – Overweight

>30 – Obese



Example of ten year old boy

- Overweight $\geq 95^{\text{th}}$
- At-risk $85^{\text{th}} - 95^{\text{th}}$
- Normal $5^{\text{th}} - 85^{\text{th}}$
- Underweight $\leq 5^{\text{th}}$

Published May 30, 2000 (modified 10/16/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). <http://www.cdc.gov/growthcharts>



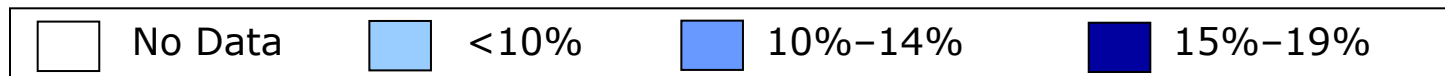
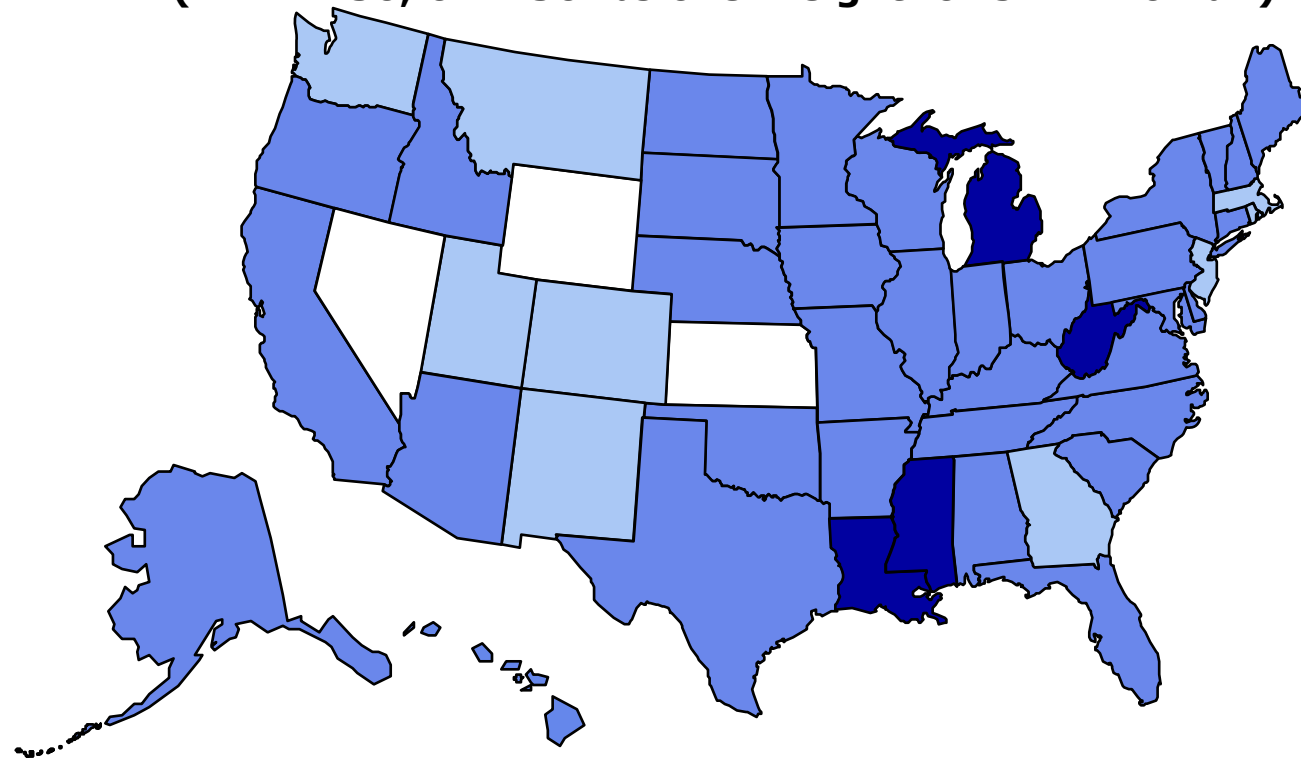
SAFER • HEALTHIER • PEOPLE™

Example: Boys 2- 20 Years BMI for Age Percentiles

Obesity Trends* Among U.S. Adults

BRFSS, 1991

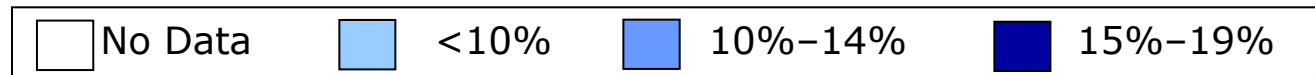
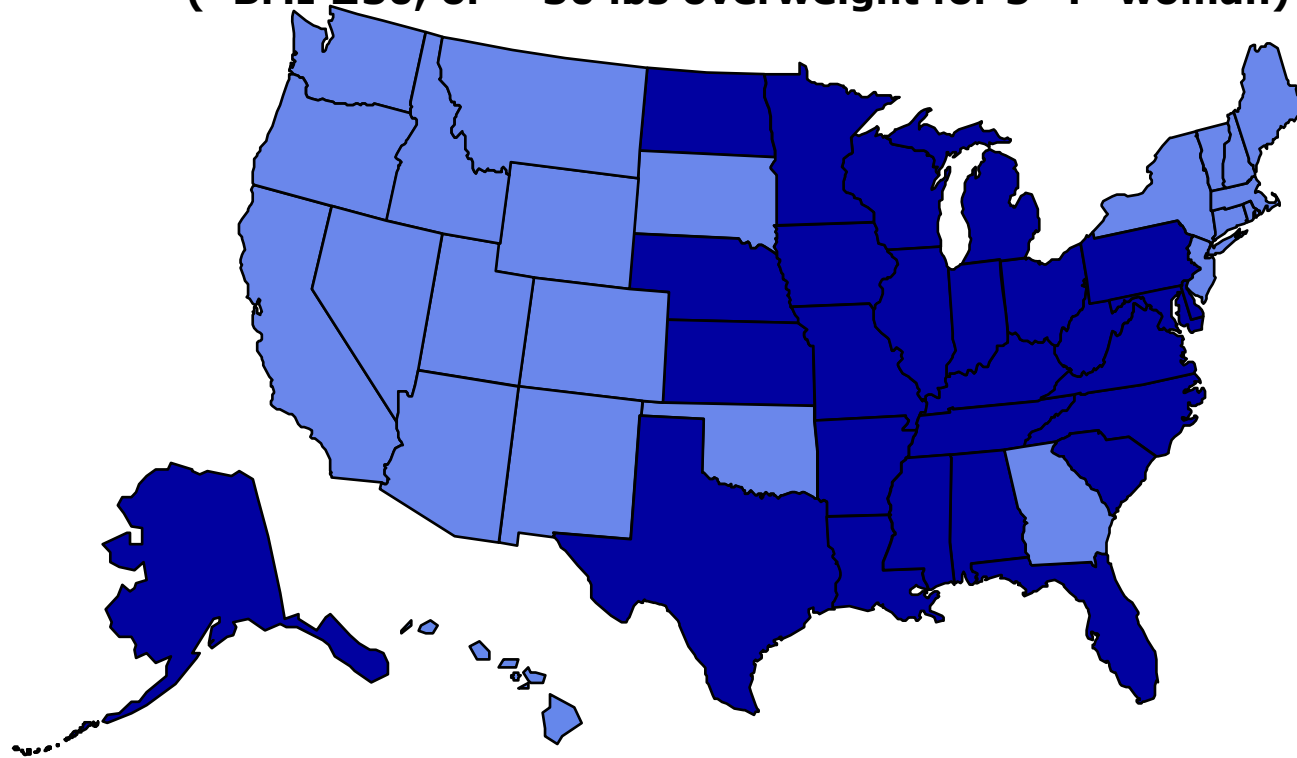
(*BMI ≥ 30 , or ~ 30 lbs overweight for 5' 4" woman)



Obesity Trends* Among U.S. Adults

BRFSS, 1995

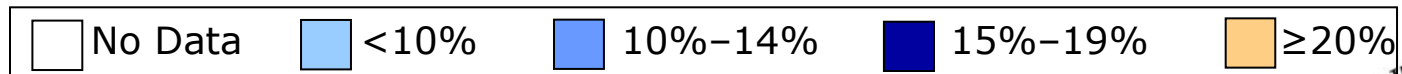
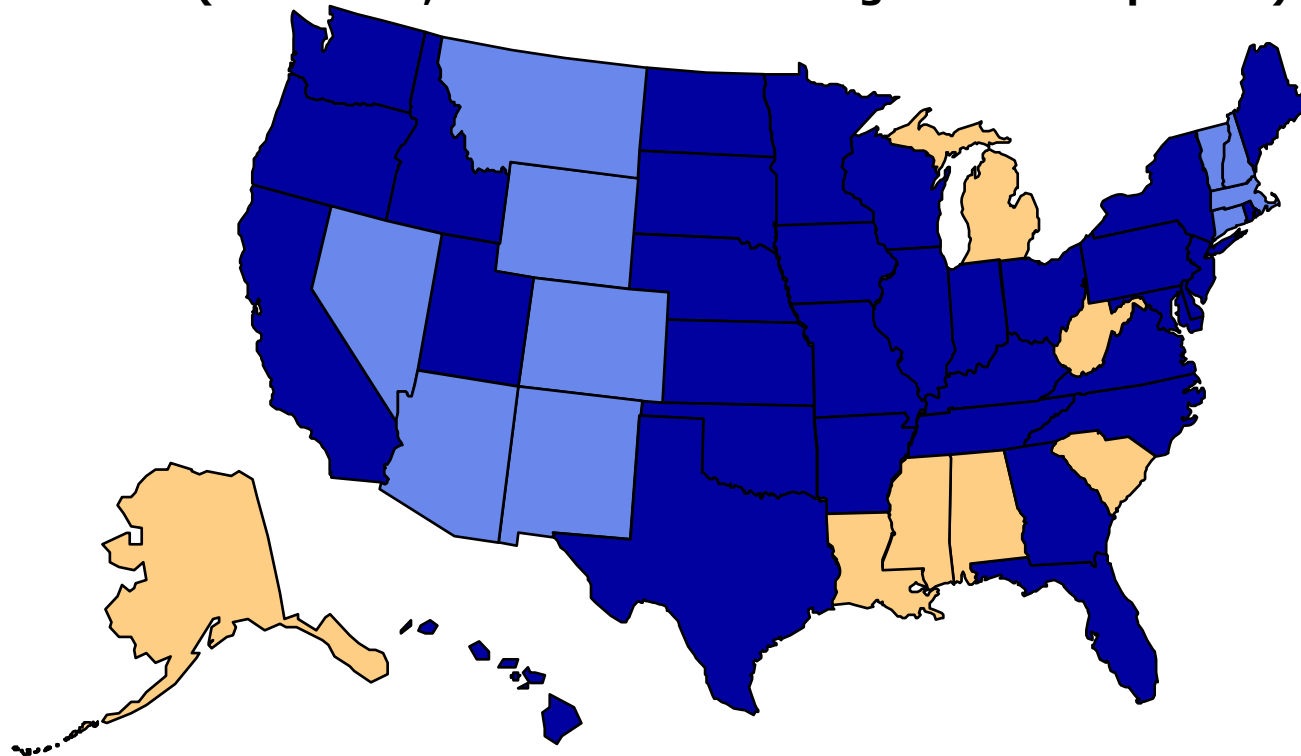
(*BMI ≥ 30 , or ~ 30 lbs overweight for 5' 4" woman)



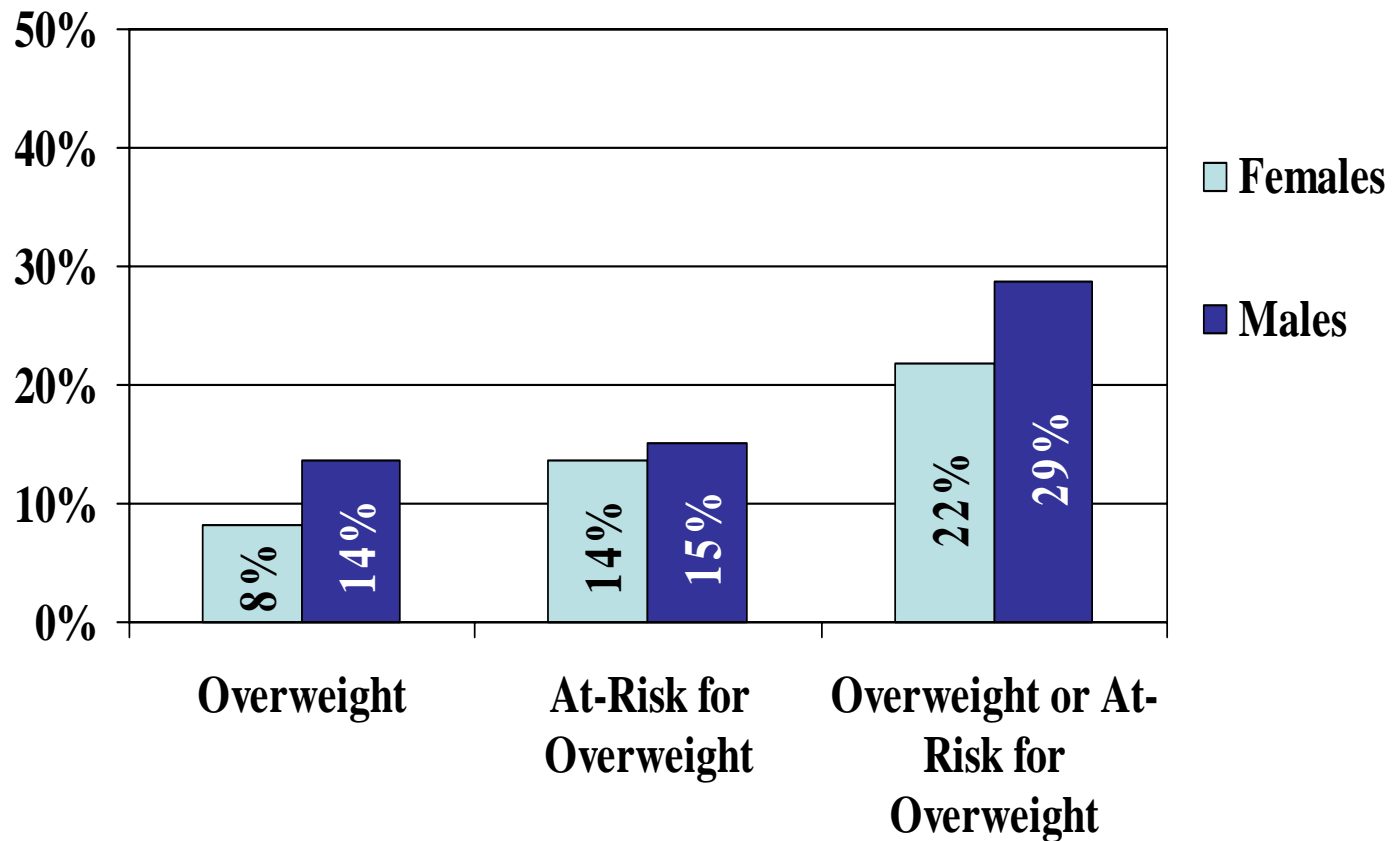
Obesity Trends* Among U.S. Adults

BRFSS, 1998

(*BMI ≥ 30 , or ~ 30 lbs overweight for 5' 4" person)

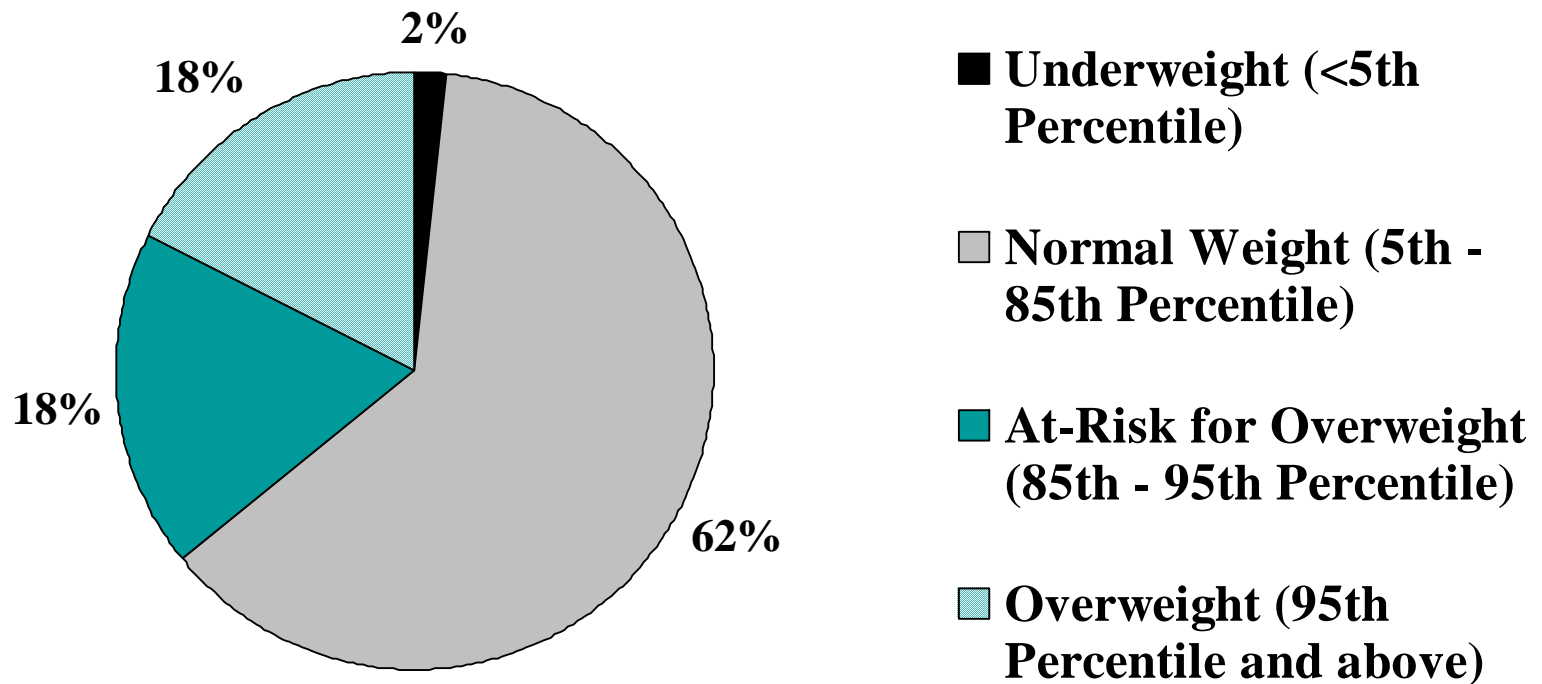


Alaskan High School Students Who Are Overweight or At-Risk for Becoming Overweight

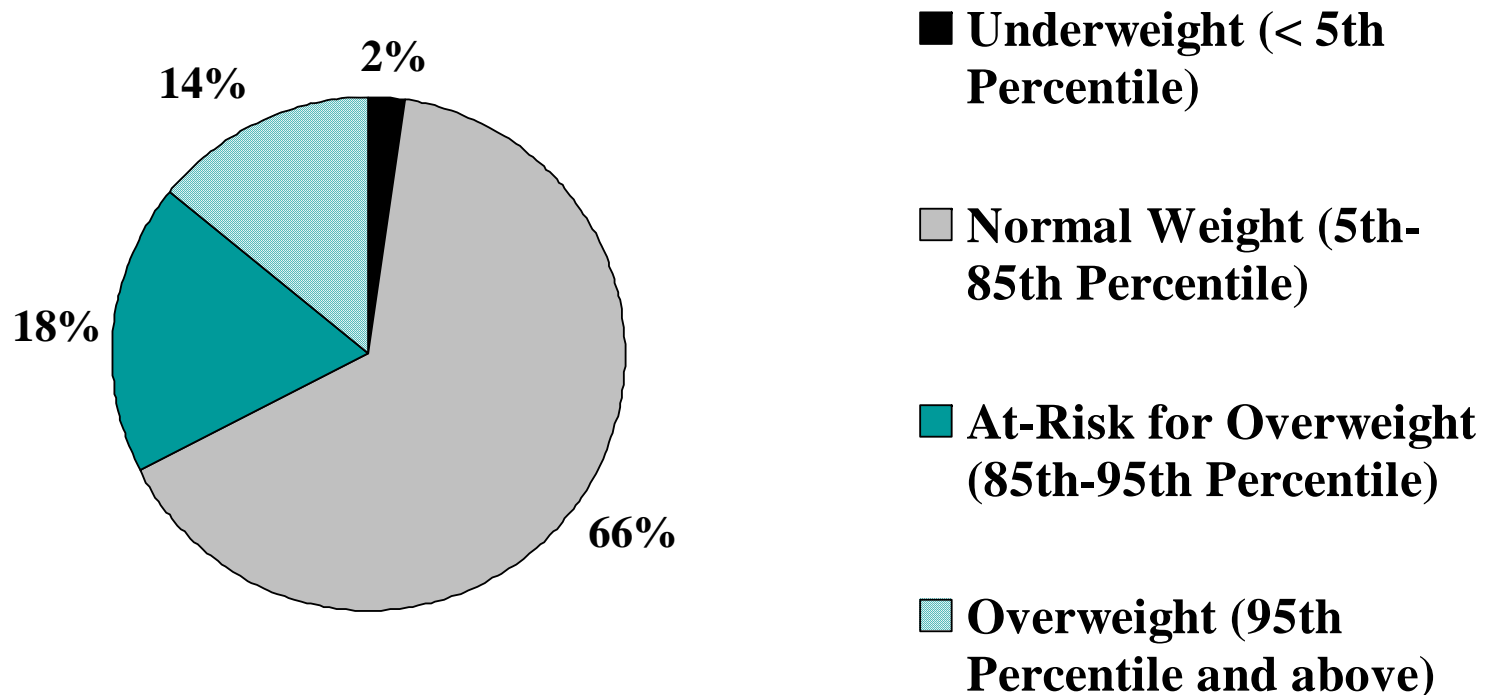


Source: YRBS 2003

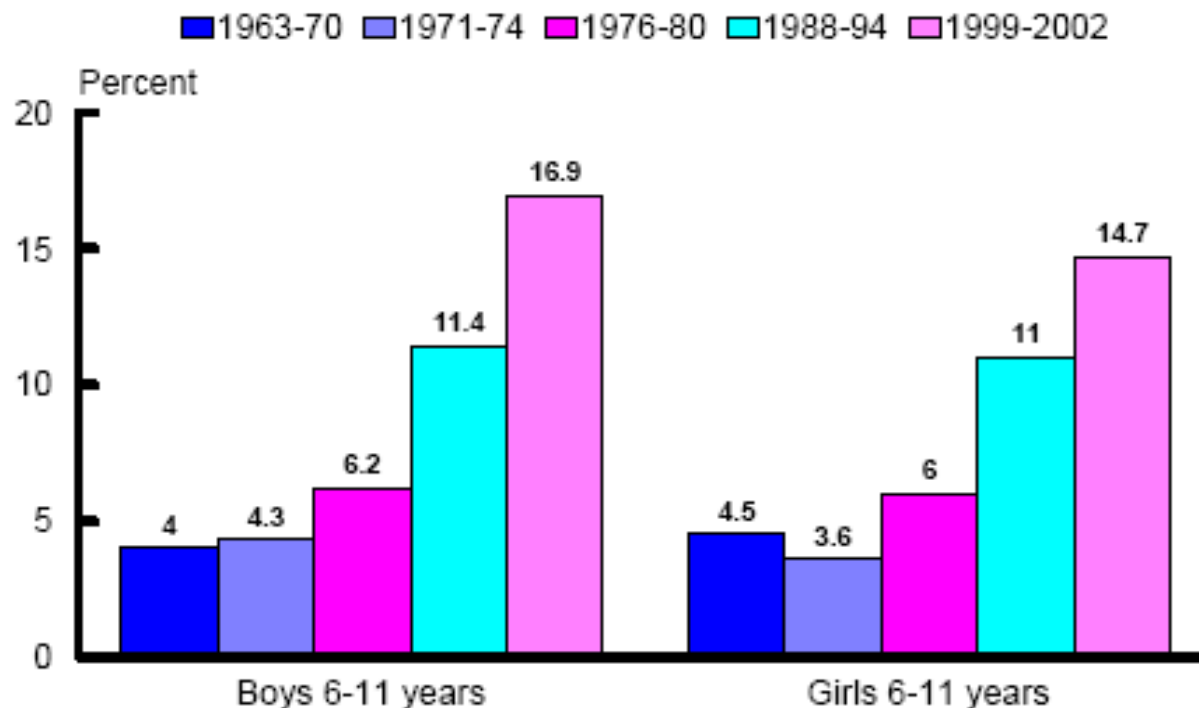
Anchorage School District BMI Status All Students: 1998 – 2003



Anchorage School District BMI Status of Kindergarten and 1st Grade Students: 1998-2003



Trends in prevalence of overweight among children



SOURCE: NHES II & III, NHANES I, II, & III, NHANES 1999-2002;
Ogden et al. JAMA 2002; Hedley et al. JAMA 2004

Why the concern?

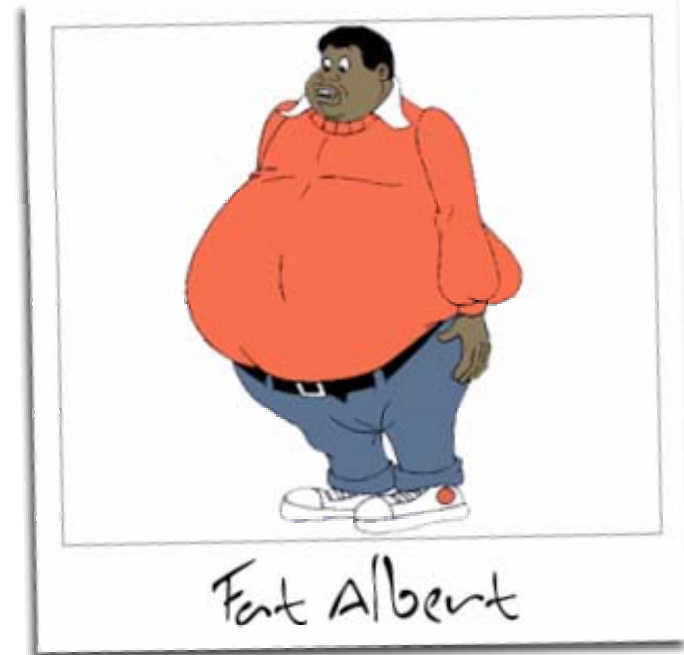
The obesity epidemic threatens to make this generation of American children the first to have a shorter life span than their parents

Source: Ohshansky, SJ, et al. A Potential Decline in Life Expectancy in the United States in the 21st Century. New England Journal Of Medicine 2005; 352:11.

Health Consequences of Obesity

Youth:

- Increased risk of obesity as an adult
- High blood pressure
- High cholesterol
- Orthopedic disorders
- Type 2 Diabetes
- Psychosocial disorders



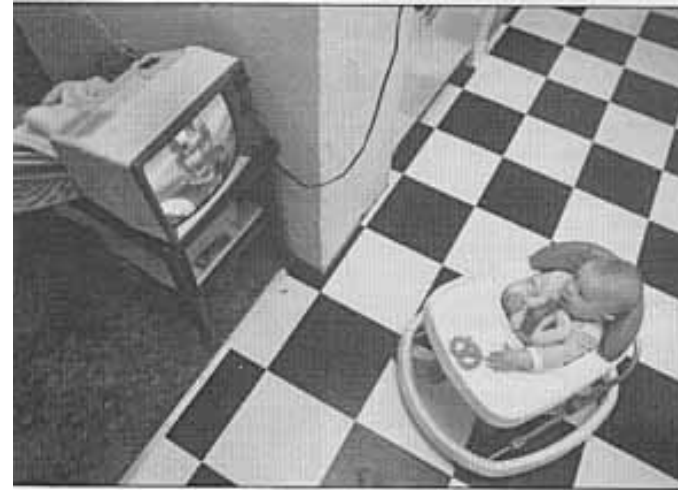
What's Contributing to the Increases in Overweight and Obesity?

Physical Activity

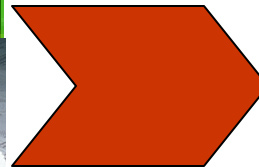
CANINE CONSTITUTIONAL



A brisk walk in the park keeps Maseri in shape between dog to give her 3-year-old Doberman his regular workout. They shows, his owner, Columbus resident Cathy Simbo, get up early typically jog 15 miles in Berlin Park.



Eating Patterns



Television Viewing

“Other than sleep, time spent watching TV represents the single greatest source of physical inactivity among American children”



Source: *Journal of School Health*;72(10):413-420

School Vending Machines

Percent of schools that had either a vending machine or a school store, canteen, or snack bar where students could purchase competitive foods or beverages.

- 43% of elementary schools
- 89.4% of middle/junior high and
- 98.2% of senior high schools

Source: The CDC School Health Policies and Programs Study (SHPPS) 2000 survey

Among Alaskan High School Students

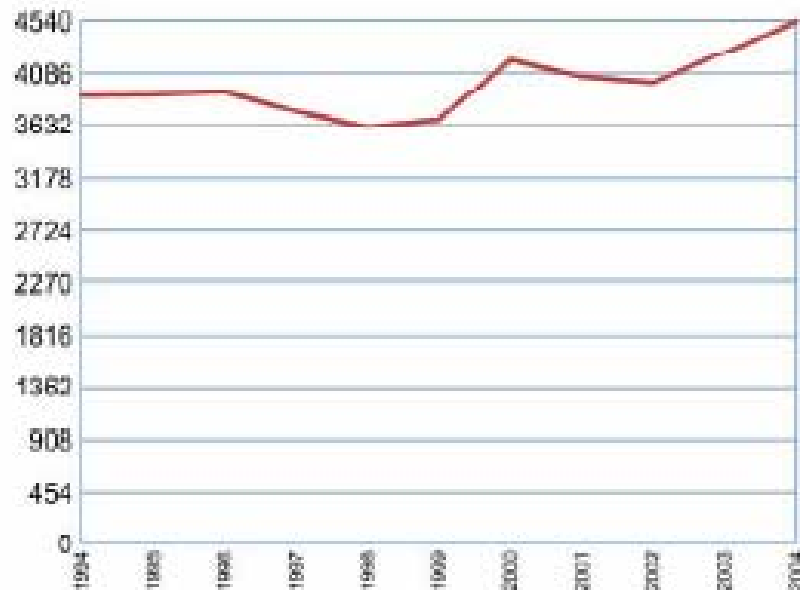
- 84% consume *less* than the recommended 5 daily servings of fruits and vegetables
- 18% participate in daily physical education
- 27% do not meet the CDC minimum recommendations for physical activity
- 28% watch 3 or more hours of television on an average school day

- Source: YRBS, 2003

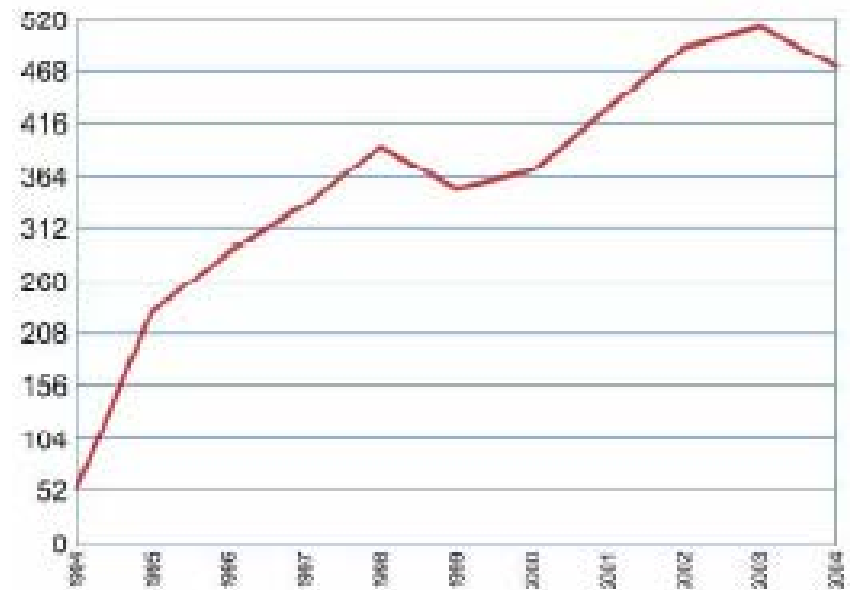



 INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Significant Growth in New Food Products Targeted to U.S. Children and Youth, 1994 to 2004



New products targeted to total market



New products targeted to children & youth

Source: Williams J. 2005b. *Product Proliferation Analysis for New Food and Beverage Products Targeted to Children 1994-2004*. University of Texas at Austin Working Paper.

Alaska in Action

Statewide Physical Activity and Nutrition Plan



Plan Goals

- Goal 1: Increase the percentage of Alaskans who recognize the need to address overweight and obesity
- Goal 2: Increase the percentage of Alaskans who are physically active
- Goal 3: Increase the percentage of Alaskans who make healthy food choices
- Goal 4: Increase the percentage of Alaskans who maintain a healthy weight

Alaska in Action

Statewide Physical Activity and Nutrition Plan



Settings:

Goals, Aims, Strategies



Healthcare

Mass Communication



- **School Based**



- **Community**

Obesity Prevention and Control Program

Program Activities:

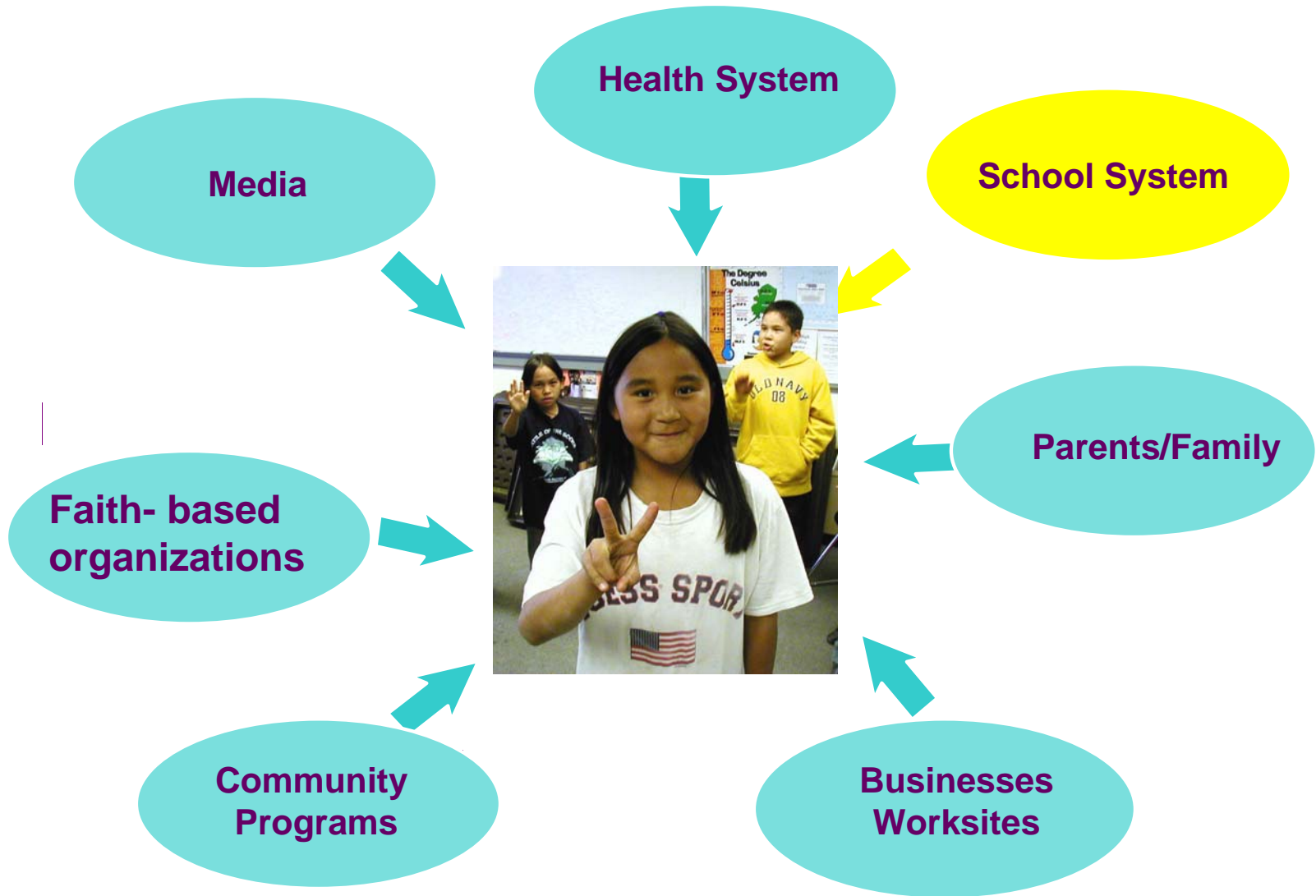
- Surveillance and Evaluation
 - Weight Status, Nutrition, Physical Activity
- Resource Development and Distribution
 - State Physical Activity and Nutrition Plan
 - School Wellness Policy Toolkit
 - Head Start Training Manual



Obesity Prevention and Control Program Activities (Continued)



- Training and Technical Assistance
 - Community Groups
 - Employers
 - Schools
 - Local Governments and Non-profits
 - Statewide Coalitions
- Public and Professional Education



Working together for healthier children

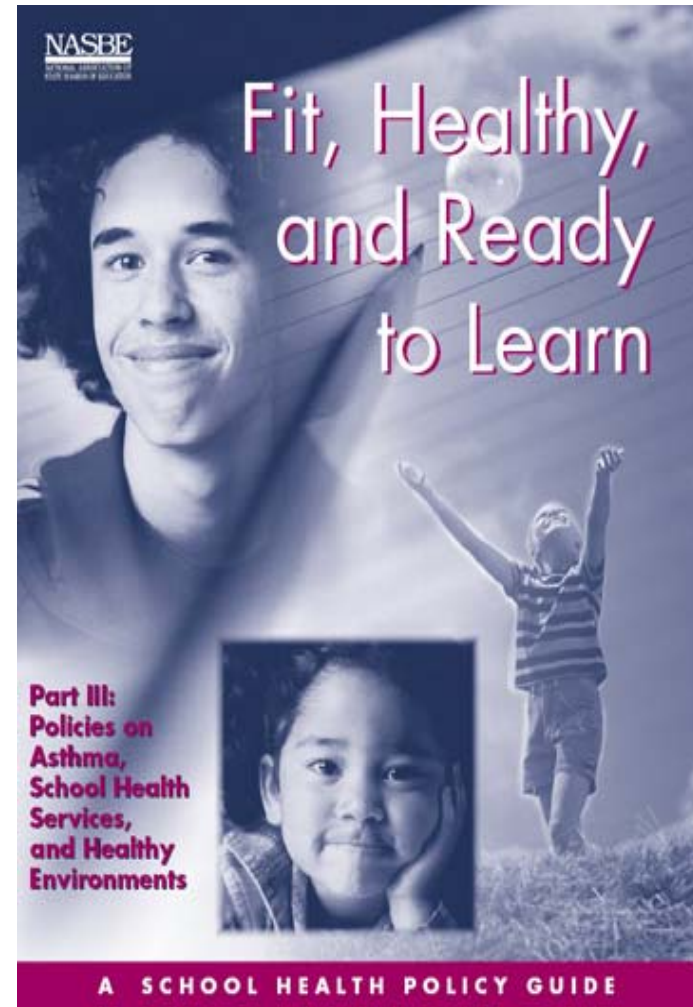
What Schools Can Do

“Schools have more influence on the lives of young people than any other social institution except the family and provide a setting in which friendship networks develop, socialization occurs, and norms that govern behavior are developed and reinforced.”

Healthy People 2010

Fit, Healthy and Ready to Learn

"Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially."



National Association of State Boards of Education

More education = Better health

What Schools Can Do

- Implement a Coordinated School Health Program
- Designate a school health coordinator and maintain an active school health council
- Assess and strengthen school health policies and programs
- Conduct the Youth Risk Behavior Survey

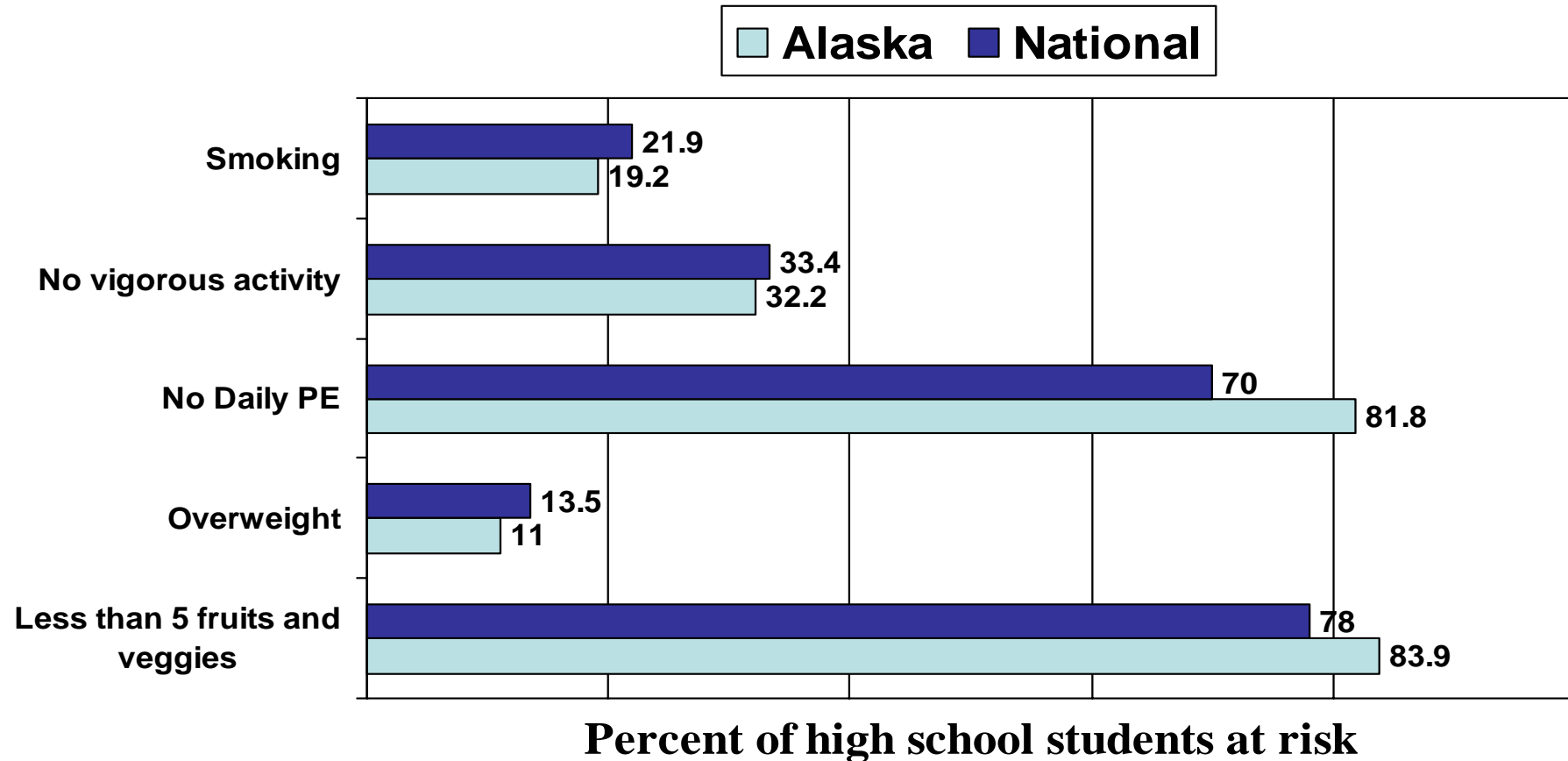
Alaska Youth Risk Behavior Survey 2003



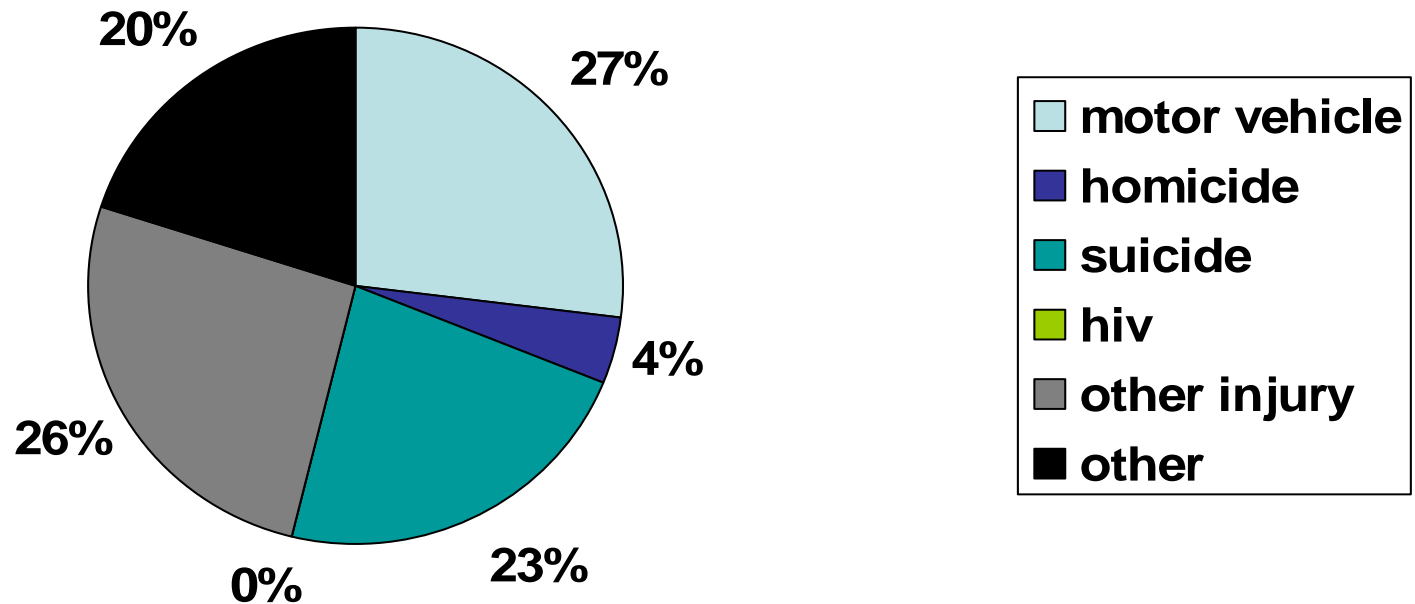
Of high school students in a class of 30:

- 5.8 smoked in last 30 days
- 11.6 drank alcohol during the past 30 days
- 7.2 used marijuana during the past 30 days
- 3.3 were overweight
- 25.2 did not eat five or more fruits and vegetables per day
- 2.4 attempted suicide in the past 12 months
- 11.9 had ever had sexual intercourse
- 9.7 did not participate in vigorous physical activity 3 or more days during past 7 days
- 24.5 did not attend daily P.E.
- 4.5 rarely or never wore a seat belt
- 7.5 rode with a driver who had been drinking alcohol
- 5.5 carried a weapon during the past 30 days

Youth Risk Behaviors 2003

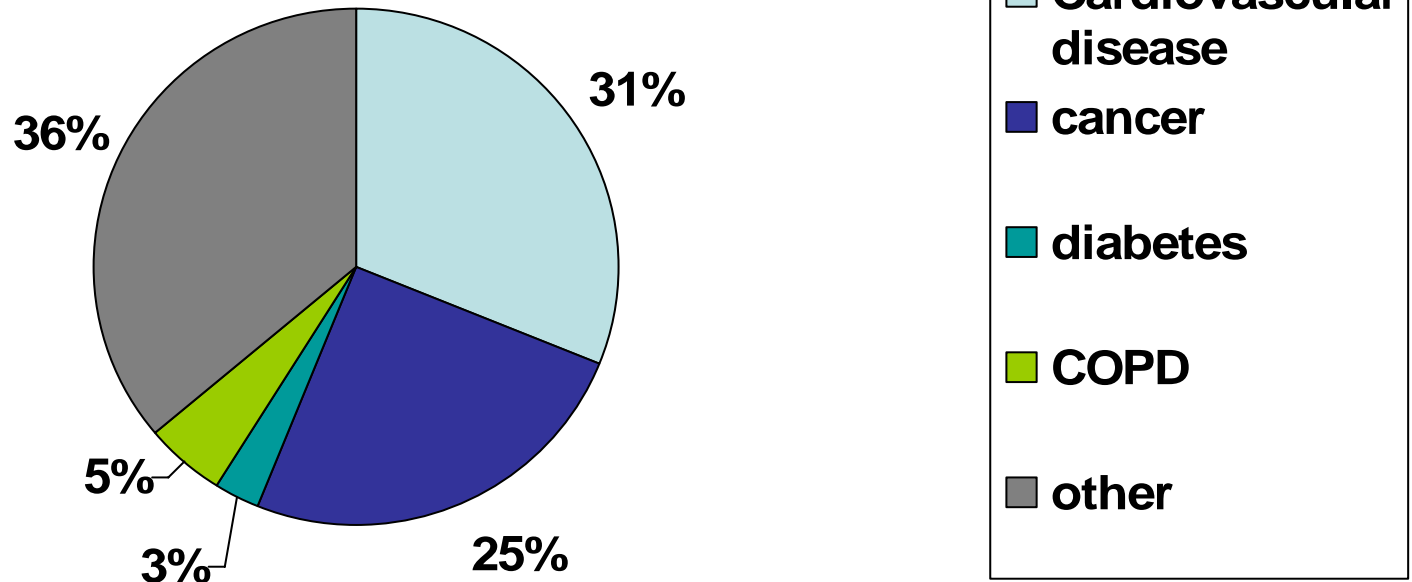


Leading Causes of Death in Alaska Youth aged 10-24 years

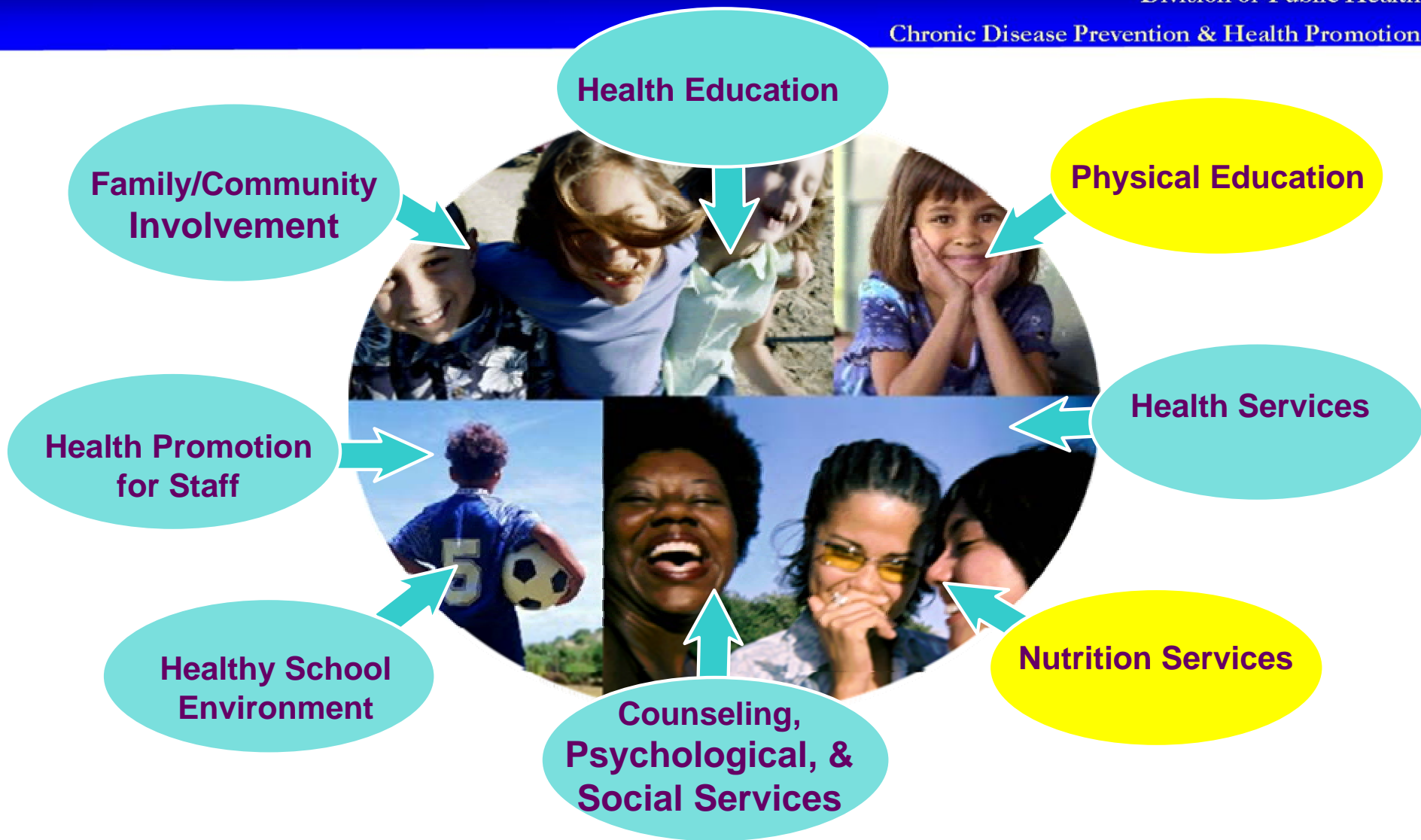


National Center for Health Statistics, 2001 mortality

Leading Causes of Death in Alaska Adults aged 25 and older



National Center for Health Statistics, 2001 mortality



Coordinated School Health Programs



National Center for Chronic Disease Prevention and Health Promotion

Healthy Schools Healthy Youth!



ut DASH
's Division of
escent and
ool Health (DASH)
tact Us

Building School Health

- [CSHP](#) Coordinated School Health Program
- [School Health Index](#)
- [Funding Resources](#)
- [Program Evaluation](#)
- [Publications & Links...](#)

Health Topics

- [Crisis Preparedness & Response](#)
- [Childhood Obesity](#)
- [Asthma](#)
- [Sexual Behaviors](#)
- [Publications & Links...](#)

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Data & Statistics

- [YRBSS](#) Youth Risk Behavior Surveillance System
- [Profiles](#) School Health Profiles
- [SHPPS](#) School Health Policies and Programs Study
- [Publications & Links...](#)

[More...](#)

Our Funded Partners

- [Education Agencies](#)
- [National Organizations](#)
- [Directory of Program Staff](#)

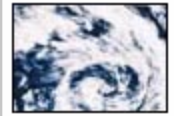
Disease Detectives



It's what you do!



RECENT ADDITIONS



[Hurricane Katrina and Schools](#)



[VERB: Year One Results](#)



[Self-reported Asthma Among High School Students](#)
recent *MMWR*



[Food-Safe Schools Action Guide](#)

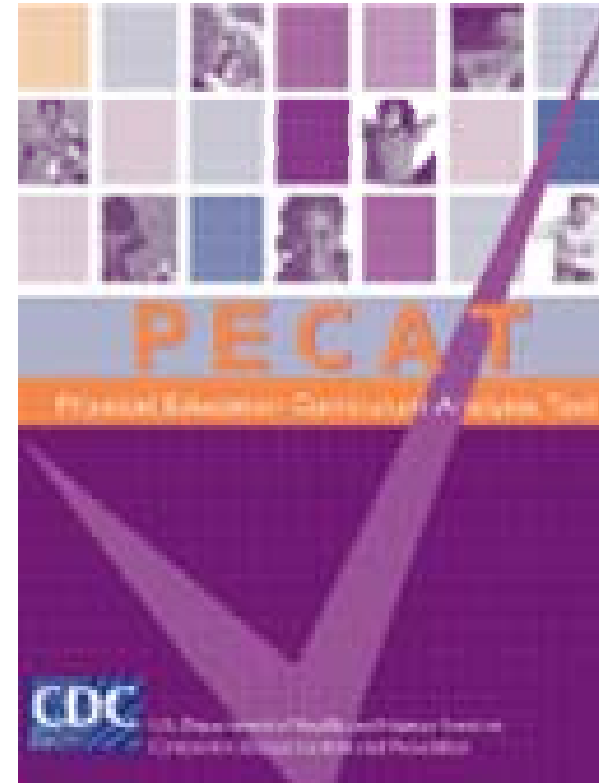
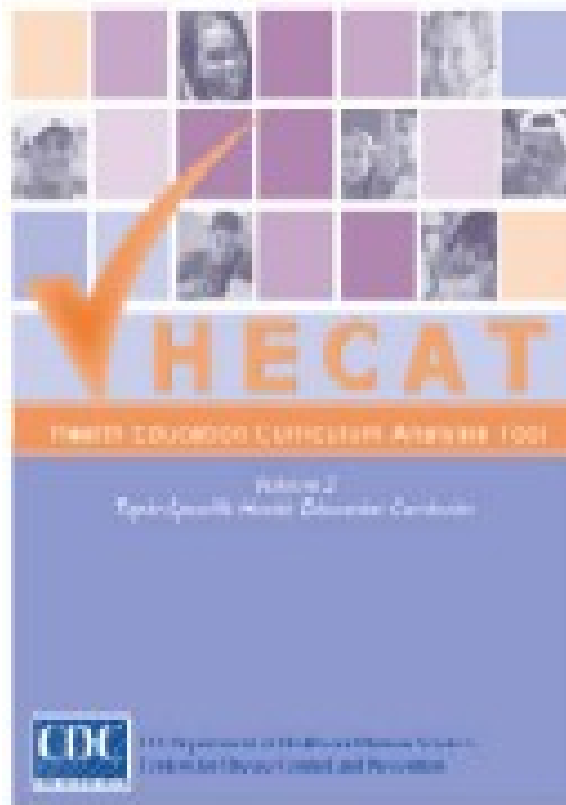


[Making It Happen: School Nutrition Success Stories](#)

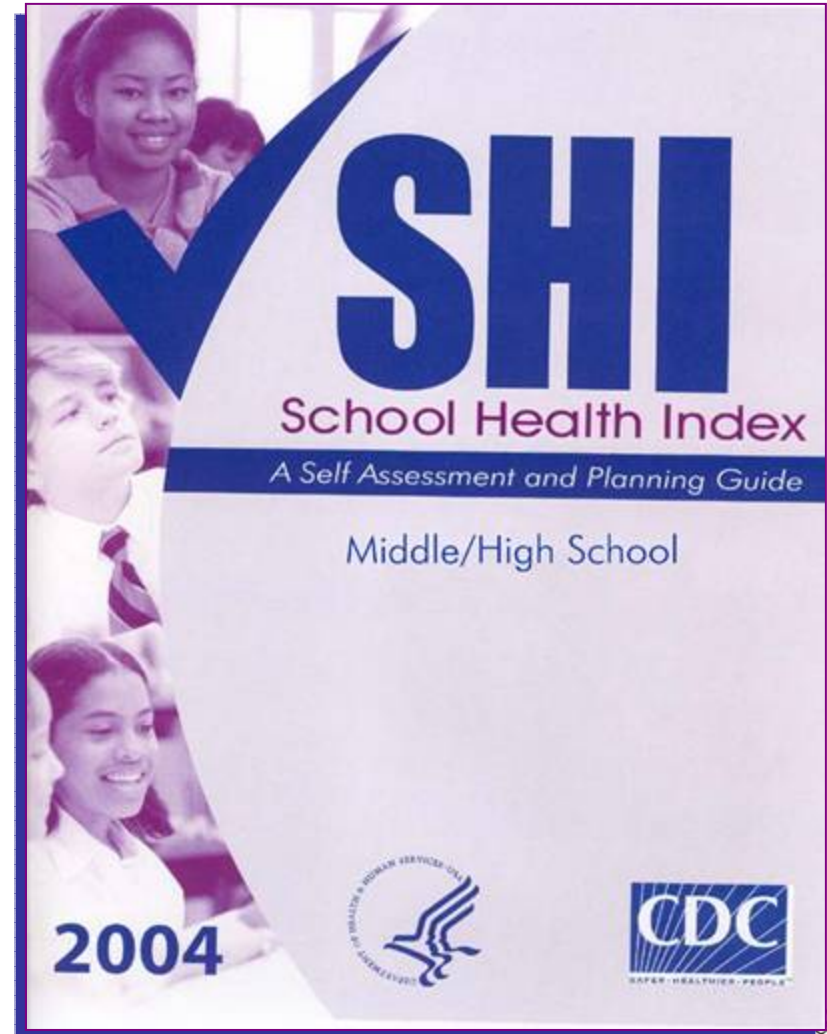
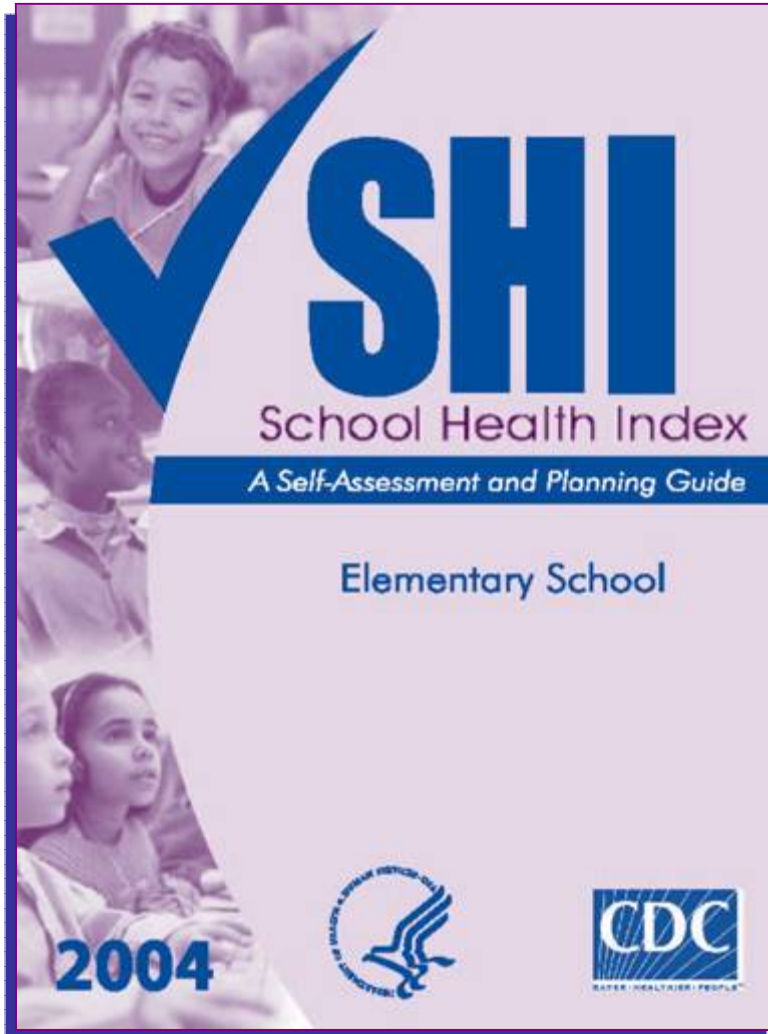
CDC Guidelines for School Health Programs



Curriculum Assessment



School Health Index



Alaska School Wellness Toolkit



A Resource for Local School Wellness
Policy Development and Implementation

Division of Public Health Staff:

Erin Peterson, MPH

Obesity Program Manager, 907-269-8181

Erin_Peterson@health.state.ak.us

Karol Fink, M.S., R.D.

Nutrition Specialist, 907-269-3457

Karol_Fink@health.state.ak.us

Russ Stevens

Physical Activity Specialist, 907-465-8541

Russ_Stevens@health.state.ak.us

Patty Owen, School Health/YRBS Coordinator,

907-465-2768

Patty_Owen@health.state.ak.us