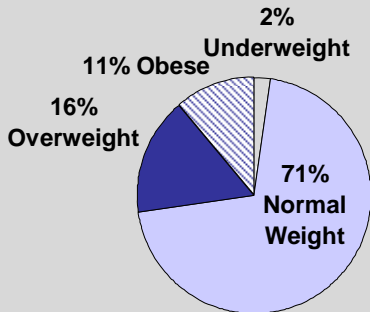


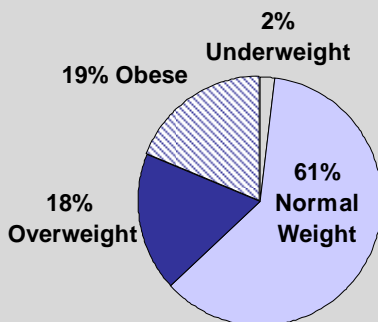
# Reversing Alaska's Childhood Obesity Trend: A Comprehensive Initiative

## Weight Status of Alaska Children and Adolescents.

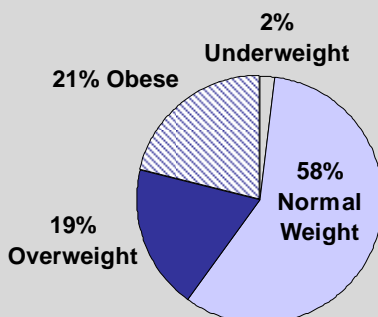
Alaska high school students  
9<sup>th</sup> – 12<sup>th</sup> grades (2007)<sup>1</sup>



ASD enrolled students  
K – 12<sup>th</sup> grades (2003-2005)<sup>2</sup>



WIC enrolled 2 – 4 year-olds  
(2000-2005)<sup>3</sup>



## How big is the problem?

- 27% of Alaska high school students are overweight or obese<sup>1</sup>
- 37% of Anchorage School District (ASD) K-12<sup>th</sup> graders are overweight or obese; this includes 9,200 students who are obese – 95<sup>th</sup> percentile or higher for BMI<sup>2</sup>
- 40% of children ages 2-4 enrolled in the Women, Infants and Children (WIC) Program are overweight or obese<sup>3</sup>

## Why do we care?

### Obesity can shorten lives

- Obesity is predicted to shorten life expectancy in the US by 2-5 years by 2050 – an effect equal to that of all cancers combined.<sup>4</sup>
- Because of rising obesity rates, this may be the first generation of children who live shorter lives than their parents.<sup>5</sup>

### Obesity reduces quality of life

- Obese youth have a higher risk of developing type 2 diabetes mellitus, asthma, obstructive sleep apnea, orthopedic problems, nonalcoholic fatty liver, depression and low self-esteem.<sup>6</sup>
- Obese children and adolescents are more likely to become obese adults; one-third of obese preschool children were obese as adults and one-half of obese school-age children were obese as adults.<sup>7</sup>

### Obesity affects academic and physical performance

- Data show a positive association between high school student academic achievement and normal weight; as well as between certain healthy dietary and physical activity behaviors.<sup>1</sup>
- Obesity is the leading cause for medical disqualification for 17-20 year olds applying to the military.<sup>8</sup>

### Obesity has an economic burden

- Currently Medicaid and Medicare spend \$46 million in Alaska annually on obesity-related medical care.<sup>9</sup>

## What should we do?

**62% of Alaskan adults said that government has a responsibility in addressing the obesity epidemic.**<sup>10</sup>

*The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity* states that "successful efforts must focus not only on individual behavioral change, but also on group influences, institutional and community influences, and public policy."<sup>11</sup>

Comprehensive strategies must help children and adolescents develop lifelong habits to maintain a healthy weight and prevent chronic diseases, but must also ensure that the environments in which they live, attend school, work and play support healthy activity and eating choices.

### SFY 10 Budget Increment (\$923,100)

The Division of Public Health is proposing a long-term comprehensive initiative based on the successful tobacco prevention model. During the first year of a 10-year plan, the Obesity Prevention and Control Program will:

- √ Train and prepare local coalitions to address good nutrition and physical activity in their communities. Grants for local community coordinators will be awarded in subsequent years.
- √ Develop a statewide media campaign to counter the significant efforts of the food industry to market junk food to children.
- √ Provide professional development for teachers and school nurses on health and physical education standards and evidence-based curricula.
- √ Provide training and technical assistance to one school district to assess the extent of overweight and obesity among its students.

## What will a sustained investment buy?

**In Year 1:** groundwork laid to fund community obesity coalitions in future years; obesity media campaign messages tested and on the air; at least 200 school nurses and educators trained; baseline overweight and obesity prevalence of a voluntary school district's student population.

**In 5-7 years:** over a dozen obesity coalition grantees have adopted community or school-based policies to promote physical activity and nutrition; media campaign has increased awareness and intentions to adopt healthier lifestyles; trained school nurses and educators support families and communities in adopting healthier lifestyles; additional schools have assessed student population for overweight and obesity prevalence and local data catalyzes policy changes.

**In 10 years:** increased physical activity and healthier eating among Alaska's youth and a decline in childhood obesity prevalence.

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<sup>1</sup>Alaska Department of Health and Social Services. Youth Risk Behavior Survey (YRBS), 2007. <sup>2</sup>Anchorage School District permission to print 2003-2005 data. <sup>3</sup>Alaska Women, Infants and Children (WIC) Program permission to print 2001-2005 data. <sup>4</sup>Ludwig DS. Childhood obesity – The shape of things to come. *NEJM* 2007; 357:2325-2327. <sup>5</sup>Olshansky SJ, Passaro DJ, Hershov RC, et al. A potential decline in life expectancy in the United States in the 21st Century. *NEJM* 2005; 352:1138-1145. <sup>6</sup>Dietz WH. Health consequences of obesity in youth: Childhood predictors of adult disease. *Pediatrics* 1998 Mar; 101(3) Suppl: 518-525. <sup>7</sup>Serdula MK, Ivery D, Coates RJ, Freedman DS, Williamson DF, Byers T. Do obese children become obese adults? A review of the literature. *Preventive Medicine* 1993; 22 (2):167-177. <sup>8</sup>Hsu LL, Nevin RL, Tobler SK, Rubertone MV. Trends in overweight and obesity among 18-year-old applicants to the United States military, 1993-2006. *J Adolesc Health* 2007; 41:610-612. <sup>9</sup>Findelstein EA, Fiebelkorn IC, Wang G. State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research* 2004. <sup>10</sup>Alaska Department of Health and Social Services. Behavioral Risk Factor Surveillance System (BRFSS), 2005. <sup>11</sup>United States Department of Health and Human Services. The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity. Rockville, MD: HHS, Public Health Service, Office of the Surgeon General, 2001.



## Reversing Alaska's Childhood Obesity Trend: A Comprehensive Initiative

The Division of Public Health is proposing a long-term, comprehensive child obesity prevention initiative that combines educational, clinical, environmental, and social strategies similar to successful tobacco prevention and control efforts. The SFY10 child obesity prevention \$923,100 increment consists of the following components:

- **Community Coalitions**
- Obesity Prevention Media Campaign
- Development and Training for Health Care and Education Professionals
- Data Gathering and Evaluation Pilot Project
- Program Management and Staff

Each component is vital to achieve the goal of reducing childhood obesity in Alaska.

### Community Coalitions - \$42,600

*Provide training to build capacity of local coalitions to improve nutrition and physical activity in their communities.*

#### Why community coalitions?

Like the tobacco model, change will occur through local organization and community commitment. Many communities are conducting community health assessments and several have identified obesity as a health issue to target. The Alaska Obesity Prevention and Control Program can promote local policy and educational initiatives that improve nutrition and physical activity by assisting and strengthening these coalitions.

#### SFY 10 Budget Increment

Six communities will begin to develop coalitions and grassroots efforts to encourage good nutrition and more physical activity.

"Together, we have accomplished many things that would never have been accomplished as individual agencies. Working as a coalition combines resources and knowledge and brings community members closer together."

*-Wendy Hamilton,  
Juneau Clean Air Community Coalition*

Funding will pay for community site visits by Obesity Program staff and training opportunities for community members to identify appropriate science-based, policy-focused strategies. These efforts will strengthen local capacity to apply for and receive grant funds beginning in SFY 11 – and then use the dollars for effective change.

#### What will a sustained investment buy?

**In Year 1:** increased capacity of six community coalitions to address obesity, nutrition and physical activity and to apply for grant funding.

**In 5-7 Years:** improved community and/or school-based policies to promote physical activity and nutrition in over a dozen grantee communities.

**In 10 Years:** increased physical activity and healthier eating among Alaska's youth and a decline in childhood obesity prevalence.

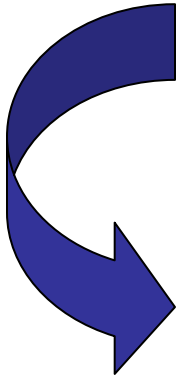


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## Obesity Prevention Media Campaign - \$190,000

*Develop a statewide media campaign to counter the significant efforts of the food industry to market junk food to children.*

### Why an obesity prevention media campaign?

Nearly 90% of food marketed specifically to children has poor nutritional quality.<sup>1</sup> At the same time, children see virtually no advertising featuring healthier foods, such as fruits and vegetables. The goal of the media campaign is to counter food industry influences on a statewide and local level while educating all Alaskans about the benefits of healthy eating and physical activity. A government-funded media campaign related to obesity prevention is supported by 79% of Alaskan adults.<sup>2</sup>

Age	Food Ads	Nutrition & Physical Activity PSAs	Healthy PSAs to Food Ads
2 - 7	4,427	164	1 : 27
8 - 12	7,609	158	1 : 48
13 - 17	6,098	47	1 : 130

### SFY 10 Budget Increment

Funding will pay for a statewide media campaign that delivers strategic, culturally appropriate, high-impact nutrition and physical activity promotion messages. The campaign will require message testing, story board development, production, and media buys during the first year.

### What will a sustained investment buy?

**In 1 year:** statewide broadcast of an obesity prevention media campaign by the end of the first year.

**In 5-7 years:** increased awareness by children, youth and families of the importance of better nutrition and physical activity.

**In 10 years:** increased physical activity and healthier eating among Alaska's youth and a decline in childhood obesity prevalence.

<sup>1</sup> Elliott et al. Assessing 'fun foods': nutritional content and analysis of supermarket foods targeted at children. *Obesity Reviews*, 2008; 9 (4): 368. <sup>2</sup>Alaska BRFSS (2005). <sup>3</sup>Food for Thought. Kaiser Family Foundation. March 2007



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### Development and Training - \$235,500

*Provide professional development for teachers on health and physical education standards and evidence-based curricula.*

#### Why development and training?

Trained and qualified professionals are critical for addressing the variety of issues that are associated with childhood obesity. Funding is required to provide healthcare and educational professionals with the latest, evidence-based programs.

#### SFY 10 Budget Increment

Funding will support the expansion of the *School Wellness Institute*, held in cooperation with the Department of Education and Early Development, to provide professional development for teachers, school nurses and other health providers on health and P.E. standards, and evidence-based curricula. Additional

**The school nurse must be part of the solution to affect behavior for schools and students.**

*-National Association of School Nurses Statement*

<http://www.nasn.org>

professional opportunities will include the proven Sports, Play and Active Recreation for Kids (SPARK) program, which increases student exercise and physical fitness and the School Nurse Childhood Obesity Prevention Education (S.C.O.P.E) program.

**SPARK training supports educators in helping today's children become healthy and active.**

<http://www.sparkpe.org>

#### What will a sustained investment buy?

**In 1 year:** professional development for at least 200 teachers and school nurses.

**In 5-7 years:** school nurses and teachers are better able to support children, youth and families in their communities to adopt healthier lifestyles.

**In 10 years:** increased physical activity and healthier eating among Alaska's youth and a decline in childhood obesity prevalence.

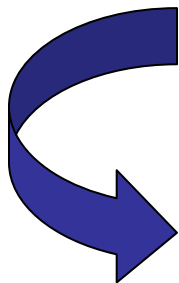


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### **Data Gathering and Evaluation Pilot Project - \$69,000**

*Provide training and technical assistance to one school district to assess the extent of overweight and obesity among its students*

#### **Why data and evaluation?**

The Anchorage School District (ASD) has partnered with DPH to assess the scope of the obesity epidemic in the district by analyzing the measured height and weight of students as part of the school health screening process. The finding that 36% of students were overweight or obese spurred the ASD superintendent to institute several policy and environmental changes, such as banning the sale of soda and junk food and increasing PE. The goal of this component is to expand data collection and analysis – and resulting policy change – to many more school districts.

#### **SFY10 Budget Increment**

First-year funding will provide an additional school district the same training and technical assistance received by the ASD to assess the extent of overweight and obesity among its students. The Obesity Prevention and Control Program will provide the district quality measurement tools, data management software, technical assistance

and financial support to offset administrative costs. The pilot district will get a report with baseline data on the weight status of its student body.

This will serve as a model for data gathering in more districts in coming years. Baseline data is essential to track progress and better target limited resources. The pilot school district will be followed in future years to determine how resulting policy and environmental changes impacted the health of students.

#### **What will a sustained investment buy?**

**In 1 year:** baseline overweight and obesity prevalence of a voluntary school district's student population.

**In 5-7 years:** additional school districts determining overweight and obesity prevalence of its student population and changes to local school district policy.

**In 10 years:** increased physical activity and healthier eating among Alaska's youth and a decline in childhood obesity prevalence.

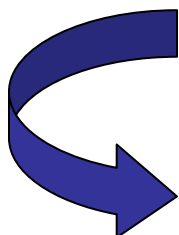


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### **Program Management and Staff - \$386,000**

*Provide leadership, direction and staffing to carry out Alaska's child obesity prevention initiative.*

#### **Why program management and staff?**

Leadership and sufficient capacity at the state level is necessary to sustain strategic efforts toward reducing childhood obesity in Alaska. Leadership is not just necessary; it is expected: 62% of Alaskan adults feel that the government has some responsibility to address the obesity epidemic (Alaska BRFSS 2005). With federal funding expected to end in fall 2009, Alaska will have no Obesity Prevention and Control program without this requested commitment of state GF dollars.

The Obesity Prevention and Control Program will:

- serve as a credible source of information on the health consequences of obesity;
- increase statewide epidemiology and surveillance of obesity;
- identify population groups at greatest risk for the health threats of obesity;

- develop partnerships with and provide leadership to a wide variety of private and public agencies;
- provide technical advice and support to partners in implementing obesity prevention strategies; and
- manage the five proposed components.

#### **SFY10 Budget Increment**

The Centers for Disease Control and Prevention (CDC) recommends a state Obesity Prevention Program employ a minimum staff of **three** (program manager, nutrition specialist, and physical activity specialist) to achieve sufficient capacity.

The Division requests funding for three positions, plus a part-time epidemiologist and clerk, for a total of 3.9 FTEs. No new positions will be created; current staff will assume the program duties and one vacant position will be filled.

