

Promoting Physical Activity and Healthy Eating Among Oregon's Children

A Report to the Oregon Health Policy Commission

Introduction

The problem of obesity is a national public health priority. Obesity is associated with serious health problems, including Type 2 diabetes, asthma, high blood pressure, and high blood cholesterol. Like most of the United States, Oregon is in the midst of an epidemic of obesity. Almost two thirds of adult Oregonians are either overweight or obese.

In this context, preventing childhood obesity is particularly important. In 2005, rates of overweight or risk for overweight had reached almost 25% among eighth graders and eleventh graders. Research shows that obesity tends to persist with age. Overweight children are more likely than children with healthy weights to become overweight and obese adults. Moreover, the health effects of that obesity only get more severe with age. If we do not act now to prevent obesity in Oregon's children this public health crisis will only worsen.

Numerous national organizations have identified childhood obesity prevention as a priority, including the American Medical Association, National Association for State Boards of Education, the National Association for Sport and Physical Education, the Institute of Medicine and the Centers for Disease Control and Prevention. Many statewide and local organizations in Oregon are also addressing the problem. The expertise and experience of these organizations can provide significant contributions to the development of a comprehensive strategy to address childhood obesity in Oregon.

In order to better understand how to address the problem of obesity for Oregon children, the Governor's Office and the Oregon Health Policy Commission asked the Physical Activity and Nutrition Program at the Public Health Division of the Department of Human Services to facilitate a review of the data on childhood obesity in Oregon and the effectiveness of various approaches to prevention. The goal of this review was to develop a set of recommendations that can translate into policy or legislative action for the Commission to consider. This document is the product of that review. While this review started with the problem of obesity, it quickly became clear that addressing childhood obesity requires promoting physical activity and healthy nutrition among youth.



The Study

This activity was accomplished through a two-stage process. First a group of scientists familiar with the field of obesity prevention (the Research/Science Workgroup) reviewed current research and emerging strategies. Because of the tight time frame for this process the Workgroup chose to draw on national reports based on the literature, such as the Institute of Medicine's report Preventing Childhood Obesity. The charge to the Workgroups was to focus on the science rather than current political realities in forming its recommendations.

Research/Science Workgroup Findings

This Workgroup organized its review of the research literature into a table of best available practices. In addition, based on its review, this Workgroup agreed on several overarching principles to guide the Recommendations Workgroup in its work. The most important of these overarching principles were:

- ▶ Interventions to prevent and reduce obesity need to address both calorie-in (healthy eating) and calorie-out (physical activity) strategies.
- ▶ Children's behaviors are substantially affected by the influential adults in their lives, such as parents, grandparents, and teachers. Efforts to address childhood obesity in Oregon will not be successful unless they also include interventions that influence the healthy eating and physical activity behaviors of adults as well as children.
- ▶ Choices about how active we are and what we eat are affected greatly by our social, cultural and physical environment. Changes in these environments are responsible for the current obesity epidemic. The study should focus on activities that have the potential to change our environment so that it supports healthy activity and eating choices for children and adults.
- ▶ Experience with tobacco prevention has taught us that we need a comprehensive approach to promoting physical activity and healthy eating. A comprehensive approach means that this problem will be addressed in all significant environments for children (e.g., home, school, community, etc.), so that the behaviors are reinforced in multiple ways each day. Coordination of these multiple interventions and tracking and evaluating the effects of these programs are also critical to success.

Recommendations Workgroup Findings

Based on the information compiled by the Research/Science Workgroup, the Recommendations Workgroup sought to reach consensus about the most promising approaches for Oregon to take in order to promote healthy eating and physical activity.

While the Workgroup reached consensus on the recommendations presented below, despite vigorous discussion the Workgroup could not reach consensus about whether or not to recommend Body Mass Index (BMI) measurement of all children in school with reporting back to parents, as currently done in Arkansas. While the group clearly recognized the value of having comprehensive data on the BMI of Oregon schoolchildren over time, and the importance of helping parents recognize a problem in their child that needs attention, concerns were raised by several workgroup members about the possibly stigmatizing effects of such notification, especially when we cannot yet provide parents with many

tools or supports with which they can address these issues. In addition, concerns were raised about the feasibility of undertaking these measurements in the school setting, particularly without substantial funding. Evaluation of the feasibility and utility of Arkansas' program is underway, and the Workgroup would recommend revisiting this issue when the results of those evaluations are available in the future.

List of Recommendations

Statewide Leadership:

1. Establish a statewide, multi-component, comprehensive Obesity Prevention and Education Program (OPEP). Fund this with a dedicated revenue source, such as a tax on junk foods (foods of minimal nutrition value).

Schools:

2. Strengthen requirements for school wellness policies and implement and evaluate them using CDC's Coordinated School Health approach.
3. Establish minimum standards for foods sold outside the National School Breakfast and Lunch programs.
4. Establish minimum standards for physical education and monitor their implementation
5. Ban junk food marketing in schools.
6. Create a school garden foundation, promote garden-based learning and develop a curriculum for garden-based learning.

Land Use Planning and Transportation:

7. Create incentives for local governments to increase supermarkets/grocery stores and access to healthy foods in underserved areas.
8. Require "Health Impact Assessments" in municipalities' comprehensive plans.
9. Require the "Big Look" land use planning process already under way to recommend ways that planning could be used to promote physical activity and healthy eating.
10. Allow inclusion of school costs in system development charges paid by developers.
11. Ensure that school siting decisions facilitate walking and biking to schools.
12. Double the percentage of state highway funds dedicated to bicycle and pedestrian facilities.

Food and Beverage Industry:

13. Subsidize marketing of fruits and vegetables, and remove subsidies for foods that keep the cost of producing junk food low.
14. Require restaurants with 10 or more outlets to list calories on menu boards and other nutrition information on menus.

15. Promote responsible food and beverage marketing to children through changes in federal agencies and by calling upon industry in Oregon to adhere to voluntary guidelines.

Worksites:

16. Require all state agencies to develop policies to increase consumption of fruits and vegetables and promote physical activity by employees; monitor implementation, and publicly recognize exemplary agencies.
17. Expand the Oregon Breastfeeding Mother Friendly Employer program to educate employers and increase employer participation.

Medical Care:

18. The Legislature should require and provide incentives for health plans in Oregon to:
 - a. Provide coverage for effective obesity prevention and treatment strategies.
 - b. Provide incentives for health plan subscribers to maintain healthy body weight.
 - c. Include BMI screening and obesity prevention services in quality assessment efforts and encourage BMI screening by providers.
19. The Legislature should:
 - a. Establish a program to educate and encourage hospitals to adopt evidenced- based policies and practices supporting breastfeeding initiation and continuation.
 - b. Mandate the Department of Human Services to work with the Division of Medical Assistance Programs to cover lactation consultant.

Parks and Recreation:

20. Provide grants to community organizations to increase participation in outdoor physical activity.

Top three recommendations selected by organizations and individuals responding to the request for comment.

- Establish minimum standards for foods sold in schools. (Recommendation #3)
- Establish minimum standards for Physical Education and monitor implementation. (Recommendation #4)
- Establish a statewide Obesity Prevention and Education Program. (Recommendation #1)

Conclusions

Childhood obesity is a looming public health crisis that has crept up on us through the cumulative effects of many small changes in our environment that affect our physical activity and nutrition patterns. Just as we have changed our environment in ways that have brought us to this crisis, we can undo those changes if we have the will to do so. It is the sincere hope of those who contributed to this study that this document will help galvanize us to do so.

