



**Addressing**

# **OVERWEIGHT:**

## **The Role of Physical Activity**

A strategic planning summit hosted by  
Policy Leadership for Active Youth (PLAY) and  
Healthcare Georgia Foundation

**A SUMMARY OF THE DIALOGUE AND FINDINGS**

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# ADDRESSING OVERWEIGHT: The Role of Physical Activity

## A Strategic Planning Summit

### Sponsored by:

- **Policy Leadership for Active Youth (PLAY)** is a three-year research initiative aimed at identifying evidence-based strategies to increase physical activity, decrease sedentary behavior, and prevent childhood overweight. PLAY has been established by Georgia State University's Institute of Public Health in partnership with the Georgia Center for Obesity and Related Disorders (GCORD) of the University of Georgia (UGA) and the Medical College of Georgia (MCG), with support from Healthcare Georgia Foundation. Policy strategies are guided by a thirty-one member statewide Leadership Council. For more information, visit <http://publichealth.gsu.edu>
- **Healthcare Georgia Foundation** is a catalyst for better health and health care in Georgia. Through strategic grant-making, the Foundation supports organizations that drive positive change; promotes programs that improve health and health care among underserved individuals and communities; and connects people, partners, and resources across Georgia. For more information, visit [www.healthcaregeorgia.org](http://www.healthcaregeorgia.org)
- **The Institute of Public Health (at Georgia State University)** is a graduate public health education program dedicated to advancing the health of the public through training, research, and community service. For more information, visit <http://publichealth.gsu.edu>
- **The Georgia Center for Obesity and Related Disorders (GCORD)** is a joint program of the Medical College of Georgia (MCG) and The University of Georgia (UGA) with partners MCG Georgia Prevention Institute ([www.mcg.edu/institutes/gpi](http://www.mcg.edu/institutes/gpi)) and the UGA Department of Foods and Nutrition ([www.fcs.uga.edu](http://www.fcs.uga.edu)).

### Funding Support:

The Summit was funded in part by a grant from Healthcare Georgia Foundation (HGF). Created in 1999 as an independent, private foundation, HGF's mission is to advance the health of all Georgians and to increase access to affordable, quality healthcare for underserved individuals and communities.

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# POLICY LEADERSHIP FOR ACTIVE YOUTH RESEARCH TEAM

## Georgia State University, Institute of Public Health

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*Rodney Lyn, MS*  
Project Director

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### University of Georgia, Department of Foods and Nutrition

*Rebecca Mullis, PhD, RD*  
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## Healthcare Georgia Foundation

*Gary Nelson, PhD*  
President

*Martha Katz, MPA*  
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*Lisa Medellin, MSW*  
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# POLICY LEADERSHIP FOR ACTIVE YOUTH STATEWIDE LEADERSHIP COUNCIL

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Vice President for Academic Health Affairs  
Woodruff Health Sciences Center, Emory University

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State Health Director  
Division of Public Health  
Georgia Department of Human Resources

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American Academy of Pediatrics, Georgia Chapter

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Superintendent of Schools, Thomas County  
Georgia School Superintendents Association

*Jack Hannings*  
Vice President, American Heart Association,  
Southeast Affiliate

*Carol Johnson, MEd, CSW, CTRS*  
Executive Director, Georgia Coalition for Physical  
Activity and Nutrition

*Christi Kay, MEd*  
Georgia Association for Health, Physical Education,  
Recreation and Dance

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Georgia Department of Early Care and Learning

*Lynn Sanchez*  
Health Chair  
Georgia Parent Teacher Association

*Commissioner B.J. Walker*  
Georgia Department of Human Resources

*Stuart Bennett*  
Chief Deputy State Superintendent of Schools  
Georgia Department of Education

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*Susan Cheshire, PhD*

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*Katherine Cummings*

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*Mercuria C. Williams, PhD*

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*Dirk Schroeder, ScD, MPH*

Board Member  
Hispanic Health Coalition of Georgia

*John Bare*

Executive Director  
Atlanta Falcons Youth Foundation

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## EXECUTIVE SUMMARY

In an effort to address the epidemic of childhood overweight in Georgia, Policy Leadership for Active Youth (PLAY) and Healthcare Georgia Foundation hosted a strategic planning summit to define the state's challenge and begin development of a comprehensive plan to reduce the risk of overweight among Georgia's youth. The statewide summit, *Addressing Overweight: The Role of Physical Activity*, convened key stakeholders from across Georgia to examine the problem of overweight and identify strategies that have the strongest potential to promote physical activity and healthy weight for the state's youth.

*The health of our children is the measure of society's future viability.*

–Bill Kanto

The summit consisted of presentations from local and national experts on childhood overweight, as well as workgroup sessions focused on increasing opportunities for young people to engage in physical activity. Workgroups examined the roles of schools, communities, families, and healthcare professionals in promoting physical activity, while also identifying the data and evaluation efforts necessary to determine the state's needs and benchmark progress. Sessions were structured to allow participants to brainstorm and discuss possible approaches. Each group prioritized strategies identified, ultimately recommending the four-to-six most promising strategies in the specified arena for increasing physical activity among Georgia's youth.

Summit participation was by invitation only, with approximately 140 individuals engaging in the dialogue. Participants included public officials, educators, clinicians, public health researchers and practitioners, and advocates for children and health. Summit discussions yielded many insightful thoughts and recommendations. Four ideas emerged that were particularly helpful in understanding the problem of childhood overweight and the effort that will be necessary to address it.

- The problem of childhood overweight has not developed overnight. Decades of decreasing physical activity and increasing sedentary behaviors have contributed to the steady increase in overweight among children. Reversing current trends will require comprehensive, sustained efforts – and patience.
- The problem of overweight must be viewed from an ecological perspective. No single sector is solely responsible for the problem; each has contributed. Multiple sectors must work together to help children and families achieve healthy weight.
- There are clear racial/ethnic disparities in rates of obesity prevalence. Accordingly, a “one size fits all” approach will not be effective. The differences in obesity prevalence suggest a need for targeted interventions that address the specific needs of distinct groups.
- The public health community must face the challenge of finding effective communication strategies to address the problem of overweight and obesity. Currently, the public is unsure what obesity means and who is at-risk.

*A sentinel call was the need for leadership at every level and in every setting: families, schools, communities, and healthcare.* All partners have responsibility in addressing childhood overweight. Schools, however, have a unique and significant role in this effort because of the nature of their relationship with children. While not responsible for children's weight, schools are the primary venue for learning within the education setting. Young people should be taught healthy habits and learn the benefits of an active lifestyle.

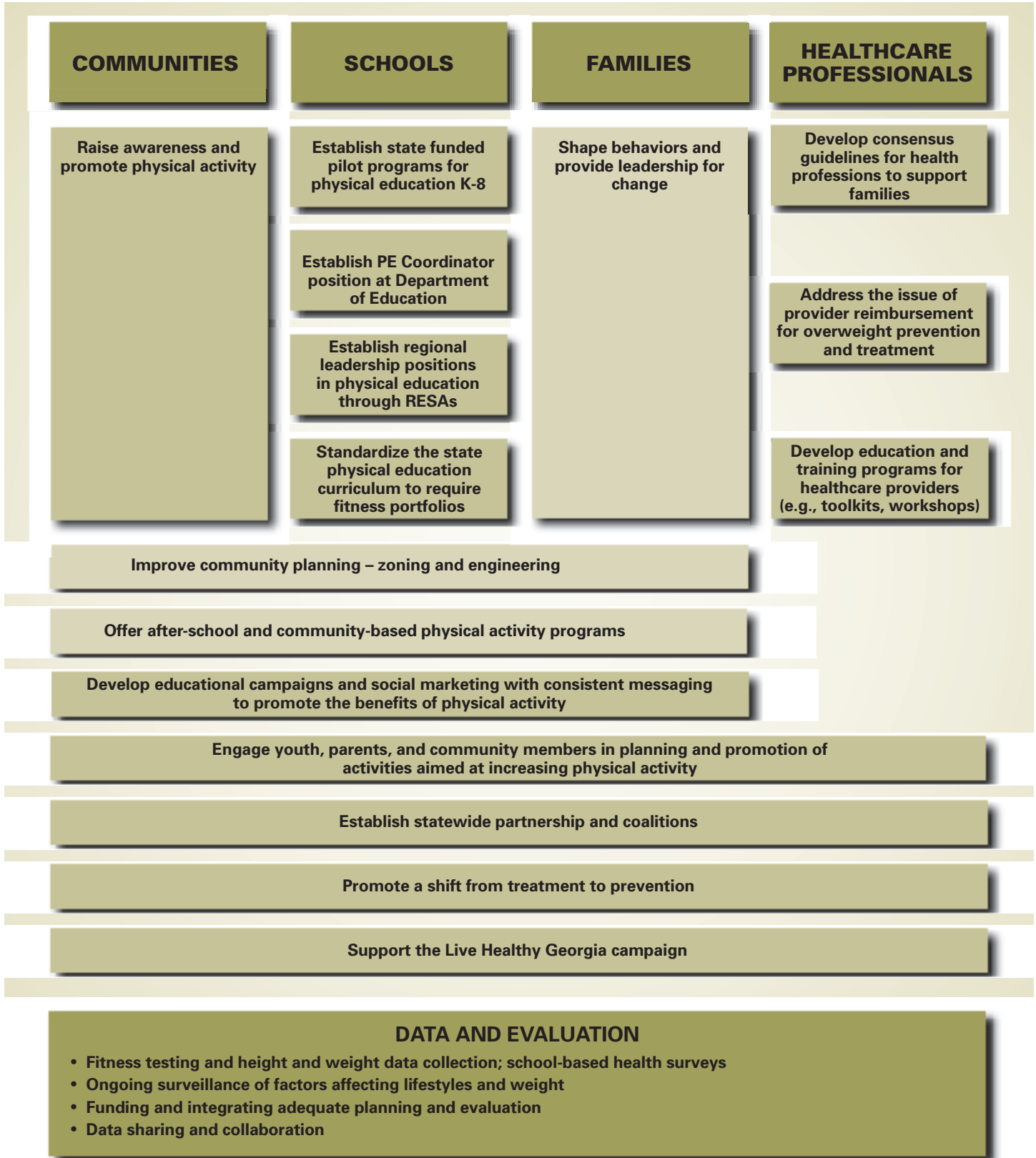
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In addition to these points, six key areas of focus emerged from the summit:

- Parents have a critical and essential role to play in preventing childhood overweight. They serve as role models for their children and should project the behaviors they expect of their children, such as engaging in regular physical activity. Parents need to develop and enforce rules that will reduce the risk of overweight among their children, particularly related to limiting screen time, insisting on outdoor playtime, and providing healthful foods.
- Communities can serve as the focal point to mobilize citizen action and achieve lasting change. Communities also provide the context, environment and opportunity for physical activity. Therefore, communities should have venues for physical activity that are safe and accessible to children and families.
- Health professionals must serve an important role in preventing overweight by incorporating strategies and activities appropriate to their practice patterns and patients.
- Schools are a key setting in which youth should engage in regular physical activity. Most children spend a significant amount of time in school. Schools have a unique opportunity to ensure children engage in physical education and become educated on the lifelong importance of activity and health.
- Innovative community programs need to be evaluated, with successful programs being disseminated.
- Effective approaches to the problem of overweight require consistent collection and analysis of data associated with physical activity, height and weight, and physical fitness of youth in Georgia.

A complete listing of recommendations identified by each of the five workgroups is presented in this report. A summary of each invited presentation has also been included. The summit was a unique opportunity to assemble Georgia's community leaders and health professionals to focus on a common goal; ensuring a bright and healthy future for the next generation. As the summit made clear, achieving this goal will require a comprehensive, sustained effort that engages key stakeholders across multiple sectors of our state. Summit participants were unified in commitment to this goal.

**Policy Framework to Promote Physical Activity in Youth: Venues for Action and Responsibility**



The above framework encompasses the recommendations summit participants developed and assigns responsibility for action to the setting(s) most likely to effectively take action. The framework recognizes the significant impact of health disparities and the importance of culturally competent interventions.



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## BACKGROUND

The problem of childhood overweight has emerged as a serious threat to the health of the nation's youth. Between 1980 and 2000, the national prevalence of overweight tripled among children (ages 6-11) from 5% to 16% and doubled among adolescents (ages 12-19) from 7% to 16%. Recent studies have found that youth in Georgia are at greater risk of overweight than youth in other parts of the nation, with one in three middle school students being overweight or at-risk for overweight. Increasingly, policy makers are being forced to take action to address the growing problem of childhood overweight. In 2004, state legislators in 43 of the 50 states introduced school nutrition and physical activity legislation in hopes of stifling the spread of the epidemic. Despite having one of the highest rates of overweight, no such legislation was passed in Georgia.

A major factor contributing to the increased prevalence of childhood overweight is lack of physical activity. Children who do not engage in regular physical activity are more likely to become overweight, and it is well established that

*It is well established that overweight youth are at greater risk of becoming obese adults.*

overweight youth are at greater risk of becoming obese adults. The health and economic implications for the state are daunting. Today, children have fewer opportunities to participate in physical activity. In many cases, schools no longer emphasize physical

education. Current community designs often lack safe, accessible recreational facilities and areas for free play. Finally, children today spend significant amounts of time engaged in sedentary activities, such as watching television, using computers, and playing video games. These factors have contributed to a decline in physical activity among youth.

## THE SUMMIT

To help Georgia address these challenges, Healthcare Georgia Foundation and Policy Leadership for Active Youth (PLAY) hosted a strategic planning summit, *Addressing Overweight: The Role of Physical Activity*. The purpose of the summit was to review the problem of overweight facing Georgia and begin identifying the strategies most likely to mitigate its prevalence. Summit participants possessed diverse professional and community backgrounds and responsibilities. The planning committee structured the meeting to include three general sessions (invited presentations) and workgroup sessions focused on consensus building. This format was designed to provide attendees with sufficient background information on state-wide public health efforts focused on overweight and obesity and the latest evidence, interventions, and recommendations for preventing overweight and obesity. Respected state and national experts on physical activity and public health served as conveners, keynote speakers, and facilitators.

Five focus areas were identified by the planning committee as having significant potential to impact the opportunities children have to engage in physical activity. They included four settings in which children are central: families, schools, communities, and the healthcare setting. A fifth workgroup focused on data and evaluative aspects of children's weight status and the type of information that would be useful in monitoring the problem and assessing the state's progress. The committee recognized that none of these focus areas were exclusive of the others. Nonetheless, each setting was seen as having unique opportunities and barriers to promoting physical activity and healthy weight. Overall, Summit activities focused on identifying strategies to increase physical activity among youth. The planning committee recognized, however, that calorie intake is also an important factor in maintaining energy balance. Additional efforts will be necessary to examine the role of foods and nutrition in maintaining healthy weight.

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# PROGRAM AGENDA

Wednesday, June 22, 2005

2:30 – 4:00 p.m. **Conference Check-In**

4:00 p.m. **Welcome and Overview of PLAY**

*Michael Eriksen, Sc.D.*  
PLAY Co-Principal Investigator  
Institute of Public Health  
Georgia State University

**Special Welcome**

*Honorable Vance Smith*  
State Representative, District 129

**Goals for the Summit**

*Rebecca Mullis, Ph.D., R.D.*  
PLAY Co-Principal Investigator  
Department of Foods and Nutrition  
University of Georgia

**Defining the Problem:**

**Childhood Overweight**

*William Kanto, M.D.*  
PLAY Co-Principal Investigator  
Department of Pediatrics  
Medical College of Georgia

**How Georgia's Philanthropic  
Community is Addressing  
Overweight and Inactivity**

*Gary Nelson, Ph.D.*  
President  
Healthcare Georgia Foundation

**A Call to Action**

*Stuart Brown, M.D.*  
State Health Director  
Division of Public Health  
Georgia Department of Human Resources

5:30 p.m. **Break**

6:00 p.m. **Banquet and Keynote Address**

**Introductions and Opening Remarks**

*Martha Katz*  
Director of Health Policy  
Healthcare Georgia Foundation  
*Honorable Debbie Buckner*  
State Representative, District 130  
*Honorable Seth Harp*  
State Senator, District 29

**Keynote Address**

*F. Ed Thompson, M.D., M.P.H.*  
Chief of Public Health Practice  
Centers for Disease Control and Prevention

8:30 p.m. **Callaway Evening Walk (optional)**

Thursday, June 23, 2005

8:00 a.m. **Continental Breakfast**

8:45 a.m. **Plenary Session**

**Addressing Overweight:  
Evidence and Intervention**

Convener  
*Valerie A. Hepburn*  
Georgia State University

**Presenters**

*William B. Strong, M.D.*  
Professor Emeritus  
Medical College of Georgia  
*William Dietz, M.D., Ph.D.*  
Director  
Division of Nutrition and Physical Activity  
Centers for Disease Control and Prevention

10:15 a.m. **Break**

10:30 a.m. **Developing Action Strategies  
School-Based Physical Activity**

*Sandra Leonard*  
Georgia Division of Public Health  
*Bernard Gutin*  
Medical College of Georgia

**Physical Activity in Communities**

*Rebecca Mullis*  
University of Georgia  
*Honorable Donna Hardy*  
Wilkes County Commission

**Physical Activity for Families**

*Debra Kibbe*  
ILSI Center for Health Promotion  
*Rick Trowbridge*  
Trowbridge and Associates

**Healthcare Professionals &  
Prevention of Overweight**

*William Kanto*  
Medical College of Georgia  
*Susan Burns*  
American Academy of Pediatrics  
Georgia Chapter

**Data Identification,  
Acquisition, & Evaluation**

*Richard Lewis*  
University of Georgia  
*Ken Powell*  
Georgia Division of Public Health

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## Thursday, June 23, 2005 *(cont.)*

**12:30 p.m.**      **Networking Lunch, Finalize  
Workgroup Reports**

**1:30 p.m.**      **Break**

**1:45 p.m.**      **Priority Action Strategies:  
Workgroup Reports**  
*Rodney Lyn*  
Georgia State University

**3:00 p.m.**      **Closing Remarks**  
*Michael Eriksen*  
Georgia State University

**3:30 p.m.**      **Adjournment**

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The stated goal or outcome for each workgroup was to identify four to six strategies or policies to promote physical activity and healthy weight among Georgia's youth. Two content experts facilitated each workgroup session. Facilitators provided workgroup members a brief, substantive background summary on the relationship between the respective setting and physical activity for youth. Information presented to participants by workgroup facilitators answered questions such as:

- Why is this setting important for promoting physical activity among youth?
- What are some best practices or promising efforts underway in this setting?
- What are some of the challenges for this setting?

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## FRAMING THE DISCUSSION

To put the summit and its purpose in context, the summit's convening session was dedicated to defining the problem of childhood overweight in Georgia and reviewing initiatives established to address the epidemic. The goals and structure for the summit were outlined, and participants were invited to contribute their insights and expertise to enrich the dialogue. The opening session included six speakers, representing PLAY and its affiliated universities, the State Division of Public Health, the philanthropic community, and the State Legislature.

*Michael Eriksen, ScD*

Professor and Director, Institute of Public Health, Georgia State University  
Co-Principal Investigator, Policy Leadership for Active Youth (PLAY)

The researchers and supporters of PLAY welcome participants to the Summit. PLAY is a three-year policy research initiative of the Georgia State University Institute of Public Health in partnership with the Georgia Center for Obesity and Related Disorders (GCORD) of the University of Georgia and the Medical College of Georgia. The initiative began in 2004 with support from Healthcare Georgia Foundation. PLAY collaborates with statewide

*The problem of overweight must be viewed from an ecological perspective. No single sector is solely responsible for the problem.*

*—Michael Eriksen*

stakeholders to identify and assimilate emerging and promising strategies to increase physical activity, decrease sedentary behaviors and prevent childhood overweight. In addition to this strategic planning summit, PLAY activities to date have included development and dissemination of two policy briefs on critical and timely overweight prevention and

physical activity enhancement opportunities in Georgia. Briefs have focused on the role of schools and communities in promoting physical activity. PLAY has also convened a statewide Leadership Council to address childhood overweight. The Council meets regularly to conduct policy analysis, provide recommendations and coordinate advocacy roles. Also, it will serve as the nucleus for organizing a Georgia public-private partnership constituency to support public policies for obesity prevention, culminating in the preparation of a Statewide Strategic Plan for Active Youth.

*Rebecca Mullis, PhD, RD*

Professor and Head, Department of Foods and Nutrition, University of Georgia  
Co-Principal Investigator, Policy Leadership for Active Youth

Summit participants were invited here to begin addressing the daunting issue of childhood overweight, a problem that Georgians can no longer avoid. To address the issue, sustained efforts will be required by multiple partners, across a variety of settings, utilizing diverse approaches.

In order to achieve this, solid partnerships must be established and the concern of individuals across multiple sectors of society must be invoked. An example of the sustained effort required to bring about change can be seen in Georgia's Smokefree Air Act, which was enacted in 2005, more than 40 years after the Surgeon General's landmark report in 1964. The establishment of cholesterol guidelines and monitoring practices is another example. In 1987, only 10% of physicians screened for cholesterol, whereas today over 90% of physicians do such screening.

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These accomplishments were not the result of public health professionals and clinicians acting alone. Rather, they came about as a result of support across a variety of sectors. Childhood overweight poses a serious threat to the health of Georgia's next generation. Support from multiple sectors of society will, again, be required to meet the challenge.

*Solid partnerships must be established. The concern of individuals across multiple sectors of society must be invoked.*

*–Becky Mullis*

Each workgroup consists of diverse professionals, representing various organizations and communities. Participants have been invited to share their unique

experiences and insights on how to best promote physical activity among youth. By working cooperatively, the efforts put forth in summit workgroups will contribute to identifying workable solutions to the problem of childhood overweight in Georgia.

*William P. Kanto, MD*

Professor and Chair, Department of Pediatrics, Medical College of Georgia  
Co-Principal Investigator, Policy Leadership for Active Youth

The high prevalence of obesity illustrates a growing problem that has exceeded the borders of the United States; it is currently an international problem facing many countries. A common definition and classification of obesity was identified as an important resource to facilitate meaningful comparison of overweight within and between populations. The Centers for Disease Control and Prevention (CDC) characterizes obesity and overweight in terms of body mass index (BMI) values for both children and adults. However, as it relates to children, BMI is gender and age specific; therefore, a specific scale based on CDC growth charts should be used to assess overweight in children ages 2-20 years.

*Overweight and obesity are essentially problems of energy balance; excess calories are stored as fat in the body when energy intake exceeds energy expenditure.*

*–Bill Kanto*

Overweight and obesity are essentially problems of energy balance; excess calories are stored as fat in the body when energy intake exceeds energy expenditure. Physical activity is a key component of the energy balance equation. Hence, strategies that promote physical activity for prevention of overweight and obesity are promising. Such efforts also have the potential to diminish the long-term health consequences associated with overweight.

*Gary Nelson, PhD*

President, Healthcare Georgia Foundation

Healthcare Georgia Foundation has collected a body of knowledge from various organizations to assess the extent of the problem of childhood overweight in Georgia and identify opportunities to fund successful programs statewide. The expected outcomes of the Foundation's collaborative efforts include strategies "grounded in science, built on partnerships, focused on results and leveraged with resources." The Philanthropic Collaborative for a Healthy Georgia, a group of fourteen foundations and corporations, was organized as a response to the preliminary investigations of the health issues facing the state's communities.

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Georgia's philanthropic community has responded to the "call for action" to prevent and decrease childhood physical inactivity and overweight by supporting several action strategies, including the Georgia Youth Fitness Assessment. This program will conduct statewide fitness tests of fourth and seventh graders. The information derived from the assessment will be used to provide reliable information to implement policies and programs to address the issue of overweight.

Healthcare Georgia Foundation is committed to supporting organizations and programs that promote "positive change." Some of the programs currently funded by the Foundation include: Policy Leadership for Active Youth (PLAY), Georgia Coalition for Physical Activity and Nutrition (GPAN), International Life Sciences Institute (ILSI), and community based programs in Washington, Georgia.

*Most Georgians acknowledge the problem of childhood overweight and physical inactivity and encourage immediate action in the areas of financial support and increased education and awareness.*

*–Gary Nelson*

Healthcare Georgia Foundation considers multi-sectoral collaboration and cooperation as the most effective approach to the issue of childhood overweight. The important function of connecting people, programs and resources has led to grant support for the following institutions: Emory University, Georgia Department of Human Resources, and the Institute of Medicine. Policy briefs and public opinion polls have also been developed in response to the discovery of an inadequate base of information for practitioners and policymakers. HealthVoices Spring 2005 featured a recently commissioned poll revealing that most Georgians acknowledge the problem of childhood overweight and physical inactivity and encourage immediate action in the areas of financial support and increased education and awareness.

Georgia's philanthropic community offers a distinctive influence in addressing the issue of childhood inactivity and overweight. Where issues of timing arise, the philanthropic community can seize that moment to shine a light on those issues and opportunities when they are needed, to bring financial and technical resources to the work of the public health community and build currency in terms of data for informed decision making, to stimulate ownership and collective action. Philanthropic resources are contributing extensively to increasing physical activity and preventing childhood overweight in Georgia.

***Stuart Brown, MD***

**State Health Director, Georgia Department of Human Resources, Division of Public Health**

The growing prevalence of overweight children, and the behaviors that contribute to this trend, are a serious problem in Georgia. Some of the factors recognized as contributors to the problem include inadequate physical activity, unhealthy eating habits and excessive amounts of television viewing. There is a need for partnerships across multiple sectors of society to begin addressing these unhealthy behaviors.

Live Healthy Georgia is a statewide initiative focused on promoting healthy living. Two of the initiative's messages are:

- Eat Healthy – Eat fruits, vegetables, and whole grains; limit portion sizes; and keep energy intake (food eaten) in balance with energy expenditure (physical activity).

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- Be Active – Engage in at least 30 minutes of daily physical activity. Increase opportunities for physical activity through partnership with communities and business, as well as environmental and policy changes.

The Take Charge of Your Health Georgia! Task Force expands on the two areas addressed by the Live Healthy Georgia Campaign. It focuses on nutrition and physical activity for all ages across the state of Georgia. The Task

*The Live Healthy Georgia campaign is focused on addressing the factors that lead to overweight and obesity, such as inadequate physical activity, unhealthy eating habits, and excessive amounts of television viewing.*

*–Stuart Brown*

Force has released the Georgia Physical Activity and Nutrition Plan, a 10-year strategic plan for prevention of obesity and other chronic diseases. The framework for action centers on partnerships across multiple sectors with diverse stakeholders. Focus areas include: state partnership and infrastructure, schools, communities, faith-based organizations, worksites, and the healthcare setting.



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# FOCUSING ON THE PROBLEM

## Keynote Address

*F. Ed Thompson, MD, MPH*

Chief of Public Health Practice, Centers for Disease Control and Prevention

When Dr. Thomas Parran was U.S. Surgeon General in the 1940's, he used an analogy denoting a major public health challenge as casting a "shadow over the land." In 1990, the Centers for Disease Control and Prevention (CDC) began illustrating the effect of obesity based on responses to the Behavior Risk Factor Surveillance Survey. Each consecutive year the CDC has published an illustration of the country and the percentage of adults who self-report they are obese in each state. As the years have progressed, the key on the illustration has expanded, representing the vast proportions of the population who are getting larger and are now under "the shadow" of

*Instead of relying on the "body count," focus should be shifted to examining the economic impact of obesity, its direct effect on individual health, and its effect on quality of life.*

*—F. Ed Thompson*

obesity. Children are no exception to this trend. Between 1999 and 2003 there was a steady increase in the number of youth in the 85th percentile or above for their age in weight.

In recent months, the United States public health system has encountered turbulence. The fight against obesity in recent years had become very

strong, but has recently lost momentum. There have been numerous discrepancies in the actual causes of death attributable to obesity, and many now question the severity of the threat posed by overweight and obesity. To regain the trust of the public, there needs to be agreement on the significance of the problem and the need for public health intervention.

One way to begin to communicate the impact of obesity is to "abandon the body count." In other words, discontinue the sole focus on deaths attributable to obesity. This is important because calculating attributable mortality data is complex and only describes one aspect of the problem. It is important to remember that mortality due to obesity is not a directly observed number. People do not die of obesity, they die of complications that were caused by or exacerbated by being obese. As a result of this fact, we have no concrete way of quantifying the number of deaths which can be attributed to being obese. An effort should also be made to "re-examine the boxes." Until this point people have been placed into the distinct categories of "normal weight, overweight, or obese." It is important to be aware that these are not clearly separate categories, but are a progression on a continuum. Focus needs to be shifted from these categorical perspectives on weight toward a population based view of healthy weight, while also recognizing distinct individual circumstances.

Finally, it is important to "revisit definitions." Overweight and obesity in adults is defined in terms of Body Mass Index (BMI). BMI is calculated by dividing an individual's weight in kilograms by their height in meters squared. To be considered obese, an adult must have a BMI of 30 or higher. To be considered overweight, an adult must have a BMI between 25 and 30. BMI is a difficult concept for the general public to grasp and can be confusing. To further complicate matters, children and adolescents are not classified by a BMI number, but rather, as a percentile. To be considered overweight a child must have a BMI in the 95th percentile for their age, and to be considered "at risk" for overweight a child must have a BMI in the 85th percentile or higher for their age. Obesity



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is not defined for children and adolescents. It is imperative to re-examine these terms and develop definitions that are as scientifically accurate as BMI, but also easy to understand and communicate.

The public health community needs to begin working on these issues so the problem of obesity can be addressed and the confidence of the public can be regained. By bringing together the ideas and efforts of various areas of expertise, the problem of obesity may not be eliminated, but it can be diminished.

## PLENARY PRESENTATIONS

*William B. Strong, MD*

Professor Emeritus, Medical College of Georgia

Co-Chair, CDC Expert Panel on Physical Activity for School Age Youth

Overweight has origins in youth before they become school-aged and is often associated with parental overweight. It is not, however, simply an individual or familial problem. Overweight is also a multi-factorial problem of the environment, community, and society. Therefore, prevention of overweight requires an integrated approach, with physical activity being one of those approaches.

The Centers for Disease Control and Prevention (CDC) recently convened an expert panel to determine the effects of physical activity on health behavior outcomes and to provide general recommendations for levels of physical activity in youth. The CDC expert panel concluded that there is adequate evidence to support physical activity as beneficial to cardiovascular health, mental health, academic performance, and controlling adiposity. Furthermore, they recommended that children get 60 minutes or more of moderate to vigorous physical activity everyday. This physical activity can be acquired over time, in many different enjoyable ways (e.g., free-play, sports) and should be age-appropriate. Youth who have not been physically active should use a gradual approach to reach

*Schools must provide opportunities for children to release energy during the school day. The return of active recess and effective, high-quality, age-appropriate physical education classes are crucial to achieving and maintaining fitness in youth.*

*–Bill Strong*

the 60 minutes per day recommendation. The group further recommended that physical activity opportunities be available through school-based physical education for grades K through 12, active recess, intramurals, before- and after-school programs, and community-based sports programs. Physical activity is not solely an individual's responsibility; it also requires environmental and community support. Barriers to physical activity need to be identified and resolved.

Recommendations for promoting physical activity cut across multiple societal sectors. In the healthcare setting, obstetricians need to discuss maternal weight gain, physical activity and breastfeeding with new mothers. Pediatricians should measure height and weight, discuss body mass index (BMI) and physical activity, provide simple information through handouts and posters, and discuss the importance of parents as role models at each visit. Medical societies and organizations need spokespersons to advocate for such materials and practices.

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Teachers and parent teacher associations (PTAs) need to advocate for physical activity and improved physical education curricula. Communities need safe, accessible spaces and a variety of recreational opportunities. Community leaders must involve developers and zoning commissions to bring about better community planning and design.

Parents must be good role models and nurturers, understanding the need for children to be active. They must allow and encourage children to learn through play and exploration, and must help children develop self-discipline and willpower. It is crucial for parents to find the time, energy, and knowledge to be good role models, and this must involve help from all other stakeholders.

The public health community must engage industry in mutually beneficial efforts to address overweight. Communication campaigns must be streamlined to ensure distribution of effective, consistent messages on physical activity and overweight.

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Director, Division of Nutrition and Physical Activity

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

Childhood overweight is a predictor of adult obesity, particularly when the onset is younger than 8 years of age. The extent of racial and ethnic disparities in overweight is often overlooked, but has substantial implications for addressing the overweight problem. For instance, the prevalence and severity of overweight are much greater among black women, and higher rates of overweight exist in black and Hispanic boys, which will lead to greater racial disparities in the future. This emphasizes the need to stratify our approaches to prevent overweight with specific solutions and communications for each population group.

Georgia is currently in the capacity building stage of its CDC-funded overweight prevention initiative. As state organizations form coalitions and partnerships,

they must also identify effective strategies and interventions for planning by using the Cochrane Reviews and Guide to Community Preventive Services. There are three behavior change strategies with reasonable scientific evidence: 1) increase physical activity, 2) reduce TV viewing, and 3) promote breastfeeding. PLAY is well positioned to focus on the first two strategies.

Physical activity and nutrition are key factors for preventing overweight. The amount of physical activity needed to prevent overweight is unknown. However, researchers have established that one hour per day is necessary to maintain weight loss. Physical activity has strong potential to reduce co-morbidities associated with overweight. To achieve physical activity recommendations, public health should focus on policy and environmental changes. Effective interventions include community-wide education, point-of-decision prompts, school-based physical education, enhanced access to recreational facilities, and improved urban design and land use.

As television viewing (total screen time) increases and physical activity decreases, the odds of overweight increases. Strategies for parents to reduce total screen time in children and adolescents include: start early by establishing rules

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*The extent of racial and ethnic disparities in overweight is often overlooked, but has substantial implications for addressing the overweight problem.*

*–Bill Dietz*

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and limiting access; control the content of television; do not allow television to interrupt family time (i.e. mealtimes); understand that television is a default behavior and ask children what they would rather do, and; use television to change behavior (e.g., VERB campaign).

There are other promising strategies for reducing overweight in children, but greater amounts of “practice-based evidence” are needed to determine which ones are effective. The following are suggestions for intervention sites and strategies based on the Chronic Care Model, which is centered on patient self-management:

- **Medical settings.** Providers should give appropriate materials (i.e. handouts, posters) to patients, and should focus on behavior change and individual, quantifiable goals.
- **Schools.** Require physical education classes, have walk-to-school programs, limit competitive foods and pouring contracts. Comprehensive school-based interventions, such as Planet Health, are promising.
- **Worksites.** Need to realize how overweight epidemic will affect their workforce. Begin partnerships with health-related organizations and enable patient self-management.
- **Communities.** Communications must use population-specific language and give consistent messages. Effective communication can be done through media curricula and television turnoffs. The Institute of Medicine (IOM) report, Preventing Childhood Obesity (2004), offers guidelines to mobilize communities and enhance the built environment.

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## FINDING WORKABLE SOLUTIONS

**F**ive workgroups focused on strategies to promote physical activity. Workgroups included: Schools, Families, Communities, Healthcare Professionals, and Data and Evaluation, and each was facilitated by subject experts. Prior to the summit, participants selected a session to attend. Each group was limited to approximately 40 individuals. Facilitators opened each session by framing the problem and providing a brief summation of best practices, major challenges, and recent developments relevant to the task at hand. Participants then began the process of discussing opportunities and challenges for their setting, and creating a list of potential recommendations. Facilitators led their group through a consensus building process, in which all group members were given the opportunity to share objections and concerns. Once the list of recommendations was narrowed to a manageable number, group members shared final thoughts and commenced a voting process to identify the final four to six group recommendations. Following are the recommendations that emerged from the workgroups.

### Physical Activity: The Role of Schools

#### Facilitators:

*Sandra Leonard*  
Georgia Division of Public Health

*Bernard Gutin, PhD*  
Medical College of Georgia

Children of all ages should accumulate at least 60 minutes of moderate to vigorous physical activity everyday. Since children spend a significant portion of their time at school, efforts to promote school-based physical activity have strong potential benefits for a large number of youth. Schools, in partnership with families and communities, can serve a vital role in assuring that children achieve the daily-recommended quantity and quality of physical activity and learn the importance of maintaining an active lifestyle.

The Schools workgroup focused on increasing the quality physical education in schools across all age levels, from early learning (e.g., Pre-Kindergarten) through High School. Efforts to improve the state's capacity to provide quality physical education should aim to improve staffing resources at regional and state levels, enhance data collection efforts, and establish funding for pilot programs that require school-based physical activity. Specific workgroup recommendations include:

- *Establish a physical education and health program coordinator position for the Department of Education.* The state physical education curriculum has not been re-written or assessed in over a decade. The prevalence of childhood overweight in Georgia has increased during that period. Efforts to re-write and standardize the state's physical education curriculum will require human resources and leadership at the state level.
- *Establish state funded pilot programs that require 30 minutes of daily moderate-vigorous physical education in grades K-8.* Programs would require funding recipients to meet certain requirements related to the provision of physical activity. Program outcomes would be useful in establishing the impact of daily school-based physical education.
- *Establish periodic state-wide monitoring of physical activity, body composition, body mass index (BMI), and overall fitness level.* Collection of such data would be useful in understanding the extent of the problem and monitoring trends of overweight among youth in Georgia.
- *Establish and maintain regional leadership positions for physical education through the Regional Education Service Agencies (RESA).* Establishing state-funded positions would be particularly useful in providing training opportunities for educators across the state and in promoting dissemination of best practices.

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- *Standardize the state physical education curriculum to require individual fitness portfolios for each student.* Schools should conduct fitness testing to assist children, families and health care professionals in addressing overweight.

## Physical Activity: The Role of Communities

### Facilitators:

Rebecca Mullis, PhD, RD  
University of Georgia

Honorable Donna Hardy  
Wilkes County Commissioner

Healthy People 2010 identified physical activity as one of the ten leading health indicators. Leaders at the community level must work toward ensuring that participation in physical activity becomes the behavioral norm for the community, particularly children. By providing opportunities to engage in physical activity, communities can serve a vital role in promoting active lifestyles and healthy weight among youth.

The Communities workgroup focused on the role of the community in raising awareness of childhood overweight and promoting physical activity. Workgroup members addressed concerns related to access to convenient play facilities, safety, education, and better community planning. These issues were identified as recurring themes throughout the workgroup session and were manifested in the following recommendations:

- *Establish statewide partnerships and coalitions to maximize existing resources.* Partnerships and coalitions have significant potential to assess community challenges, establish inventories of resources and infrastructure, and maximize the community's use of those resources. Building cross-organizational networks may also help to identify and better publicize existing community programs, potentially linking community members to available programs.
- *Develop grassroots campaigns for education of policy makers and the population at-large.* Identification of the barriers to physical activity within a given community is vital to development of effective interventions. Once barriers are identified, it is important to educate local policy makers and citizens on what can be done to improve opportunities for youth to engage in physical activity.
- *Streamline marketing and communication messages for consistency.* There is a need for a well-defined, easy to understand vocabulary around this issue. People in the general population may not know the difference between words such as "overweight" and "obese." Health organizations must also come together to deliver consistent messages for combating childhood overweight.
- *Encourage the participation of youth in planning efforts.* Utilizing the insights and opinions of youth in planning would ensure that programs are "child-friendly." Youth may also take a vested interest in community activities if invited to participate in planning efforts.
- *Promote after-school physical activity programs.* The development of after-school programs for youth would increase opportunities to be physically active. Programs could provide extracurricular sports, activities specifically for non-athletes, organized games, or just safe spaces for free-play. Successful programs should be identified and shared with communities across the state.
- *Improve community planning in the areas of zoning and engineering.* Communities should be planned based on an "active-living" design. There should be higher levels of connectivity between residential areas, schools, parks, shopping areas, and public transportation systems. Communities should provide and maintain well-designed, well-lighted sidewalks and bike-trails so community members have the option of walking or bicycling safely to their destination.

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## Physical Activity: The Role of Families

### Facilitators:

*Debra Kibbe*  
International Life Sciences Institute,  
Center for Health Promotion

*Rick Trowbridge, MD*  
Trowbridge and Associates

Families provide crucial support in shaping the development of childhood patterns that continue through life. Within the home, families are role models and policy makers; this valuable setting provides opportunities for children to learn the behaviors necessary to prevent overweight. There are many ways families can influence the progress each child has towards attaining good health. Parents can support a child's interest in sports, limit time spent watching television, encourage outdoor play, and incorporate physical activity into the family's daily lifestyle. Families can also create unique traditions, such as walking to school, camping trips, and evening walks, that children can positively associate with physical activity.

Because families intersect with all of society, interventions can be done through other venues, such as schools, worksites, healthcare providers, community organizations, and faith organizations. The Family workgroup, therefore, sought to identify policies and strategies in a variety of settings that can influence family behavior change in regard to physical activity. More specifically, discussions focused on some of the following ways in which various settings can influence families to adopt more health-promoting behaviors.

### Recommendations:

- *Support policies for environmental and community design plans (e.g., Silver Comet Trail) that provide opportunities for families to engage in physical activity.*
- *Support community organizations, including faith-based organizations, that provide health and physical activity programs that target African-American and Hispanic families.* Faith organizations can encourage “health ministries” that support family fun-runs or youth and family activities that emphasize physical activity.
- *Develop consensus guidelines for health professions and other organizations outlining ways to support families in adopting behaviors that can prevent childhood overweight.*
- *Establish support for healthcare professional training, tools, and materials to promote family participation in physical activity.* Healthcare providers can counsel families on the importance of physical activity, can emphasize the importance of parents being role models for physical activity for their children, and can “prescribe” safe physical activity for overweight youth and their parents.
- *Support social marketing campaigns to promote the benefits of physical activity for families.*
- *Support comprehensive training on physical activity promotion aimed at licensed daycare staff.* Daycare providers can incorporate physical activity into their daily schedule and can counsel parents on the importance of being active as families.
- *Provide incentives (e.g., tax deductions, public recognition) to companies that promote health, wellness and physical activity programs for employees and their families.* Worksites can offer opportunities for physical activity during the workday to employees, support family memberships in health/fitness clubs, or supplement other company-sponsored employee wellness programming that encourages family-oriented activities, such as fun-runs or after-work sports.



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In addition, schools can facilitate family-level behavior change by providing families access to outdoor and indoor facilities, expanding physical education, including homework related health and physical education, and by providing an opportunity for interactions between parents, teachers, administrators and students (e.g., PTA, School Health Index development, family health fairs, etc.). In these ways, parents can express their concerns, learn about what schools are doing to encourage physical activity and be supportive of implementing further improvements.

## **Physical Activity: The Role of Healthcare Professionals**

### **Facilitators:**

*Susan Burns, RD, LD*

American Academy of Pediatrics, Georgia Chapter

*William Kanto, MD*

Medical College of Georgia

Healthcare professionals have the potential to play an important role in addressing the growing prevalence of overweight among children. These individuals are well-positioned to develop effective relationships with the entire family. Yet, studies indicate that health professionals do not possess adequate educational materials and resources to effectively assist families in preventing overweight and obesity.

The Healthcare Professionals workgroup discussed opportunities to increase resources and training opportunities available to clinicians for treatment and prevention of overweight. The topics of advocacy and parent education were discussed and reflected in the following recommendations.

- *Promote a shift in focus from obesity treatment to obesity prevention.* Prevention strategies address unhealthy behaviors and practices before the development of known risk factors.
- *Develop education and training programs for healthcare providers in addressing childhood overweight (e.g., provider toolkits and workshops).* Weight management counseling and body mass index (BMI) calculations are relatively new additions to the routine doctor's office visit. To enhance effectiveness, it is important to standardized guidelines for the assessment, diagnosis and treatment of childhood overweight in the form of a "Physician Toolkit."
- *Engage parents (and community members) in advocacy, policy development, and education activities to promote physical activity and healthy weight.* Commitment and involvement at the family level is necessary to generate long-term behavior changes among children. Parents organize the daily activities for their children and serve as role models for healthy behaviors, including participation in physical activity.
- *Support the Live Healthy Georgia campaign and encourage providers and provider groups to support the initiative.* Recruit the assistance of organized medicine (e.g., American Medical Association, American Academy of Pediatrics) to form a statewide coalition of healthcare partners. Creation of partnerships is critically important to increasing the state's infrastructure available to address overweight and obesity.
- *Develop marketing and communication strategies at the community level to increase public awareness and interest in obesity prevention (e.g., Public Service Announcement).* Active media promotion has been a successful strategy for increasing awareness in the areas of smoking cessation. Consequently, mass media should be utilized in communication campaigns aimed at promoting physical activity.
- *Address the issue of provider reimbursement for prevention and treatment of overweight patients as a way to increase access to health education and care.* At the present time, there are no mechanisms in place to allow for the reimbursement of preventive strategies for overweight. Suggestions include the development of a system that authorizes partial or full coverage reimbursement for healthcare services associated with weight management, including nutrition education and physical activity programs.

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## Physical Activity: Data Identification, Acquisition and Evaluation

### Facilitators:

Richard Lewis, PhD  
University of Georgia

Ken Powell, MD, MPH  
Georgia Division of Public Health

A successful approach for reducing childhood overweight in Georgia will require the collection of physical activity, height and weight, and physical fitness data on Georgia's youth, combined with coordinated and timely evaluation. The Data/Evaluation workgroup was convened to identify and prioritize the data that should be collected and the best strategies for acquiring it. The workgroup generated the following recommendations:

- *Conduct a school-based health survey (e.g., Youth Risk Behavior Survey) for the assessment of physical activity and BMI self-report on a regular basis (at least every 2 years).* The instrument will provide valuable state and national comparisons.
- *Administer fitness surveys with height, weight and physical activity assessments on a regular basis (at least every 4-5 years).* Training will be included in order to encourage local area repetition and adoption.
- *Require schools to collect height and weight at regular intervals (e.g., annually or upon entry into kindergarten, primary school, 6th, and 9th grades).* The measurements should be conducted as part of the hearing, vision and scoliosis screening. This proposal will include appropriate communication with parents.
- *Perform surveys of precursors to regular physical activity on a consistent basis.* These should include characteristics of the built environment, school policies, attitudes, opportunities, etc.
- *Improve the statewide knowledge base by funding and integrating adequate planning and evaluation components into the framework of intervention activities.*
- *Increase awareness of existing and proposed surveillance and intervention activities in order to increase collaboration of similar efforts.* The overall goal should be to monitor the health and behaviors of Georgia's youth, providing the information needed to guide public health policy and intervention efforts to reduce overweight.



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# PERSPECTIVES ON THE SUMMIT

## General Program

Summit participants were given the opportunity to evaluate workgroup sessions and the overall program. Most participants (92%) reported that the Summit was either excellent or good. Participants (77%) agreed that the

*There is a need for sustained, long-term efforts that engage multiple partners in addressing the problem of obesity.*

Summit informed them further about the issue of childhood overweight in Georgia and successfully generated solutions for addressing the problem. Ninety percent (90%) of those responding found speakers engaging and the information they provided useful. When asked about the “one thing that they

would take away from this Summit,” participants highlighted gaining new knowledge on issues around childhood overweight, the role of physical activity, and the complexity of the overweight and obesity epidemic.

## Workgroup Sessions

Responding participants indicated that workgroup sessions were informative and productive. Sixty-eight percent (68%) found group discussions helpful to setting policy agenda items. Responses also show that most workgroup members (83%) believed that their ideas and

*Solutions must be multi-factorial and long-term.*

opinions were heard and acknowledged. Participants were generally pleased with the recommendations that emerged from brainstorming and discussion,

with eighty-one percent (81%) agreeing to support the selected action items identified by their workgroup. Key take-away points emerged around collaboration and communication in multiple workgroups.

*Working together, change can be made, even in inches.*

Overall, eighty-five percent (85%) of participants rated workgroup activities as good or excellent. Virtually all participants expressed interest in attending PLAY summits and meetings in the future.

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## ACTION STEPS

Georgia's strategic planning summit was a productive gathering of statewide partners and stakeholders in pursuit of strategies to promote physical activity and healthy weight among Georgia's youth. Participants learned more about PLAY, reviewed the problem of childhood overweight, and considered the existing evidence for action. Participants networked with colleagues from across Georgia and began the bridge-building process necessary to mount a comprehensive assault on overweight and obesity.

Participants committed substantial effort and expertise to workgroup activities. Workgroup sessions provided a unique venue for participants to consider intervention strategies, discuss and argue possibilities, and establish agreement on a common set of recommendations. While many of these recommendations are familiar and simple, they were all born out of careful thought and deliberate dialogue. The strategies represent plausible approaches for overcoming the challenge of childhood overweight. Summit recommendations were presented and adopted by the Leadership Council in September 2005. The Council identified priorities for action at the state, community and organizational levels. The Leadership Council is charged with developing a strategic plan to increase physical activity among the state's youth.

Reversing current trends of overweight will require an integrated, sustained approach involving stakeholders across multiple sectors of society. The various settings focused on serving our youth must become involved in efforts to promote physical activity. Communities can provide safe, accessible venues for physical activity. Schools can ensure that children engage in daily physical education and learn about the benefits of an active lifestyle. Parents can establish family routines that help children develop active lifestyles. Healthcare professionals can monitor weight status and educate patients on strategies for establishing healthy behaviors. Collectively, these efforts have the potential to begin addressing the epidemic of childhood overweight in Georgia.

Change is a process, one that cannot occur until stakeholders convene to commence dialogue around a problem and outline the approaches most likely to achieve a desired result. The summit was an important first step that achieved this end. The summit provided participants with a renewed sense of cooperation and enthusiasm for collaboration and partnership. There is a clear commitment throughout the state to promote the health of Georgia's youth. The public health community must rise to meet the challenge of overweight and obesity by engaging citizens and stakeholders, educating the state's youth, eliciting support from state and local officials, and building partnerships. Families, communities, schools, and healthcare providers can work together to prevent childhood overweight.

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# **PUBLICATIONS FROM PLAY AND HEALTHCARE GEORGIA FOUNDATION:**

## ***Addressing Overweight: The Role of Physical Activity. Winter 2005***

Georgians and health experts agree - childhood overweight is a serious problem that demands action. School-based physical activity is one key component in promoting healthy weight in young people. Requiring physical education in schools and providing after-school sports and physical activities are important first steps toward promoting healthier, more fit children and reducing overweight among Georgia's children and youth.

To access the full policy brief, visit <http://publichealth.gsu.edu/Play/index.html>

## ***Addressing Overweight: Let Georgia Lead the Way. Spring 2005***

Georgia's children risk being the first generation to live sicker and die younger than their parents. A recent study by the University of Georgia found that one in three children in Georgia are overweight or at risk for becoming overweight. Being overweight increases a child's risk of developing diabetes and hypertension and exposes children to the social stigma associated with obesity. Physical inactivity is a risk factor for heart disease, diabetes, obesity and other health problems. Yet, only 29% of middle school students in Georgia attend a daily physical education class. The question is what are Georgians willing to do about it?

To answer this question, Healthcare Georgia Foundation commissioned a statewide poll in fall 2004 to learn about Georgians' views on actions that should be taken to address childhood overweight and inactivity.

To access the full policy brief, visit <http://www.healthcaregeorgia.org/Publications.cfm>

## ***Addressing Overweight: Interventions Tailored to the Rural South. Summer 2005***

The obesity epidemic, especially in the rural South, has created an urgent need for effective intervention programs that can be replicated across communities. Successful programs help communities to assess risks, increase public knowledge, and create environmental supports to foster healthy eating and physical activity habits among children and adults.

To access the full policy brief, visit <http://publichealth.gsu.edu/Play/index.html>

## ***Addressing Overweight: The Role of Communities. Coming - Winter 2006***