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Childhood obesity affects millions of children in U.S.

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Childhood obesity is a serious public health issue affecting the United States. According to the Centers for Disease Control (CDC), the number of obese children and adolescents has tripled over the past 20 years. Today, 17 percent of children ages 2 to 19 are severely overweight, and childhood obesity has developed into an alarming epidemic. Obese children have an increased risk for health problems such as heart disease, diabetes, poor female reproductive health, and low self-esteem. In fact, a recent study by the American Medical Association found that 61 percent of overweight children ages 5 to 10 had at least one risk factor for heart disease. Furthermore, obesity during youth is the greatest predictor of obesity during adulthood, which can lead to a number of chronic diseases including Type 2 diabetes, heart failure, asthma, sleep apnea, high blood pressure, cancer, stroke, and depression. Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems.

Childhood Obesity in Georgia

The childhood obesity epidemic is creating a major health crisis in Georgia, for our obesity rates are notably higher than those in other states. Research conducted by the Department of Human Resources (DHR) indicates that the percentage of obese children in Georgia is four times higher than the 5 percent expected, based on a reference population. The obesity prevalence among children ages 6 to 19 more than tripled over the last 20 years. In fact, nearly 1 in 4 third graders in this state are obese, while 33 percent of middle school students and 26 percent of high school students are severely overweight or at risk for becoming overweight.

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At a Glance: Accountability and Achievement:

No Child Left Behind and Charter Schools

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Accountability and achievement have been touted by state and federal officials over the last five years as the keys to educating our students. The passage of the No Child Left Behind (NCLB) Act in 2002 mandated that all school systems across the country meet the same standards and goals for educating students. States, school districts, schools, and teachers are now required to report student test scores and proficiency based on standards approved by the United States Department of Education.

If schools do not meet the standards created for that state for at least two consecutive years, students then have the choice of receiving free tutoring or transferring to another public school or a charter school. In this way, the NCLB Act has provided charter schools with an opportunity to help fill the achievement gap. Like public schools, charter schools are held accountable for student achievement and are required to meet annual federal and state academic standards; however, charter schools have the added flexibility of autonomy from many state education regulations.

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Moreover, 12 percent of children ages 2 to 4 who are enrolled in the Women, Infant, and Children (WIC) program are considered obese, and 15 percent are at risk for becoming overweight. Data collected by DHR further shows that girls, African-American children, and children living in low-income households or rural areas are more likely to be obese.

Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems.

Poor diet and lack of exercise have played large roles in the rise in obesity among children in Georgia and across the country. Few schools in Georgia have nutrition policies requiring that students be offered fruits and vegetables at lunchtime, and fattening foods, candy, and soft drinks are easily accessible in nearly all middle and high schools. Furthermore, only 3 in 10 middle and high school students in this state attend daily physical education classes.

At home, children are spending more time in front of the television, often watching three or more hours of TV every day. Parents frequently turn to highly-processed fast food for financial reasons and to save time, without realizing the effects these foods have on a child's health. New data from the Medical College of Georgia's (MCG) Prevention Institute revealed that children often begin drinking soda before their first birthday. According to Dr. Catherine Davis, Assistant Professor of Pediatrics at MCG, parents "need to awaken to the fact that being overweight in childhood isn't just an appearance issue. It's a health issue, and a big one."

The MCG studies also indicated a sudden increase in the number of children in Georgia with Type 2 diabetes—the adult "lifestyle-related" version of the disease. Currently, there are approximately 715,000 Georgians living with this form of diabetes, which represents a 20 percent increase over the past five years. Type 2 diabetes is quickly becoming a disease of childhood and midlife, as opposed to developing at an older age.

Economic Consequences

Research from the CDC suggests that 9 percent of total health care expenditures are due to obesity-related illnesses, costing the U.S. an estimated $117 billion annually. Taxpayers fund almost half of this through Medicaid and Medicare. Furthermore, obesity accounts for $22 billion of the annual cost of heart disease and about $1.9 billion of the total cost of breast and colon cancers. Finally, nearly $33 billion are spent every year in this country on weight loss products and services.

With regard to obese children, the national cost is estimated at $3 billion for those covered by Medicaid; children with Medicaid are six times more likely to be treated for obesity than those with private insurance. Hospital costs for obese children also increased from $35 million in 1981 to nearly $130 million in 2004 nationwide.

The CDC estimates that Georgia spends nearly $2.1 billion per year in costs associated with obesity from childhood through adulthood. Approximately $385 million of this amount is paid for by Medicaid, which represents 10 percent of the total Medicaid budget. The total cost of diabetes in Georgia is over $4 billion per year due to medical care, lost productivity, and premature death.

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State Legislative Action

Healthier eating and increased physical activity are essential in reducing the childhood obesity epidemic and lowering the number of obesity-related illnesses. Schools play an important role in a child's lifestyle behaviors, and in 2006, 44 states considered or enacted legislation

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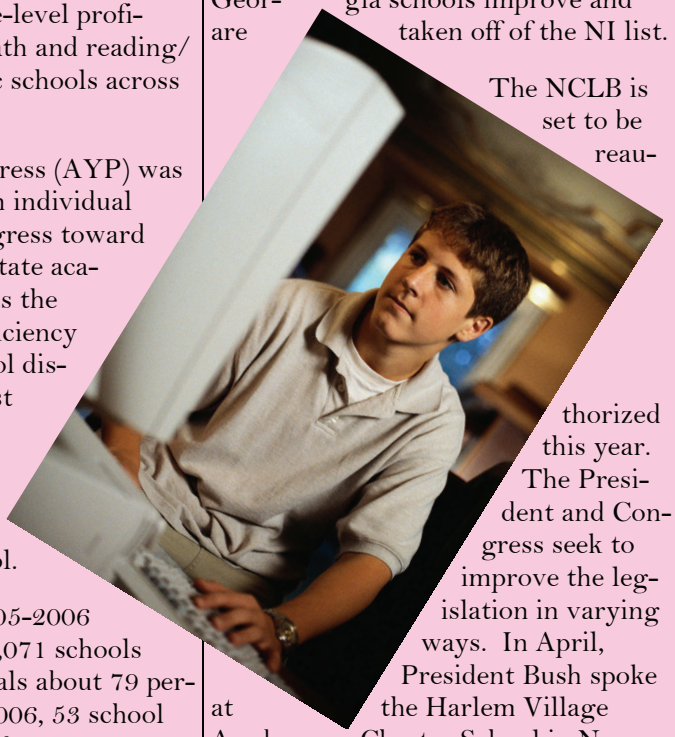
Past, Present, and Future of No Child Left Behind

The purpose of NCLB is to close the achievement gap that exists between groups of students. The NCLB recognizes the disparities in reading/language arts and mathematics between Blacks, Hispanics, and students living in poverty compared to Whites and more affluent students. The legislation mandates that by 2014 all students must meet grade-level proficiency standards in math and reading/language arts in public schools across the country.

Adequate Yearly Progress (AYP) was created by NCLB as an individual state's measure of progress toward the goal of achieving state academic standards. It sets the minimum level of proficiency that the state, its school districts, and schools must achieve each year. Schools must test students every year from 3rd through 8th grades and once in high school.

In Georgia, for the 2005-2006 school year, 1,642 of 2,071 schools made AYP, which equals about 79 percent of schools. For 2006, 53 school systems in Georgia had 100 percent AYP. Comparatively, in 2004-2005, 81.9 percent of schools made AYP; this equals 1,670 schools out of 2,040. In 2003-2004, 79.5 percent made AYP, up from 63.7 percent in the 2002-2003 school year. Since 2004, more than three-quarters of Georgia schools have met academic standards in reading/language arts and math.

If schools do not meet the goals set by their states for two or more consecutive years in the same subject area, the schools and districts are identified as Needs Improvement (NI). Children who attend NI schools have the option of receiving free tutoring or transferring to a better-performing public school. As of the 2005-2006 school year, 308 Georgia schools, or 14.8 percent, were identified as NI. Twenty-seven school systems in 2006 had more than 50 percent of their schools on the NI list. In 2004-2005, 17.4 percent of Georgia schools were identified as NI; in 2003-2004, 20.3 percent; and, in 2002-2003, 26.7 percent. As the numbers indicate, each year more Georgia schools are improve and taken off of the NI list.



The NCLB is set to be reauthorized this year. The President and Congress seek to improve the legislation in varying ways. In April, President Bush spoke at the Harlem Village Academy Charter School in New York where he outlined potential changes to the NCLB. His proposal would make it easier for school officials to reorganize failing schools into charter schools and allow students who attend failing schools for five consecutive years to receive $4,000 vouchers that would enable students to transfer to other public schools or use the money toward private school tuition.

President Bush would also like to add a provision to the NCLB reauthorization language that would allow school districts to open new charter schools using federal legal authority, even when a state has reached its caps on the number of charters set by state law.

Congress is also working diligently to better the NCLB regulations. Congressional leaders are currently drafting legislation that will take into account the difficulties that many states have encountered while implementing NCLB guidelines. For example, Utah rebuffed the NCLB regulations in 2005 and later enacted U-PASS, the Utah Performance Assessment System for Students. Utah's system determines student achievement by comparing the progress of the same class of students from grade to grade, whereas AYP compares the achievements of one group of students to another group of students from year to year.

Members of the U.S. House Education and Labor Committee discussed proposing new measures for NCLB that would create three major changes. These changes include permitting states to use multiple measures for student achievement and progress; allowing states to opt out of NCLB's accountability requirements; and establishing new tiers of consequences for schools that do not meet AYP due to subgroups that may be struggling, such as students with disabilities or English-language learners.

Charter Schools

The charter school movement began in Minnesota in 1991. It was a bipartisan effort to decrease the high drop-out rates and low test scores of students in Minnesota public schools. In 2006, approximately 4,000 charter schools operated in the United States and enrolled 2 percent of all students attending public schools. Only ten states, including Alabama, North and South Dakota, and Kentucky, do not

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aimed at preventing childhood obesity through improved nutritional standards in schools, mandatory physical education, and measurement of Body Mass Index (BMI).

Improved Nutritional Standards

Legislation regulating the nutritional quality of school foods and beverages has been enacted in 17 states based on evidence confirming that adequate nutrition enhances academic achievement and improves concentration levels. Policy approaches included prohibiting the sale of certain high-fat foods on campus, limiting access to vending machines, and providing the nutritional content of school foods to both parents and students. Other states have focused on creating school programs to teach nutritional education and promote physical well-being.

Physical Education

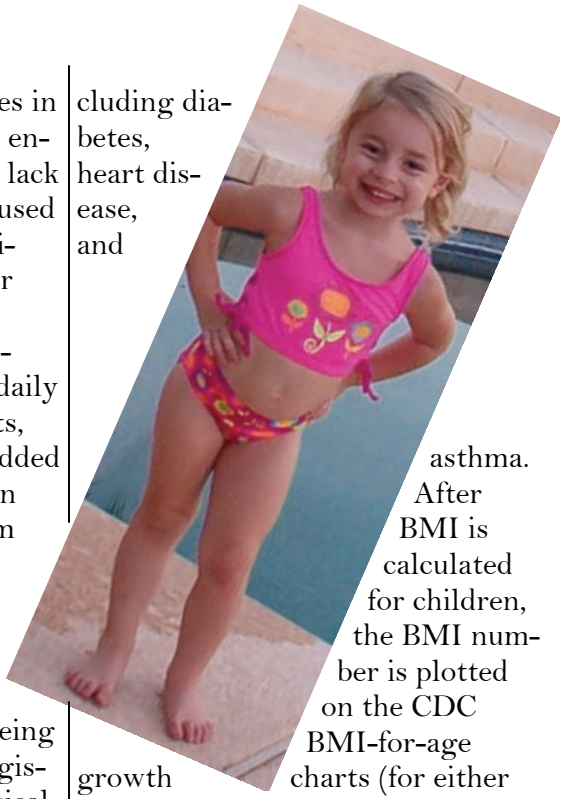
According to the CDC, fewer than 35 percent of public school students attend daily physical education classes. State budget shortfalls and increased pressure on academic performance have contributed to the steady decline of gym classes in schools. At least 20 states have enacted legislation to address the lack of exercise in schools; most focused on increasing and refining minimum activity requirements. For example, Oklahoma, Kentucky, South Carolina, Texas, and Virginia all established minimum daily physical education requirements, while Arkansas and Missouri added course credit for participation in extra-curricular sports and gym classes.

Research from the CDC suggests that 9 percent of total health care expenditures are due to obesity-related illnesses, costing the U.S. an estimated $117 billion annually.

Research shows that physical education not only improves a child's physical health, but also strengthens mental well-being and academic performance. Legislation requiring minimum physical education requirements was introduced in Georgia in 2005, but was not enacted. Notably, according to DHR, providing every kindergartener and first grader in Georgia with five hours per week of physical education could potentially reduce the number of overweight girls in those grades by 43 percent, and those at risk for being overweight by nearly 60 percent.

Body Mass Index Legislation

Body Mass Index (BMI) is a measure of body fat based on height and weight, as well as other factors such as age and gender. BMI is the most widely accepted method used to screen for obesity in children and adolescents because it is relatively easy to obtain the height and weight measurements needed to calculate BMI, it is non-invasive, and BMI correlates with body fat. Physicians often use BMI to determine the causes of and treatments for obesity-related disorders, including diabetes, heart disease, and asthma.



After BMI is calculated for children, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age. Obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex. Dr. Harold Snieder, Associate Professor of Pediatrics at MCG, noted that, by age five, a child's BMI becomes "the best predictor of future obesity."

Arkansas became the first state to enact BMI legislation in 2003, requiring schools to measure students' BMI and report the findings to parents via U.S. mail as a health status indicator. Initially, the legislation generated significant controversy; however, a research study conducted by the University of Arkansas for Medical Sciences Col-

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lege of Public Health shows that, since implementation of the policy, school obesity rates have remained steady and did not increase. Moreover, data shows that parents are limiting their children's intake of fast food, and more schools are offering healthy snacks in vending machines. Most importantly, parents appear to be reacting positively to the reporting—57 percent of doctors in Arkansas reported that at least one parent brought in their child's BMI letter for advice.

Similarly, in 2005, Missouri, Tennessee, and West Virginia enacted student BMI legislation, while 12 other states, including Georgia, considered such legislation. Several other states required schools to use BMI as a way to track student growth and development during scheduled health screenings.

What is Georgia doing?

In July 2003, Georgia's Department of Human Resources, Division of Public Health, was awarded a five-year grant from the CDC for the purpose of developing a statewide Nutrition and Physical Activity Plan to prevent and control obesity and obesity-related chronic diseases. The ten-year comprehensive plan is the result of the *Take Charge of Your Health, Georgia! Task Force*, and it serves as a blueprint for the state to address the prevalence of obesity. Long-term goals of the plan include promoting breastfeeding, improving healthy eating, increasing physical activity, and decreasing time spent watching television.

During the 2007 Legislative Session, the Senate passed Senate Resolution 517, which created the Senate Study Committee on Diabetes and Childhood Obesity in Georgia. The Committee will address the increasing prevalence of diabetes and obesity affecting children in this state and throughout the country, and will report its findings, along with any suggestions for proposed legislation, by December 15, 2007. Lieutenant Governor Cagle recently appointed Senators Greg Goggans, Johnny Grant, Valencia Seay, and Joseph Carter to serve as members of the Committee, with Senator Don Thomas serving as Chairman.

Georgia can continue to address the childhood obesity epidemic by enacting policies that address higher standards of nutrition and daily physical education programs in school settings, encouraging nutritional and BMI education and awareness in the home, and providing greater opportunities for healthy eating and an active lifestyle within the community.

Portions of the information discussed herein were provided by the National Conference of State Legislatures, the Centers for Disease Control, the Georgia Department of Human Resources, and the Medical College of Georgia's Prevention Institute.

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have any charter schools in operation. California, Arizona, and Florida have the highest number of charter schools currently open: 625, 466, and 391, respectively.

Student enrollment in Georgia charter schools has increased dramatically over the last three years from 14,828 in 2003-2004 to 21,094 in 2005-2006. Georgia had 48 operational charter schools in the 2005-2006 school year and 57 during the 2006-2007 school year. As of January, eight new charter schools are scheduled to open in the fall of 2007.

Charter schools across the country, due to their predominantly urban area locations, tend to enroll more minorities and less affluent students than traditional public schools. In Georgia, 41 percent of charter school students are Black, 9 percent are Hispanic and 5 percent are Asian compared to the statewide averages of 38 percent for Blacks, 5 percent for Hispanics, and 3 percent for Asian students in 2006. Fifty-four percent of Georgia charter school students were eligible for free and reduced lunch programs in 2006 compared to the state average of 50 percent.

Georgia charter schools made AYP at unprecedented rates during the 2005-2006 school year. Approximately 87.8 percent of charter schools in Georgia made AYP in 2006 compared with 79 percent of public schools. Graduation rates for charter schools in 2006 were higher than for public schools, with 83.6 percent of charter school students graduating compared to the 69.5 percent graduation rate for public school students.

The Charter Systems Act, Senate Bill 39, passed during this year's Legislative Session, further improved and strengthened Georgia's charter school regulations. Lieutenant Governor Casey Cagle stated, "…I believe first and foremost that we will see educational excellence when we untie the hands of our teachers and provide local control to our educational systems Only then will we begin to meet the needs of the individual child." The

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provisions within the Act reflect the current trend in public education whereby local school systems apply to become charter systems and each school within the district is then converted into a system charter school.

Georgia's State Board of Education will remain the only charter authorizer, unlike other states that use multiple authorizers, typically local school boards, state universities, community colleges, and the state board of education. Some states impose a cap on the growth of charter schools, including California, Illinois, North Carolina and Texas, but Georgia does not. Senate Bill 39 requires Georgia's Board to cap the number of charter system petitions at five for the 2007-2008 school year. The Board is currently creating rules to determine how many charter system petitions may be approved each year thereafter.

2007 Senate Study Committees

Joint Study Committee on Transportation Funding, Senator Jeff Mullis, Co-Chair

Joint Study Committee on Indigent Defense, Senator Mitch Seabaugh, Co-Chair

Senate Study Committee on Diabetes and Childhood Obesity in Georgia, Senator Don Thomas, Chair

Joint Study Committee on State Stroke System of Care, Senator Don Thomas, Co-Chair

Senate Study Committee on the Shortage of Doctors and Nurses in Georgia, Senator Cecil Staton, Chair

Senate Study Comm. on Rights Relating to Reproductive & Genetic Technology, Senator Eric Johnson, Chair

Senate Study Committee on State Boards, Commissions, Authorities, Councils and Committees
Senator Dan Moody, Chair

Senate Study Committee on Quality of Child Care in Georgia, Senator Dan Weber, Chair

Senate Study Committee on Property and Casualty Rate Regulation, Senator Chip Rogers, Chair

Senate Communications Taxes, Fees and Telecommunications Franchising Process Study Committee,
Senator David Shafer, Chair

Senate Study Committee on Hate Crime Legislation, Senator Bill Cowsert, Chair

Senate Study Committee on Cigarette Tax Evasion, Senator David Shafer, Chair

Senate Study Committee on Prescription Drugs, Senator Jack Murphy, Chair

Senate Study Committee on Increasing Cargo Capacity at GA Ports. Senator Joseph Carter, Chair

Senate Study Committee on Health Care Transformation, Senator Judson Hill, Chair

Sen. Study Committee on EMS Recruitment, Retention, and Training in GA, Senator Jeff Mullis, Chair

Joint Study Committee on Fulton County, Senator Dan Moody, Co-Chair

Joint Study Committee on Continuing Education and Collegiate Sports Programs for Students with Disabilities, Senator Seth Harp, Co-Chair

Senate Mental Health Service Delivery Study Committee, Senator Johnny Grant, Chair

State Lien Law Study Committee, Senator Mitch Seabaugh, Chair

Tybee Island Study Committee, Senator Eric Johnson, Chair