CITY OF SAND SPRINGS
SAND SPRINGS, OKLAHOMA

RESOLUTION No. 12-07

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SAND SPRINGS, OKLAHOMA RELATING TO A HEALTHY EATING ACTIVE LIVING (H.E.A.L.) POLICY

WHEREAS, the State of Oklahoma has a strategic goal to promote and develop safe and healthy cities; and

WHEREAS, the First Lady Michelle Obama has asked that Cities' support the national *Let's Move Campaign*, and encourages Oklahoma cities to adopt preventative measures to fight obesity; and

WHEREAS, more than 30% of Oklahoma's adults are overweight or obese and therefore at risk for many chronic conditions including diabetes, heart disease, cancer, arthritis, stroke, and hypertension; and

WHEREAS, in 2010, Oklahoma was the 6th most obese state in the Nation; and

WHEREAS, one in four children in Oklahoma is overweight.

WHERAS, more children are being diagnosed with diseases linked to overweight and obesity previously seen only in adults, such as Type 2 diabetes and heart disease; and

WHEREAS, the current generation of children are expected to have shorter lives than their parents due to the consequences of obesity; and

WHEREAS, obesity takes a tremendous toll on the health, productivity of all Oklahomans;

WHEREAS, the annual cost to Oklahoma in medical bills, workers compensation and lost productivity for overweight, obesity, and physical inactivity exceeds $854 Million;

WHEREAS, teens and adults who consume one or more sodas or sugar sweetened beverages per day are more likely to be overweight or obese;

WHEREAS, local land use policy governs development of the built environment in which individuals make personal nutrition and physical activity choices; and

WHEREAS, by supporting the health of residents and the local workforce would decrease chronic disease and health care costs and increase productivity; and

NOW, THEREFORE, LET IT BE RESOLVED that the City Council hereby recognized that obesity is a serious public health threat to the health and wellbeing of adults, children and families in Sand Springs. While individual lifestyle changes are necessary, individual effort alone is insufficient to combat obesity's rising tide. Significant societal and environmental changes are needed to support individual efforts to make healthier choices. To that end, Sand Springs adopts this Healthy Eating Active Living resolution:

I. Built Environment

BE IT FURTHER RESOLVED that Sand Springs planners, engineers, park and recreation department, community economic and redevelopment personnel responsible for the design and construction of parks, neighborhoods, streets, and business areas, should make every effort to:

- Prioritize capital improvement projects to increase the opportunities for physical activity in existing areas;
- Plan and construct a built environment that encourages walking, biking and other forms of physical activity;
- Address walking and biking connectivity between residential neighborhoods and schools, parks, recreational resources, and retail;
- Facilitate the citing of new grocery stores, community gardens and farmers markets in underserved communities to increase access to healthy food, including fresh fruits and vegetables;
- Expand community access to indoor and outdoor public facilities through joint use agreements with schools and/or other partners
- Map existing fast food outlets and draft an ordinance which will place limits on fast food around schools and in neighborhoods with over-concentrations of unhealthy food outlets;
- Revise comprehensive plans and zoning ordinances to increase opportunities for physical activity and access to health foods wherever and whenever possible, including compact, mixed-use and transit-oriented development;
- Include health goals and policies related to physical activity and access to healthy food in the comprehensive plan update;
- Build incentives for development project proposals to demonstrate favorable impact on resident and employee physical activity and access to healthy foods;
- Examine ethnic and socio-economic disparities in access to healthy foods and physical activity facilities or resources and adopt strategies to remedy these inequities.

II. Employee Wellness

BE IT FURTHER RESOLVED that in order to promote wellness within Sand Springs, and to set an example for other businesses, Sand Springs City Council pledges to adopt and implement an employee wellness policy that will:

- Offer employee health incentives for healthy eating and physical activity[1] ;
- Establish physical activity breaks for meetings over one hour in length;
- Accommodate breastfeeding employees upon their return to work;
- Encourage walking meetings and use of stairways.

BE IT FURTHER RESOLVED to set nutrition standards for vending machines located in city owned or leased locations[2];

BE IT FURTHER RESOLVED to set nutrition standards for food offered at city events, city sponsored meetings, served at city facilities and city concessions, and city programs.

III. Healthy Food Access

BE IT FURTHER RESOLVED that Sand Springs City Council encourages restaurants doing business in Sand Springs to:

- Disclose the calorie amount and grams of fat for each menu item listed on a menu or menu board in a clear and conspicuous manner.
- Remove foods containing artificial Trans fat from their menu offering.

BE IT FURTHER RESOLVED that Sand Springs City Council encourages food retailers doing business in Sand Springs to prominently feature healthy check-out lanes free of high density foods;

BE IT FURTHER RESOLVED that restaurants and food retailers that promote healthy food choice in the above manners be recognized by the city and will be entitled to display a City of Sand Springs Healthy Eating Active Living logo.

IV. Implementation

BE IT FURTHER RESOLVED that the head of each affected agency or department should report back to the City Council annually regarding steps taken to implement the Resolution, additional steps planned, and any desired actions that would need to be taken by the city council.

DATED this 12th day of September, 2011.

CITY OF SAND SPRINGS, OKLAHOMA

Mike Burdge

Mike Burdge, Mayor

[1] May include incentive such as fresh fruit in break rooms, gym discounts, fifteen minutes paid exercise time per day, etc.

[2] Various standards available from HEAL Cities Campaign

ATTEST:

E. Bruce Ford

E. Bruce Ford, City Clerk

Approved as to Form:

David L. Weatherford, City Attorney

The Obesity Epidemic and Oklahoma Students

What is the problem?

The 2009 Oklahoma Youth Risk Behavior Survey indicates that among high school students:

Obesity

- 14% were obese (students who were ≥ 95th percentile for body mass index, by age and sex, based on reference data).

Unhealthy Dietary Behaviors

- 85% ate fruits and vegetables less than five times per day during the 7 days before the survey. (1)
- 76% ate fruit or drank 100% fruit juices less than two times per day during the 7 days before the survey.
- 90% ate vegetables less than three times per day during the 7 days before the survey. (2)
- 38% drank a can, bottle, or glass of soda or pop at least one time per day during the 7 days before the survey. (3)

Physical Inactivity

- 16% did not participate in at least 60 minutes of physical activity on any day during the 7 days before the survey. (4)
- 73% were physically active at least 60 minutes per day on less than 7 days during the 7 days before the survey. (4)
- 64% did not attend physical education (PE) classes in an average week when they were in school.
- 69% did not attend PE classes daily when they were in school.
- 29% watched television 3 or more hours per day on an average school day.
- 22% used computers 3 or more hours per day on an average school day. (5)

What are the solutions?

Better health education • More PE and physical activity programs • Healthier school environments

What is the status?

The 2010 Oklahoma School Health Profiles indicates that among high schools:

Health Education

- 17% required students to take 2 or more health education courses.
- 48% had a health education curriculum that addresses all 8 national standards for health education.
- 48% taught 14 key nutrition and dietary behavior topics in a required course.
- 41% taught 12 key physical activity topics in a required course.

PE and Physical Activity

- 33% did not allow students to be exempted from taking a required PE course for certain reasons. (6)
- 48% offered opportunities for all students to participate in intramural activities or physical activity clubs.

School Environment

- 16% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- 34% did not sell soda pop or fruit drinks that are not 100% juice from vending machines or at the school store, canteen, or snack bar.
- 7% always offered fruits or non-fried vegetables in vending machines and school stores, canteens, or snack bars, and during celebrations when foods and beverages are offered.
- 26% prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations. (7)
- 39% used the School Health Index or a similar self-assessment tool to assess their policies, activities, and programs in nutrition and physical activity.

1. 100% fruit juice, fruit, green salad, potatoes (excluding French fries, fried potatoes, or potato chips), carrots, or other vegetables.
2. Green salad, potatoes (excluding French fries, fried potatoes, or potato chips), carrots, or other vegetables.
3. Not including diet soda or diet pop.
4. Doing any kind of physical activty that increased their heart rate and made them breathe hard some of the time.
5. Played video or computer games or used a computer for something that was not school work.
6. Enrollment in other courses, participation in school sports, participation in other school activities, participation in community sports activities, high physical fitness competency test score, participation in vocational training, and participation in community service activities.
7. In school buildings; on school grounds, including on the outside of the school building, on playing fields, or other areas of the campus; on school buses or other vehicles used to transport students; and in school publications.

Where can I get more information? Visit www.cdc.gov/healthyyouth or call 800-CDC-INFO (800-232-4636).

National Center for Chronic Disease Prevention and Health Promotion
Division of Adolescent and School Health

CDC

Oklahoma State Department of Health

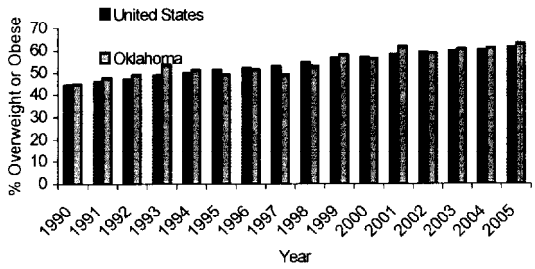
Overweight and Obesity in Oklahoma and the US

Introduction

Reducing overweight and obesity is one of the national objectives for Healthy People 2010. It is one of the priorities outlined by the Oklahoma Board of Health as well as a priority for the State Health Department's leadership. The national goal is to reduce the proportion of adults who are obese to 15%.[1] Unfortunately, according to the 2005 Behavioral Risk Factor Surveillance System (BRFSS), the current proportion of adults who are obese is at 24% nationally and at 27% in Oklahoma. The proportion of overweight and/or obese individuals has risen at an alarming rate during the past 20 years and does not appear to be slowing. (Figure 1) Approximately 63% of adults in Oklahoma were overweight or obese

Obesity is a major risk factor for over 30 chronic diseases including cardiovascular disease, type 2 diabetes and several types of cancers.

Figure 1 Percentage of adults who are overweight or obese: BRFSS 1990-2005



in 2005, which is equivalent to about three out of every five people. The measurement of overweight and obesity most commonly used is the Body Mass Index (BMI). This measurement describes the relationship between weight and height. It is a formula that divides an individual's weight in kilograms by the square of their height in meters (kg/m^2). Studies have indicated that this measurement is a reliable estimate for body fatness. It is often used as a tool to screen individuals for potential health problems. Table 1 displays the different categories of BMI and weight status.

Three out of every five Oklahomans are overweight or obese.

Table 1 BMI and Weight Status categories for adults.

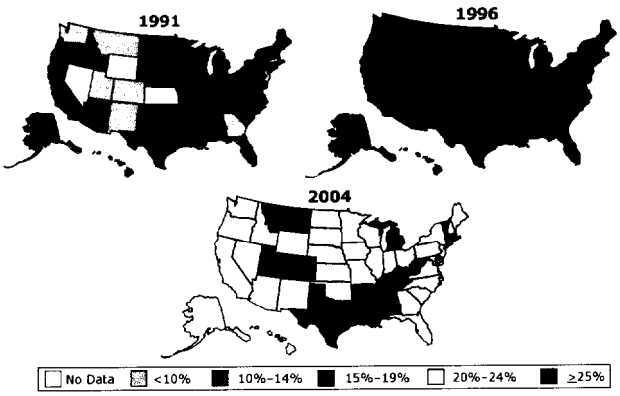
BMI	Weight Status
Below 18.5	Underweight
18.5 - 24.9	Normal
25.0 - 29.9	Overweight
30.0 and Above	Obese

Obesity is considered a risk factor for over 30 chronic diseases including but not limited to[2]:

- Arthritis
- Several cancers including breast, colorectal, and renal cell
- Cardiovascular disease (CVD)
- Type 2 diabetes
- Hypertension

The maps in figure 2 dramatically display the extent of this epidemic of obesity as it has spread throughout the nation in the past decade.

Figure 2 Trends in obesity among American adults. BRFSS: 1991, 1996, 2004



Sources for Data and Statistics:

Data for this report came from several sources including the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Surveillance System (YRBS) and the American Obesity Association (AOA). The BRFSS is a random-digit dialed telephone survey of the non-institutionalized population 18 years and older in the United States. All of the data is self-reported and the final results are weighted to account for several factors including lack of telephones. This survey is recognized and conducted nation-wide as a comprehensive, effective system to collect behavioral data related to numerous diseases. The YRBS is similar to the BRFSS except it monitors six categories of health-risk behaviors among youth and young adults. The AOA is the nation's leading organization for advocacy and education on obesity. As obesity becomes an increasingly greater problem in the United States, scientists have begun researching and describing the situation in more detail. As such, several scientific articles are also referenced in this publication.

Oklahoma has the lowest percentage of adults who eat 5 fruits or vegetables each day in the nation!

The Cost of Obesity:

It has been well established that obesity is a risk factor for multiple chronic diseases. Therefore, one of the consequences of this obesity epidemic will be the correlating increase in the use of healthcare. For example, one study found that persons with a BMI $\geq$ 30 had 36% higher annual healthcare costs than those of normal weight.[3] There is also evidence that the correlation between BMI and health care costs is greatest among older Whites.[4] Age was also examined in additional studies. One study in particular focused on those greater than age 65 and discovered that the expenditures related to obesity are rivaling those for tobacco.[5] Based on BRFSS data, the Centers for Disease Control and Prevention (CDC) estimated state-level expenditures attributable to obesity. Oklahoma ranked 27th highest in the nation with an estimated $854 million spent on healthcare costs related to obesity.[6]

Preventing Obesity:

If obesity could be prevented it would be a step in the right direction in improving our nation's and state's health, in addition to saving millions of dollars down the road. So what can be done to prevent obesity?

Portion Control: Lower calorie food selections and portion control are recommended for preventing weight gain. Reducing fat or carbohydrate intake alone is an insufficient weight management strategy. Total caloric intake must be reduced. These same strategies can be emphasized for weight loss in overweight persons and those already obese. Eating a diet that reduces daily caloric intake by 500-1000 calories is a safe and effective method for weight loss.

One out of every four children in Oklahoma are currently overweight or at risk of becoming overweight.

Fruits and Vegetables: Increasing fruit and vegetable consumption can also help maintain a healthy weight. A daily intake of between 4 and 13 servings of fruits and vegetables is recommended depending on age, gender, and activity level. In general, more consumption is encouraged for everyone.

Exercise/Physical Activity: Exercise and physical activity are also integral components of maintaining a healthy weight. On average, adults should attempt to incorporate 30 minutes of moderate to vigorous physical activity on as many days of the week as possible. For weight loss, the recommended duration is 60-90 minutes.

Why should Oklahomans be focused on Preventing Obesity?

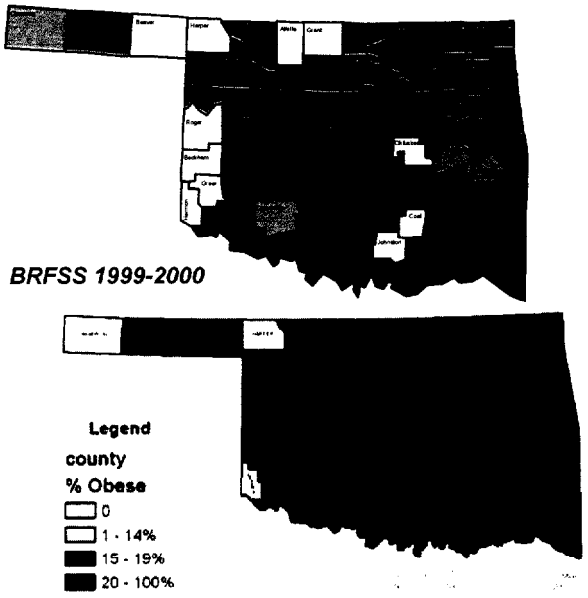
In Oklahoma, approximately 37% of the population is overweight, and 24% is obese.[7] This is over 60% of the state's adult population that are not at a normal, healthy weight! These problems begin at an early age. According to the Oklahoma Youth Risk Behavioral Survey taken in 2003 and 2005, 13% of Oklahoma's youth are currently overweight and 15% are at risk of becoming overweight.[8] That is more than 1 out of every 4 children who are already overweight or at risk of becoming overweight! Some of the reasons behind why this state is so overweight are reflected in behaviors that are

Table 2 Prevalence of Obesity (BMI $\geq$ 30) in Oklahoma by Gender, Age, Race, Income and Education with Confidence Intervals: BRFSS 2000-2005.

	Percent Obese	Confidence Interval
Gender		
Male	24.0%	(23.1-25)
Female	23.2%	(22.4-23.9)
Age Group		
18-34	19.7%	(18.6-20.8)
35-64	28.1%	(27.3-28.9)
65+	18.0%	(17.1-18.9)
Race/Ethnicity		
White NH*	22.5%	(21.8-23.1)
Black NH*	28.1%	(25.7-30.5)
AI NH*	31.4%	(29-33.7)
Other NH*	12.1%	(8.7-15.6)
Multicultural NH*	29.1%	(25.8-32.4)
Hispanic	25.9%	(23.2-28.6)
Income		
<$15 K	27.4%	(25.8-29.1)
$15-24.9K	26.0%	(24.6-27.4)
$25-49.9K	25.0%	(23.9-26.0)
$50-74.9K	22.7%	(21.3-24.2)
$75K+	19.7%	(18.2-21.3)
Education		
Less than HS	24.6%	(23.0-26.2)
HS or GED	24.6%	(23.6-25.5)
Some Post HS	24.4%	(23.2-25.5)
College	20.8%	(19.7-21.8)
Overall	23.6%	(23.0-24.2)

reported in the BRFSS survey. According to BRFSS, Oklahoma is the worst state in the nation for the proportion of the population that eats 5 servings of fruits and vegetables each day. The national average is 23.2%, while Oklahoma is at 15.7%. As far as physical activity, Oklahoma ranks 8th in the nation for the highest proportion of adults who do NOT exercise for 20 minutes three times a week. Only 22.5% of adults in Oklahoma reported doing so as compared to the national average of 27.5%. When evaluating Oklahoma's BRFSS responses to determine which portions

Figure 3 Change in Percentage of Adults who are obese in Oklahoma, by county: BRFSS 2000-2005



of the population are most strongly impacted by obesity, several trends can be seen. (see Table 2) A slightly higher percentage of males tend to be obese compared to females, however the difference is very small. Those 35-64 years old have by far the highest percentage of individuals who are obese. Non-Hispanic American Indians have the highest proportion of obese individuals of any race/ethnicity at 31.4%. Income does not appear to be as strong a factor, however there is a slight gradient with increasing income correlated to a smaller proportion of the individuals being obese. Similar trends were also seen with education level, where the higher the education, the smaller the proportion of individuals who were obese. There are no counties in Oklahoma that met the Healthy People 2010 of ≤15% obese as of 2005. The majority of the counties' populations were ≥20% obese. The number of counties that have a larger proportion of their population classified as obese has increased significantly in the past several years. All but 7 counties in Oklahoma as of 2005 had ≥20% of their population classified as obese. (Figure 3)

91% of Oklahoma's counties have ≥ 20% of their population that is considered to be obese.

Oklahoma Physical Activity and Nutrition Program (OKPAN):

OKPAN is a state-wide effort to prevent obesity and other chronic diseases through healthy eating and increased physical activity. It's mission is to reduce the incidence and prevalence of obesity and related chronic diseases through the enhancement of organizational capacity and development and implementation of a comprehensive State Plan. This program focuses on 5 key areas:

- Increasing fruit and vegetable consumption
- Increasing breastfeeding initiation and duration
- Physical Activity
- Balancing food intake with energy expenditure
- Reducing screen-time (television, computer use, and video games)

The entire state plan can be seen on the Oklahoma State Department of Health's website at: http://www.health.state.ok.us/program/cds/obesity.html

Oklahoma Fit Kids Coalition:

The Oklahoma Institute for Child Advocacy (OICA) has developed the grassroots efforts of the Oklahoma Fit Kids Coalition. Their mission is to improve the health and well being of Oklahoma youth and families by reducing childhood obesity. They are an association of more than 90 organization that have united to combat childhood obesity. http://69.20.59.165/home.html

Consider being involved in one of Oklahoma's programs that encourage Oklahomans to actively impact obesity in our state!

Racial and Ethnic Approaches to Community Health (REACH) 2010:

REACH's goal on a national level is to eliminate disparities in health status experienced by racial and ethnic minority

populations in key areas. Oklahoma's REACH project focuses on reducing racial disparities in diabetes, cardiovascular disease, and their risk factors by implementing or expanding physical activity programs among eight American Indian tribal nations and one urban health center. Each partner has established a physical activity program in their respective community and continues to monitor BMI and other measurements semiannually with the hopes of decreasing or preventing obesity among tribal and community members. http://www.health.state.ok.us/program/cds/reach.html

Governor Brad Henry's Initiative for Building a Strong and Healthy Oklahoma:
The Strong and Healthy Oklahoma initiative is an effort that extends statewide to encourage simple ways to make healthier choices where we live, work and learn. For example, this initiative will begin by promoting existing employee wellness programs and developing new ones to encourage the employees of the state to set an example of healthy living for the rest of the state. Future steps include partnering with public and private organizations to promote healthier lifestyles among students and Oklahoma citizens. http://www.ok.gov/strongandhealthy/Strong_and_Healthy_Oklahoma/index.html

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For more information contact
Chronic Disease Service
Oklahoma State Department of Health
1000 NE 10th Street
Oklahoma City, OK 73117-1299
(405) 271-4072

Adeline Yerkes, RN, MPH
Chief

Janis E. Campbell, PhD
Surveillance Coordinator

Anne Bliss, MPH
Epidemiologist

Chronic Disease Service would like to acknowledge Anne Bliss, MPH, as author of this report , with additional comments from Landon Norton, MS, RD/LD, Corey Wright, MS, CSCS, NSCA-CPT and Carrie Daniels, MS.

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Oklahoma State Department of Health

Obesity rate rises in Oklahoma

Obesity study shows bad news for OKlahoma

Posted: 06/29/2010

Obesity rates increased in more than half the states last year, according to an annual report from Trust for America's Health and the Robert Wood Johnson Foundation.

Dr. Jeffrey Levi, with Trust for America's Health, said, "In 1991, we didn't have a single state over 20% of obesity rates, and now most are over 25%."

How much money you make plays a role.

Dr. Levi said, "The poorer you are, the more likely you are to be obese or overweight."

There are federal programs in place to combat obesity, but experts said there is much more to be done.

The report also found one in three children is either overweight or obese.

But, experts said there's actually a plus side.

Dr. Levi said, "Obesity rates are lower among kids then they are among adults, and if we can stem the tide among kids, that will give us great hope for the future."

Mississippi had the highest obesity rate for the sixth year in a row at nearly 34%.

Colorado had the lowest and was the only state below 20%.

Here are the state by state rates released in the study.

1. Mississippi 33.8%

2. Alabama 31.6%

3 Tennessee 31.6%

4. West Virginia 31.3%

5. Louisiana 31.2%

6. Oklahoma 30.6%

7. Kentucky 30.5%

8. Arkansas 30.1%

9. South Carolina 29.9%

10. Michigan 29.4%

11. North Carolina 29.4%

12. Missouri 29.3%

13. Ohio 29.0%

14. Texas 29.0%

15. South Dakota 28.5%

16. Kansas 28.2%

17. Georgia 28.1%

18. Indiana 28.1%

19. Pennsylvania 28.1%

20. Delaware 27.9%

21. North Dakota 27.7%

22. Iowa 27.6%

23. Nebraska 27.3%

24. Alaska 26.9%

25. Wisconsin 26.9%

26. Illinois 26.6%

27. Maryland 26.6%

28. Washington 26.3%

29. Arizona 25.8%

30. Maine 25.8%

31. Nevada 25.6%

32. Minnesota 25.5%

33. New Mexico 25.5%

34. Virginia 25.5%

35. New Hampshire 25.4%

36.Florida 25.1%

37. Idaho 25.1%

38. New York 25.1%

39. Oregon 25.0%

40. Wyoming 25.0%

41. California 24.4%

42. New Jersey 23.9%

43. Montana 23.5%

44. Utah 23.2%

45. Rhode Island 22.9%

46. Vermont 22.8%

47. Hawaii 22.6%

48. Massachusetts 21.7%

49. District of Columbia. 21.5%

50. Connecticut 21.4%

51. Colorado 19.1%

To learn more, visit www.healthyamericans.org.

Back to the report

New Report: Oklahoma Ranks Sixth Most Obese State in the Nation

Washington, D.C. June 29, 2010 - Oklahoma was named the sixth most obese state in the country, according to the seventh annual F as in Fat: How Obesity Threatens America's Future 2010 report from the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF). The state's adult obesity rate is 30.6 percent, and, in Oklahoma men are more obese than women at 31.3 percent. Now more than two-thirds of states (38) have adult obesity rates above 25 percent.

The report highlights troubling racial and ethnic disparities in obesity rates. For instance, adult obesity rates for Blacks and Latinos were higher than for Whites in at least 40 states and the District of Columbia. In Oklahoma, the adult obesity rate was 37.1 percent among Blacks and 30.4 percent among Latinos, compared with 29.1 percent among Whites.

In addition, the report shows regional and income disparities in the obesity epidemic. For example, 10 out of the 11 states with the highest rates of obesity were in the South with Mississippi weighing in with highest rates for all adults (33.8 percent) for the sixth year in a row. More than a third (35.3 percent) of adults earning less than $15,000 per year were obese compared with roughly a quarter (24.5 percent) of adults earning $50,000 or more per year.

"Obesity is one of the biggest public health challenges the country has ever faced, and troubling disparities exist based on race, ethnicity, region and income," said Jeffrey Levi, PhD, Executive Director of TFAH. "This report shows that the country has taken bold steps to address the obesity crisis in recent years, but the nation's response has yet to fully match the magnitude of the problem. Millions of Americans still face barriers - like the high cost of healthy foods and lack of access to safe places to be physically active - that make healthy choices challenging."

Obesity rates among youths ages 10-17 from the 2007 National Survey of Children's Health (NSCH) also were included in the 2009 F as in Fat report; 16.4 percent of children were obese in the state, with the state ranking 17th out of the 50 states and D.C. for childhood obesity. Data collection for the next NSCH will begin in 2011. Currently, more than 12 million children and adolescents in the United States are considered obese.

The report also included the results of a new poll on childhood obesity conducted by Greenberg Quinlan Rosner Research and American Viewpoint. The poll shows that 80 percent of Americans recognize that childhood obesity is a significant and growing challenge for the country, and 50 percent of Americans believe childhood obesity is such an important issue that we need to invest more to prevent it immediately. The survey also found that 84 percent of parents believe their children are at a healthy weight, but research shows nearly one-third of children and teens are obese or overweight.

"Obesity rates among the current generation of young people are unacceptably high and a very serious problem," said Risa Lavizzo-Mourey, M.D., M.B.A., RWJF President and CEO. "To reverse this national epidemic, we have to make every community a healthy community. Americans are increasingly ready and willing to make that investment."

Additional key findings include:

- Adult obesity rates for Blacks topped 40 percent in nine states, 35 percent in 34 states, and 30 percent in 43 states and D.C.
- Rates of adult obesity for Latinos were above 35 percent in two states (North Dakota and Tennessee) and at 30 percent and above in 19 states.
- Ten of the 11 states with the highest rates of diabetes are in the South, as are the 10 states with the highest rates of hypertension.
- No state had rates of adult obesity above 35 percent for Whites. Only one state - West Virginia - had an adult obesity rate for Whites greater than 30 percent.
- The number of states where adult obesity rates exceed 30 percent doubled in the past year, from four to eight - Alabama, Arkansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee and West Virginia.
- Northeastern and Western states had the lowest adult obesity rates; Colorado remained the lowest at 19.1 percent.

The report found that the federal government and many states are undertaking a wide range of policy initiatives to address the obesity crisis. Some key findings include:

At the state level:

- Oklahoma has set nutritional standards for school lunches, breakfasts, and snacks that are stricter than current United States Department of Agriculture (USDA) requirements. Twenty states and D.C. have set such standards. Five years ago, only four states had legislation requiring stricter standards

- Oklahoma has nutritional standards for competitive foods sold in schools on á la carte lines, in vending machines, in school stores, or through school bake sales. Twenty-eight states and D.C. have nutritional standards for competitive foods. Five years ago, only six states had such standards.
- Oklahoma has passed requirements for body mass index (BMI) screenings of children and adolescents or legislation requiring other forms of weight-related assessments in schools. Twenty states have passed such requirements for BMI screenings. Five years ago, only four states had passed screening requirements.
- Oklahoma has not passed Complete Streets legislation, which aims to ensure that all users -- pedestrians, bicyclists, motorists and transit riders of all ages and abilities -- have safe access to a community's streets. Thirteen states have passed Complete Streets legislation.

And at the federal level:

- The new health reform law, the Patient Protection and Affordable Care Act of 2010, has the potential to address the obesity epidemic through a number of prevention and wellness provisions, expand coverage to millions of uninsured Americans, and create a reliable funding stream through the creation of the Prevention and Public Health Fund;
- Community Transformation grants have the potential to help leverage the success of existing evidence -based disease prevention programs;
- President Barack Obama created a White House Task Force on Childhood Obesity, which issued a new national obesity strategy that contained concrete measures and roles for every agency in the federal government; and
- First Lady Michelle Obama launched the "Let's Move" initiative to solve childhood obesity within a generation.

To enhance the prevention of obesity and related diseases, TFAH and RWJF provide a list of recommended actions in the report. Some key policy recommendations include:

- Support obesity- and disease-prevention programs through the new health reform law's Prevention and Public Health Fund, which provides $15 billion in mandatory appropriations for public health and prevention programs over the next 10 years.
- Align federal policies and legislation with the goals of the forthcoming National Prevention and Health Promotion Strategy. Opportunities to do this can be found through key pieces of federal legislation that are up for reauthorization in the next few years, including the Child Nutrition and WIC Reauthorization Act; the Elementary and Secondary Education Act; and the Surface Transportation Authorization Act.
- Expand the commitment to community-based prevention programs initiated under the American Recovery and Reinvestment Act of 2009 through new provisions in the health reform law, such as Community Transformation grants and the National Diabetes Prevention Program.
- Continue to invest in research and evaluation on nutrition, physical activity, obesity and obesity-related health outcomes and associated interventions.

STATE-BY-STATE ADULT OBESITY RANKINGS

Note: 1 = Highest rate of adult obesity, 51 = lowest rate of adult obesity. Rankings are based on combining three years of data (2007-2009) from the U.S. Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System to "stabilize" data for comparison purposes. This methodology, recommended by the CDC, compensates for any potential anomalies or usual changes due to the specific sample in any given year in any given state. States with statistically significant ($p<0.05$) increases for one year are noted with an asterisk (*), states with statistically significant increases for two years in a row are noted with two asterisks (**), states with statistically significant increases for three years in a row are noted with three asterisks (***). Additional information about methodologies and confidence intervals is available in the report. Individuals with a body mass index (BMI) (a calculation based on weight and height ratios) of 30 or higher are considered obese.

1.Mississippi*** (33.8%); 2. (tie) Alabama (31.6%); and Tennessee*** (31.6%); 4. West Virginia (31.3%); 5. Louisiana* (31.2%); 6.Oklahoma*** (30.6%); 7. Kentucky* (30.5%); 8. Arkansas* (30.1%); 9. South Carolina (29.9%); 10. (tie) Michigan (29.4%); and North Carolina*** (29.4%); 12. Missouri* (29.3%); 13. (tie) Ohio (29.0%); and Texas* (29.0%); 15. South Dakota*** (28.5%); 16. Kansas*** (28.2%); 17. (tie) Georgia (28.1%); Indiana* (28.1%); and Pennsylvania*** (28.1%); 20. Delaware (27.9%); 21. North Dakota** (27.7%); 22. Iowa* (27.6%); 23. Nebraska (27.3%); 24. (tie) Alaska (26.9%); and Wisconsin (26.9%); 26. (tie) Illinois* (26.6%); and Maryland (26.6%); 28. Washington*** (26.3%); 29. (tie) Arizona (25.8%); and Maine** (25.8%); 31. Nevada (25.6%); 32. (tie) Minnesota (25.5%); New Mexico*** (25.5%); and Virginia (25.5%); 35. New Hampshire* (25.4%); 36. (tie) Florida** (25.1%); Idaho (25.1%); and New York (25.1%); 39. (tie) Oregon (25.0%); and Wyoming (25.0%); 41. California* (24.4%); 42. New Jersey (23.9%); 43. Montana*** (23.5%); 44. Utah* (23.2%); 45. Rhode Island* (22.9%); 46. Vermont*** (22.8%); 47. Hawaii** (22.6%); 48. Massachusetts* (21.7%); 49. District of Columbia. (21.5%); 50. Connecticut (21.4%); 51. Colorado (19.1%)

STATE-BY-STATE ADULT OBESITY RANKINGS FOR BLACKS

Note: 1 = Highest rate of adult obesity, 51 = lowest rate of adult obesity. Rankings are based on combining three years of data (2007-2009) from the U.S. Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System to "stabilize" data for comparison purposes. This methodology, recommended by the CDC, compensates for any potential anomalies or usual changes due to the specific sample in any given year in any given state.

1. Wisconsin (44.0%); 2. Mississippi (42.9%); 3. Kentucky (42.6%); 4. Kansas (41.9%); 5. Alabama (41.7%); 6. (tie) Tennessee (41.1%); and North Carolina (41.1%); 8. Ohio (40.9%); 9. Delaware (40.6%); 10. Arkansas (39.8%); 11. South Carolina (39.4%); 12. Louisiana (38.7%); 13. (tie) Missouri (38.4%); Pennsylvania (38.4%); and Oregon (38.4%); 16. Michigan (38.2%); 17. Wyoming (37.9%); 18. Texas (37.6%); 19. Idaho (37.3%); 20. (tie) West Virginia (37.2%); and Maine (37.2%); 22. (tie) California (37.1%); and Oklahoma (37.1%); 24. Nebraska (37.0%); 25. Georgia (36.5%); 26. New Mexico (36.4%); 27. (tie) Florida (36.3%); and Maryland (36.3%); 29. New Jersey (36.1%); 30. Indiana (35.9%); 31. Alaska (35.7%); 32. Illinois (35.5%); 33. (tie) Connecticut (35.4%); and Virginia (35.4%); 35. Utah (34.5%); 36. District of Columbia (34.4%); 37. Iowa (34.1%); 38. Arizona (32.5%); 39. Washington (32.2%); 40. North Dakota (31.3%); 41. Rhode Island (30.8%); 42. New York (30.6%); 43. Hawaii (30.4%); 44. Vermont (30.1%); 45. Massachusetts (29.0%); 46. Minnesota (28.6%); 47. Colorado (28.1%); 48. South Dakota (27.5%); 49. New Hampshire (27.2%); 50. Montana (26.2%); 51. Nevada (25.8%)

STATE-BY-STATE ADULT OBESITY RANKINGS FOR LATINOS

Note: 1 = Highest rate of adult obesity, 51 = lowest rate of adult obesity. Rankings are based on combining three years of data (2007-2009) from the U.S. Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System to "stabilize" data for comparison purposes. This methodology, recommended by the CDC, compensates for any potential anomalies or usual changes due to the specific sample in any given year in any given state.

1. Tennessee (39.5%); 2. North Dakota (37.4%); 3. (tie) Missouri (34.0%); and Texas (34.0%); 5. (tie) Michigan (33.4%); and Arizona (33.4%); 7. Pennsylvania (33.3%); 8. Alabama (33.2%); 9. Kansas (32.8%); 10. (tie) Ohio (32.5%); and Alaska (32.5%); 12. Louisiana (30.8%); 13. New Mexico (30.7%); 14. Illinois (30.6%); 15. Oklahoma (30.4%); 16. Nebraska (30.3%); 17. (tie) Georgia (30.2%); and California (30.2%); 19. Wyoming (30.0%); 20. Washington (29.9%); 21. Arkansas (29.6%); 22. Iowa (29.4%); 23. Virginia (29.2%); 24. Idaho (29.1%); 25. West Virginia (28.5%); 26. (tie) South Carolina (28.4%); and Nevada (28.4%); 28. New York (28.0%); 29. Kentucky (27.9%); 30. Florida (27.8%); 31. Hawaii (27.7%); 32. Massachusetts (27.1%); 33. Rhode Island (27.0%); 34. (tie) Delaware (26.8%); and Indiana (26.8%); 36. (tie) Minnesota (26.4%); New Hampshire (26.4%); and Connecticut (26.4%); 39. South Dakota (26.2%); 40. North Carolina (25.7%); 41. Mississippi (25.6%); 42. New Jersey (25.4%); 43. Wisconsin (24.9%); 44. Colorado (24.5%); 45. Maryland (24.4%); 46. Oregon (23.7%); 47. Utah (23.6%); 48. Montana (23.2%); 49. Maine (21.0%); 50. Vermont (20.8%); 51. District of Columbia (20.6%)

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