A GUIDE FOR PREVENTING CHILDHOOD OBESITY IN GEORGIA

The Philanthropic Collaborative for a Healthy Georgia
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Healthy Schools, Healthy Communities: A Guide for Preventing Childhood Obesity in Georgia

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>2</td>
</tr>
<tr>
<td>Schools Recommendations Quick Guide</td>
<td>3</td>
</tr>
<tr>
<td>Communities Recommendations Quick Guide</td>
<td>5</td>
</tr>
<tr>
<td>Introduction</td>
<td>7</td>
</tr>
<tr>
<td>Overview</td>
<td>9</td>
</tr>
<tr>
<td>Conceptual Framework</td>
<td>9</td>
</tr>
<tr>
<td>Content and Format</td>
<td>9</td>
</tr>
<tr>
<td>Development Process</td>
<td>9</td>
</tr>
<tr>
<td>The Role of Schools in Obesity Prevention</td>
<td>10</td>
</tr>
<tr>
<td>Recommendations and Related Articles</td>
<td>12</td>
</tr>
<tr>
<td>School Wellness</td>
<td>12</td>
</tr>
<tr>
<td>School Nutrition Environment</td>
<td>13</td>
</tr>
<tr>
<td>School Physical Activity</td>
<td>15</td>
</tr>
<tr>
<td>School Health Education</td>
<td>16</td>
</tr>
<tr>
<td>Related Articles</td>
<td>18</td>
</tr>
<tr>
<td>Georgia Schools’ Success Stories</td>
<td>19</td>
</tr>
<tr>
<td>Recognition Awards</td>
<td>22</td>
</tr>
<tr>
<td>The Role of Communities in Obesity Prevention</td>
<td>23</td>
</tr>
<tr>
<td>Recommendations and Related Articles</td>
<td>26</td>
</tr>
<tr>
<td>Nutrition</td>
<td>26</td>
</tr>
<tr>
<td>Physical Activity and Built Environment</td>
<td>28</td>
</tr>
<tr>
<td>Policy Change</td>
<td>30</td>
</tr>
<tr>
<td>Related Articles</td>
<td>31</td>
</tr>
<tr>
<td>Georgia Communities’ Success Stories</td>
<td>32</td>
</tr>
<tr>
<td>References</td>
<td>38</td>
</tr>
</tbody>
</table>
Healthy Schools, Healthy Communities: A Guide for Preventing Childhood Obesity in Georgia was developed by The Philanthropic Collaborative for a Healthy Georgia. The Collaborative is an informal group of Georgia’s foundations seeking to understand and respond to the health-related challenges facing the State. The Philanthropic Collaborative is working in many areas to improve the health of Georgians. Over the years, the Collaborative has partnered with public and private leaders at the state and local levels to bring attention and funds to programs that address school health, rural health, cancer prevention, and the prevention of childhood obesity.

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SCHOOL WELLNESS:

RECOMMENDATION 1: Assess your school environment using CDC’s School Health Index or another evaluation tool, and utilize findings to implement improvements in the school environment.

RECOMMENDATION 2: Create and maintain an active School Health Council (SHC) and designate a School Health Coordinator.

RECOMMENDATION 3: Create a school wellness policy that reflects the results of your school assessment and provides policies and procedures for accomplishing your school’s goals.

RECOMMENDATION 4: Use your school health council to facilitate an effective, comprehensive school health program such as CDC’s Coordinated School Health Program.

RECOMMENDATION 5: Create healthy school meals that meet the Dietary Guidelines for Americans.
• STRATEGY: Adopt an effective approach to meal planning that increases the variety of fruits, vegetables and whole grains, while reducing the amount of fat and sodium.
• STRATEGY: Adequately train school food service personnel.
• STRATEGY: Implement a farm-to-school program as a means of procuring and serving more fresh fruits and vegetables.

RECOMMENDATION 6: Maximize participation in school lunch and breakfast programs to ensure all students have access to healthy food during the school day.
• STRATEGY: Increase access to free breakfast at school.
• STRATEGY: Ensure that all students have access to healthy breakfast by incorporating breakfast into the school day.
• STRATEGY: Actively market the school lunch and breakfast program to parents and students.

RECOMMENDATION 7: Establish that foods sold in the cafeteria a la carte, vending machines, snack bars, school stores, fundraisers, concession stands and food brought from home or served as refreshments at school parties and events shall be consistent with the Dietary Guidelines for Americans.
• STRATEGY: Develop guidelines in your wellness policy that set standards for all food served at school and communicate these standards to teachers, staff, and parents.
• STRATEGY: Review school vendor contracts and meet with vendors to discuss healthier food options.

RECOMMENDATION 8: Establish that nutritional composition of foods and beverages, whether part of reimbursable meals or other food sales, is posted for students’ information and students are encouraged to make positive food choices.

RECOMMENDATION 9: Prohibit marketing of high density, low nutrient food items and sugar-sweetened beverages on school campuses.

RECOMMENDATION 10: Establish that food and beverages are not used for reward or punishment.

SCHOOL NUTRITION ENVIRONMENT:

SCHOOL PHYSICAL ACTIVITY RECOMMENDATIONS:

RECOMMENDATION 11: Increase opportunities for students to engage in physical activity at school.
• STRATEGY: Establish that children participate in physical education classes for the minimum amount of time recommended by the CDC.
• STRATEGY: Ensure that students are engaged in moderate to vigorous physical activity for at least 50% of class time.
• STRATEGY: Ensure that students with disabilities are engaged in physical education activities through appropriate modification of activities.

RECOMMENDATION 12: Conduct annual student fitness assessments.

RECOMMENDATION 13: Incorporate recess and activity breaks into the school day and increase duration of moderate and vigorous activity during these times.
RECOMMENDATION 14: Work in partnership with communities to create opportunities for children and their families to be physically active.

- STRATEGY: Joint Use Agreements: Increase opportunities for extracurricular physical activity by ensuring that existing recreational facilities such as school gyms and playgrounds are open to the public, and encourage the development of new recreational facilities that can be shared by schools and the public.

- STRATEGY: Create a Safe Routes to School program.

SCHOOL HEALTH EDUCATION:

RECOMMENDATION 15: Assure that your current school health education curriculum is in accordance with Georgia’s Health Education Performance Standards.

RECOMMENDATION 16: Based on the findings of your analysis, make appropriate enhancements to your health education curriculum and/or adopt existing evidence-based curricula for your school.

RECOMMENDATION 17: Teach students skills to reduce sedentary behaviors.

RECOMMENDATION 18: Incorporate nutrition and physical activity into after school programs.

RECOMMENDATION 19: Ensure that the school environment includes healthy messages that reinforce the classroom health education curriculum.

RECOMMENDATION 20: Increase parental involvement/engagement in school.


RECOMMENDATION 22: Provide parents with links to community agencies and resources for nutrition and physical activity.
NUTRITION RECOMMENDATIONS:

RECOMMENDATION 1: Create an infrastructure to build and sustain healthy food environments.

- STRATEGY: Create an inter-agency Food Policy Council comprised of key legislators and officials to develop interagency plans and state policy recommendations to promote availability and affordability of more locally/state produced healthier foods and beverages.
- STRATEGY: Encourage local governments to develop policies promoting the production, distribution or procurement of food from local farms.
- STRATEGY: Discourage consumption of sugar-sweetened beverages and create policies that restrict availability of sugar-sweetened beverages in schools and childcare centers.
- STRATEGY: Implement zoning designed to limit the density of fast food establishments in residential communities.

RECOMMENDATION 2: Improve access to and availability of healthy, nutritious foods and beverages.

- STRATEGY: Create incentive programs to enable current owners of small food stores in underserved areas to carry healthier, affordable food items (e.g., grants or loans to purchase refrigeration equipment to store fruits, vegetables, and fat-free/low-fat dairy; free publicity; a city awards program; or linkages to wholesale distributors).
- STRATEGY: Encourage farmers’ markets to accept Special Supplemental Nutrition Program for Women, Infants and Children (WIC) food package vouchers and WIC Farmers’ Market Nutrition Program coupons, and encourage and make it possible for farmers’ markets to accept Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program) and WIC Program Electronic Benefit Transfer (EBT) cards by allocating funding for equipment that uses electronic methods of payment.
- STRATEGY: Introduce or modify land use policies/zoning regulations to promote, expand, and protect potential sites for community gardens and farmers’ markets, such as vacant city-owned land or unused parking lots.
- STRATEGY: Encourage the development and growth of farmers’ markets.
- STRATEGY: Increase participation in federal, state, and local government nutrition assistance programs (e.g., WIC, school breakfast and lunch, the Child and Adult Care Food Program (CACFP), the Afterschool Snacks Program, the Summer Food Service Program, SNAP).
- STRATEGY: Ensure that childcare and afterschool program licensing agencies encourage utilization of the nutrition assistance programs and increase nutrition program enrollment (CACFP, Afterschool Snacks Program, and the Summer Food Service Program).

RECOMMENDATION 3: Encourage or require informative nutritional information on restaurant menus.

- STRATEGY: Require menu labeling in chain restaurants to provide consumers with calorie information on in-store menus and menu boards and encourage non-chain restaurants to provide consumers with calorie information on in-store menus and menu boards.

RECOMMENDATION 4: Encourage consumption of healthier food choices in public venues.

- STRATEGY: Increase availability and affordability of healthier food and beverage choices in public service venues including schools, child care centers, city and county buildings, prisons, juvenile detention centers, afterschool programs, senior centers, homeless shelters, hospitals and parks.

RECOMMENDATION 5: Increase support for breastfeeding.

- STRATEGY: Assure that health care settings, child-care facilities and worksite environments support breastfeeding.
- STRATEGY: Encourage breastfeeding and promote breastfeeding friendly communities.
- STRATEGY: Adopt practices in city and county hospitals that are consistent with the Baby-Friendly Hospital Initiative USA.

PHYSICAL ACTIVITY AND BUILT ENVIRONMENT RECOMMENDATIONS:

RECOMMENDATION 6: Promote walking and bicycling within the community.

- STRATEGY: Develop community-based walking programs.
- STRATEGY: Implement programs to improve safety for pedestrians and bicyclists.
- STRATEGY: Develop walking trails to promote physical activity.
RECOMMENDATION 7: Increase access to public and private recreational facilities.
- STRATEGY: Increase opportunities for extracurricular physical activity by ensuring that existing recreational facilities such as school gyms and playgrounds are open to the public, and new recreational facilities can be shared by schools and the public.
- STRATEGY: Improve access to public and private recreational facilities in communities with limited recreational options through reduced costs, increased operating hours, and development of culturally appropriate activities.
- STRATEGY: Improve access to outdoor recreational facilities such as parks, green space, walking and biking trails, pools, and playgrounds.
- STRATEGY: Implement community-wide initiatives and programs.

RECOMMENDATION 8: Promote community designs that support active lifestyles.
- STRATEGY: Increase mixed-use development by creating zoning regulations that accommodate mixed land use: increasing green space, sidewalks, play space, etc.

RECOMMENDATION 9: Enhance public transportation options, safety, and access.
- STRATEGY: Plan, build, and retrofit streets so as to reduce vehicle speed, accommodate bicyclists, and improve the walking environment.
- STRATEGY: Collaborate with schools to develop and implement Safe Routes to School programs to increase the number of children safely walking and bicycling to schools.
- STRATEGY: Implement the rails-to-trails concept.
- STRATEGY: Promote the use of public transit.

POLICY CHANGE RECOMMENDATIONS:

RECOMMENDATION 10: Promote Policy Change.
- STRATEGY: Assess your community environment and determine strengths, as well as needed improvements.
- STRATEGY: Utilize the media to promote change.
- STRATEGY: Build or join a coalition.
Childhood obesity has emerged as a serious threat to the health of Georgia’s youth. Recent studies found that youth in Georgia are at greater risk of overweight than youth in other parts of the nation. Two studies recently conducted in Georgia found that childhood overweight prevalence rates were higher than in the US overall. The Georgia Childhood Overweight Prevalence Survey reported that 20% of Georgia’s 4th, 8th and 11th grade students were overweight, while a study conducted by Georgia’s Department of Human Resources reported an overweight rate of 24% for second grade students. The Trust for America’s Health reported that Georgia ranks third overall for states with the highest rates of overweight and obese 10 to 17 year-olds (21.3%).

The burden of overweight, obesity and related diseases disproportionately affects poorer populations in Georgia. Overweight among Georgians aged 2-5 years enrolled in the Woman, Infants and Children (WIC) program has increased 60% in the last decade.

Beyond health risks, the economic cost of obesity in Georgia is estimated at $2.1 billion per year.

The health risks and economic costs related to obesity are staggering. According to the Georgia Division of Public Health’s Overweight and Obesity in Georgia Report, an estimated 6700 Georgians die every year from obesity-related diseases. The Report found that overweight and obese children in Georgia are developing type 2 diabetes, high blood lipids, hypertension, asthma, sleep apnea, early maturation, orthopedic problems and behavioral and psychological disorders. Medical expenditures for overweight and obese adults are approximately 14.5% and 37% higher, respectively, than for normal weight adults.

The health risks and economic cost of obesity in Georgia is estimated at $2.1 billion per year.

Only 18% of Georgia high school students consume the minimum recommended daily amount of fruits and vegetables.

Children from lower-income households are more likely to be obese (26%) than those from higher-income households (21%).

Georgia youth are increasingly obese because they are not physically active and are not eating healthy, nutritious foods. The Centers for Disease Control and Prevention’s State Indicator Report on Physical Activity (2010) found that only 26.1% of Georgia children in grades 9-12 meet recommended physical activity guidelines, and only 34.3% receive daily physical education.

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INTRODUCTION

The Georgia Youth Fitness Assessment Report (2007), funded by the Philanthropic Collaborative for a Healthy Georgia, highlighted the problem of low levels of physical activity and fitness among school children. It found that 30% of Georgia’s children and youth have a BMI that is considered a health risk. It also reported that a significant percentage of students failed to attain levels of cardio-respiratory fitness (52%) and muscular strength, flexibility, and endurance (23%) consistent with current and future good health.

The report served as a call to action for Georgians to become more engaged in childhood obesity prevention. In 2009, the Georgia General Assembly passed House Bill 229 (HB 229) placing greater emphasis on student health, physical education, and fitness. Beginning in the 2011-2012 school year, each school must conduct a fitness assessment for all students enrolled in physical education. Parents will receive a report for their child. Statewide findings will be reported annually to the State Board of Education and the Governor.

These developments suggest that schools and communities will continue to be at the forefront of efforts to prevent childhood obesity. Communities and schools are the settings where children and families spend the majority of their time. Officials in these settings are recognizing that they have a role to play in obesity prevention. Policy and environmental changes have shown promise for increasing physical activity and healthy eating.

Communities and schools have a unique capacity to develop goals and objectives to prevent and reverse childhood obesity. One important strategy to beginning an organized effort is to plan a program that incorporates evaluation. Schools and communities that incorporate a program evaluation in their plans help build the knowledge-base for program implementation and best practices to prevent childhood obesity. By including evaluations of childhood obesity efforts, outcomes can be quantified, programs that work well can be shared with other communities, and accountability can be achieved to satisfy stakeholders. State agencies, universities, and philanthropic organizations are often the most accessible source of technical assistance in regards to program evaluation.

Now, more than ever, it is vital that evidence-based recommendations and resources are made available to provide guidance to leaders in the school and community settings. There are numerous initiatives, programs, and activities that have been implemented in schools and communities in recent years. The evidence-base around effective strategies for obesity prevention continues to emerge and grow. Unfortunately, much of this evidence is slow in reaching those at the local level who need it most. Now, more than ever, it is vital that evidence-based recommendations and resources are made available to provide guidance to leaders in the school and community settings.
Conceptual Framework

At its most basic, overweight and obesity result from an imbalance between energy intake (eating and drinking) and energy expenditure (physical activity). In reality, the obesity epidemic is complex and multi-causal. To make sense of the causal influences, experts employ a socio-ecological framework—a model for thinking about causal factors and their level of influence. The socio-ecological framework provides a method for examining the multiple effects and interrelatedness of social elements that contribute to obesity.

According to the socio-ecological model, health behaviors arise and are maintained through four interacting levels of influence: individual factors, interpersonal relationships, schools and other organizations and the greater society. While individual-level behaviors factor into obesity rates, overarching social and environmental changes can have a broad, lasting impact on obesity. Focusing primarily on changing environments and policies at social levels rather than focusing solely on changing individual behavior will likely have a greater impact on stemming the obesity epidemic. Changes aimed at cutting the link between obesity and socio-economic status also are necessary. Schools and communities are uniquely situated to tackle the obesity epidemic with lasting effects.

Content and Format

The Philanthropic Collaborative developed this resource, Healthy Schools, Health Communities: A Guide for Preventing Childhood Obesity in Georgia, to assist local policymakers, school officials and community champions in identifying and implementing the most promising approaches for reshaping their environments to promote physical activity and healthy eating.

Development Process

The overall goal was to develop a resource to support childhood obesity prevention by schools and communities in Georgia. The project team began its work by searching for available resources and guidance documents related to childhood obesity prevention, active living, and healthy eating. The purpose of this initial activity was to survey the field to gain an understanding of the resources that were readily available to practitioners, school officials, and local community champions to support implementation of school and community-based prevention efforts. Most resources identified and reviewed were narrow in scope, focusing on a specific area related to childhood obesity prevention (e.g., Safe Routes to School, community gardening, etc.). None of the resources examined provided access to a broad range of evidence-based recommendations with related guidance. Given the high number of narrowly focused resources available, the project team decided that the development of a resource that provided access to these resources would be most appropriate.

The process of developing the resource then turned to reviewing the evidence-based recommendations related to childhood obesity prevention provided by the Centers for Disease Control and Prevention (CDC) and the Institute of Medicine (IOM). Approximately 85 recommendations relevant to schools and communities were identified. A total of 32 recommendations, in original or adapted format, were selected for inclusion in this document. The reduction in the total number of recommendations was in the interest of making the document manageable in length. Selected recommendations were viewed as most central to childhood obesity prevention efforts in schools and communities. Using fewer recommendations allowed for greater focus on provision of resources and guides to support user implementation.

After identifying recommendations for inclusion in this document, project staff reviewed previously collected resources and matched them to appropriate recommendations. Additional resources were sought to provide adequate support for each recommendation.
Health experts agree that schools play an essential role in combating childhood obesity. It is well established that proper nutrition is essential to physical growth and cognitive development. For many children, meals and other food served at school represent a significant source of their nutritional requirements and caloric consumption. Efforts to promote school-based physical activity and provide healthy, nutritious food environments, therefore, can greatly benefit a large number of youth and society at large.

School Wellness
School wellness is an important focus for schools as they develop healthy school environments. School wellness takes a holistic approach to addressing health and well-being within the school setting, and has the potential to provide numerous benefits to students, their parents and school staff. The process requires that schools assess their current environment and implement activities and programs that promote healthy behaviors and provide opportunities for physical activity and healthy eating.

Establishing a school wellness program ultimately improves overall student health. For schools that are just beginning and those that have already begun promoting school health, assessing your school's current environment is an important step.

School Nutrition Environment
The school nutrition environment encompasses all food and beverages sold on school grounds and all the messages students receive regarding food choices, whether through commercial advertisements or social marketing campaigns at school.

Incorporating coordinated school health programs can promote healthy lifestyles in Georgia’s youth. Focusing on key aspects of the coordinated school health program including wellness, nutrition environment, physical activity and health education programs can lead to healthier lifestyles and ultimately reduce the childhood obesity epidemic.

The sale or provision of competitive foods on school campuses presents another challenge to ensuring proper nutrition within the school setting. The term “competitive foods” refers to all foods and beverages served or sold in schools that are not part of the federal school meal programs, including a la carte items served in the school cafeteria, items sold in vending machines, school stores, through fund-raising and concession stands. Competitive foods tend to be high in fat and sugar and offer little nutritional value. Furthermore, access to competitive foods throughout the school day often deters children from consuming more healthful options, and limits participation in school meal programs.

Food and beverage advertising on school campuses is another important aspect of the school nutrition environment. Research demonstrates that food advertisements trigger food purchase requests by children to parents, affect children’s product and brand preferences, and factor into consumption behavior. Messages about food, therefore, should be consistent with lessons provided in the classroom and should reinforce healthful eating habits.
To improve the food environment, schools should ensure that children have access to nutritious food throughout the school day and that school staff are provided with the necessary tools to encourage children to make healthy choices.

**School Physical Activity**

Requiring physical education in schools and providing after-school sports and physical activities are important means of promoting health and fitness among children, in conjunction with improving school nutrition. Participation in regular physical activity decreases body fat, increases muscle and bone strength, decreases risk of death from heart disease, and lowers the risk of developing diabetes. The CDC recommends that children participate in sixty minutes of moderate to vigorous physical activity each day. Despite the benefits, most children in Georgia and across the United States fail to meet physical activity recommendations. According to the 2007 Youth Behavior Risk Survey, only 39% of middle school students in Georgia and 34.3% of high school students reported attending daily physical education classes. Over 45% of middle school students failed to engage in 20 or more minutes of moderate to vigorous physical activity three or more times in the previous seven days, while less than 44% of high school students met the recommendations for physical activity.

To address the problem of obesity among Georgia’s youth, schools must create daily opportunities for physical activity. Participating in recommended levels of physical activity provides numerous benefits for children’s physical health and academic achievement.

**School Health Education**

Schools provide children with opportunities for proper nutrition and physical activity, and are critical in educating children about how to make positive choices and become healthy, productive adults. Quality health education provides children with the ability to successfully adopt behaviors that protect and promote health, while avoiding and reducing health risks. Furthermore, research indicates that establishing healthy behaviors among youth is more effective than efforts to change existing behaviors in adults. According to the CDC, schools can play a vital role in establishing healthy behaviors among youth that carry over into adulthood. Georgia’s recently revised health education performance standards reflect the importance of providing quality health education to Georgia students. The new standards are based on the eight national health education standards and are designed to address six priority adolescent risk behaviors identified by the CDC. These risk behaviors include alcohol and other drug use, injury and violence, tobacco use, poor nutrition, inadequate physical activity, and risky sexual behavior.

Data from the 2007 Behavioral Risk Factor Surveillance System (BRFSS) shows strong support for the need to teach students how to engage in healthy behaviors related to improving nutrition, increasing physical activity and reducing sedentary behavior. According to the survey, 43.1% of high school students and 44.1% of middle school students reported watching television for three or more hours on an average school day. Only 19% of high school students reported eating five or more servings of fruits and vegetables daily for the past seven days, while 5.4% of middle school students reported taking diet pills, powders or liquids without a doctor’s advice in order to lose weight or keep from gaining weight. These findings highlight the need for regular, developmentally appropriate health education in Georgia’s schools. Schools play an essential role in combating the obesity epidemic in Georgia. The following recommendations and resources for schools provide information on programs and tools designed to promote school wellness, create healthy nutrition environments, promote physical activity and develop health education programs.
SCHOOL WELLNESS RECOMMENDATIONS:

RECOMMENDATION 1: Assess your school environment using CDC’s School Health Index or another evaluation tool, and utilize findings to implement improvements in the school environment.

TOOLS:
• CDC School Health Index [link]
• CDC’s School Health Index Training Manual [link]
• Frequently Asked Questions about CDC’s School Health Index [link]
• CDC’s School Health Index Power Point Presentation [link]
• Florida School Wellness Guide [link]
• Alliance for a Healthier Generation Healthy Schools Builder [link]
• Prevention Institute Environmental Nutrition and Activity Community Tool (ENACT) [link]

RECOMMENDATION 2: Create and maintain an active School Health Council (SHC) and designate a School Health Coordinator.

TOOLS:
• American Cancer Society: Improving School Health, A Guide to School Health Councils [link]
• American Cancer Society: Promoting Healthy Youth, Schools, and Communities, A Guide to Community-School Health Councils [link]

RECOMMENDATION 3: Create a school wellness policy that reflects the results of your school assessment and provides policies and procedures for accomplishing your school’s goals.

TOOLS:
• Georgia Action for Healthy Kids: Local School Wellness Policy Guide for Development [link]
• Action for Healthy Kids Wellness Policy Tool [link]
• Model School Wellness Policies [link]
• USDA Wellness Policy Webpage [link]

RECOMMENDATION 4: Use your School Health Council to facilitate an effective, comprehensive school health program such as CDC’s Coordinated School Health Program.

TOOLS:
• CDC’s Healthy Youth! [link]
• Coordinated School Health Programs at a Glance [link]
• Health is Academic: A Guide to Coordinated School Health Programs [link]
RECOMMENDATIONS AND RELATED RESOURCES

SCHOOL NUTRITION
ENVIRONMENT RECOMMENDATIONS:

RECOMMENDATION 5: Create healthy school meals that meet the Dietary Guidelines for Americans.

STRATEGY:
Adopt an effective approach to meal planning that increases the variety of fruits, vegetables and whole grains, while reducing the amount of fat and sodium.

TOOLS:

STRATEGY:
Adequately train school food service personnel.

TOOLS:

Computer-based Training http://healthymeals.nal.usda.gov/nal_display/index.php?info_center=14&tax_level=2&tax_subject=527&level3_id=0&level4_id=0&level5_id=0&topic_id=2102&placement_default=0

• CDC Nutrition Standards for Foods in Schools Recommended Nutrition Standards for Foods Outside the School


• National Food Service Management Institute http://www.nfsmi.org/ Templates/ TemplateDivision.aspx?qs=cElEPTU=

STRATEGY:
Implement a farm to school program as a means of procuring and serving more fresh fruits and vegetables.

TOOLS:

Georgia Profile http://www.farmtoschool.org/state-home.php?id=58

RECOMMENDATION 6: Maximize participation in school lunch and breakfast programs to ensure all students have access to healthy foods during the school day.

STRATEGY:
Increase access to free breakfast at school.

TOOLS:
• Food Research & Action Center: Universal School Breakfast Programs http://www.frac.org/pdf/universal_sbp.PDF

STRATEGY:
Ensure that all students have access to healthy breakfast by incorporating breakfast into the school day.

TOOLS:

STRATEGY:
Actively market the school lunch and breakfast program to parents and students.

TOOLS:
• USDA Food Service: School Breakfast Program http://www.fns.usda.gov/cnd/breakfast/
RECOMMENDATION 7: Establish that foods sold in the cafeteria a la carte, vending machines, snack bars, school stores, fundraisers, concession stands and food brought from home or served as refreshments at school parties and events shall be consistent with the Dietary Guidelines for Americans.

STRATEGY:
Develop guidelines within your wellness policy that set standards for all food served at school and communicate these standards to teachers, staff, and parents.

TOOLS:
• Sample Guidelines for Competitive Foods
  Nebraska Guidelines for Competitive Foods* in Schools
  http://www.education.ne.gov/ns/forms/nslp/forms/
• CDC
  Nutrition Standards for Foods in Schools: Information for School Boards, School Districts and other School Administrators
  http://www.cdc.gov/HealthyYouth/nutrition/pdf/nutrition_fact_sheet_schools.pdf
• CDC
  Nutrition Standards for Foods in Schools: Recommended Nutrition Standards for Foods Outside of School Meal Programs Information for Parents, Guardians, Teachers, and School Staff
  http://www.cdc.gov/HealthyYouth/nutrition/pdf/nutrition_fact_sheet_parents.pdf

STRATEGY:
Review school vendor contracts and meet with vendors to discuss healthier options.

TOOLS:
• Maximize Your School Vending Contracts: Best Practices
  http://www.schoolhealthlaw.org/MaximizeVendingContracts.pdf
• Using School Wellness Policies to Improve Vending Contracts
  http://www.schoolhealthlaw.org/ModelWellnessPolicyClauses.pdf

RECOMMENDATION 8: Establish that nutritional composition of foods and beverages, whether part of reimbursable meals or other food sales, is posted for students’ information and students are encouraged to make positive food choices.

TOOLS:
• USDA Food and Nutrition Service: Nutrition resources for making healthy choices
  http://www.teamnutrition.usda.gov/Resources/nutrition_essentials.html

RECOMMENDATION 9: Prohibit marketing of high density, low nutrient food items and sugar-sweetened beverages on school campuses.

TOOLS:
• Regulating “Junk Food” Marketing on Public School Property
  http://www.schoolhealthlaw.org/RegulatingJFSchools.pdf
• IOM: Guidelines for Responsible Food Marketing to Children
  http://www.cspinet.org/marketingguidelines.pdf

RECOMMENDATION 10: Establish that food and beverages are not used for reward or punishment.

TOOLS:
• Action for Healthy Kids: School Solutions for Snacks, Activities, Classroom Rewards, and Fundraising
• Center for Science in the Public Interest
  Healthy Classroom Celebrations
SCHOOL PHYSICAL ACTIVITY RECOMMENDATIONS:

RECOMMENDATION 11: Increase opportunities for students to engage in physical activity at school.

STRATEGY:
Establish that children participate in physical education classes for the minimum amount of time recommended by the CDC.

TOOLS:
• National Association for Sports and Physical Education guidelines for comprehensive physical activity programs
  http://www.aahperd.org/naspe/advocacy/letsmoveinschool/cspap.cfm

STRATEGY:
Ensure that students are engaged in moderate to vigorous physical activity for at least 50% of class time.

TOOLS:
• School-Based Physical Education: Working with Schools to Increase Physical Activity Among Children and Adolescents in Physical Education Classes – An Action Guide

STRATEGY:
Ensure that students with disabilities are engaged in physical education activities through appropriate modification of activities.

TOOLS:
• CDC: Physical Activity and Health, Persons with Disabilities
  http://www.cdc.gov/nccdphp/sgrl/disab.htm

RECOMMENDATION 12: Conduct annual student fitness assessments.

TOOLS:
• Presidential Fitness Challenge Fitness Assessment
  http://www.presidentschallenge.org/challenge/index.shtml
• Fitnessgram
  http://www.fitnessgram.net/programoverview/assessreporteducate/

RECOMMENDATION 13: Incorporate recess and activity breaks into the school day and increase duration of moderate and vigorous activity during these times.

TOOLS:
• Agency for Healthcare Quality and Research
  See section: Increase Time Spent in Moderate to Vigorous Physical Activity in Unstructured Recess Periods

• Action for Healthy Kids
  Recess Before Lunch
  http://www.eatsmart.org/client_images/recess_before_lunch_wa_final.pdf

• Action for Healthy Kids: Recommendation to Legislatively Mandate Daily Recesses

• Robert Wood Johnson Foundation: Recess Rules: Why the undervalued playtime may be America’s best investment for healthy kids and healthy schools

RECOMMENDATION 14: Work in partnership with communities to create opportunities for children and their families to be physically active.

STRATEGY:
Joint Use Agreements: Increase opportunities for extracurricular physical activity by ensuring that existing recreational facilities such as school gyms and playgrounds are open to the public, and encourage the development of new recreational facilities that can be shared by schools and the public.

TOOLS:
• Joint Use http://www.jointuse.org/
**STRATEGY:**
Create Safe Routes to School program

**TOOLS:**
- Establishing a Safe Routes to School State Network: A 10-Step Guide
  [http://www.saferoutespartnership.org/media/file/SRTS_10stepguide_State_Network.pdf](http://www.saferoutespartnership.org/media/file/SRTS_10stepguide_State_Network.pdf)
- Safe Routes to School: 2007 State of the States Report
- Safe Routes to School
- Safe Routes to School Georgia
  [http://www.dot.state.ga.us/localgovernment/FundingPrograms/srts/Pages/default.aspx](http://www.dot.state.ga.us/localgovernment/FundingPrograms/srts/Pages/default.aspx)

**SCHOOL HEALTH EDUCATION RECOMMENDATIONS:**

**RECOMMENDATION 15:** Assure that your current school Health Education curriculum is in accordance with Georgia’s Health Education Performance Standards.

**TOOLS:**
- Georgia Health Education Performance Standards
- CDC’s Health Education Curriculum Analyses Tool
  [http://www.cdc.gov/HealthyYouth/HECAT/index.htm](http://www.cdc.gov/HealthyYouth/HECAT/index.htm)

**RECOMMENDATION 16:** Based on the findings of your analysis, make appropriate enhancements to your health education curriculum and/or adopt existing evidence-based curricula for your school.

**TOOLS:**
- CDC’s School Health Education Resources (SHER)
- CDC Healthy Schools, Healthy Youth!
  [http://www.cdc.gov/HealthyYouth/](http://www.cdc.gov/HealthyYouth/)
- CDC Healthy Youth! Characteristics of an Effective Health Education Curriculum
  [http://www.cdc.gov/I-HealthyYouth/SHER/characteristics/index.htm](http://www.cdc.gov/I-HealthyYouth/SHER/characteristics/index.htm)
- HealthMPowers: Services for Schools
  [http://www.healthmpowers.org/School-Resources.aspx](http://www.healthmpowers.org/School-Resources.aspx)
- Action for Healthy Kids: Programs
  [http://www.actionforhealthykids.org/school-programs/other-programs/](http://www.actionforhealthykids.org/school-programs/other-programs/)
- The Edible School Yard
  [http://www.edibleschoolyard.org/](http://www.edibleschoolyard.org/)
- Take 10: Classroom-based physical activity program for kindergarten through 5th grade
  [http://www.take10.net/](http://www.take10.net/)
- Eat Smart Move More North Carolina Energizers: Classroom-based Physical Activity, the way teachers integrate physical activity with academic concepts for grades K-5
- North Carolina Healthy Schools Elementary Health Education Lesson Plans: An integrated approach

**RECOMMENDATION 17:** Teach students skills to reduce sedentary behaviors.

**TOOLS:**
- Community Guide: Methods to Reduce Sedentary Activity
- Student Media Awareness to Reduce Television (S.M.A.R.T) 3rd-4th Grade curriculum
RECOMMENDATION 18: Incorporate nutrition and physical activity into after school programs.

TOOLS:
- Eat Smart Move More North Carolina Recommended Standards for After School Physical Activity
  http://www.eatsmartmovemorenc.com/AfterSchoolStandards/Texts/NCAfterSchoolStandardsFINAL.pdf
- Action for Healthy Kids: ReCharge!
  http://www.actionforhealthykids.org/recharge/
- Center for Collaborative Solutions: Guide to Developing Exemplary Practices in Nutrition, Physical Activity and Food Security in Afterschool Programs
  http://www.afterschoolsolutions.org
  http://www.afterschoolnetwork.org/node/394

RECOMMENDATION 19: Ensure that the school environment includes healthy messages that reinforce the classroom health education curriculum.

TOOLS:
- American School Health Association: Social Marketing
  http://www.ashaweb.org/i4a/pages/index.cfm?pageid=3297

RECOMMENDATION 20: Increase parental involvement/engagement in school.

TOOLS:
- United States Department of Education: Engaging Parents in Education
  • Lessons from five parental information and resource centers
    http://www2.ed.gov/admins/comm/parents/parentinvolve/index.html
- Action for Healthy Kids: Engaging Parents in School Wellness: Lessons Learned by the Virginia Action for Healthy Kids Team
  http://take.actionforhealthykids.org/site/Clubs?club_id=1211&pg=main


TOOLS:
- Action for Healthy Kids: Game On! Wellness Challenge
  http://actionforhealthykids.org/school-programs/our-programs/game-on/
- TIPS: Teachers Involve Parent Schoolwork
  http://www.csos.jhu.edu/p2000/tips/index.htm

RECOMMENDATION 22: Provide parents with links to community agencies and resources for nutrition and physical activity.

TOOLS:
- Safe Healthy Schools: Parent Involvement in School Health Programs
- Safe Healthy Schools: Barriers to Parental Participation in School Health Promotion
  http://www.safehealthyschools.org/barriers%20to%20parent%20participation.pdf
- Safe Healthy Schools: Ten Strategies for Engaging Parents in Health Promotion
- United States Department of Education: Putting the Pieces Together
  http://www2.ed.gov/admins/comm/parents/parentinvolve/index.htm
  http://www.youtube.com/watch?v=-GiHItPovM8
- Harvard Family Research Project: Family Involvement
  http://www.hfrp.org/family-involvement
- Eligibility guidelines for TANF, food stamps, WIC, childcare etc.
  https://www.compass.ga.gov/selfservice/
RELATED ARTICLES

• The Role of Schools in Preventing Childhood Obesity
  http://www.cdc.gov/HealthyYouth/physicalactivity/pdf/roleofschools_obesity.pdf

• Action for Healthy Kids Resources to Create Change
  http://www.actionforhealthykids.org/resources/

• Alliance for a Healthier Generation Healthy Schools Program Framework
  http://www.healthiergeneration.org/uploadedFiles/For_Schools/Healthy_Schools_Program_Framework/Framework_July09_sp_highres.pdf

• A CDC Review of School Laws and Policies Concerning Child and Adolescent Health

• Local School Wellness Policies: How Are Schools Implementing the Congressional Mandate
  http://www.rwjf.org/pr/product.jsp?id=44708

  This report by Bridging the Gap is a comprehensive review of wellness policies and uses research to set a baseline for examining and ultimately improving these policies.
  http://www.rwjf.org/childhoodobesity/product.jsp?id=46348

• RWJF Improving Child Nutrition Policy: Insights from National USDA Study of School Food Environments

• RWJF: How Schools Can Raise Money Without Unhealthy Vending Contracts and Fundraisers
  http://www.rwjf.org/coverage/product.jsp?id=35529

• IOM: Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth

• IOM Food Marketing to Children and Youth: Threat or Opportunity

• RWJF Walking and Biking to School, Physical Activity and Health Outcomes
  http://www.rwjf.org/pr/product.jsp?id=42952

• The Community Guide Recommendations for School Physical Activity
  http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html

• The Community Guide Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education
  http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html

• Physical Activity for Everyone, CDC’s physical activity guidelines for children
  http://www.cdc.gov/physicalactivity/everyone/guidelines/children.html

• American Heart Association Physical Education in Public Schools Fact Sheet

• MMWR: Guidelines for School Health Programs to Promote Lifelong Healthy Eating
  http://www.cdc.gov/mmwr/preview/mmwrhtml/00042446.htm

• National Institutes of Health Family Involvement in School Based Health Promotion: Bringing Nutrition Information Home

• Improving Child Nutrition Policy: Insights from National USDA Study of School Food Environments Highlights and other key findings from the analysis; with evidence-based policy recommendations
  http://www.rwjf.org/pr/product.jsp?id=38168

• Georgia School Nutrition Association: 2007-2008 Georgia School Nutrition Facts and Figures
  http://www.gfsa.com/uploadedFiles/Legislative_Information/09%20facts%20and%20figures.pdf
The following stories illustrate programs Georgia schools have developed to prevent obesity. While this list does not include all the successful programs operating throughout the State, it does represent model programs in a variety of school districts.

**Burgess-Peterson Elementary, Atlanta Public School District**

Burgess-Peterson Elementary of the Atlanta Public Schools District made great strides in improving nutrition and physical activity for students. The school became interested in creating a school garden when a representative from Georgia Organics, a non-profit organization working to integrate healthy, sustainable and locally grown food into the lives of all Georgians, attended a School Wellness Council meeting. To get the project started, 3 teachers attended a workshop where they learned about compost, frost, beekeeping, and irrigation. The chair of the Wellness Council and principal of the school attended several local community association meetings to ask for support in building the garden. Students, parents, staff, and community members worked together to design and build the garden, and seeds and trees were donated. A year round school offered to maintain the garden throughout the summer months.

With the help of teachers across the state, teachers from Burgess-Peterson developed lesson plans that teach the life cycles of plants, and bring the garden into the classroom. In addition to the great work done in the garden, 5 of Burgess-Peterson’s students participated in the Atlanta Public Schools system’s Student Wellness Ambassador Program. These students were selected and trained to promote wellness in their school. The student wellness ambassadors lead JAMmin’Minutes, which are simple one-minute exercises that can be done at the desk, and participate in Wellness Council meetings.

Burgess-Peterson has adopted strategies to improve student health, increasing nutritional education by learning about fruits and vegetables grown in a garden, and promoting additional physical activity during the school day. The main overarching strategy that they employed was getting students engaged in the health of their school, and making it fun!

**Campbell Elementary, Fulton County School District**

Campbell Elementary School of Fairburn strives to provide a healthy nutritional and physical activity environment for its students. The School Wellness Council, including teachers, paraprofessionals, parents and students came up with a variety of ways to make healthy changes in their school. Birthdays were historically celebrated with sweets and cakes, but today a birthday celebration at Campbell Elementary means 45 minutes of fun physical activity. The main strategy that they employed was getting students engaged in the health of their school, and making it fun!

**Frank McClarin High School, Fulton County School District**

Frank McClarin High School of College Park succeeded in getting students involved in the health of their school by asking students to join the Wellness Council. Physical activity options increased at Frank McClarin when the school added additional electives and opportunities for physical activity on a daily basis. One fun way students got involved in the positive changes were student appearances on the school’s daily morning show where messages about healthy eating and physical activity were promoted. Students also shared their positive experiences at school assemblies. The school reported that changing the eating habits of teenagers was a real challenge and focused on conducting a marketing campaign to promote nutritious snacks. Staff and faculty were also involved in the positive changes in health by participating in workshop, and professional development opportunities promoting health in schools such as ‘Walk a Mile in My Shoes,’ Taste of McClarin, Wednesday Wellness Walks, circuit training, and aerobics classes. As for the next year at Frank McClarin, the school hopes to have more students join the Wellness Council so that healthy changes can be sustained into the future.
Glyndale Elementary, Glynn County School District

Glyndale Elementary implemented several unique strategies to create a healthier school environment for its students. First, the elementary school made changes to what is offered in their vending machines, making sure that there were healthy options available. Heart stickers were placed next to items low in fat, calories, and carbohydrates. The school took advantage of available technology to increase health promotion messages. During morning announcements, health education videos were shown on all screens in the school. To increase the amount of health education in the school, computer-based health education curriculum was added to technology classes, and an additional 9-week health education curriculum was added to the schedule, teaching health 2 times a week in 40-minute segments. Glyndale Elementary has effectively used its resources to make healthy changes for students and staff.

Jasper County Schools, Jasper County School District

Schools in the Jasper County District began a farm to school program serving each school with fresh strawberries from a local farmer. The response was so overwhelming that strawberries soon ran out. The district is communicating with the farmer about a supply of tomatoes, cabbage, onion, and bell peppers for the coming school year.

Morningside Elementary, Atlanta Public School District

Morningside Elementary of the Atlanta Public Schools District began a pilot farm-to-school program in the fall of 2007. The initiative included garden and plant curriculum and nutrition education in the classroom, and increased fresh and desirable foods in the cafeteria. The overall goal of the garden is to create an additional outdoor learning space and to teach students about healthy behavior for their bodies and the environment. Key partnerships in the farm to school project include the nutrition department at Georgia State University, a local restaurant owner, an employee volunteer base, donations, and a local gardener who provides guidance and resources to develop the garden.

Pine Grove Elementary, Lowndes County School District

Pine Grove Elementary of Valdosta successfully participated in the HealthMPowers school health program. As a result of targeted efforts by school staff and administrators, students are now receiving more health education and physical activity opportunities utilizing HealthMPowers resources that integrate easily with classroom instruction. Teachers at Pine Grove are incorporating health and physical activity into daily lessons and support the importance of healthy snacks for students. By working with school staff, students and family members, the program identified school health programming, policy and environmental areas in need of improvement and developed a plan of action. As a result, Pine Grove provided over 648 hours of health and physical activity instruction to students during the 2008-2009 school year. Cardiovascular fitness scores improved for 99% of all fifth grade students with an average pre test score of 18.68 compared to the average posttest score of 34.32. Also, compared to the previous year, the school is now sponsoring more events where parents and staff are engaged in wellness activities.

Putnam County Elementary, Putnam County School District

The Putnam County District is serious about the nutritional environment of its schools. In 2006, a Wellness Committee was created to oversee standards relating to nutrition in the Putnam County School District. To create a wellness policy for the school district, parents, students, representatives of food services, members of the board of education, school administrators, and the public were asked to be involved. Beginning in August 2006, Putnam County Elementary has participated in the “Back Pack Program” of the Golden Harvest Food Bank of Augusta. The program has provided over 1,000 children with healthy snack foods to take home with them over the weekends. In addition to the program that provides healthy food options outside of school, a Nutrition Council, composed of student representatives from each grade, is concerned with the nutrition of foods served in the school.
Recently students have targeted the breakfast menus as an area that needs nutritional improvement, and seek to make future changes to promote better breakfasts at their school.

**St. Simons Elementary, Glynn County School District**

St. Simons Elementary takes student wellness seriously. One of the school’s priorities is to provide ample opportunities for students to be physically active. The school found an opportunity to secure funding to refurbish a walking track and playground equipment. Not only did students get a new track and playground equipment, they were also given opportunities to stay after school for physical activity programs with varied topics, including nutrition, cooking, yoga, Reiki, fitness, prevention, posture, balance and games. Physical activities were integrated into the classrooms and healthier foods were promoted through signage, tastings, and increased healthy food options.

St. Simons Elementary also recognized that the school setting is not the only environment where promoting health has an impact. The school engaged families and communities by conducting health fairs, PTA health presentations, and a wellness challenge. By establishing physical activity as a major priority, the school has implemented sustainable changes that will benefit many students to come.

**Sope Creek Elementary, Cobb County School District**

Sope Creek Elementary overcame a great obstacle, the lack of traditional gym space, to provide students with increased opportunities for physical activity during the school day. The school’s dedicated PE coaches initiated two new physical activity programs: “Kick-Start” for K-3rd graders, and “Sunrise” for 4th and 5th graders that are offered in addition to the students’ regularly scheduled PE classes. These programs are run during 15 – 20 minutes of morning time, following announcements and before the academic day officially begins. K-3rd teachers take their classes outside to run laps during this time. During inclement weather, exercise DVDs are used in classrooms.

For every 10 days of morning running, a class earns a PE “celebration” which is an additional day of PE activities of their choice. Teachers enjoy a valuable planning period while their class is at “celebration.” The Sunrise program for 4th and 5th grades provides students each morning with a choice between a Zumba cardio workout, and a 15-minute run. Because of the Sunrise program, 70% of 4th and 5th graders, who would otherwise be sedentary in the mornings, are now exercising. In fact, at Sope Creek, 4th and 5th graders get up to 220 minutes of weekly exercise, more than double the state requirement of 90 minutes. Sope Creek Elementary has demonstrated that neither lack of gym space, nor academic time constraints should be barriers to providing students with increased daily physical activity opportunities.

**Sterling Elementary, Glynn County School District**

Looking to increase the physical activity options for its students, Sterling Elementary sought funding opportunities to acquire new PE equipment. The school secured a grant from the Georgia Division of Public Health in the summer of 2008 through the School Nurse Liaison program. As a result, the school installed 5 new fitness stations with the help of PTA parents and a
local Home Depot. Sterling Elementary has seen a 20% increase in overall physical activity of its students due to new equipment. The new equipment is used by students during the school day, and by other after school groups, including the Boys and Girls Program. By increasing the resources for children to be active at school, Sterling Elementary improved the overall health and fitness of its students.

**Sutton Middle School, Atlanta Public School District**

After performing a self-assessment of the school’s health environment, Sutton Middle School’s Wellness Council found that students wanted more dancing activities. As a result, the Wellness Council introduced Fitness Fridays where time is set aside for students and staff to dance after morning announcements. Walk-n-Talks were initiated, where students and staff converse and walk for 60 minutes at a time. To further increase the physical activity opportunities of students, Sutton Middle School began offering ultimate Frisbee, lacrosse, hip hop, tennis, football, and soccer for extracurricular activities. By increasing the number of physical activity opportunities for students, Sutton Middle School ensures that students will be more engaged in exercise and healthier than ever before.

**Union County Elementary, Union County School District**

Union County Elementary in Blairsville, GA was awarded a USDA Fresh Fruit and Vegetable Grant. During the 2009-2010 school year, a program was implemented at the school where free fresh fruit and vegetable snacks were given to students, teachers, and staff. Fresh produce was available to 620 students and 80 teachers and staff between meals. This program provided healthy foods to students with no costs to parents.

In order to educate students about fruits and vegetables, bulletin boards and posters showing nutritional benefits were posted in the cafeteria and teachers were provided pictures and fact sheets to assist teachers with nutritional education. To announce the success of the program, a local newspaper, the North Georgia News published two articles on the school nutrition program. Union County Elementary students are healthier as a result of their participation in the program, and will take the knowledge of nutritious foods with them into the future.

**SCHOOL RECOGNITION/AWARDS**

A number of recognitions and awards are available to schools instituting programs addressing obesity. The following is a short list of representative recognitions and awards available:

- Alliance for a Healthier Generation’s Healthy Schools Program bestows national recognition on schools that create healthier school environments that promote physical activity and healthy eating among students and staff. [http://www.healthiergeneration.org/schools.aspx?id=3408](http://www.healthiergeneration.org/schools.aspx?id=3408)
- HealthMPowers Champion Award [http://www.healthmpowers.org/](http://www.healthmpowers.org/)
- Georgia Action for Healthy Kids Healthy School Award [http://take.actionforhealthykids.org/site/Clubs?club_=1110&sid=2200&pg=news](http://take.actionforhealthykids.org/site/Clubs?club_=1110&sid=2200&pg=news)
- Georgia House Bill 229, the Student Health and Physical Education Act, will go into effect during the 2011 and 2012 school year, and will include a recognition program.
Communities play a critical role in addressing the childhood overweight and obesity epidemic. Community members, organizations and governments make the decisions that affect land use, nutrition, food marketing, community planning, transportation and ultimately the health status of their residents.

**Nutrition**

Communities that encourage access to healthy, nutritious foods have healthier residents. Diet and nutrition are critical to good health and factor significantly into the weight status of children. The quality and quantity of food people eat provides the fuel needed to function. Experts recognize the benefits of healthy eating including; decreased risk of chronic diseases like type 2 diabetes, high blood pressure and some cancers; decreased risk of overweight and obesity; and decreased risk of nutritional deficiencies.34

Good nutrition involves consuming a variety of healthy foods in the right amount. Unfortunately, only 2% of children eat diets consistent with USDA guidelines35 and typically consume more than the recommended amounts of fat, saturated fats, sugars and other additives.36 Unhealthy eating is a leading cause of obesity and other chronic diseases in the United States including coronary heart disease, type-2 diabetes, certain cancers, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory disease, osteoarthritis, and gynecological problems.37

Experts agree that environmental factors affect the overall health of communities.38 The “food environment” refers to both the availability of healthy, nutritious foods and how easily neighborhood residents can access that food.39 While individuals make choices about their eating and exercise habits, the environment in which they live affects those choices. Put simply, dietary behaviors are influenced by the realities of where people live.

Children in low income, urban neighborhoods often have limited access to the healthy, nutritious, affordable food necessary to maintain healthy lifestyles. Increasing access to healthy, affordable food is critical in combating increasing overweight and obesity and related chronic diseases. Environmental and policy interventions can make significant improvements in the overall health of a community.

**Communities can promote healthy nutritional environments in a number of ways:**

Grocery stores, farmers’ markets, community gardens and community-supported agriculture are essential components in healthy, livable neighborhoods and can improve the health status of residents. Supermarkets and grocery stores typically have larger selections of affordable, healthy foods than smaller markets or convenience stores. People with access to grocery stores and supermarkets are healthier and less obese than those living in neighborhoods with

**People with access to grocery stores and supermarkets are healthier and less obese than those living in neighborhoods with only convenience stores and fast food restaurants.**
only convenience stores and fast food restaurants. Children in lower-income, urban neighborhoods often lack access to supermarkets, grocery stores and markets offering healthy foods, and consequently suffer negative health consequences. Communities that can provide incentives to food retailers to locate in underserved areas can significantly affect the overall health of their residents.

Communities can promote healthy eating by limiting access to unhealthy eating opportunities. Public service venues can limit access to unhealthy foods, increase healthy offerings and ultimately affect the health status of the community. In addition, communities can limit access to unhealthy fast foods. Children who eat fast food consume more calories and have a greater risk for obesity than those who do not. According to the US Department of Agriculture’s Agricultural Research Service, people who regularly consume fast food had higher mean body mass indexes and higher odds of being overweight or obese. Everyday, approximately one-third of US children aged 4-19 eat fast food: consuming large amounts of fats, sugars and carbohydrates, and gaining about six extra pounds per year. Clearly, limiting fast food consumption could dramatically decrease excess fat and caloric consumption and limit weight gain.

Communities can also promote healthy eating by providing residents with information about the food they consume. Georgians increasingly eat a number of meals outside the home. Few restaurants provide nutritional information, which ultimately prevents consumers from making informed choices about the nutritional value of the food they are eating. Restaurants can play a role in combating the overweight and obesity epidemic by providing clear, informative, easy-to-use nutritional information to consumers. Cities and states can enact laws mandating that nutritional information (i.e. fat and calorie content) be posted on menus.

Breastfeeding plays a significant role in the health and weight status of infants and mothers. Evidence suggests that breastfeeding may reduce the risk of obesity. Breastfed infants are better able to regulate energy intake and tend to eat in response to hunger and satiety cues. In addition, breastfeeding is a proven disease-prevention strategy benefiting both infants and mothers: breast milk is easily digestible and can protect infants from infections, and women who breastfeed may have lower rates of breast and ovarian cancer. Studies show that obesity levels in breastfed children 3 to 6 years of age is lower than children who were not breastfed. Children aged 9 to 14 years who were exclusively breastfed or mostly breastfed as infants were less likely to be obese than those exclusively fed formula.

**Physical Activity and Built Environment**

Communities with recreational programs and neighborhood designs that encourage physical activity encourage residents to be healthier. Regular physical activity contributes to overall health and wellbeing and factors into maintaining a healthy weight. In addition to reducing the risk of chronic disease, regular physical activity can prevent overweight and obesity, reduce overweight and obesity, and help maintain weight loss. Physical inactivity is associated with increased risk for chronic disease and increased healthcare costs. Children who do not engage in regular physical activity are more likely to be overweight, and overweight youth are more likely to become overweight or obese adults.

Despite the proven health benefits of physical activity, an increasing number of children do not meet the current daily minimum recommendations for physical activity. Schools no longer emphasize physical education and current community designs often lack safe, accessible recreational facilities and areas for play. Increasing the
availability of community programs promoting physical activity can positively affect the weight status of children and adolescents.

In addition to limited opportunities to engage in physical activity, neighborhood design often limits opportunities for exercise. The “built environment” – the physical area surrounding where people live – affects the physical activity and the overall health of communities. The built environment includes the physical characteristics of a neighborhood like the presence and quality of sidewalks, walking paths, parks and roadways. Studies examining the built environment link community planning (or lack thereof) to children’s health-related behaviors. Community design influences both how much residents exercise, and ultimately how much they weigh. Well-designed communities with parks, recreational areas and safe, reliable public transportation provide accessible and aesthetically pleasing venues that encourage physical activity and recreation.

In addition to neighborhood design, concerns about crime and safety, traffic and the absence of well-maintained playgrounds, recreational areas and pathways all factor into parents’ decisions to allow children to exercise and play outside. Actual and perceived personal safety factors into whether parents feel comfortable allowing their children to walk, play, exercise or socialize in their neighborhoods. Crime rates, traffic safety and other hazards affect actual and perceived personal safety. Research indicates that improving safety can increase physical activity levels in children and can ultimately affect obesity rates.

Promote Policy Change

Addressing the obesity epidemic requires the involvement of all community members – government officials, social and civic organizations, child-care centers, businesses, restaurants, grocery stores, recreation and fitness centers, public health agencies, city planners, private developers, safety organizations, hospitals, government agencies, media groups and residents. Fostering participation by local organizations and residents can build effective coalitions and programs to promote physical activity and healthy eating.

Community coalitions and organizations provide a forum through which communities can utilize local resources to expand access to programs, increase communication and engage new partners in the battle against obesity. Coalitions promote partnership and collaboration between community members and groups interested in promoting healthy behaviors in youth. Organizations like the YMCA, Boys and Girls Clubs, community centers, parks and recreation centers, and faith-based organizations can play an integral role in combating obesity.

Together, community groups can develop and provide structured community-based programs like youth after-school and weekend programs. Communities play a critical role in addressing obesity in Georgia. The following recommendations and resources represent opportunities for communities to promote healthy eating and physical activity.
NUTRITION RECOMMENDATIONS:

RECOMMENDATION 1: Create an infrastructure to build and sustain healthy food environments.

STRATEGY:
Create an inter-agency Food Policy Council comprised of key legislators and officials to develop interagency plans and state policy recommendations to promote availability and affordability of more locally/state produced healthier foods and beverages.

TOOLS:
• State and Local Food Policy Councils
  http://www.statefoodpolicy.org/?pageID=qanda
• Food Policy Councils: Lessons Learned
• How Food Policy Councils Operate and Are Organized
  http://www.statefoodpolicy.org/docs/hrmsmkts.pdf
• Getting Food on the Table: An Action Guide to Local Food Policy
  http://www.foodsecurity.org/GettingFoodOnTheTable.pdf

STRATEGY:
Encourage local governments to develop policies promoting the production, distribution or procurement of food from local farms.

TOOLS:
• Local Harvest: listing of local farms in Georgia
  http://www.localharvest.org/search.jsp?st=1&ty=-1&nm

RECOMMENDATION 2: Improve access to and availability of healthy, nutritious foods and beverages.

STRATEGY:
Implement zoning designed to limit the density of fast food establishments in residential communities.

TOOLS:
• The use of zoning to restrict fast food outlets: a potential strategy to combat obesity
  http://www.publichealthlaw.net/Zoning%20Fast%20Food%20Outlets.pdf
• Fast Food Primer: A tool for community advocates

STRATEGY:
Create incentive programs to enable current owners of small food in underserved areas to carry healthier, affordable food stores items (e.g., grants or loans to purchase refrigeration equipment to store fruits, vegetables, and fat-free/low-fat dairy; free publicity; a city awards program; or linkages to wholesale distributors).

TOOLS:
• Getting to Grocery: Tools for attracting health food retail to underserved neighborhoods
  http://www.phlpnet.org/sidebar/getting-grocery
• Grocery Store Attraction Strategies: A Resource Guide for Community Activists and Local Governments

STRATEGY:
Encourage farmers’ markets to accept Special Supplemental Nutrition Program for Women, Infants and Children (WIC) food package vouchers and WIC Farmers’ Market Nutrition Program coupons, and encourage and make it possible for farmers’ markets to accept Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program) and WIC Program Electronic Benefit Transfer (EBT) cards by allocating funding for equipment that uses electronic methods of payment.
COMMUNITIES

RECOMMENDATIONS AND RELATED RESOURCES

TOOLS:
• Farmers’ Market food stamp pilot program information sheet: http://www.thefoodtrust.org/catalog/download.php?product_d=159

STRATEGY:
Introduce or modify land use policies/zoning regulations to promote, expand, and protect potential sites for community gardens and farmers’ markets, such as vacant city-owned land or unused parking lots.

TOOLS:
• Establishing land use protections for community gardens http://www.nplanonline.org/system/files/CommunityGarden_Policy_FINAL_Updated_100608.pdf
• Establishing land use protections for Farmers’ Markets http://www.nplanonline.org/nplan/products/establishing-land-use-protections-farmers-markets

STRATEGY:
Encourage the development and growth of farmers’ markets.

TOOLS:
• Suggested Farmers’ Markets Rules, Regulations and Opportunities http://www.statefoodpolicy.org/docs/frmsmkts.pdf

STRATEGY:
Increase participation in federal, state, and local government nutrition assistance programs (e.g., WIC, school breakfast and lunch, the Child and Adult Care Food Program [CACFP], the Afterschool Snacks Program, the Summer Food Service Program, SNAP).

TOOLS:
• Georgia Department of Education School Nutrition Program (breakfast, lunch, etc.) http://www.doe.k12.ga.us/fbo_nutrition.aspx
• Atlanta Community Food Bank http://www.acfb.org/

STRATEGY:
Ensure that childcare and afterschool program licensing agencies encourage utilization of the nutrition assistance programs and increase nutrition program enrollment (CACFP, Afterschool Snack Program, and the Summer Food Service Program).

TOOLS:
• Bright from the Start: Georgia Department of Early Care and Summer Meal Programs http://www.decal.ga.gov/Nutrition/Search.aspx?source=green

RECOMMENDATION 3: Encourage or require informative nutritional information on restaurant menus.

STRATEGY:
Require menu labeling in chain restaurants to provide consumers with calorie information on in-store menus and menu boards and encourage non-chain restaurants to provide consumers with calorie information on in-store menus and menu board.

TOOLS:
• Success of Menu Labeling in New York City http://www.cspinet.org/mealabelling/handouts.html

RECOMMENDATION 4: Encourage consumption of healthier food choices in public venues.

STRATEGY:
Increase availability and affordability of healthier food and beverage choices in public service venues including schools, child care centers, city and county buildings, prisons, juvenile detention centers, afterschool programs, senior centers, homeless shelters, hospitals and parks.

TOOLS:
RECOMMENDATION 5: Increase support for breastfeeding.

STRATEGY:
Assure that health care settings, child-care facilities and worksite environments support breastfeeding.

TOOLS:
• Sample policy for supporting breastfeeding employees

STRATEGY:
Encourage breastfeeding and promote breastfeeding friendly communities.

TOOLS:
• Promoting, Protecting and Supporting Breastfeeding A North Carolina Blueprint for Action 2006
• CDC Breastfeeding Resources
  http://www.cdc.gov/breastfeeding/resources/guide.htm

STRATEGY:
Adopt practices in city and county hospitals that are consistent with the Baby-Friendly Hospital Initiative USA.

TOOLS:
• Baby Friendly Hospital Initiative
  http://www.babyfriendlyusa.org/eng/01.html

PHYSICAL ACTIVITY AND BUILT ENVIRONMENT RECOMMENDATIONS:

RECOMMENDATION 6: Promote walking and bicycling within the community

STRATEGY:
Develop a community-based walking program.

TOOLS:
• CDC and Partnership for Prevention. Social Support for Physical Activity: Establishing a Community-Based Walking Group Program to Increase Physical Activity

STRATEGY:
Implement a program to improve safety for pedestrians and bicyclists.

TOOLS:
• Improving Conditions for Bicycling and Walking
  http://safety.fhwa.dot.gov/ped_bike/docs/intro.pdf
• Walkability checklist
  http://www.walkableamerica.org/checklist-walkability.pdf

STRATEGY:
Develop walking trails to promote physical activity.

TOOLS:
• Places for Physical Activity: Facilitating Development of a Community Trail and promoting its use to increase physical activity among youth and adults.
• Trails Development Resources – National Trails Training Partnership
  http://www.americantrails.org/resources/index.html

RECOMMENDATION 7: Increase access to public and private recreational facilities.

STRATEGY:
Increase opportunities for extracurricular physical activity by ensuring that existing recreational facilities such as school gyms and playgrounds are open to the public, and that new recreational facilities can be shared by schools and the public.

TOOLS:
• Joint use agreement resources
  http://www.jointuse.org/resources/joint-use-101/

STRATEGY:
Improve access to public and private recreational facilities in communities with limited recreational options through reduced costs, increased operating hours, and development of culturally appropriate activities.
RECOMMENDATION 8: Promote community designs that support active lifestyles.

STRATEGY:
Increase mixed-use development by creating zoning regulations that accommodate mixed land use: minimum green space, sidewalks, play space, etc.

TOOLS:
• Increasing Active Living: A Guide for Policy-makers
• Active Living for a Lifetime: County and City Healthy Communities Profiles
  http://www.leadershipforhealthycommunities.org/component/option,com_advancedtags/view,tag/id,2/Itemid,74/
• Creating a Regulatory Blueprint for Healthy Community Design
  http://icma.org/main/id.asp?idid=19338&amphsid=1&tpid=31

RECOMMENDATION 9: Enhance public transportation options, safety, and access.

STRATEGY:
Plan, build, and retrofit streets so as to reduce vehicle speed, accommodate bicyclists, and improve the walking environment.

TOOLS:
• Resources: National Complete Streets Coalition
  http://www.completestreets.org/complete-streets-fundamentals/resources/
• From the Margins to the Mainstream: A Guide to Transportation Opportunities in Your Community (2006)
• Transportation Solutions to Create Healthy, Active Communities: For Childhood Obesity Prevention
  http://www.leadershipforhealthycommunities.org/index.php?option=content&task=view&gid=164

STRATEGY:
Collaborate with schools to develop and implement Safe Routes to School programs to increase the number of children safely walking and bicycling to schools.

TOOLS:
• Establishing a Safe Routes to School State Network

STRATEGY:
Implement the rails-to-trails concept.

TOOLS:
• Rails to Trails – Trail Building Toolbox
COMMUNITIES

RECOMMENDATIONS AND RELATED RESOURCES

STRATEGY:
Promote the use of public transit.

TOOLS:
Georgia Regional Public Transportation
http://www.georgia.gov/00/channel_title/0,2094,4802-5013,00.html
http://www.xpressga.com/index.php?option=com_front page&Itemid=1
http://www.grta.org/
http://www.publictransportation.org/systems/state.asp?
state=GA
http://www.itsmarta.com

POLICY
CHANGE RECOMMENDATIONS:

RECOMMENDATION 10: Promote policy change.

STRATEGY:
Assess your community environment and determine strengths, as well as needed improvements.

TOOLS:
• Mapping the Assets of Your Community: A Key Component for Building Local Capacity
  http://www.srdc.msstate.edu/trainings/educurricula/asset_mapping/instructors_guide.pdf

STRATEGY:
Utilize the media to promote change.

TOOLS:
• ACSM American Fitness Index Media Advocacy Toolkit 2009
  http://www.americanfitnessindex.org/docs/general/
  YMCA%20AFF%20Toolkit%202010.pdf

STRATEGY:
Build or join a Coalition.

TOOLS:
• Developing Effective Coalitions: An Eight-Step Guide

• Healthy Community Design Legislation Database
  http://www.ncsl.org/IssuesResearch/EnvironmentandNatural
  Resources/HealthyCommunityDesignandAccessstoHealthy
  Foo/tabid/13227/Default.aspx

• America ‘Walks’ - Resolutions
  http://www.americawalks.org/resources/americawalks-
  resolutions/

• Advocacy For Trails & Greenways
  http://www.americantrails.org/resources/advocacy/index.html

• Guide to Bicycle Advocacy

• ACSM American Fitness Index - Community Action Guide
  http://www.americanfitnessindex.org/docs/reports/guide/
  5Coalitions.pdf

• Eat Smart Move More Coalition Fact Sheet
  http://www.eatsmartmovemorenc.com/ESMMCoalitions/
  Texts/ESMM_Coalition_Fact_Sheet_4_1_10.pdf

• North Carolina’s Local Physical Activity and Nutrition Coalition Manual: Guide for Community Action
  http://www.eatsmartmovemorenc.com/ESMMCoalitions/
  Texts/070317_lpan_manual.pdf
RELATED ARTICLES

• Overview of NYC’s FRESH food stores program offering incentives for food retail expansion to support health

• Growing Groceries in Food Deserts
  http://www.leadershipforhealthycommunities.org/images/stories/legisbrief_food_deserts_4-10.pdf

• Georgia Department of Community Health WIC:
  http://www.health.state.ga.us/programs/wic/

• WIC Infant Formula:
  http://www.health.state.ga.us/programs/wic/wicformula.asp

• Menu Labeling at Fast-Food and Other Chain Restaurants
  http://www.cspinet.org/menulabeling/why.pdf

• American Heart Association’s policy position on the labeling of calorie information on restaurant menus.

• CDC Breastfeeding Guide
  http://www.cdc.gov/breastfeeding/

• Healthy Parks, Healthy Communities: Addressing Health Disparities and Park inequities through Public Financing of Parks, Playgrounds, and Other Physical Activity settings
  http://www.lchc.org/documents/HealthyParksHealthyCommunities.pdf

• The Built Environment and Health: 11 Profiles of Neighborhood Transformation

• Healthy Decatur: A Holistic Approach to Sustainability
  http://www.leadershipforhealthycommunities.org/index.php?option=com_content&task=view&id=483

• Designing for Active Living Among Children – RWJF Active Living Research

• Active Living for Rural Youth (February 2008)
  http://www.activelivingresearch.org/files/ActiveLiving_RuralYouth_Brief.pdf
The following stories illustrate programs Georgia communities have developed to address obesity. While this list does not include all the successful programs operating throughout the State, it does represent model programs in a variety of communities.

**Atlanta Streets Alive!**
In May and October 2010, the streets of downtown Atlanta crawled with bikers, walkers, hoola hoopers, jump-ropers, and skate boarders. Walking the streets one could see martial artists; participate in dance exercises, and join in with aerobics instructors. This event was called Atlanta Streets Alive, an idea based on the popular “Ciclovia” of Latin America, where public streets are opened to the public to participate in physical activities. Over 5,792 people of all ages attended the event, whose purpose was to encourage physical activity and communal experiences for all Atlantans.

Together, the Atlanta Bicycle Coalition, and Atlanta council member Kwanza Hall funded the event. Other organizations that partnered with the Atlanta Bicycle Coalition were staff from the Centers for Disease Control and Prevention, Central Atlanta Progress, The Atlanta Regional Commission, Georgia State University and the graduate student’s association of the City Planning School at Georgia Tech.

Due to the success of the first event, organizers set a goal of hosting 4 Atlanta Streets Alive events in 2011. The beauty of Atlanta Streets Alive was retaking the city center, roads, and sidewalks for purposes other than transportation: to share the experience of physical activity with one’s community.

**Bike Roswell!**
Roswell drivers have learned what it means to share the road with those riding bikes. Increasingly Roswell is becoming a destination for cyclists from the metro Atlanta area and surrounding counties. This is largely due to Bike Roswell, a member-based, non-profit organization that commits itself to promoting cycling.

Due to Bike Roswell’s advocacy, more bike lanes are on the roads, parks are improved with cycling routes, and the City of Roswell has applied for the national designation of “Bicycle Friendly Community.” Bike Roswell coordinated with Recreation and Parks and Transportation to ensure that the use of bicycles is an integral part of future planning. In order to encourage more people to cycle, Bike Roswell compiled comprehensive maps to define bike routes and bike suitable roads for public use, organized community rides, and provided educational classes on safe cycling. Even the Mayor has gotten involved in the cycling buzz by organizing an annual bike ride to the capital event. Bike Roswell is an example of community members shaping their town’s infrastructure, and shaping up themselves.

**Center for Pan Asian Community Services**
A nonprofit organization located in Doraville focused its efforts in preventing obesity among immigrant and refugee youth. By creating two programs that addressed the rising levels of obesity, the Center for Pan Asian Community Services (CPACS) saw great successes in getting kids more physically active and knowledgeable.
about nutrition. CPACS created Project Score, a program that provides year round afterschool and summer opportunities for immigrant and refugee youth. Project Score positively impacted over 85 youth by providing nutritional educational sessions, leadership opportunities, Tae Kwon Do, soccer, and rope jumping activities in its afterschool program. Nutritional education sessions and physical activities were offered for 45 minutes a day, 2 times a week. To assist with the success of the program, CPACS acquired a grant from a local university to support the program’s evaluation, which is in progress.

As a result of Project Score, students are more aware of healthy food choices and bring that information home to their families. They are getting physical activity that they may not otherwise have access to by participating in popular sports such as soccer and Tae Kwon Do. Students in the program were from Vietnam, Somalia, Sudan, Mexico, Guatemala, El Salvador, Liberia, Bhutan, Burma, and Afghanistan, and elementary school students comprised over half of the group. By developing culturally sensitive approaches to increase wellness, CPACS’ efforts to combat the rising trend of obesity in immigrant, refugee, and racial-ethnic minorities achieved great success.

Cook County Family Connection/Healthy Kids Healthy Communities Initiative

In Cook County, 1 out of 3 children are obese or overweight. The Cook County Family Connection, part of the statewide program, Georgia Family Connection, realized that they had to do something to improve the health of their children. Cook County Family Connection received a mini-grant from the Emory Prevention Research Center, and developed a strategic plan to incorporate physical activity and nutrition into existing programs and services. Because of the development of this plan, Cook County Family Connection was prepared to apply for a four-year implementation grant from the Healthy Kids, Healthy Communities project of the Robert Wood Johnson Foundation. With this grant, and additional support from the Georgia Division of Public Health, the collaboration developed community initiative work plans to increase fitness and nutrition.

Some of the efforts that have recently been undertaken to promote healthy living include collaboration with local farmers and the Chamber of Commerce to create a downtown produce market. Another project underway is a mobile produce market that will travel throughout the county to provided nutritious foods to those who may not have access. The full-time project director partnered with organizations to create community gardens at the 4-H Club Office, Cook County Primary School, and the House of Grace recovery ministry. The collaborative organization is also working on additional community garden projects for the local senior center and other school sites. Not only is the organization creating community gardens, but they are working with local officials and community leaders to identify potential park locations, and to revitalize abandoned public parks to create new park areas. The organization also offers community events such as health screenings, family health fairs, 5K walking and running events, and education sessions that are open to the public.

Cook County Family Connection’s work in the community has inspired other partners to join the fight against childhood obesity. Some examples of new health-related programs that have begun are a weekly walking club, a children’s cooking class, and summer recreation programs.

The organization has partnered with the Department of Sociology at Valdosta State University, which completed a community assessment that will guide future plans. The comprehensive community assessment included family questionnaires, windshield surveys, geographic mapping, assessments of local grocers, and focus group discussions.

The work led by Cook County Family Connection and other community members to improve health, has received extremely positive responses and high rates of participation from various sectors of the community. The organization has made far-reaching improvements to prevent childhood obesity, by expanding fitness programs, creating produce markets, community gardens, and new parks. Overall awareness of physical activity and nutrition in the community has been a main target, and the organization expects to see positive results in future evaluations.
Decatur Active Living

Decatur, GA is a city where people get around on foot, whether it’s shopping, getting to work, or going to an event in the town square. The pedestrian feel of the city is largely due to local government’s historical priority to ensure a healthy community.

Decatur was not always the thriving city that it is today. In response to hard times in the 1970’s, local leaders focused on revitalizing the downtrodden business district. A Town Center Plan was adopted in 1982 that sought to bring people back into the downtown area. Commissioners created the Decatur Downtown Development Authority and invested in sidewalks and other services that would encourage people to perceive the downtown area as a gathering place. One of the great successes of Decatur’s transportation plan were the incorporation of Health Impact Assessments (HIA) which guided the planning process to support active living.

Because of the health focus that Decatur developed for its planning and policy-making, the city decided to create an Active Living Division, with its own full-time director. In 2007, the city’s first Active Living Director took office and has since dedicated significant efforts to developing two viable community gardens to address food insecurity and nutrition, and promoted the Safe Routes To School program (SRTS). In addition to the Active Living Director, a citizen advisory board was created to guide policy development. Some of the members of the board come from nutrition, exercise, and medicine backgrounds.

The city acknowledges that having a transportation plan with a health focus was of enormous significance in acquiring funding for its projects. An additional strategy employed by the city was the critical role of citizen involvement in the planning processes. Today the community caters to pedestrians and bicyclists, and neighbors stay connected. Decatur is a city whose overall sustainability is ensured due to local government and residents cooperation to promote active living.

DeKalb Parks and Recreation

DeKalb County’s goal is to be a place where people can live, work and play. Over the years, preserving lands for parks, recreation, and public interest have been a major priority. Greenspaces to exercise, socialize, and enjoy the outdoors are a key component of healthy communities, and a basic requirement to fight childhood obesity. The Urban Land Institute has said, “the Atlanta region is expanding faster than any settlement in human history.” To combat the cycle of urban sprawl and development that whittles away precious greenspaces and restricts physical activity, DeKalb County joined the Georgia Community Greenspace Program in 2000. The county adopted a Joint DeKalb/Municipal Greenspace Program, and created “The Initiative for a Green DeKalb” to implement a program that would identify and seek to protect public lands from development.

The team that leads the program is Assistant County Administrator; two super district commissioners; 7 municipality representatives from the Planning, Public Works, Parks, and Recreation, Communications, and GIS Departments, and citizens who attend public meetings. After a review of the county public lands, it was determined that 37,775 acres, or 22% of the county...
The Initiative for a Green DeKalb is the piece of the effort that is responsible for developing policy and promoting and monitoring the creation of greenspaces and parks as development continues. The Initiative includes community, business, and governmental representatives, dedicated to protecting lands for public use. As of June 2007, the DeKalb Office of Parks Bond and Greenspace acquired over 2,700 acres of greenspace. Nearly $248 million was secured for the County parks system, with funding from the Parks Bond Program, and private grants.

As a result of local government action in response to community demand, DeKalb County boasts a wide array of spaces dedicated to physical activity. Today the Parks and Recreation Department maintains 130 parks, 151 playgrounds, 2 golf courses, 105 tennis courts, 90 pavilions, and 158 ball fields. As a result of increased greenspaces and public lands in DeKalb, the DeKalb County Parks and Recreation Citizen Advisory Board was created. The Board advises the Park and Recreation Department on the types of physical activity and leisure services to provide to community members. To continue the success of the parks system, a comprehensive strategic plan sets the course for the next 10 years. The strategies employed by DeKalb County include leveraging public funds through aggressive partnerships, sponsorships, volunteerism, and entrepreneurial market-based program and pricing of services. Community members from local businesses, elected officials, civic groups, neighborhood associations, and employees of the Park and Recreation Department were key to the development of the plan.

Healthy Belvedere

Communities have great potential to improve health by creating partnerships and initiatives that target local concerns. One such community initiative is Healthy Belvedere of DeKalb County, where health disparities related to chronic disease are a main concern. Healthy Belvedere began the “Healthy Eating, Active Living” initiative, a partnership with Kaiser Permanente, The Community Foundation for Greater Atlanta, and Belvedere community stakeholders.

Healthy Belvedere’s community involvement with the physical activity of youth has led to many significant outcomes. By donating updated PE equipment and new heart rate monitors, Healthy Belvedere has helped an elementary school with their participation in an assessment of the physical education curriculum. Healthy Belvedere also works to monitor the quality and quantity of elementary school gym classes and encourage children and teens to get exercise by walking to school.

Healthy Belvedere helped support an elementary school’s participation in the National Safe Routes to School (SRTS) program by donating $7,400 for infrastructure improvements, SRTS activities, and incentives. Parents were the leaders of the elementary school’s SRTS program. In addition to participating in the SRTS program in October of 2009, an elementary school supported by Healthy Belvedere participated in International Walk to School Day. There was great enthusiasm for the event, and 50 residents and supporters of the event accompanied students to school. Prior to the day of the event, teachers helped track miles walked and bicycled, sponsored weekly walking school buses, and other contests.

Healthy Belvedere is an example of how communities can successfully form partnerships and identify ways to improve health. A major result of the community initiative was finding creative ways to promote physical activity among youth and their community members.

Healthy Kids, Healthy Communities: Milledgeville/Baldwin County and Cook County

Finding the right funding to get a community-based program started can be a serious challenge. Two counties in Georgia, Milledgeville/Baldwin County and Cook County demonstrated what it takes to get funding partners on their team. By developing a strong vision, community and business partnerships, and commitment to healthy living, these counties were a prime pick for the Robert Wood Johnson Foundation (RWJF). In 2010 Milledgeville/Baldwin and Cook Counties were each granted 4-year, $360,000 Healthy Kids, Healthy Communities grants. This program is the largest investment from the
GEORGIA COMMUNITIES’ SUCCESS STORIES

RWJF to-date to find community-based solutions to end childhood obesity. These counties will use this opportunity to make policy and environmental changes to advance healthy living among children and their families.

Live Healthy Baldwin, was formed by including city and county governmental agencies, organizations, businesses, faith-based organizations, public schools, and educational institutions. The intent of Live Healthy Baldwin is to create opportunities for physical activity and access to healthy, affordable foods for children and families. In the first 6 months of the project the coalition has established a community vegetable garden in a south Milledgeville neighborhood where residents can plant, grow, and harvest healthy foods. They are also working to advocate for policy and environmental changes to promote exercise and alternative transportation in Baldwin County. Focus areas for the next 18 months include: 1. Expanding community gardens to school and Milledgeville Housing Authority properties; 2. Acceptance of SNAP/WIC federal food assistance program benefits at the Milledgeville Farmers’ Market; 3. Obtaining additional funding to begin Phase 2 of the Fishing Creek Community Trail; 4. Providing healthy snacks for Baldwin County after school programs; and 5. Developing a plan to attain the Bicycle Friendly Community designation from the League of American Cyclists.

Milledgeville/Baldwin and Cook County have leveraged the support needed to make healthy changes for their citizens. Live Healthy Baldwin has already collaborated with the Oconee River Greenway Foundation to receive a $100,000 grant from the Georgia Department of Natural Resources Recreational Trails program to begin Phase 1 of the Fishing Creek Community Trail. With partners from the Georgia College Environmental Science program and Baldwin County 4-H, Live Healthy Baldwin received a $2000 Fiskars Orange Thumb grant to purchase tools and supplies for the community garden. Plans include applying for an additional $100,000 in DNR Department of Natural Resources funds and $500,000 from the Safe Routes to Schools program. As examples to other counties in Georgia, the strength of their organization, planning and coalition building were keys to success.

Healthy Savannah

Under the leadership of a mayor who is committed to making community health a priority, Savannah has taken innovative approaches to improving health. A citywide initiative, “Healthy Savannah” was created to identify goals and work towards establishing healthier behaviors to fight obesity and chronic diseases. The initiative is comprised of partners from faith-based organizations, non-profits, businesses, and government agencies. Organizations involved include the Savannah Chatham County Public Schools, the Metropolitan Planning Commission, the YMCA, Chatham County Health Department, and the Medical College of Georgia. In 2007 Healthy Savannah utilized an opportunity to network with the National League of Cities and the American Association of School Administrators. Through the Robert Wood Johnson Foundation’s Leadership for Healthy Communities, the organizations helped Healthy Savannah identify best practices and consider policies that could be implemented or changed to prevent childhood obesity and promote community health.

As a result of these exchanges, Healthy Savannah has begun a number of innovative efforts to improve health. These include changing policies that restrict vending in a public park to allow a farmers’ market to take place, doubling the value of EBT cards when healthy foods are purchased at farmers’ markets, providing healthier foods and beverages in school vending machines, developing community schools where gyms can be used by community members after the school-day, commissioning a study of food deserts in low-income communities, and planting community gardens in areas with poor access to fresh produce. Healthy Savannah has been especially fortunate to have been energized by students’ contributions from SCAD and GSU’s School of Public Health.

As partnerships continue to build, Healthy Savannah is a community effort promoting more nutritious and active lifestyles. The city continues to accomplish their goal by changing policies in place that hamper community health, and creating policies to ensure a healthier future.
Rails to Trails, Shared Use Trail, Macon-Milledgeville

One day there will be a biking and walking trail linking Macon and Milledgeville. Similar to the Silver Comet, a bike path that runs from Smyrna, GA to central Alabama, a recent project initiated by the Middle Georgia Regional Commission Center is to build a path linking two Georgia cities. Working with stakeholders of 3 Georgia counties, the Rails to Trails organization is working to transform unused railways into trails that connect cities and neighborhoods. By doing so, recreational opportunities are expanded, and communities are joined. The trail will begin at Macon’s Ocmulgee Heritage Trail and lead to the Oconee River Greenway in Milledgeville. An organization for this plan was formed, and the Central Georgia Rail to Trail Association is currently working with local officials and stakeholders of Bibb, Jones, and Baldwin Counties.

Satilla Kids

The Southeast Georgia Childhood Obesity Taskforce was initiated by the Satilla Health Foundation, the Southeast Health District, and Ware County Public Health in 2007. When the taskforce initially met, more than 80 professionals from 13 counties in Southeast Georgia, including school nurses, social workers, nutritionists, teachers, pediatricians, fitness experts and city and county managers committed to end childhood obesity in their communities and build a healthier future for their children. The goal of the taskforce was for communities to develop partnerships and action plans to help both children and adults to adopt healthy eating habits and to increase physical activity. During the work sessions each county began to develop a policy or environmental intervention to address the obesity issue. Members agreed that reversing poor health practices that have become accepted lifestyles for generations of southeast Georgians would be challenging, but they were confident that their work would result in healthier and better communities.

Ware County developed its own Childhood Obesity Taskforce as a result of that regional meeting. The Ware County Taskforce is 30 members strong and has met quarterly since 2007. Their efforts have significantly raised awareness for the issue of childhood obesity in Ware County and the importance of healthy lifestyles. In 2009, the Ware Taskforce and Waycross Main Street received a grant from the Southeast Health District to develop a Downtown Waycross Walking Tour/Trail. The one-mile trail is marked throughout the Main Street district. Brochures, pedometers and educational packets are available for groups to use along the trail.

In 2010, the Ware Taskforce adopted a new name Satilla KIDS — Kids Improving and Developing Soundly and received a grant from the Georgia Division of Public Health to further their work. With the help of Georgia Southern University, the community was asked to participate in an assessment on their feelings regarding the obesity issue and the results indicated a great need to continue the work the group had started. They developed an educational website for parents, educators and kids at www.satillakids.org. Waycross was proclaimed a WE CAN Community and implemented CATCH KIDS and a healthy foods policy at the Waycross Childers Family YMCA. The group conducted activities at seven children’s events in a six-month period. They release bi-monthly news releases on healthy food choices and direct readers to the Satilla Kids website. Waycross was proclaimed a WE CAN Community and implemented CATCH KIDS and a healthy foods policy at the Waycross Childers Family YMCA. The group conducted activities at seven children’s events in a six-month period. They release bi-monthly news releases on healthy food choices and direct readers to the Satilla Kids website. All of this in an effort to reverse the upward spiral of obesity in their region and move Ware County into the future as a healthy, active, thriving community.
REFERENCES


5. Georgia Division of Public Health, Georgia’s Nutrition and Physical Activity Plan to Prevent and Control Obesity and Chronic Diseases in Georgia.


21. IBID.

22. IBID.


29 IBID.


37 http://www.cdc.gov/obesity/causes/health.html


41 IBID.


46 IBID.

48 Gilman MW, Rifas-Shiman SL, Camargo CA, Jr et al. (2001). Risk of overweight among adolescents who were breastfed as infants. JAMA, 285:2461-2467.
60 IBID.
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