

Today's children may be the first generation to live less healthy and shorter lives than their parents.



# The Ohio Project: Progress in Preventing Childhood/Youth Obesity

*Daryl Siedentop*

“The number of children in the United States who are overweight and obese is increasing,” states Dr. Daryl Siedentop, Ohio State University Emeritus Professor of Sport and Exercise Education. His report indicates that nearly two-thirds of American adults are overweight or obese and 17.1% of children and adolescents are obese. In addition, over 16.7% of children are overweight<sup>1</sup>. These statistics reflect a problem that will have an impact on all Americans, whether directly, as someone suffering from being overweight or obese, or through the rising costs of health care associated with the increased health risks from carrying too much weight. The United States spends over \$1.5 trillion on health care each year. That number has doubled over the past 5 years and is projected to double again within the next 6 years. The Centers for Disease Control and Prevention has labeled obesity as the second largest cause of death in the

United States. It has been said that today's children may be the first generation that will live less healthy and shorter lives than their parents. Clearly, something must be done.

The bottom line is that Americans are consuming more calories than they are burning. This happens through fewer meals at home (and thus more consumed at restaurants), nonnutritious foods served at schools, and less time spent being active. Spending in fast-food restaurants increased from \$6 billion to \$18 billion in the past 3 decades<sup>2</sup>. Video games, television, and use of the computer now occupy more discretionary time—time that could be spent engaging in more active pursuits. Parents cite transportation problems, lack of opportunities for physical activity in their area, costs, parents' lack of time, and concerns about neighborhood safety as barriers to their children's participation in physical activity<sup>3</sup>.

## Legislative Responses

Since childhood habits pertaining to food and exercise tend to remain into adulthood, programs designed to reduce childhood and youth overweight and obesity problems have been the target of legislation at federal and state levels. With the support of funding from The Ohio State University P-12 Project, Dr. Siedentop, with the assistance of 17 doctoral students, has researched the role of schools in childhood overweight and obesity issues. Siedentop analyzed what is being done in various states to respond to federal legislation designed to combat childhood overweight and obesity issues and compared that to what is happening in Ohio.

In June of 2004, Congress passed Section 204 of Public Law 108-265, the Child Nutrition and WIC Reauthorization Act of 2004, stating that “Each local educational agency participating in a program authorized by the Richard B. Russell National School

Lunch Act or the Child Nutrition Act of 1966 shall establish a local school wellness policy by School Year 2006.” Missing from this legislation were reporting or accountability measures and targeted federal funds, but some states have passed legislation to further define the requirements for local school wellness councils. Siedentop’s focus was on reviewing these state legislative and policy initiatives regarding the childhood obesity epidemic and assessing Ohio’s efforts in comparison to those of other states.

## How States Measure Up

With 35% of Ohio adults being overweight and 24% being obese, Ohio ranked 13th in the nation for overweight and obesity in adults<sup>4</sup>. Ohio had the fourth-highest percentage of overweight high school students. The University of Baltimore Schaefer Center for

Public Policy<sup>5</sup> assigns each state a grade based on state legislation to control obesity. In 2004, no state received an “A” rating; Ohio received a “C,” along with 22 other states. In 2005, California received the first “A” grade, while Ohio stayed at a “C” rating, along with 20 other states. In 2006, Ohio was one of only 14 states still having a “C” rating, while five states, in addition to California, received “A” ratings (Illinois, Oklahoma, Pennsylvania, South Carolina, and Tennessee). Clearly, some states are making important changes in legislation to combat obesity, but Ohio was not ranked among those states.

In 2006, the Center for Science in the Public Interest<sup>6</sup> evaluated school nutrition policies in each state. Kentucky earned the highest rating among the states, with an “A-.” Ohio was one of 23



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states who earned an F. With regard to physical education in the schools, Ohio is one of 35 states that mandate physical education in elementary school, 33 states that mandate it in middle school, and 42 states that have high school requirements for physical education. High school physical education requirements vary greatly from state to state. The median high school requirement is two semesters, but the range is from seven semesters in Illinois to no specific credit requirement in Oklahoma. Ohio requires only one semester of credit. Ohio is the only state that does not have physical education state standards and is one of 13 states without a physical education coordinator in the state department of education. Ohio also does not have assessment in physical education, nor are grades required to be reported to parents.

### What Ohio Is Doing

Although this does not put Ohio in the top tier of state efforts, says Siedentop, Ohio has made efforts toward addressing the problem of overweight and obesity in children. In June 2005, the Ohio General Assembly passed legislation to form the School Physical Fitness and Wellness Council. The council's 2006 publication, *Healthier Schools: A Brighter Tomorrow. Evidenced-Based Practices to Jump Start Ohio School Wellness Plans*<sup>7</sup>, consisted of 11 guidelines, each accompanied by "best practices." The guidelines were as follows:

1. Schools provide an environment that offers and promotes healthy and appealing food and drink choices.
2. Parents, families, and students are educated about healthy lifestyle choices.
3. Schools collaborate with public and private entities to promote student wellness.
4. Schools maximize their participation in federal nutrition programs.
5. Schools maximize their participation in student fitness and physical activity programs.
6. Schools integrate nutrition education and physical activity into their everyday curriculum.
7. Schools provide professional development, support, and resources for staff about wellness.
8. School community leadership demonstrates a commitment to wellness through policies, plans, and action.
9. Schools provide a positive dining environment that encourages a pleasant eating experience.
10. Schools provide and promote social, noncompetitive fitness and activity opportunities.
11. Schools use data to develop, structure, and support their wellness plans.

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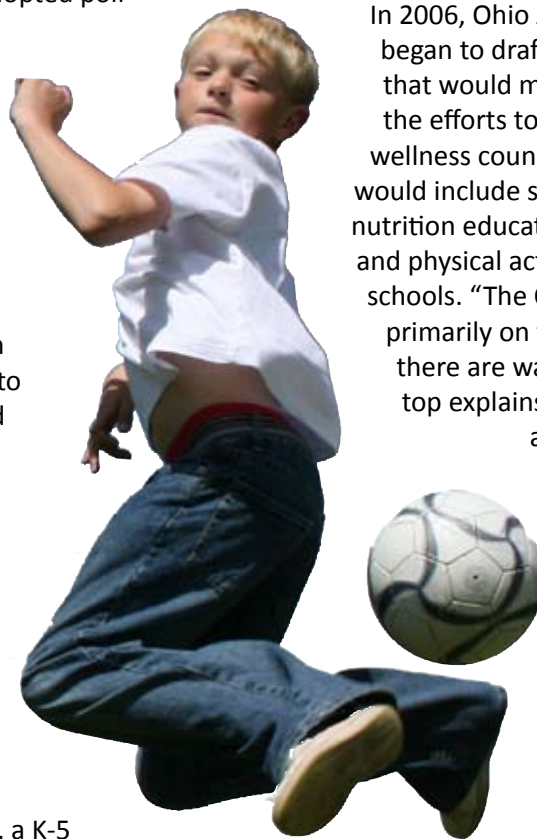
Another Ohio initiative to combat the overweight/obesity epidemic began with meetings starting in 2000 between Governor Taft and Ohio Department of Health director, J. Nick Baird, M.D. Their meetings resulted in the Healthy Ohio<sup>8</sup> initiative, funded primarily from money related to the tobacco settlement. In 2001, the Governor's Buckeye Best Healthy Schools<sup>9</sup> initiative was launched. This initiative recognizes the schools who have adopted policies and practices with a high focus on healthy outcomes for children. Schools complete a 47-question application that is scored by the Ohio Department of Health, resulting in the awarding of gold, silver, and bronze status to achieving schools. Schools can request an onsite visit from an Ohio Department of Health consultant or a "best practices kit" to help them improve their efforts and effectiveness.

Another partnered effort occurred in 2005 between the Ohio Department of Health and the Ohio Department of Education is a trial of the "Coordinated Approach to Child Health" (CATCH)<sup>10</sup> program in 115 Ohio schools. This national program focuses on coordinating four components: the Eat Smart school nutrition program, a K-5 classroom curriculum, a physical education program, and a family program.

The federal government's Safe Routes to Schools Program<sup>11</sup> was created in 2005. The Ohio Department of Transportation was allocated \$19 million

over 4 years to make walking to school a possibility for students. This money will support projects like building sidewalks, pedestrian, and bicycle paths, as well as education efforts. This federal initiative has encouraged some states to add state funds to support the development of sustainable "walking environments," but it appears that ODOT will not use state funds to supplement the federal support.

In 2006, Ohio Action for Healthy Kids<sup>12</sup> began to draft language for legislation that would more completely address the efforts to be made by local school wellness councils in Ohio. The legislation would include specific details for nutrition, nutrition education, and physical education and physical activity requirements for Ohio schools. "The Ohio legislation was modeled primarily on that of Arkansas, although there are ways the two differ," Siedentop explains. Both Arkansas and Ohio adopted nutrition and physical activity standards and policy recommendations for a number of areas relevant to childhood overweight and obesity. One of the tenets of this 2003 Arkansas legislation was the requirement of an annual body mass index (BMI) percentile by age. Parents would be informed of the possible health effects of BMI, nutrition, and physical activity. According to Siedentop, parents' complaints, along with the cost of the project, resulted in an effort to repeal the BMI-reporting component of the act, even though state data showed that the



increase in childhood obesity had leveled off since 2003.

Siedentop's analysis revealed that the Kansas legislation has the most specific requirements for nutrition, nutrition education, and physical activity. Within each of these components, there are three levels: basic (meets all current requirements of state and federal laws and regulations), advanced (meets all basic and a few more healthful guidelines), and exemplary (meets all basic and advanced and even more healthful guidelines).

"The state of Washington, ahead of what was required nationally, required schools to adopt school wellness policies by August of

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2005, almost a full year before federally required," Siedentop continues. The Washington Department of Health developed guidelines for issues relating to eating at school, nutrition education, and physical activity. They also included an extensive evaluation and monitoring plan.

Siedentop says, "Many other states have made quite admirable efforts to fight the childhood overweight and obesity epidemic through legislation and guidelines." Some states like California, he adds, have taken public health more seriously than others. One of the first states to create smoke-free environments, California experienced a 38%

decline in adult smoking and a decline in lung cancer rates at nearly six times the national rate. An interesting investment made by the state of California was a budgeted \$15 million in 2006 to revitalize the School Garden Program so that students can experience the important educational benefits of growing fruits, vegetables, and plants.





Ohio has begun to take the first steps to creating an environment most conducive to cultivating a healthy lifestyle for Ohio's children and adolescents.

### *Barriers to Improvement*

Siedentop mentions some factors specific to Ohio that inhibit the passage of legislation and the capacity of local schools districts to meet requirements of school wellness initiatives. First, No Child Left Behind has been the impetus for elementary schools to cut time allocations for social studies, science, art, music, physical education, and recess or activity breaks in favor of more time in reading and mathematics. Budgetary issues are also a significant factor in meeting wellness initiatives for many Ohio schools. Ohio's state school budget formula was declared unconstitutional in 1997 because of its over reliance on the local property tax. Ohio House Bill 920 also limited the funding a district may collect through having passed a millage vote to the amount that the millage would yield in the first year, thus effectively reducing the capacity of districts to deal with annual inflation. Additionally, an increase in time requirements for physical education in Ohio's elementary, middle, and high schools would require the hiring of a large number of licensed physical education teachers, which would be difficult for already stressed local school budgets. California and South Carolina have recognized this by adding funds to state budgets to support districts in hiring the physical education teachers.

Regardless of these factors, in general data rankings, Ohio ranks right at the national average for per capita income and employment rates and slightly lower than the national average on the poverty rate for children under 16. That being said, Ohio is not a "poor" state that lacks the financial resources to make changes to combat childhood overweight and obesity, but it has not fared well in related national comparisons. Ohio included some new legislation for physical education recently, requiring the adoption of physical education standards and requiring the Ohio Department of Education to hire a physical education coordinator, but nothing in this legislation would require schools to do any more than they are currently doing for physical education and physical activity. A pending bill has provisions to improve school nutrition that are specific and admirable, but provisions for nutrition education are less specific. Ohio was previously behind other states; this legislation will bring Ohio to a modest level in comparison.

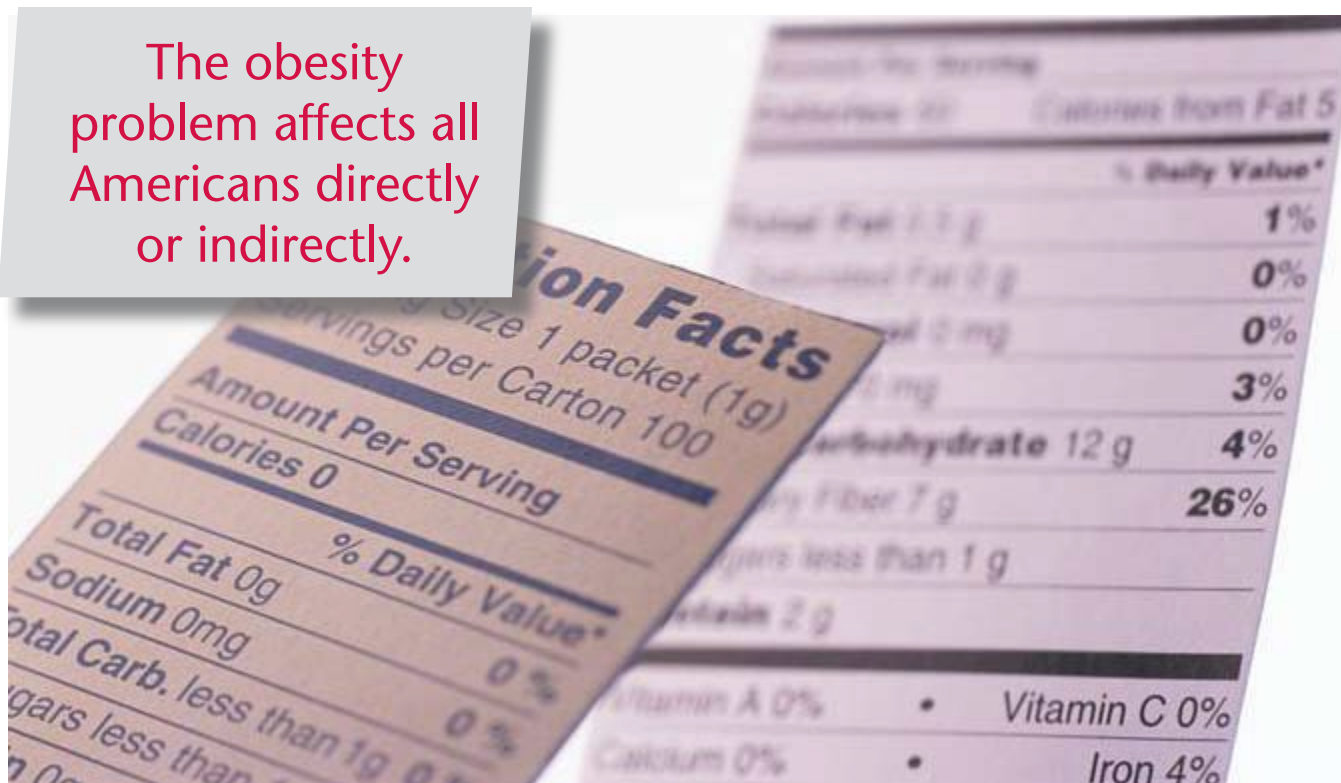
Siedentop points out that one can look at our society and easily see ways that people can be distracted from a healthy lifestyle and ways that lives are different from those of previous generations that did not suffer from this epidemic. A generation ago, Siedentop says, 60% of students walked or biked to school. Today, only 6% of students walk or bike to

school. Many communities lack safe places for people bike, walk, or play, adds Siedentop. People opt for fast food or dining out more often than they did a generation ago. “In addition,” says Siedentop, “instead of eating out being a novelty, cooking at home

has become a novelty. Regardless, the childhood and youth overweight and obesity epidemic is a real problem with implications that will heavily impact all of society if it is not remedied,” Siedentop concludes. “Ohio has begun to take the first steps in

a long process to creating an environment most conducive to cultivating a healthy lifestyle for Ohio’s children and adolescents and has as role models several other states whose efforts have already been realized.” ■

The obesity problem affects all Americans directly or indirectly.



**References**

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<sup>5</sup>Cotten, Ann, Stanton, Kenneth R., & Acs, Zoltan J. (2005). *The UB Obesity Report Card™*. Baltimore, MD: Schaefer Center for Public Policy, University of Baltimore. <http://www.ubalt.edu/experts/obesity/>

<sup>6</sup>Center for Science in the Public Interest. (2006). *School foods report card: A state-by-state evaluation of policies for foods and beverages sold through vending machines, school stores, a la carte, and other venues outside of school meals*. Washington, DC: CSPI. [http://cspinet.org/new/pdf/school\\_foods\\_report\\_card.pdf](http://cspinet.org/new/pdf/school_foods_report_card.pdf)

<sup>7</sup>School Physical Fitness and Wellness Advisory Council. (2006). *Healthier schools: A brighter tomorrow. Evidence-based practices to jump start Ohio school wellness plans*. Columbus, OH: Ohio Department of Education.

<sup>8</sup>Healthy Ohio Initiative, Ohio Department of Health, <http://healthyohioprogram.org/>

<sup>9</sup>Buckeye Best Healthy Schools, Ohio Department of Health, <http://www.odh.ohio.gov/temp/sites/hohc/Schls/bb1.htm>

<sup>10</sup>CATCH: Coordinated Approach to Child Health, Children’s Hunger Alliance, <http://www.childrenshungeralliance.org/AFTERSCHOOL/catch.shtml>

<sup>11</sup>Safe Routes to Schools, U.S. Department of Transportation, <http://www.saferoutesinfo.org>

<sup>12</sup>Ohio Action for Healthy Kids, <http://www.ohioactionforhealthykids.org>