HB

128

HOUSE COMMITTEE REPO[redacted]

(7)
Date Referred to Committee: March 9, 2005 **FURTHER REFERRALS: Finance**

Date of Committee Action: 3/29/05

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered: **HB 128**

HOUSE BILL NO. 128 **SCHOOLS PHYSICAL ACTIVITY TASK FORCE**

"An Act establishing the Alaska Schools Physical Activity Task Force."

Recommends it be replaced with [ ] HCS *or* [X] CS *for* HB 128 (HESS)
For Senate Bills with new title: [ ] Technical Title [ ] New Title: HCR_____ **[ ] Same Title [ ] New Title**

[ ] attach amendments
[ ] add new referral to _____Committee
[ ] Letter of Intent_____Committee

List of Abbrev for Depts.:
ADM
CED
COR
CRT
EED
DEC
DFG
GOV
HSS
LEG
LAW
LWF
MVA
DNR
DPS
REV
DOT
UA

NEW **FISCAL NOTES** *Assigned by Chief Clerk's Office				
List by Dept(s):	*FN#	Fiscal	Indet.	Zero

PREVIOUS **FISCAL NOTES**				
List by Dept(s):	FN#	Fiscal	Indet.	Zero

Signing with recommendations	Printed Last Name	DP	DNP	NR	AM
[signature]	CISSNA	✓			
Berta Gardner	Gardner	✓			
TOM ANDERSON	ANDERSON			X	
[signature]	Kohring	✓		X	
[signature]	[illegible]	✓			
Paul Seaton	SEATON	✓			
Chair: [signature]	[illegible]				
Chair: Joan M. Wilson	WILSON	✓			

Representative Peggy Wilson
State Capitol, Room 108
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Representative_Peggy_Wilson@legis.state.ak.us

STATE OF ALASKA

Representative Peggy Wilson

House District 2

FAX TRANSMITTAL SHEET

TO: Leg Legal

FAX # 2029 **DATE** 3/29/05

# of PAGES (total): 1

24-LS0298\I

FROM:

- ___ Representative Peggy Wilson
- <u>X</u> Jean Ellis 5025
- ___ Becky Rooney
- ___ Kathy Hope Erickson

House HESS Committee
Jean Ellis

COMMENTS:

I want to order a HESS CS for LS HB 128 (EDU) - A conceptual amendment passed in HESS - Page 4 line 7 - insert a new (f) No member shall be allowed access to the Public Employees Retirement System or the Teachers Retirement System by virtue of compensation or service on this task force. Change (f) to (g)

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: 1
Bill Version: CSHB 128(EDU)
(H) Publish Date: 3/9/05

Revision Date/Time (Note if correction):
Dept. Affected: EED
Title: An Act establishing the Alaska Schools Physical Activity Task Force
RDU: Teaching & Learning Support
Component: Special & Supplemental Services
Sponsor: Rep. McGuire
Requester:
Component No.: 10[illegible]

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL EXPENDITURES						
CHANGE IN REVENUES ( )						

FUND SOURCE (Thousands of Dollars)						
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2005) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

This bill requires a department representative to attend committee meetings. Costs for other committee members will be included in a fiscal note from Legislative Affairs.

Prepared by: Barbara Thompson, Director — Phone 907-465-8727
Division: Teaching & Learning Support — Date/Time 2/22/05 10:26 AM
Approved by: Karen J. Rehfeld, Deputy Commissioner — Date 02/22/2005
Agency: Education & Early Development

(Revised 9/23/2004 OMB)

Alaska State Legislature

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Chair, Judiciary Committee

Vice-Chair, House Committee on
Economic Development,
Trade and Tourism

Member
Oil & Gas Committee

Representative Lesil McGuire

House District 28

MEMORANDUM

To: Representative Wilson
Chair, Health, Education and Social Services Committee

From: Representative Lesil McGuire LM

Date: March 9, 2005

Re: Request for hearing, HB 128, "*An Act establishing Alaska Schools Physical Activity Task Force*"

I respectfully request that HB 128, "*An Act establishing Alaska Schools Physical Activity Task Force*" be scheduled for a hearing at your earliest convenience. Attached you will find the bill packet containing the most current version of the bill, sponsor statement, background information and letters of the support.

If you have any questions or concerns please feel free to contact me personally, or my staff, Shalon Szymanski at (907) 465-6841. Thank you for your time and consideration.

Alaska State Legislature

Session
State Capitol Building, Room 118
Juneau, Alaska 99801-1182
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Chair, Judiciary Committee

Vice-Chair, House Committee on
Economic Development,
Trade and Tourism

Member
Oil & Gas Committee

Representative Lesil McGuire

House District 28

HB 128: Establishing the Alaska Schools Physical Activity Task Force

Sponsor Statement

According to the American Obesity Association, more than 30% of U.S. children and adolescents are overweight or obese. Overweight and obese children are more likely to become overweight and obese adults plagued by a litany of diseases including diabetes and all its complications, cardiovascular disease, cancers, depression, high cholesterol, hypertension, and severe arthritis.

Evidence has also shown a link between physical fitness and higher academic performance. Alaska does not currently impose any statewide standards for physical education in schools.

HB128 establishes a task force to come up with recommendations for the best approach to effectively and economically maximize physical activity in Alaska's schools within existing infrastructures.

The task force will be made up of school officials (from both urban and rural areas), physicians, a member from the Department of Education and Early Development, and legislators. They will be charged with coming up with a proposal for increasing physical education in schools that works within the existing infrastructure of Alaska's schools.

The task force will be asked to look at several possibilities including whether new laws or regulations are needed to allow schools to provide the maximum amount of physical activity, whether state school construction requirements should be changed to facilitate needed physical activity in the future, and whether after-school activity programs in addition to programs during school hours would be effective.

We believe that too many children suffer from the consequences of diabetes and obesity. By enhancing physical education in Alaska's schools, we can improve children's health and academic performance.

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number:
Bill Version: HB 128 (EDU)
() Publish Date:

Revision Date/Time (Note if correction):
Dept. Affected: Legislature
Title "An Act establishing the Alaska Schools Physical Activity Task Force."
BRU Legislative Council
Component: Council and Subcommittees
Sponsor "Representative McGuire, Gara, Wilson..."
Requestor Representative McGuire
Component No. 783

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services	0.0	0.0	0.0	0.0	0.0	0.0
Travel	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	0.0	0.0	0.0	0.0	0.0	0.0
Supplies	0.0	0.0	0.0	0.0	0.0	0.0
Equipment	0.0	0.0	0.0	0.0	0.0	0.0
Land & Structures	0.0	0.0	0.0	0.0	0.0	0.0
Grants & Claims	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
CAPITAL EXPENDITURES	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
CHANGE IN REVENUES ( )	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type–Do not abbreviate)						
TOTAL	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Estimate of any current year (FY2004) cost: 0.0
Check this box (X) if funding for this bill is included in the Governor's FY 2005 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

HB128 (EDU) c e ates an eleven member Alaska Schools Physical Activity Task Force in the Legislative Branch. The Task Force is comprised of one member from the Dept. of Education and Early Development, four members who are school officials or school board members, two physicians, two members from the Alaska Senate, and two members from the Alaska House of Representatives. The Commissioner of Education shall appoint a Chair from the members who are not Legislators. Staff of the members who are Legislators will serve as staff to the Task Fo e. The Task Force shall prepare a written report that includes recommendations for effectively and economically maximizing physical activity in the schools of the state. This report will be submitted to the Legislature and the Governor before January 10, 2006.

Prepared by: Karla Schofield, Deputy Director
Phone 465-6626
Division Administrative Services
Date/Time 3/17/05 1:02 PM
Approved by: Pamela Varni, Executive Director
Date 3/17/2005
Agency Legislative Affairs Agency

(Revised 9/2001 OMB)

Staff for the Task Force will be existing staff of Legislators appointed to the Task Force. No additional funds will be needed for staff.

Total Personal Services	0.0

The sponsor of this legislation has stated that the Task Force will conduct all their business by teleconference. Task members identified in Sec. 2 (1)-(5), of this legislation are not eligible for compensation, per diem, or travel expenses. No funds will be needed for travel.

Total Travel	0.0

The Legislature will absorb the teleconference costs within existing budgets.

Total Contractual	0.0

The Legislative Printshop will absorb the printing costs for the report.

Total Supplies	0.0

The Task Force will not need to purchase equipment.

Total Equipment	0.0

American Heart Association®

Learn and Live℠

A Positive First Step: Establishing the Alaska Schools Physical Activity Task Force (HB 128)

The American Heart Association supports House Bill 128, a bill establishing a task force that would study proposed recommendations for effectively and economically maximizing physical activity in Alaska's schools.

Approximately half of Alaska's children are obese, overweight or are considered at risk for becoming overweight. Nationwide, the percentages of children who are either overweight or obese are on the increase, and Alaska's kids are out-pacing the national average – essentially, our children are getting heavier more quickly.

Obesity puts our kids at risk of heart disease, stroke, certain types of cancers and early onset Type-2 diabetes. Recent studies indicate that many physical conditions that lead to heart disease and stroke begin in childhood. A recent study uncovered an alarming number of adolescents with cardiovascular risk factors usually considered to be conditions of middle-aged adults. (Source: *Circulation*, a medical journal of the American Heart Association, 2003: 108: IV-720).

We know that poor diet and lack of exercise are the two main factors that contribute to obesity. We also know that many schools have responded to budget crunches and pressure to improve test scores by decreasing the time devoted to quality physical education. Yet evidence suggests that time spent in physical education may help improve attention spans in younger children, and that youth who spend less time in other subject to allow for regular physical education do equally well or better in academic classes than their peers who do not receive regular physical education. (Source: The President's Council on Physical Fitness and Sports, 1999).

Additionally, obesity is expensive. Obesity-related pediatric costs have tripled in the past 25 years even when adjusted for inflation. The annual direct cost of obesity in Alaska – including adult obesity-related illnesses – is now estimated at $195 million, with more than $29 million of that amount paid via the state Medicaid program. (Source: *Pediatrics*, vol. 109, May, 2002 & the U.S. Centers for Disease Control and Prevention, 2004).

We also know that in Alaska, as in most states, there is room for improvement when it comes to the existing physical education requirements. In Alaska, there is no current statewide requirement outlining a course of study in physical education at the elementary level. At the high school level, there is a statewide regulatory requirement that every student must complete at least one unit of health or physical education prior to graduation. A "unit," however, may be defined by each local school board, so that there is no statewide articulated standard or definition of what one "unit" must include. In 2003, the Alaska Division of Public Health, Department of Health and Social Services, conducted a statewide poll to assess what physical education policies are in place in local school districts throughout the state. The poll revealed significant inconsistencies in the duration, sustainability, and type of physical education required:

• Only 29.6% of Alaska elementary or middle schools have a written policy on physical education, while 93% of high schools have such a policy.

• The average time requirement for physical education at the elementary level is 2 days per week for 30 minutes. This requirement increases to 5 days per week for 45 minutes in both middle school and high school, but tends to only be required for one year out of three for middle school, and just one year out of four in high school.

• Statewide, in 76.6% of all physical education classes are taught by someone other than a certified physical education teacher. Of the schools using teachers lacking physical education certification, 96.6% failed to require any specific training in physical education.

While this bill does not require a specific course of action, it is a step in the right direction. By establishing a task force to examine the state of physical education in Alaska and make informed and creative recommendations on ways to improve the quantity and quality of physical education, the Legislature would send a clear message that it cares about the health of our children. The American Heart Association supports House Bill 128, and believes that it is a step in the right direction.

March 1, 2005

March 2, 2005

Re: Testimony in support of HB 128

Alaska has a problem and it's getting worse. Simply put, we're killing our kids.

Kids need to move. Because we are all so busy, we sit kids in front of electronic toys, computers and TVs; we're tired and that's easy. But we condemn our kids to unhealthy and diminished futures when we take this easy route, rather than encouraging healthy activity.

When kids don't get enough exercise and vigorous play, we expose them to increased risks for obesity, high blood pressure, high cholesterol, weakened bones, type II diabetes and even psychosocial disorders. In addition, we're setting them up to fail academically.

Joe Herzog, president of the Fresno, CA, Alliance for Physical Education and Athletics, was recently in Anchorage to speak at the Alaska Association of Health, Physical Education, Recreation and Dance Conference. Herzog said there is a growing body of evidence demonstrating that poor nutrition, inactivity and weight problems have a negative effect on student achievement. And inactive kids grow up to be inactive adults, with more health problems than their more active peers.

The Anchorage Daily News recently headlined findings from the Anchorage School District and State of Alaska Division of Public Health collaborative study. This study showed that 36% of ASD students and 32% of all kindergarten and first grade students had above-normal weights. In addition, recent research has shown that childhood and adolescence are prime years for increasing bone density. That means vigorous activity – running, jumping, skipping and hopping for younger kids, and weight-bearing activities like strength training, as well as sports like basketball, volleyball and x-country skiing for older kids. Five year olds need 40 minutes daily of strenuous play to accelerate bone development.

The Healthy Futures initiative, an alliance of state and local agencies, business, nonprofit organizations and volunteers, encourages physical activity for kids through organized events, activity logs and the Local Fitness Hero program. But these grass roots efforts can only do so much. That's why we strongly support the positive proactive steps of HB128 and the heroes behind this bill.

The well being of our kids is essential to the future health and economy of this state. Getting kids to exercise doesn't have to be complicated or expensive, but it does need to be a priority for the State of Alaska.

Alaska and its kids have a problem. Since we created it, we're the only ones who can solve it. We owe our kids their shot at healthy futures and the happiness and opportunities that go with good health.

Bonny Sosa and Sam Young
Community Volunteer Active-ists
Healthy Futures Initiative
1404 West 31st Avenue
Anchorage, AK 99503
bsosa@gci.net

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January 17th - 8:36 pm ET

Students spend little time getting exercise in P.E. classes, even as childhood obesity grows

COLIN FLY
Associated Press Writer

Skye Trammel of Victor, N.Y., does curls with barbells in the weight room at Victor High School in Victor, N.Y. on Wednesday, Jan. 12, 2005. Physical education experts say there's little accountability for P.E. teachers in most schools. Victor Central School District Superintendent Timothy J. McElheran said his teachers are held to specific goals and judged like any math or science teacher would be. (AP Photo/Don Heupel)

NASHVILLE, Tenn. — As American children grow fatter and more out of shape, physical education classes are being found wanting. Experts say there's little accountability for P.E. teachers in most schools. They say the classes are often poorly run, and students don't spend much time in them anyway.

Lisa Lewis, a health professor, heard her two sons talk about how bad their high school P.E. class was, so she went to see for herself.

"It's been terrible," she said. The teacher was a basketball coach, and "that's basically all they did — play basketball between 40 and 50 kids." Many students, especially those who weren't athletic, just stood on the sidelines of the disorganized game.

Nearly one-fifth of all high school P.E. teachers don't have a major and certification in physical education, according to the most recent numbers from the National Center for Education Statistics.

Often the instructor is a coach more interested in winning games than in producing healthy students, experts say.

"That stigma that a coach cares more about the team than his physical education class does exist," said George Graham, professor of kinesiology at Penn State University.

"When a teacher or coach is doing that, it's really up to the principal to get in there and say, 'We want to win ball games, but the kids in P.E. deserve a good education too.'"

The lack of respect for P.E. also appears in the number of students required to take it.

The Centers for Disease Control and Prevention reports that in 2003, only 28 percent of high school students nationwide attended a daily P.E. class, but 38 percent watched television for three hours or more each school night.

While 71 percent of the nation's freshmen were in P.E. at least one day a week — hardly enough to be effective, experts say — those numbers drop to 40 percent by the students' senior year.

But participation varies widely by state. In Tennessee, for instance, only 18 percent of seniors were enrolled in a P.E. class, while New York has better than 90 percent participation.

The National Association for Sport and Physical Education says Illinois is the only state that requires daily physical education K-12, while Alabama requires it for K-8.

In California, Kentucky, Maine, Missouri, New York, South Carolina and Vermont, accountability standards are being developed for health and physical education programs.

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"Unless we hold physical education teachers accountable for the fitness of the student ... there's no way to evaluate who is good or who is bad because we're more concerned with math and reading," Lewis said. "There needs to be some sort of minimal national fitness standard — that would be a very easy thing to establish."

Some schools have done just that — like the Victor Central School District just outside Rochester in Victor, N.Y.

Superintendent Timothy J. McElheran said his teachers are held to specific goals and judged like any math or science teacher would be.

"It's no longer the coach with the whistle around his neck," he said. "Our physical education teachers are highly trained professionals."

Victor's nationally recognized program includes rock-climbing, kayaking, cross-country skiing, archery and aerobic dance as options for students.

"They take what they're doing very seriously," he said.

But not all do, and a new federal education law doesn't give schools much incentive.

"The thought in some schools is, 'If we eliminate P.E., then they will have more time to do better educationally,' but there's nothing to suggest that's the case," Graham said.

"Kids — just like adults at work — need breaks and they need time on their own."

Lewis has seen the poor state of physical education not only in her sons' school, but also at Middle Tennessee State University where she works. The school recently dropped requirements for health and P.E. from the core curriculum.

MTSU general education director Bill Badley said the P.E. requirement went from four hours to zero when the school decided to add classes to the core curriculum while lowering the total number of classes needed to graduate.

Lewis wasn't able to stop the changes at MTSU, but she was able to make a difference at her sons' school.

"I went to the class and actually helped the physical educator," Lewis said. "The non-athletes, they're the ones who need it most."

NASPE president Dolly Lambdin said the cuts in secondary schools and colleges intensify the problem that begins at a young age.

"Whatever belief we teach (children) in elementary school, middle school and high school, those beliefs will carry over in college," she said. "We can't continue the model (that) we have to fix things later. It doesn't work on your car and it doesn't work on your body. Physical maintenance is the key."

Junk food diet + inactivity = overweight kids

Tuesday, November 16, 2004 - by Yvonne Ramsay

Anchorage, Alaska - From kindergarten to senior year in high school, Anchorage students are weighing in heavier than ever.

"A significant percentage of the kids in kindergarten or first grade are either at risk or already overweight," says Dick Hawkins, a physical education instructor at Creekside Elementary School.

A recent study released by the Anchorage School District and the state Division of Health found that 18 percent of children are overweight, while another 18 percent are at risk of becoming overweight. About 62 percent of students are at a normal weight, compared to just 2 percent considered underweight.

Physical education teachers say, with the amount of time students spend in the gym at school, the statistics are not going to improve.

"In 60 minutes a week, you just can't really effect that much of a change," says Hawkins (right). "You can affect their attitude, I think, and the enjoyment they might get out of an activity. But they have to do a lot of it on their own at home."

Doctors say if children don't learn healthy habits early, there will be consequences later in life.

"Obese children become obese adults," says Dr. Peter Mjos of the Anchorage Neighborhood Health Clinic. "We've heard that this trend, according to the CDC, is actually magnified in rural Alaska."

It's a trend that's not only growing in Alaska, but across the nation.

"Shortly, the number of deaths attributable to obesity and being overweight will overtake smoking as the most common cause of death in this country," Dr. Mjos says. "This is a tragedy. The bottom line -- it's reversible and it's preventable."

From the skinny kids to those who are big boned, school officials say it's important all children learn the importance of maintaining a healthy lifestyle.

"I think also pediatricians, health care providers, the neighborhood health clinics need to work together with us to emphasize, literally from the day a child is born, how important good nutrition is, and exercise," says School Superintendent Carol Comeau.

Read the report by the Anchorage School District and the state Division of Public Health about overweight children.

Channel 2 Broadcasting Inc.
http://www.ktuu.com/

adn.com
Anchorage Daily News

Third of city's students at risky weight, study finds

ANCHORAGE: Most of them are heavy before the first grade.

By ANN POTEMPA
Anchorage Daily News

(Published: November 16, 2004)

A new study shows that more than one-third of Anchorage School District students are overweight or at risk for weighing too much.

Further, the study shows that almost one in three children entering kindergarten or first grade are overweight or headed that way -- a strong indicator that parents and doctors must address children's weights before they enter school.

"I think this is a major eye-opener for all of us," said Dr. John Middaugh, a medical epidemiologist in Alaska.

"Until we looked at the data, I think most of us didn't have a clue of the scope of the problem at such a young age."

Children who weigh too much are at risk for other health problems. Some are physical problems, like diabetes, high blood pressure and high cholesterol, while other times they're psychological or social in nature.

Family practitioner Peter Mjos said he's watched more and more children develop chronic health conditions during his three decades of work.

"So much of it is simply related to the fact that we've become inactive and obese," said Mjos, who has long advocated more physical activity among Alaska students.

The study was made public at Monday's School Board meeting.

The new research was a joint project between the Anchorage School District, which collected heights and weights for 41,261 students, and the state Division of Public Health, which analyzed the information.

Erin Peterson, manager for the state's Obesity Prevention and Control Program, said school nurses from all schools in the district took height and weight measurements between the 1998-99 and 2002-03 school years. They also recorded other information, including age, sex, grade and race. Middaugh said the study provides a robust set of measurements on thousands of youths and a good look at weight problems among young children.

During the five-year period, the study found 2 percent of students were underweight and 62 percent were at a normal weight, while 18 percent were at risk of weighing too much and another 18 percent were overweight.

The study deemed children overweight or in danger of getting there if their body weight measurements were higher than those of most of the other kids of similar age and gender.

The study found white students were less likely to be overweight or at risk for weighing too much than students of other races, which is consistent with national research. Middaugh, however, issued a caveat: Body types may vary for children of different races, and that variation could wrongly suggest those children are overweight.

"More work needs to be done on that," he said.

Health authorities call the growing girth of children and adults nationwide an epidemic. Studies show that 59 percent of U.S. adults are overweight or obese: results are similar in Alaska, where 62 percent of adults weigh too much.

An independent health agency, the Institute of Medicine, focuses on the problem in children. In a recent report, the institute says the prevalence of obesity nationwide has more than doubled for children 2 to 5 and 12 to 19 since the 1970s, and has more than tripled for 6- to 11-year-olds.

Annual obesity-related hospital costs for children have more than tripled during the past two decades, the institute reported.

Overweight kids are at more risk of becoming overweight adults, the district study said. Doctors say overweight kids also are more likely to have sleep problems and social problems.

Dr. Bruce Chandler, a pediatrician and Anchorage's city medical officer, said overweight teens sometimes struggle with friends. "They become more isolated and less involved in normal kids' activities," he said.

Kids are fatter today because they're less active and eat too much food, Mjos said at the School Board meeting. Federal health officials, he said, estimate that students spend 32 hours a week in front of televisions, computers, games and other electronic toys.

And while they're sitting there, they're snacking, he said.

"I have some kids who will drink a six-pack of soda after school while they're watching TV," Chandler said.

"And there's also a lot of kids who get absolutely no exercise."

The School District plans to improve how it monitors children's body weights, and Middaugh said he hopes other districts in the state will also take body size measurements to track childhood obesity.

After hearing the health department's presentation Monday, several School Board members discussed vending machines and the difficulty of adding more physical activity to a child's already-packed school day.

Board member John Steiner said it's ironic that the money raised from vending machines goes toward funding activities, many of which are healthy.

"But some of the funds to pay for them are coming from things that aren't necessarily healthy," said Steiner, who wants the board to keep talking about vending machines.

Carol Comeau, School District superintendent, said she intends to organize a work session so the board can continue its discussion of the new data.

OVERWEIGHT: For the study and Mayo Clinic advice for parents, see www.adn.com/links

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State of Alaska Epidemiology **Bulletin** *Recommendations and Reports*

Department of Health and Social Services
Joel Gilbertson, Commissioner

Division of Public Health
Richard Mandsager, MD, Director

Section of Epidemiology
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Prevalence of Overweight Among Anchorage Children: A Study of Anchorage School District Data: 1998-2003

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Abstract

The Anchorage School District and the Alaska Division of Public Health collaborated to assess the prevalence of overweight among children in the Anchorage School District. We analyzed routinely collected height and weight measurements for students in grades K-12. Data collected by school nurses from 41,261 students spanning five school years were included in the analysis. A total of 78,303 individual height and weight values were used. We assessed and classified student weight status using BMI-for-age values and the categories defined by the National Center for Health Statistics. Over the five-year time period, 2% of students were underweight, 62% were at a normal weight, 18% were at-risk for becoming overweight, and 18% were overweight. Of students entering kindergarten or first grade, 32% were overweight or at-risk for becoming overweight. Students of a racial or ethnic background other than White were more likely to be overweight or at-risk for becoming overweight than White students. Schools can play a role in helping to address childhood overweight. However, educators cannot solve this problem alone. Parents and community partners must take an active role in preventing and addressing childhood obesity.

Introduction

In the United States, the increase in overweight and obesity has been so substantial and dramatic that it is commonly described as epidemic.[1] The epidemic has spread through all 50 states, within all racial and ethnic subgroups, and among all socioeconomic and age groups. According to the Institute of Medicine, "...we have learned that excess weight has significant and troublesome health consequences", yet "we nevertheless see our population, in general, and our children, in particular, gaining weight to a dangerous degree and at an alarming rate."[2]

The spread of the obesity epidemic among children is especially worrisome, as it threatens to negate many of the gains in children's health that have been made in the past century. Among children, excess weight is associated with numerous health problems. High blood pressure, high cholesterol, orthopedic disorders, type II diabetes, and psychosocial disorders are more common among overweight youth than among those with a healthy body weight.[3] In addition, children and adolescents who are overweight have an increased risk of being overweight or obese as adults. Overweight and obese adults, in turn, have a higher risk of premature death than adults with normal weights. Obesity and overweight among adults are also associated with an increased risk of coronary heart disease, type II diabetes, musculoskeletal disorders, sleep apnea, asthma, and psychological disorders, as well as cancer of the endometrium, colon, kidney, gallbladder, and breast (postmenopausal).[4]

To assess the scope of the obesity epidemic among children and adolescents in Anchorage, the Anchorage School District and the Alaska Division of Public Health collaborated to analyze existing data on the height and weight of students enrolled in the Anchorage School District. Working together, we can begin to explore steps that our community can take to respond to this growing problem that threatens the health and well being of our children.

Background

Over the past several decades, overweight and obesity have become increasingly prevalent among adults and children in the United States. Self-reported national survey data from the Behavioral Risk Factor Surveillance System (BRFSS) indicate that in the United States the percentage of adults who are obese, defined as having a body mass index (BMI) of 30 or higher, rose from 13% in 1991 to 22% in 2002. The dramatic increase in obesity has been observed in all states. In 1991 nearly every state in the nation reported that less than 15% of their adult population was obese, while no state reported obesity rates higher than 20%. By 2002, however, a majority of states reported that 20% or more of the population could be classified as obese, with no states reporting obesity rates below 15%.[5] (Figure 1)

In addition to the increasing percentage of adults classified as obese, 37% of adults in the United States

were classified as overweight in 2002, having BMI values between 25-29.9. When the percentages of obese and overweight individuals were combined, they totaled 59%, nearly two-thirds of the U.S. population.[6]

Trends in obesity and overweight among Alaskan adults parallel those found nationally. Since 1991, the percentage of Alaskan adults who are overweight or obese has increased steadily. Three-year moving averages show that 39% of Alaskan adults are classified as overweight, and an additional 23% are considered obese. When combined, these numbers indicate that 62% of Alaskan adults are above a normal weight (Figure 2).

The spread of the obesity epidemic has been equally, if not more, severe among children and adolescents. According to the Institute of Medicine, during the past three decades the rate of childhood obesity in the United States has more than doubled for children and adolescents in the 2-5 and 12-19 age groups, and has more than tripled among children aged 6-11.[7]

In Alaska, data from the 2003 Youth Risk Behavior Survey (YRBS) indicated that 14% of Alaskan high school boys and 8% of Alaskan high school girls were overweight, with BMI values at or above the 95th percentile for their age. An additional 15% of Alaskan high school boys and 14% of Alaskan high school girls were at-risk for becoming overweight, with BMI-for-age values between the 85th and 95th percentiles. When these numbers are combined nearly one-third of high school males and more than one-fifth of high school females were above a normal weight (Figure 3).

Although the BRFSS provides height and weight data for Alaskan adults and the YRBS provides data for high school students, less is known about the prevalence of overweight among younger children. The Anchorage School District has collected student height and weight measurements for many years. Analyzing these existing height and weight data provides an indication of the extent of childhood overweight among students in the district.

Methods

Overweight and obesity are defined using BMI, an index that is calculated using height and weight measurements and is significantly correlated with levels of body fat.[8] The BMI does have limitations; a true measure of body fat can only be obtained through a detailed laboratory assessment of body composition. In public health settings, however, BMI is widely accepted and utilized as an indicator of body weight and adiposity.[9] Adults with BMI values of less than 18.5 are classified as underweight, while BMI values of 18.5 to 24.9 indicate a normal weight. Adults with BMI values from 25.0 to 29.9 are classified as overweight, while those with BMI values above 30 are considered obese.[10]

Among children and adolescents, different language is used to describe body weight and adiposity. BMI is the recommended indicator of weight status and body fat among children and adolescents.[11] However, because BMI varies by height and height changes with age, a consistent numeric cut-off point cannot be used across age groups. As a result, BMI-for-age percentiles are used to identify children and adolescents at risk for weight-related health problems.[12] Children and adolescents aged 2-18 with BMI-for-age percentiles at or above the 95th percentile for their age are classified as overweight. Children and adolescents with BMI values between the 85th and 95th percentiles for their age are considered at-risk for overweight. The Centers for Disease Control and Prevention (CDC) recommends that the term overweight, rather than obese, be used to describe child and adolescent weight status.[13]

The Anchorage School District is the largest district in the state, enrolling approximately 40% of the state's student population. School nursing staff routinely record height and weight measurements during school health screenings, the majority of which are conducted in kindergarten and 1st, 3rd, 5th, and 7th grade. Health information, including height and weight measurements, is recorded in student files and is entered into an electronic database.

Height and weight measurements for students in grades K-12 were extracted from the database and imported into SPSS. All personal identifiers were removed, and students were assigned an identification number. BMI values were computed for all students and BMI-for-age percentile values were calculated based on the reference percentiles provided by the Center for Health Statistics of the Centers for Disease Control and Prevention (Tables 1 and 2; complete growth charts available at http://www.cdc.gov/nchs/about/major/nhanes/growthcharts/charts.htm). Height, weight, and BMI percentile values for five school years (1998-1999 to 2002-2003) were analyzed, along with demographic information on the age, sex, grade, and race/ethnicity of the students. Height and weight values were screened for accuracy, and values that were not biologically plausible were removed. A total of 82,839 values were reported, representing 41,261 students. Of the total 82,839 values reported, 78,303 (94%) were biologically plausible and were included in the final analysis (Table 3). The height and weight values represented 29% of total student enrollment over the five-year time period, with higher percentages for students in kindergarten and grades 1, 3, 5, and 7 (Table 4).

Results

During the 1998-1999 to 2002-2003 school years, 2% of all Anchorage School District male and female students were underweight, 62% were at a normal weight, 18% were at-risk for becoming overweight, and 18% were overweight (Figure 4).

The prevalence of overweight and risk for overweight was similar among male and female students (Figure 5).

Students of a Non-White racial or ethnic background were slightly more likely to be overweight or at-risk for becoming overweight than White students (Figure 6). Slight gender variations in weight status among students of different racial and ethnic backgrounds were also evident. Among female students, White students were the least likely to be overweight or at-risk for becoming overweight, with higher rates of overweight and risk for overweight among Alaska Native and Black students (Figure 7). A slightly different pattern was observed among male students, where the lowest prevalence of overweight and risk for overweight was found among Black males and White males (Figure 8).

The percentage of students who were overweight or at-risk for becoming overweight was high among young children and persisted with age among both male and female students (Figure 9). A similar pattern was evident when overweight and at-risk for overweight were examined separately (Figure 10). Of children entering kindergarten and 1st grade from 1998-2002, 14% were overweight and 18% were at-risk for overweight (Figure 11).

The mean BMI percentile values for students in all grades exceeded the 60th percentile beginning in 1998 and may have increased slightly over time (Figure 12).

The mean BMI percentile values of grade cohorts can be used to assess changes in groups of children over time. Results are shown for two grade cohorts. The mean BMI percentile values of the 1998 kindergarten grade cohort increased slightly between 1998 and 2002. A similar pattern was observed for the 1998 5th grade cohort (Figure 13).

We also looked at changes in weight status in children over time. Among students who were at a normal weight in 1998-1999, 20% were either overweight or at risk for becoming overweight by 2002-2003 (Figure 14). Of the students who were overweight in 1998-1999, 20% decreased their weight by 2002-2003 (Figure 15). Students who were at risk for being overweight in 1998-1999 were more likely to have become overweight by 2002-2003 than to have attained a normal weight (Figure 16).

Conclusion

Over one-third of children in the Anchorage School District were overweight or at-risk for becoming overweight. White male and female students were less likely to be overweight or at-risk for overweight, a finding that is consistent with national results.[14] The percentage of students aged 3-5 years who were

overweight or at-risk for overweight was nearly as high as the corresponding percentage of older students, indicating that weight status is already a concern for many students when they first enter school. Some students changed from one weight category to another over time, although a majority had the same weight classification in 2002-2003 as they did in 1998-1999. Students who were at-risk for overweight in 1998-1999 were more likely to gain weight by 2002-2003 than to lose weight (Table 5).

There are limitations that must be considered when interpreting these data. Height and weight measurements were not collected through a statistically valid sampling procedure but were obtained as part of the routine school health screening process. The available measurements for the 5-year time period, however, represented 29% of students enrolled in all grades. Because health examinations are conducted primarily in kindergarten, first, third, fifth, and seventh grade, height and weight measurements were available for a higher percentage of students in those grades. Measurements were available for over half of the students enrolled in kindergarten, first, third, fifth, and seventh grades for the five-year time frame, with recorded data for up to 90% of students in some grades during an individual year. Because efforts were made to screen all students in the district, it is unlikely that the high prevalence of overweight and risk of overweight is due to a selection bias that resulted in the disproportionate selection of students from groups at high risk for being overweight or at-risk for overweight.

Variations in height and weight measurement may have occurred. The school district has a written protocol for height and weight measurement, and it is made available to school health staff. However, the district did not have the staff or financial resources to guarantee that the measurement procedures were followed at each school. Currently, schools use different types of measurement equipment, and multiple staff members are involved in the measurement process. While the variations in procedure and equipment could result in measurement error, it is unlikely that they could be responsible for systematic over-estimation of weight status.

In spite of the study limitations, the results of this analysis indicate that there is reason to be concerned about the weight status of children in the Anchorage School District and to develop strategies to address this problem. Because a majority of students remained in the same weight category over time, efforts should be made to prevent students from becoming overweight or at-risk for overweight.

To address the high prevalence of overweight and risk for overweight among students, the Anchorage School District is enhancing its capacity for height and weight surveillance. Standardized equipment will be installed in each school, and school nurses will be trained in its use. Training will emphasize the importance of obtaining and recording valid, reliable height and weight measurements. Data analysis will be continued so that trends can be monitored over time.

Schools can also play an important role in supporting physical activity and healthy nutrition among students. As the Institute of Medicine notes, "Both inside and outside of the classroom, schools present opportunities for students to learn about healthful eating habits and regular physical activity; engage in physical education; and make food and physical activity choices during school meal times and through school-related activities."[15]

The fact that a high percentage of students are overweight or at-risk for overweight when they enter school, however, indicates that prevention efforts cannot wait until children enter the school system. Rather, they need to involve the families, health care providers, and community members that interact with children at a young age. The individuals and groups who are involved in efforts to prevent childhood overweight will also play an important role in implementing strategies to treat students who are already overweight or at risk. The observed racial and ethnic disparities in prevalence should be considered when designing interventions, and strategies should be culturally appropriate.

Prevention and treatment strategies will need to target a variety of audiences and should complement efforts

to address obesity and overweight among adults. Overweight and obesity are already taking a substantial toll on the health and economy of Alaska. Based on current national estimates, obesity kills nearly 500 Alaskans each year.[16] In addition, direct medical expenditures for obesity alone are estimated to total $195 million each year in Alaska.[17] It is imperative that action be taken now to keep these costs from growing.

Table 1. Classification of Adult and Youth Weight Status

Adults (BMI Values)	Youth (BMI-for-age percentiles)
• Underweight <18.5	• Underweight ≤ 5th percentile
• Normal Weight 18.5-24.9	• Normal Weight 5th-85th percentile
• Overweight 25.0-29.9	• At-risk for Overweight 85th-95th percentile
• Obese ≥ 30	• Overweight ≥ 95th percentile

Table 2. Body Mass Index Reference Data

	Males		Females	
Age*	**85th**	**95th**	**85th**	**95th**
3	17.10	17.98	16.95	18.09
4	16.85	17.83	16.76	18.08
5	16.89	18.12	16.91	18.49
6	17.17	18.73	17.32	19.20
7	17.64	19.55	17.93	20.13
8	18.25	20.53	18.67	21.20
9	18.97	21.57	19.51	22.35
10	19.76	22.64	20.39	23.52
11	20.57	23.69	21.27	24.66
12	21.4	24.67	22.13	25.74
13	22.23	25.59	22.94	26.75
14	23.03	26.42	23.68	27.66
15	23.8	27.18	24.34	28.49
16	24.55	27.88	24.92	29.25
17	25.27	28.57	25.43	29.95
>18	25.98	29.3	25.87	30.64

Source: Kuczmarski RJ, Ogden CL, Gummer-Strawn LM, et al. CDC Growth Charts: United States. Advance data from Vital and Health Statistics; no. 314, Hyattsville, Maryland: National Center for Health Statistics. 2000.

*Percentiles evaluated at mid-point for age.

Table 3. Initial and Final Sample Composition: Anchorage School District Students 1998-2003

Academic Year	Missing Component	<3 or >19 years old	Biologically Implausible	Age/Grade Inconsistency	Height Reversal	Full and Acceptable Values	Total
1987-1988/ 1995-1996	0	0	25	21	1	133	178
1996-1997	1	0	9	4	0	275	289
1997-1998	7	1	26	12	3	1111	1160
1998-1999	59	4	92	52	85	7725	8017
1999-2000	59	35	200	91	196	13437	14018
2000-2001	60	218	245	311	111	14315	15260
2001-2002	68	297	322	310	227	17451	18675
2002-2003	62	385	386	244	208	20708	21993
2003-2004	6	15	44	31	3	3148	3247
2029	0	0	0	1	0	0	1
2033	0	0	0	1	0	0	1
Total	322	955	1349	1076	834	78303	82839
Study %	0.4%	1.2%	1.6%	1.3%	1.1%	94.4%	94.1%

Table 4. Proportion of Students Sampled by Grade: Anchorage School District Students 1998-2003

	PE	KG	1	2	3	4	5	6	7	8	9	10	11	12	Total
1998/ 1999	5%	13%	40%	2%	50%	2%	42%	2%	32%	1%	0%	0%	0%	0%	15%
1999/ 2000	35%	65%	49%	13%	64%	10%	61%	12%	44%	13%	1%	1%	0%	0%	26%
2000/ 2001	23%	72%	50%	10%	68%	10%	65%	9%	51%	8%	6%	5%	0%	0%	28%
2001/ 2002	21%	80%	56%	13%	75%	11%	71%	12%	62%	16%	5%	34%	1%	0%	34%
2002/ 2003	46%	90%	57%	15%	83%	12%	81%	14%	72%	12%	6%	54%	17%	0%	40%
Total	26%	64%	50%	11%	68%	9%	64%	10%	52%	10%	4%	19%	4%	0%	29%

Table 5. Anchorage School District Data Conclusions

- 32% of students were overweight or at-risk for becoming overweight when they enter kindergarten and/or first grade
- 36% of students were overweight or at-risk of overweight
- Percentage of students who were overweight or at-risk for overweight appears to have increased slightly over time
- Over time, students who were at-risk for overweight were more likely to become overweight than to attain a normal weight

Figure 1. Obesity Trends Among US Adults

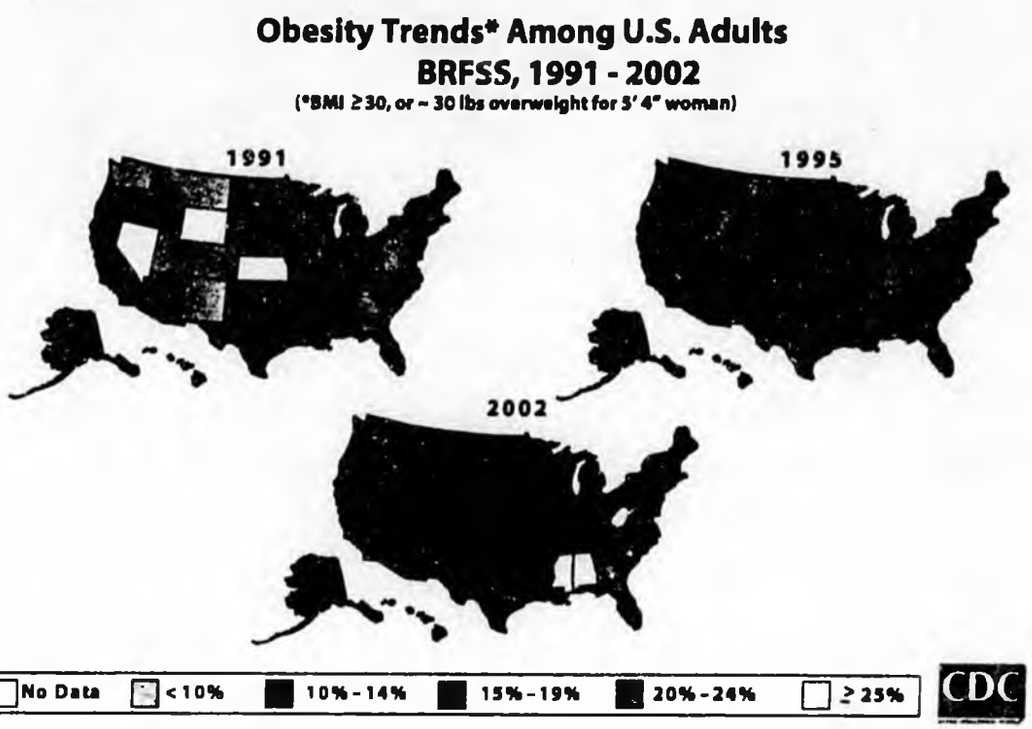


Figure 2. Trend in Percentage of Adults Who Are Overweight (BMI 25-29.9), Obese (BMI 30+) Alaska BRFSS, 1991-2003 (3-Year Moving Averages)

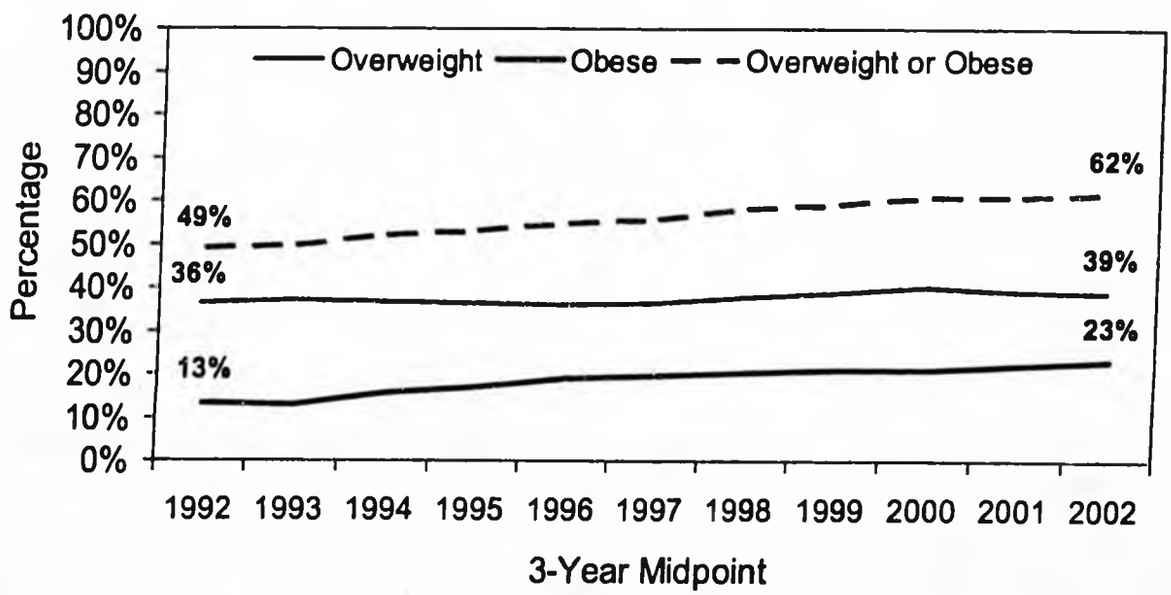


Figure 3. Alaskan High School Students Who Are Overweight or At-Risk for Becoming Overweight YRBS 2003

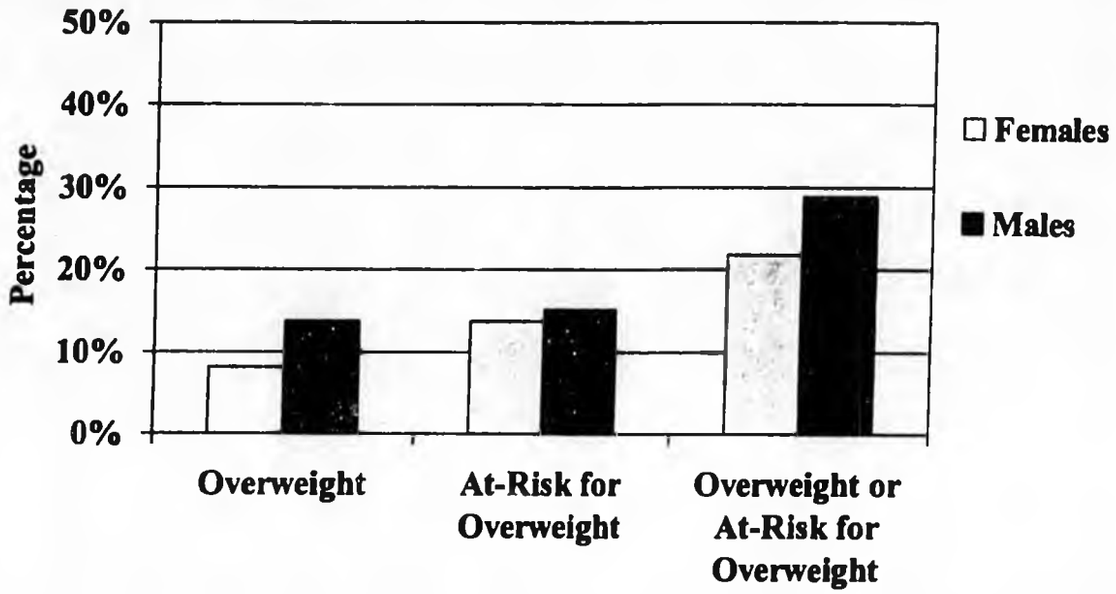


Figure 4. BMI Status for Anchorage School District Students, 1998-1999 – 2002-2003

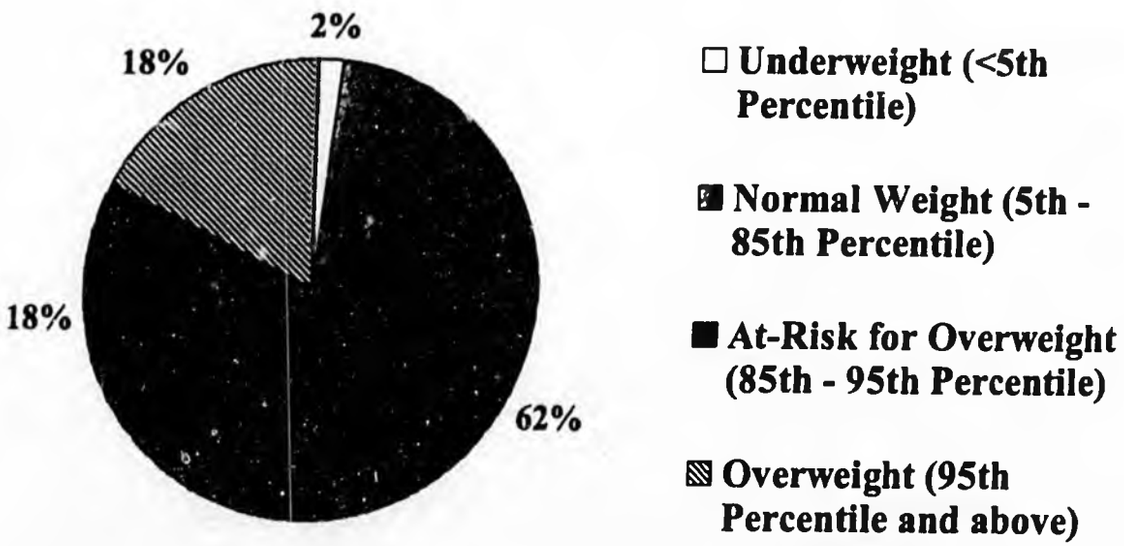


Figure 5. BMI Status for Female and Male Students, Anchorage School District 1998-2003

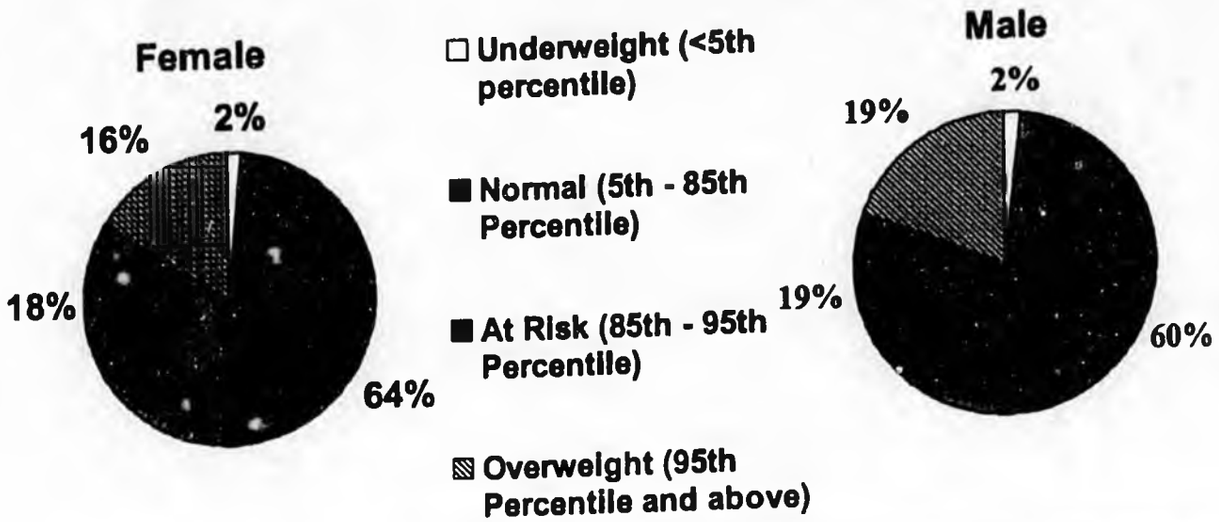


Figure 6. Percentage of Students Overweight/At-Risk of Overweight, By Race/Ethnicity and Sex Anchorage School District Students, 1998-2003

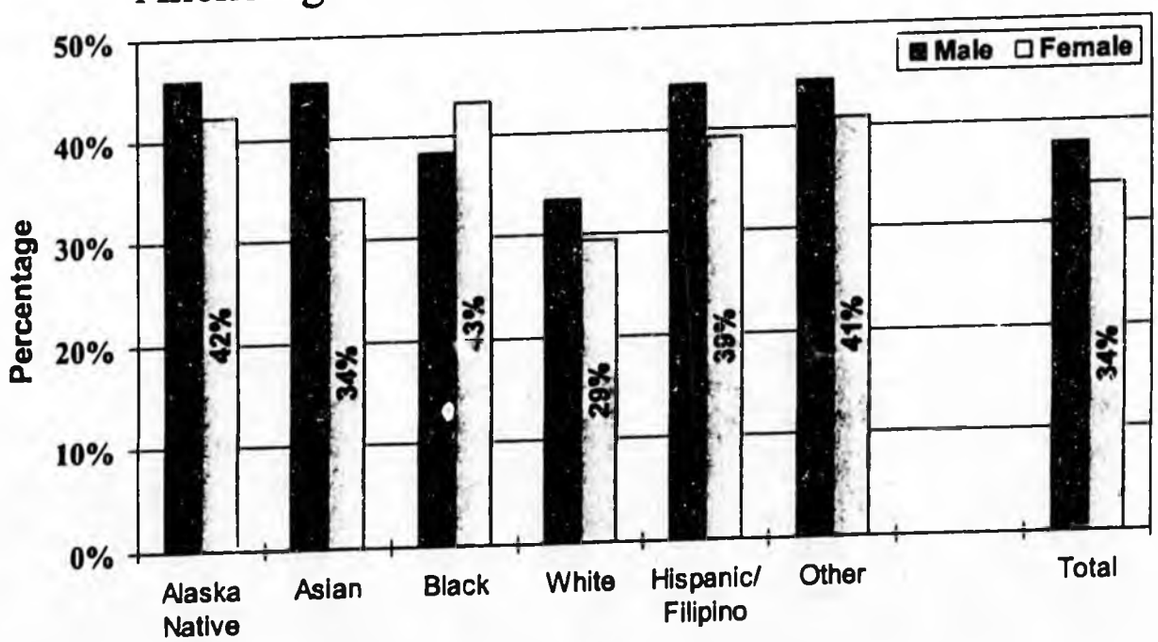


Figure 7. Anchorage School District Female Students At-Risk for Overweight and Overweight: 1998-2003

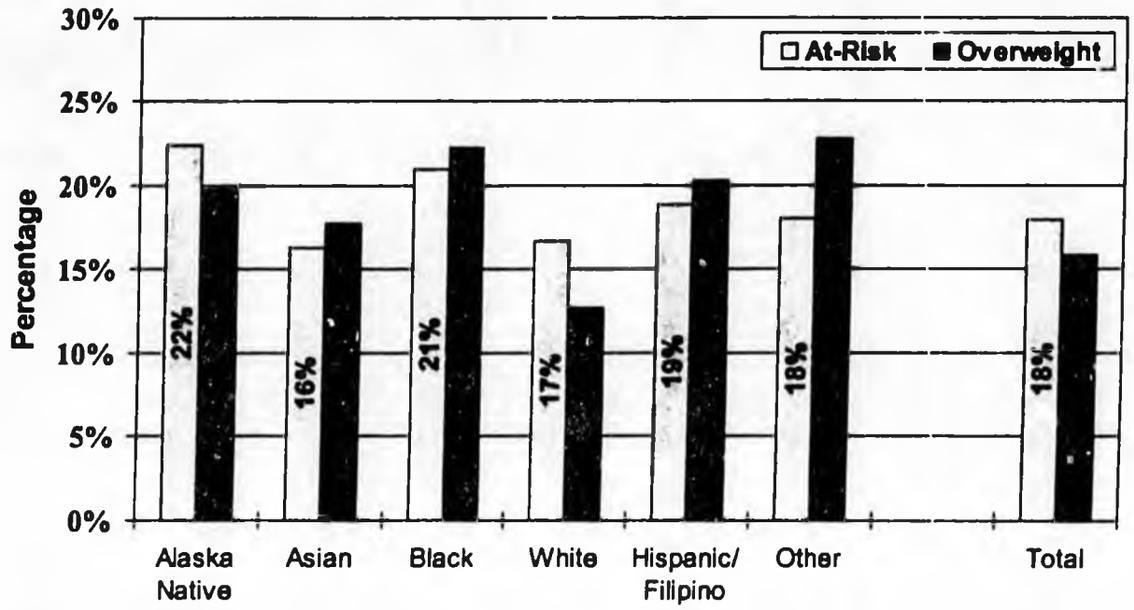


Figure 8. Anchorage School District Male Students At-Risk for Overweight and Overweight: 1998-2003

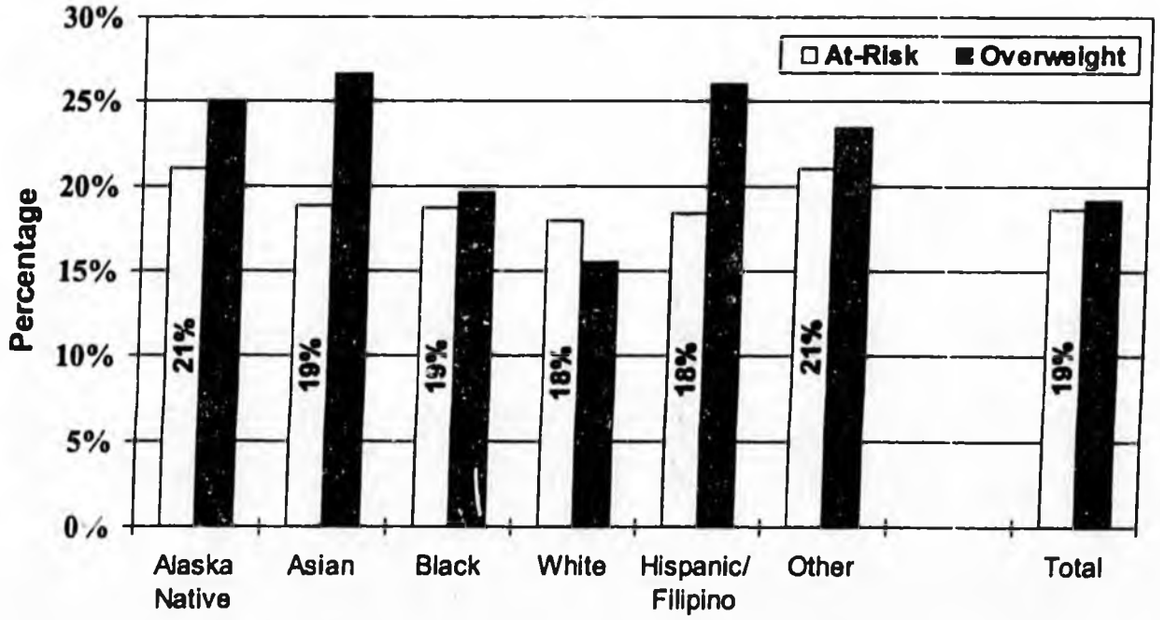


Figure 9. Percentage of Students Overweight/At-Risk of Overweight,
By Age and Sex
Anchorage School District Students, 1998-2003

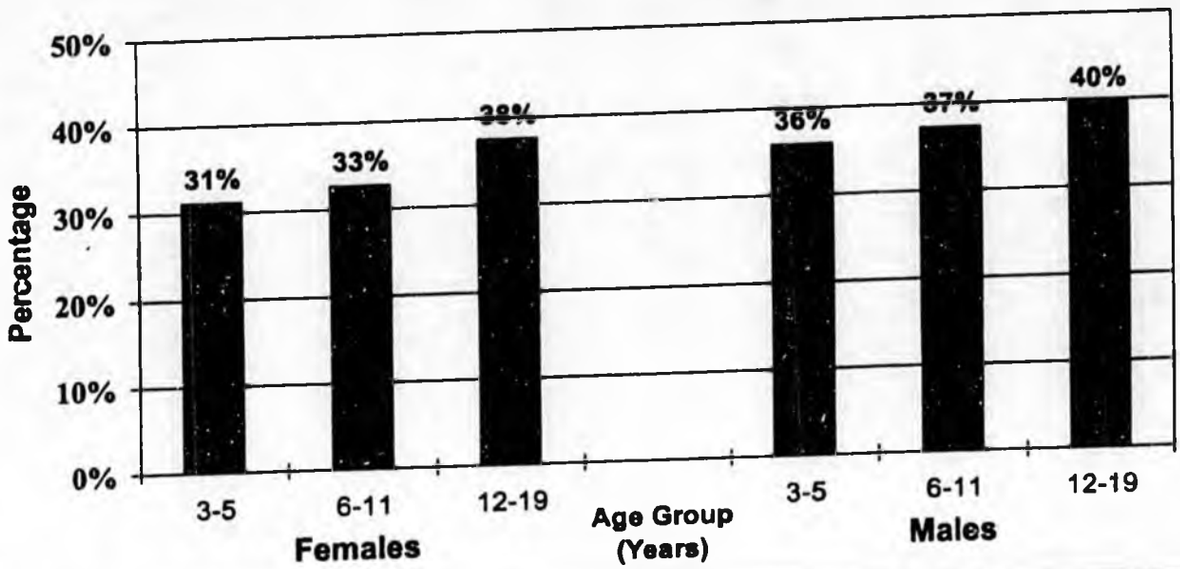


Figure 10. BMI Status By Age and Sex
Anchorage School District Students, 1998-2003

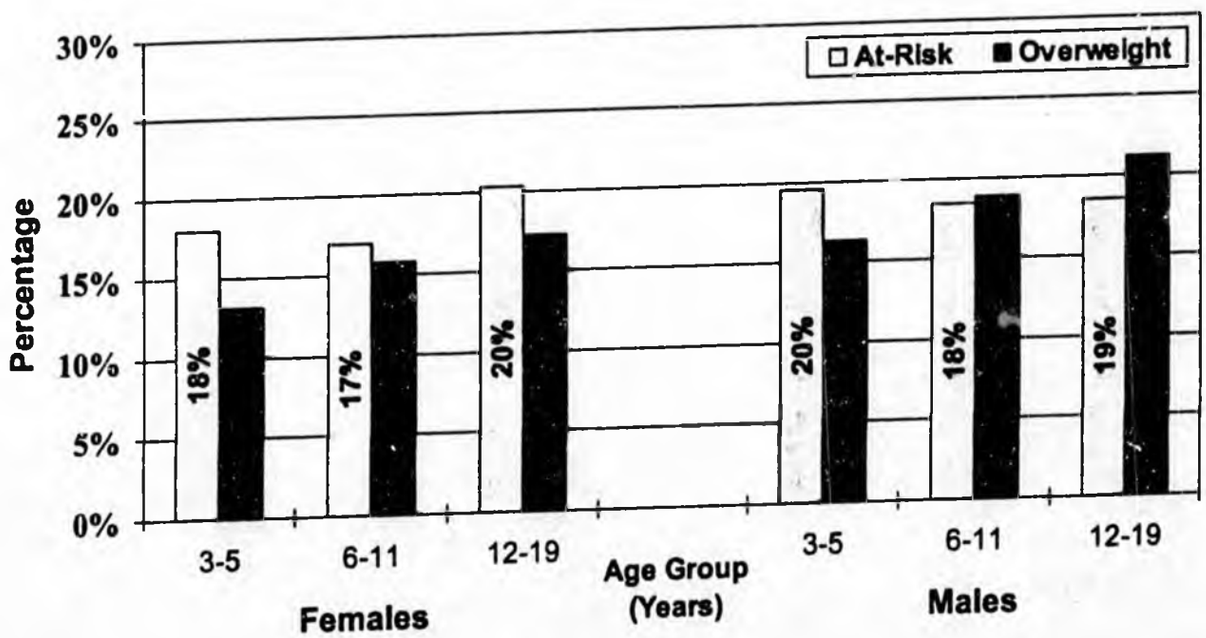


Figure 11. BMI Status of Kindergarten and First Grade Students: Anchorage School District 1998-2003

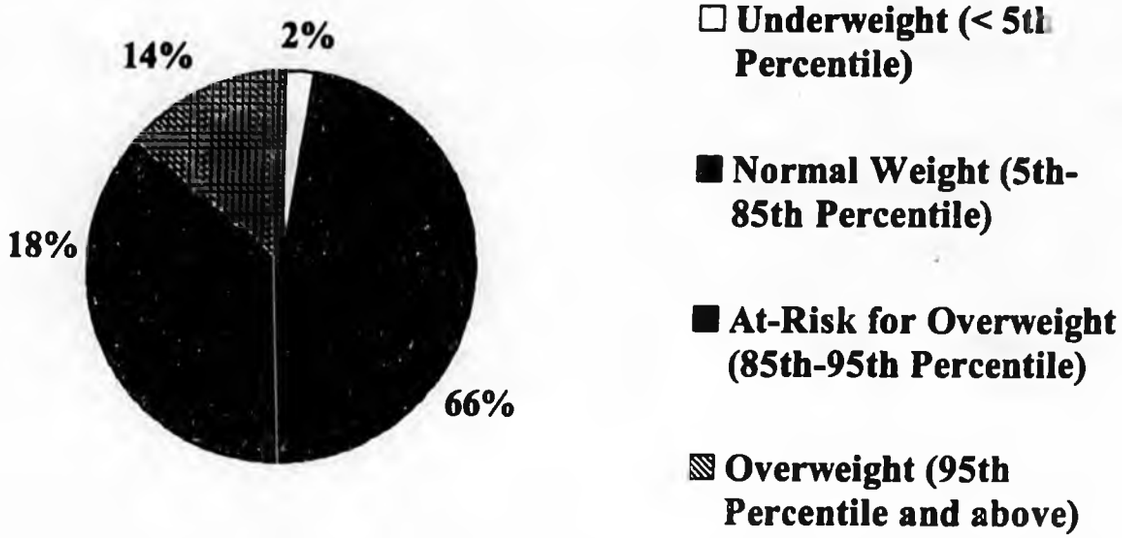


Figure 12. Mean BMI Percentile by Grade 1998/1999 – 2002/2003

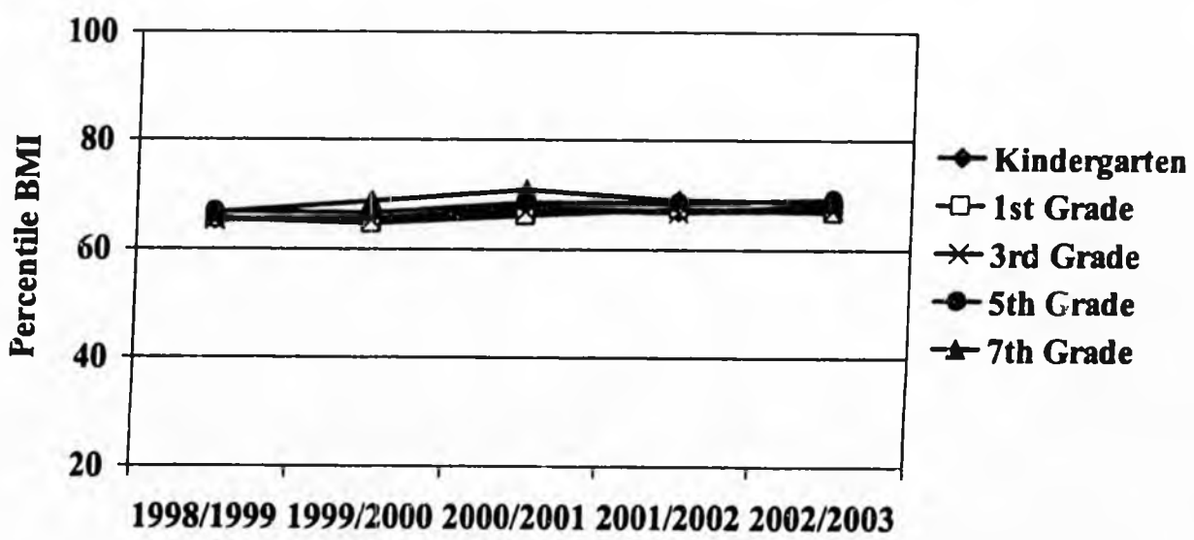


Figure 13. Mean BMI Percentile for 2 Grade Cohorts 1998-2003

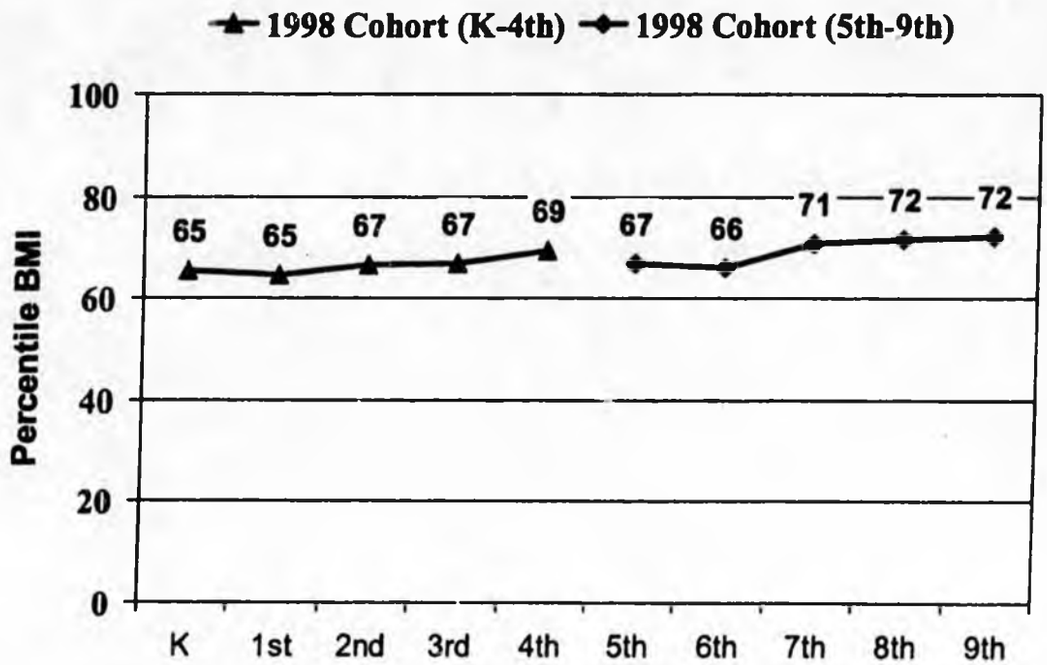


Figure 14. Change in Weight Status Among Normal Weight Students 1998-1999 – 2002-2003, Male and Female Students of All Ages

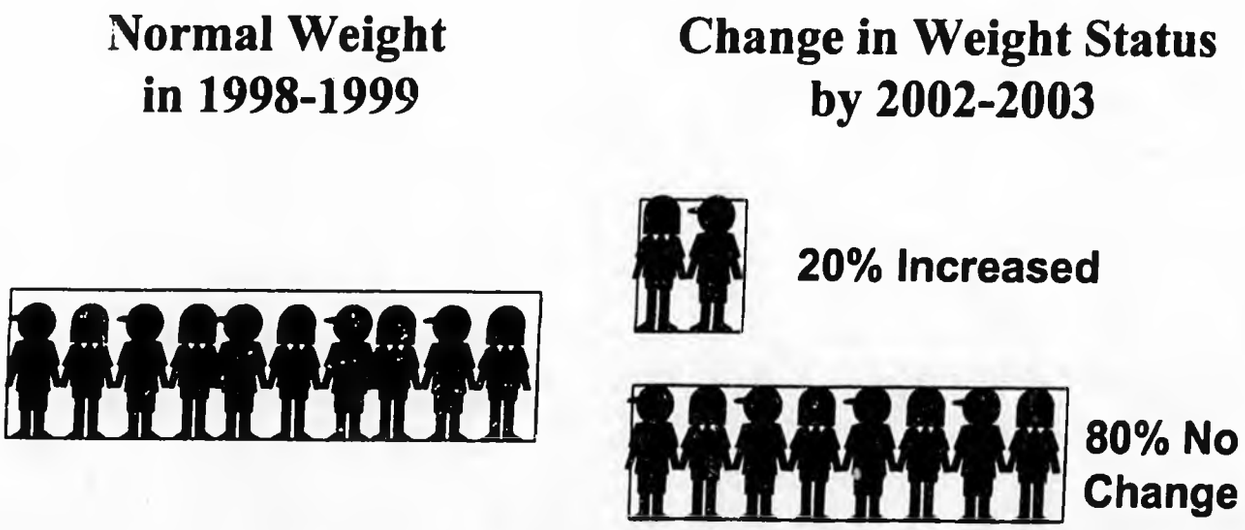


Figure 15. Change in Weight Status Among Overweight Students 1998-1999 – 2002-2003, Male and Female Students of All Ages

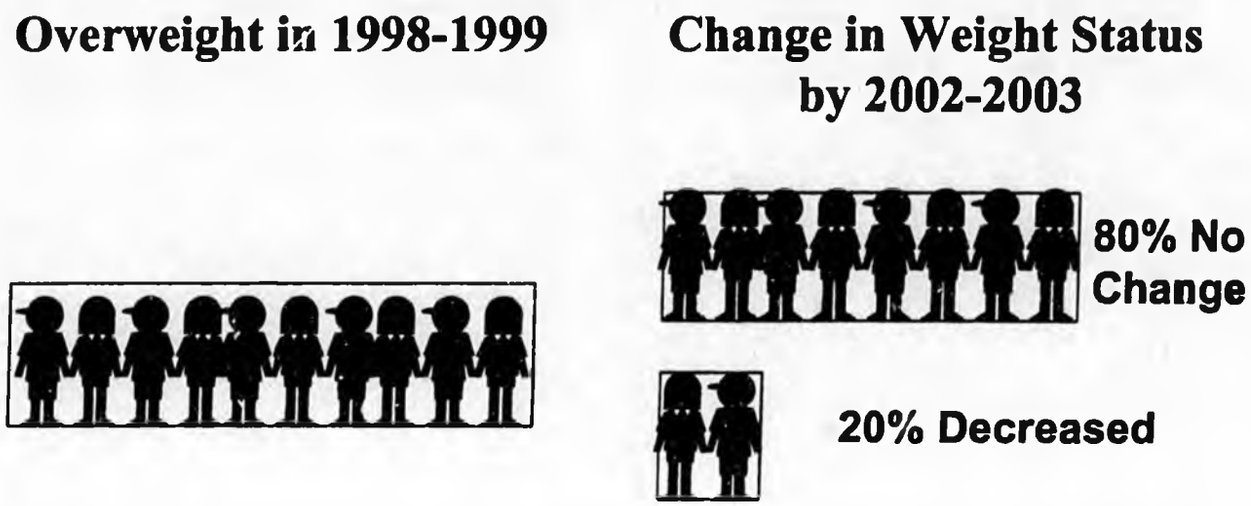
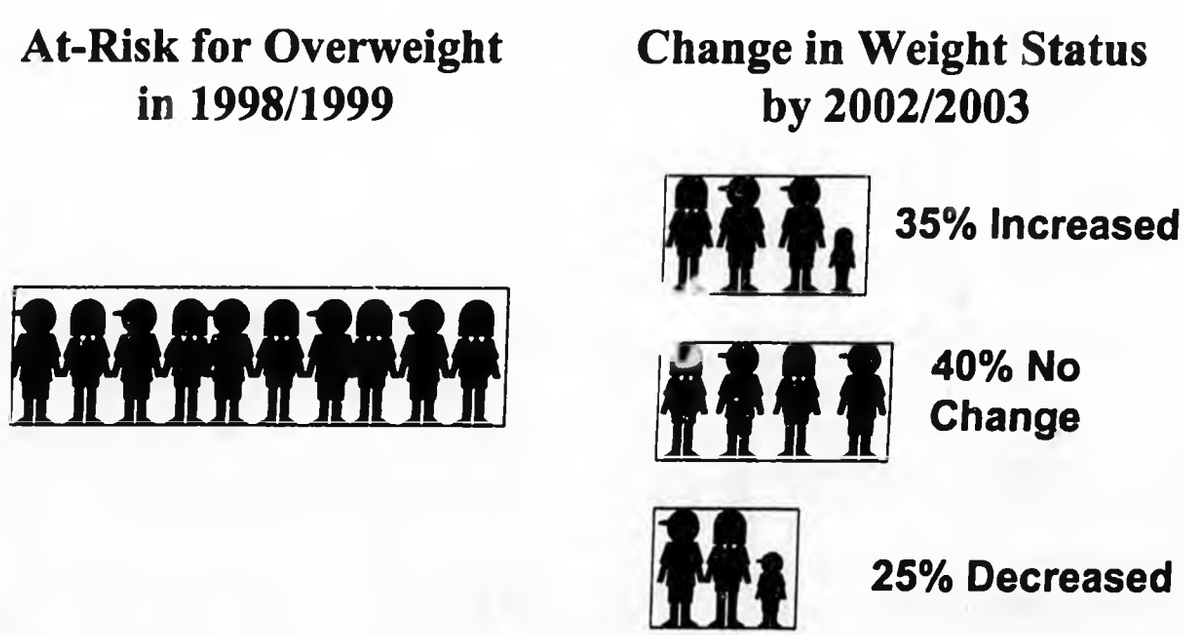


Figure 16. Change in Weight Status Among Students At-Risk for Overweight, 1998-1999 – 2002-2003, Male and Female Students of All Ages



References (Endnotes)

[1] United States Department of Health and Human Services (HHS). The Surgeon General's Call To Action to Prevent and Decrease Overweight and Obesity. Rockville, MD: HHS, Public Health Service, Office of the Surgeon General, 2001.
[2] Koplan JP, Liverman CT, Kraak VA, eds. Committee on Prevention of Obesity in Children and Youth. Food and Nutrition Board. Board on Health Promotion and Disease Prevention. Institute of Medicine. Preventing Childhood Obesity: Health in the Balance. Washington D.C.: The National Academies Press; 2004.
[3] United States Department of Health and Human Services (HHS). The Surgeon General's Call To Action to Prevent and Decrease Overweight and Obesity. Rockville, MD: HHS, Public Health Service, Office of the Surgeon General, 2001.
[4] United States Department of Health and Human Services (HHS). The Surgeon General's Call To Action to Prevent and Decrease Overweight and Obesity. Rockville, MD: HHS, Public Health Service, Office of the Surgeon General, 2001.
[5] CDC BRFSS 1991-2002. http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/index.htm Accessed 6/24/04
[6] BRFSS 2002. http://apps.nccd.cdc.gov/brfss Accessed 4/27/04
[7] Koplan JP, Liverman CT, Kraak VA, eds. Committee on Prevention of Obesity in Children and Youth. Food and Nutrition Board. Board on Health Promotion and Disease Prevention. Institute of Medicine. Preventing Childhood Obesity: Health in the Balance. Washington D.C.: The National Academies Press; 2004.
[8] National Institutes of Health (NIH), National Heart, Lung, and Blood Institute (NHLBI). Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. United States Department of Health and Human Services (HHS), Public Health Service (PHS); 1998.
[9] National Institutes of Health Consensus Development Panel on the Health Implications of Obesity. Health Implications of Obesity. Annals of Internal Medicine. 1985;103(6 pt 2):1073-1077.
[10] National Institutes of Health (NIH), National Heart, Lung, and Blood Institute (NHLBI). Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. United States Department of Health and Human Services (HHS), Public Health Service (PHS); 1998.
[11] Barlow, SE, Dietz, WH. Obesity Evaluation and Treatment: Expert Committee Recommendations. Pediatrics. 1998;102(3):e29.
[12] CDC. Overweight Children and Adolescents: Screen, Assess and Manage. http://www.cdc.gov/nccdphp/dnpa/growthcharts/training/modules/module3/text/page1b.htm Accessed 10/1/04
[13] CDC. Overweight Children and Adolescents: Screen, Assess and Manage. http://www.cdc.gov/nccdphp/dnpa/growthcharts/training/modules/module3/text/page1b.htm Accessed 10/1/04
[14] Hedley AA, Ogden CL, Johnson CL, Carroll MD, et al. Prevalence of Overweight and Obesity Among US Children, Adolescents, and Adults. JAMA. 2004:291(23):2847-2850.
[15] Koplan JP, Liverman CT, Kraak VA, eds. Committee on Prevention of Obesity in Children and Youth. Food and Nutrition Board. Board on Health Promotion and Disease Prevention. Institute of Medicine. Preventing Childhood Obesity: Health in the Balance. Washington D.C.: The National Academies Press; 2004.
[16] Proportion of national deaths estimated to be attributable to obesity taken from: Mokdad AH, Marks JS, Stroup DF, Gerberding GL. Actual Causes of Death in the United States, 2000. JAMA. 2004;291:1238-1245. Alaskan estimate calculated by applying national proportion to the total number of deaths in Alaska in 2000.
[17] Finkelstein EA, Fiebelkorn IC, Wang G. State-Level Estimates of Annual Medical Expenditures Attributable to Obesity. Obesity Research. 2004;12(1):18-24.

Physical education is "on the move" in many states

Many Americans believe our nation is sufficiently focused on fitness. But, behind the vivid images of robust runners, Olympic *Dream Teams*, and rugged mountain bikers is the troubling reality of a generation of young people that is, in large measure, inactive, physically unfit, and increasingly overweight.

The number of overweight and obese children in America has doubled in the last 20 years, to 1 in 3 children. Daily participation in physical education classes by high school students dropped from 42% in 1991 to 25% in 1995. Physical inactivity has contributed to an unprecedented epidemic of childhood obesity . These facts lead to an alarming conclusion – we are raising perhaps the most unhealthy and least active generation of Americans ever.

Legislators in statehouses across the country are hard at work addressing the problem by increasing the number of physical education classes in schools. In Oklahoma, Senate Bill 250 requires schools to provide 30 minutes of physical activity daily for grades one through five and 50 minutes of physical activity daily for grades six through eight. State policymakers in Maine want to establish the "Commission to Study Public Health," in order to study the causes of obesity and methods to decrease the cost of health care and increase the public health. The Commission would study physical education programs in the state and report back to the Legislature with policy recommendations.

The American Heart Association applauds the legislators for bringing proactive efforts to their states. For information on how to get involved in community efforts to increase physical education in our schools, please contact your local American Heart Association office. Click here for a state-by-state listing.

National Association for
Sport & Physical Education
An Association of the American Alliance for Health, Physical Education, Recreation and Dance

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For more information, contact:
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NEW STUDY PROVES PHYSICALLY FIT KIDS PERFORM BETTER ACADEMICALLY

RESTON, VA, December 10, 2002 – Physically fit children do perform better academically! The National Association for Sport and Physical Education (NASPE) commends the California Department of Education (CDE) for its study released today that shows a distinct relationship between academic achievement and physical fitness of California's public school students.

"It makes great common sense to physical educators that active, physically fit children will perform better academically," said NASPE Executive Director Judith C. Young, Ph.D. "Now the California Department of Education has provided specific evidence. NASPE urges further research to examine relationships between physical activity and academic performance. In addition, information is needed which compares the students' physical education programs to their various levels of fitness."

The newly completed research study individually matched scores from the spring 2001 administration of the Stanford Achievement Test, Ninth Edition (SAT-9), given as part of California's Standardized Testing and Reporting Program, with results of the state-mandated physical fitness test, known as the Fitnessgram, given in 2001 to students in grades five, seven, and nine. The Fitnessgram, developed by the Cooper Institute for Aerobics Research, assesses six major health-related areas of physical fitness including aerobic capacity (cardiovascular

endurance), body composition (percentage of body fat), abdominal strength and endurance, trunk strength and flexibility, upper body strength and endurance, and overall flexibility. A score of 6 indicates that a student is in the healthy fitness zone in all six performance areas, and meets standards to be considered physically fit.

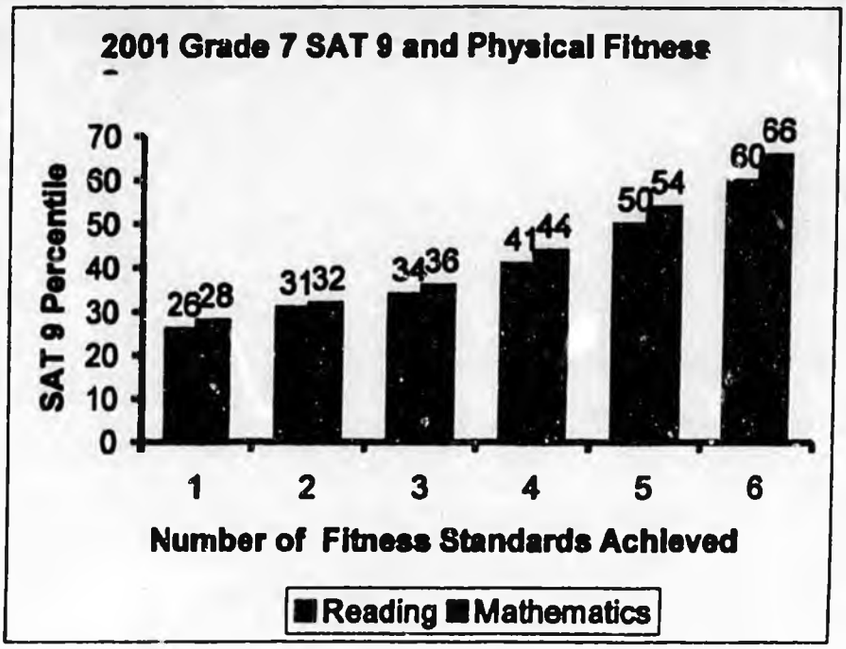
In the study, reading and mathematics scores were matched with fitness scores of 353,000 fifth graders, 322,000 seventh graders, and 279,000 ninth graders. The attached bar graphs for each grade level show a significant relationship between the two types of scores that were matched.

Key findings of the study are:

- Higher achievement was associated with higher levels of fitness at each of the three grade levels measured.
- The relationship between academic achievement and fitness was greater in mathematics than in reading, particularly at higher fitness levels.
- Students who met minimum fitness levels in three or more physical fitness areas showed the greatest gains in academic achievement at all three grade levels.
- Females demonstrated higher achievement than males, particularly at higher fitness levels.

According to State Superintendent of Public Instruction Delaine Eastin, "This statewide study provides compelling evidence that the physical well-being of students has a direct impact on their ability to achieve academically. We now have the proof we've been looking for: students achieve best when they are physically fit. Thousands of years ago, the Greeks understood the importance of improving spirit, mind, and body. The research presented here validates their philosophic approach with scientific validation."

Eastin pointed to physical education as a primary source for promoting physical fitness. "Every student in California should have quality physical education experiences from kindergarten through high school," Eastin said. "The goal of these programs should be to provide students with the knowledge, skills, and confidence to participate in health enhancing physical activity throughout their lives."



- The height of each bar shows the average (median) SAT-9 national percentile rank of those students with a particular fitness score.
- Higher academic achievement is associated with higher levels of fitness in grade 7.
- Students in grade 7 who meet minimum fitness levels in three or more physical fitness areas show the greatest gains in academic achievement.
- The relationship between academic achievement and fitness in grade 7 was greater in mathematics than in reading, particularly at high fitness levels.
- The test that was used, *Fitnessgram,* uses criterion-referenced standards to evaluate fitness. These standards represent a level of fitness that offers some degree of protection against diseases that result from sedentary living. Achievement of the fitness standards is based upon a test score falling in the Healthy Fitness Zone (HFZ). Each of the six tasks measures a different aspect of fitness, and the HFZ represent minimal levels of satisfactory achievement on the tasks.

The California Education Code mandates physical education for all students in grades one through nine, plus one additional year in high school. Students in grades one through six are required to have 200 minutes of physical education every 10 school days, and students in grades seven through twelve are required to have 400 minutes every 10 school days. Specific recommendations for teachers, students, and their families are available on the CDE Web site at: http://www.cde.ca.gov/cyfsbranch/lsp/health/pecommunications.htm.

Families are encouraged to plan activities that include opportunities for all family members to be physically active together. Health-related fitness assessment results can be used as a tool to help students understand, enjoy, improve, and maintain their physical health and well-being.

Information about the National Association for Sport and Physical Education (NASPE) can be found on the Internet at *www.aahperd.org*, the web site of the American Alliance for Health, Physical Education, Recreation & Dance (AAHPERD). NASPE is the largest of AAHPERD's six national associations. A nonprofit membership organization of over 18,000 professionals in the fitness and physical activity fields, NASPE is the only national association dedicated to strengthening basic knowledge about sport and physical education among professionals and the general public. Putting that knowledge into action in schools and communities across the nation is critical to improved academic performance, social reform and the health of individuals.

Pete Mjos

From: Stevens, Russ <Russ_Stevens@health state.ak.us>
To: 'Pete Mjos' <torsk@alaska.net>
Sent: Monday, September 16, 2002 3:16 PM
Subject: Lower Direct Medical Costs Associated with Physical Activity.htm

Nutrition and Physical Activity

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Lower Direct Medical Costs Associated with Physical Activity

The benefits of moderate physical activity are well known: lowered risk for heart attack and stroke, reducing weight, and improving mood. Researchers at the Centers for Disease Control and Prevention (CDC) recently documented another major advantage - improving the health of the Nation's health care expenditures. A study in the October issue of *The Physician and Sportsmedicine* found that physically active individuals had lower annual direct medical costs than did inactive people. The cost difference was $330 per person, based on 1987 dollars.

The potential savings if all inactive American adults became physically active could be $29.2 billion in 1987 dollars, or $76.6 billion in 2000 dollars.

This is the first study ever to examine direct medical costs associated with various levels of physical activity by reviewing actual medical expenditures. Previous studies in the field have used estimates to project the economic costs of physical inactivity. The CDC researchers analyzed the relationship between physical activity and medical expenditures from the 1987 National Medical Expenditures Survey (NMES), the most comprehensive healthcare information source available. They found that Americans 15 years and older who engaged in regular physical activity-at least 30 minutes of moderate or strenuous physical activity three or more times a week-had average annual direct medical costs of $1,019 versus costs of $1,349 for those who were inactive. Persons with health conditions that limited regular moderate physical activity were excluded from the study.

"This study has significant implications," said Jeffrey Koplan, M.D., M.P.H, Director of CDC. "It suggests that we can make a major impact on reducing health care costs by encouraging regular physical activity. The amount of physical activity

required to make a difference is reasonable and well within the reach of most Americans."

The level of physical activity measured in this study was even more modest than current Federal guidelines of 30 minutes or more of moderate physical activity five or more days a week, suggesting that following current recommendations could yield even greater cost savings.

The study found that physically active people had fewer hospital stays and physician visits and used less medication than physically inactive people. The cost savings were consistent for men and women, for those with and without physical limitations, and even for smokers and nonsmokers. The biggest difference in direct medical costs was among women 55 and older, supporting the widely held belief that the potential gain associated with physical activity is especially high for older women. The authors state that "a population-wide strategy might produce cost savings among most adult age groups."

"We must make it easier for people to be active," said Dr. Koplan. "We need to make a serious national effort to promote physical activity and support changes in the environment that get people moving again."

Changes that promote physical activity may be as simple as improving the location and appearance of stairwells to encourage walking at work or as complex as the redesign of communities. Some communities have existing infrastructure that supports physical activity, such as sidewalks and bicycle trails, and work-sites, schools, and shopping areas in close proximity to residential areas. In many other areas, such community amenities need to be developed to foster walking and cycling as a regular part of daily activity.

Contacts:
To obtain a copy of the article, please call the press contacts listed below.

- Tim Hensley at 770-488-5820
- CDC Media Relations at 404-639-3286

For more information about nutrition and physical activity,

- Call toll-free 1-888-CDC-4NRG
- Visit the CDC's nutrition and physical activity Web site at http://www.cdc.gov/nccdphp/dnpa/

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Anchorage Daily News

Save a heart; become a lady in red

COMPASS: Points of view from the community

By NANCY MURKOWSKI By STEVE CLEARY

(Published: February 1, 2005)

In recognition of February, American Heart Month, I'm calling on all women to take charge of their health and fight heart disease before it's too late.

According to the American Heart Association, cardiovascular disease, including heart disease and stroke, is the most dangerous threat to a woman's health. No other killer takes more lives, disables more people and ruins more careers in our state. This year alone several hundred of Alaska's mothers, daughters, sisters and wives will die from cardiovascular disease. Hundreds more will live with the debilitating effects of heart disease and stroke. And yet the American Heart Association found that less than one-fifth of women consider cardiovascular disease their greatest health risk.

It's time for us women to start taking care of ourselves and to "go red" by making our own health a priority. What does it mean to "go red for women?"

It means you should wear red Friday, which is National Wear Red Day. You may be aware that heart disease is the No. 1 killer of women, but too many women are still surprised by this fact. Put on a red dress, hat or sweater and tell other women the startling truth about heart disease. Men too can show support for the women in their lives by wearing a red tie or a red shirt.

More importantly, "going red" means looking at your own risk for cardiovascular disease, such as high blood pressure, high cholesterol, lack of exercise and being overweight. Talk to your doctor about your risk factors and take personal control over them. Make a commitment to heart health the same way you're adamant about fighting off cancer. If you get a mammogram regularly, give the same importance to knowing your cholesterol and blood pressure numbers. Start knowing your numbers while you're young and your risk is low. Mothers, set healthy examples for your families and feel good about the fact that a healthier lifestyle puts everyone in your family on track to living healthier, longer lives.

Finally, we must encourage our legislators to stay committed to improving the health of all Alaskans. Tobacco and obesity are the two most preventable causes of cardiovascular disease for both men and women. The Alaska Legislature wisely supported the governor and increased our state cigarette tax during last year's special session. It must now follow through to ensure that a percentage of the new tax revenue goes to tobacco prevention, education and cessation programs to help Alaskans who want to quit and to prevent children from picking up the deadly habit.

Although we've made important strides in working to reduce tobacco use in Alaska, we unfortunately have a long way to go to reduce Alaska's growing obesity problem. Did you know that Alaska has one of the highest obesity rates west of the Rockies and that more than half of Alaska children are overweight or obese? Learning to lead an active lifestyle is best taught at an early age. I hope you will join with me in supporting the American Heart Association's goal that all schoolchildren, grades K-12, should participate in daily, quality physical education -- a goal that is far from a reality in most of our schools. Daily, quality physical education helps combat childhood obesity and sets positive patterns for life. And it's never too late to start keeping in shape. By next year, I hope you will see "less" of me.

We can all do a lot to help reduce the burden of cardiovascular disease in Alaska. So this February, make it a point to "go red" and stay healthy for life!

First lady Nancy Murkowski is honorary chairwoman of the 2005 Go Red for Women Luncheon on Wednesday in Anchorage. For more information on women's heart health, visit americanheart.org or call 1-888-MY-HEART

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Pete Mjos

From: Bob Laurie <Bob_Laurie@dot.state.ak.us>
To: Take Heart Listserve <takeheart@list.state.ak.us>
Sent: Monday, December 16, 2002 9:27 AM
Subject: Study Supports Physical Activity

The following press release from the California Department of Education was passed on to me. Although it does not mention Safe Routes To School, it might easily be used to support starting such programs.

STATE STUDY SUGGESTS PHYSICALLY FIT KIDS PERFORM BETTER ACADEMICALLY

SACRAMENTO--State Superintendent of Public Instruction Delaine Eastin today announced that the results of a recent study conducted by the California Department of Education (CDE) show a distinct relationship between academic achievement and the physical fitness of California's public school students.

"This statewide study provides compelling evidence that the physical well-being of students has a direct impact on their ability to achieve academically," said Eastin. "We now have the proof we've been looking for: students achieve best when they are physically fit. Thousands of years ago, the Greeks understood the importance of improving spirit, mind, and body. The research presented here validates their philosophic approach with scientific validation."

The newly completed research study individually matched scores from the spring 2001 administration of the Stanford Achievement Test, Ninth Edition (SAT-9), given as part of California's Standardized Testing and Reporting Program, with results of the state-mandated physical fitness test, known as the Fitnessgram, given in 2001 to students in grades five, seven, and nine.

In the study, reading and mathematics scores were matched with fitness scores of 353,000 fifth graders, 322,000 seventh graders, and 279,000 ninth graders. The attached bar graphs for each grade level show a significant relationship between the two types of scores that were matched.

Key findings of the study are:

a.. Higher achievement was associated with higher levels of fitness at each of the three grade levels measured.
b.. The relationship between academic achievement and fitness was greater in mathematics than in reading, particularly at higher fitness levels.

c.. Students who met minimum fitness levels in three or more physical fitness areas showed the greatest gains in academic achievement at all three grade levels.
d.. Females demonstrated higher achievement than males, particularly at higher fitness levels.

Eastin pointed to physical education as a primary source for promoting physical fitness. "Every student in California should have quality physical education experiences from kindergarten through high school," Eastin said. "The goal of these programs should be to provide students with the knowledge, skills, and confidence to participate in health enhancing physical activity throughout their lives."

The California Education Code mandates physical education for all students in grades one through nine, plus one additional year in high school. Students in grades one through six are required to have 200 minutes of physical education every 10 school days, and students in grades seven through twelve are required to have 400 minutes every 10 school days. Specific recommendations for teachers, students, and their families are available on the CDE Web site at: http://www.cde.ca.gov/cyfsbranch/lsp/health/pecommunications.htm

Families are encouraged to plan activities that include opportunities for all family members to be physically active together. Health-related fitness assessment results can be used as a tool to help students understand, enjoy, improve, and maintain their physical health and well-being.

In 2001, more than one million students participated in statewide physical performance testing mandated by Assembly Bill 265 in 1995. The law requires that school districts annually administer a physical fitness test designated by the State Board of Education to all fifth, seventh, and ninth graders.

The Fitnessgram, developed by the Cooper Institute for Aerobics Research, assesses six major health-related areas of physical fitness including aerobic capacity (cardiovascular endurance), body composition (percentage of body fat), abdominal strength and endurance, trunk strength and flexibility, upper body strength and endurance, and overall flexibility. A score of 6 indicates that a student is in the healthy fitness zone in all six performance areas, and meets standards to be considered physically fit.

Fitnessgram results from the 2001 administration indicated that 23 percent of California's fifth, seventh, and ninth graders tested could be considered physically fit. Detailed 2001 physical fitness results for schools, districts, countries, and the state are available on the CDE Web site: http://www.cde.ca.gov/statetests/pe/pe.html

For more information, please contact Debbie Vigil at 916/319-0341 or dvigil@cde.ca.gov, or Dianne Wilson-Graham at 916/319-0280 or dwilsong@cde.ca.gov.

Attachment *CONVINCING GRAPHS, BUT NO ATTACHMENT HERE*
Attachment includes 3 tables: (1) 2001 grade 5 SAT 9 and Physical Fitness; (2) 2001 Grade 7 SAT 9 and Physical Fitness; and (3) Grade 9 SAT 9 and Physical Fitness Scores

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State Advocacy Update: Addressing the obesity epidemic

Obesity is one of the greatest public health challenges of our time. This is reflected in the enormous amount of coverage given to the issue in the media, and by policymakers and public health officials.

Obesity rates among American adults increased 60 percent between 1991 and 2000 — and rates doubled in children over the last 20 years. If these trends continue, obesity will overtake smoking as the nation's leading cause of preventable death, according to former U.S. Surgeon General David Satcher. This is clearly an epidemic needing legislative solutions at all levels.

The Centers for Disease Control and Prevention estimates that if all physically inactive Americans became active, we'd save $77 billion in annual medical costs. State legislators across the country have begun to take the lead in addressing the obesity epidemic, and the American Heart Association has been involved every step of the way. Below are some examples of successful measures passed this year.

In Texas, the affiliate successfully lobbied the State Board of Education to pass a rule requiring 135 minutes per week of organized physical activity in grades K-6. This follows a bill the affiliate helped pass through the legislature last session, which gave the board the authority to take this action.

Colorado legislators declared the first week of May 2002 and each first week of May thereafter to be *Shape Up Across Colorado* Week to educate Coloradoans about the health benefits of regular physical activity and to encourage all people in the state to make exercise a part of their lives.

Funding was increased in Maryland for bike paths and sidewalks in certain "Smart Growth" areas, which will increase the opportunity for residents to be physically active.

Mississippi will improve the health of state students through the creation of a physical activity coordinator to be housed at the Department of Education. The legislation also recommends 30 minutes of quality physical education daily for grades K-6 and two hours a week for grades 7-9.

The American Heart Association applauds these legislators for bringing proactive efforts to their states. These are simple solutions with results that will last a lifetime.

Nation & World: Tuesday, September 23, 2003

Daily PE classes? Fat chance, kids

By Vicki Kemper
Los Angeles Times

E-mail this article
Print this article

WASHINGTON — Missing from the schedule of many students this year is one class that used to be a given: physical education. From North Carolina to Hawaii, gym classes have been squeezed out of the school day — a trend that parallels a national increase in childhood **obesity**.

In 1991, four in 10 high-school students took daily PE classes; 10 years later, the proportion was reduced to barely a third. In 1980, just 5 percent of school-age children were severely overweight; 20 years later, the number had jumped to 15 percent.

Few would argue that the one trend is completely responsible for the other, but a lack of physical activity — in school or out — is a significant contributor to **obesity**.

For an increasing number of schools faced with shrinking budgets and growing demands for improved academic performance on standardized tests — mandated by the federal No Child Left Behind Act — physical education is a luxury they can no longer afford.

Other factors contribute to the **obesity** epidemic, including school lunches loaded with fat and vending-machine junk food on and off campus. But officials increasingly point to the loss of physical-education classes as a culprit.

Among the agencies that have begun to focus on the problem is the federal Centers for Disease Control and Prevention. Howell Wechsler, a health scientist in the CDC's Division of Adolescent and School Health, says society should take advantage of children's time in school to teach them "skills and attitudes needed to embrace a physically active lifestyle."

The need for in-school exercise was underscored in the results of a recent national survey by the CDC that found that almost two-thirds — 61.5 percent — of 9- to 13-year-olds participate in no organized physical activities outside of school. More than a fifth — 22.6 percent — engage in

no physical activity in their free time.

"Schools are not going to be able, on their own, to reverse this obesity epidemic," Wechsler acknowledged. "But they're an important part of the puzzle."

The CDC, the American Heart Association and the National Association for Sports and Physical Education are among the many organizations that recommend daily PE from kindergarten through 12th grade. Physical activity offers clear short- and long-term health benefits; in addition, most health scientists believe that children who exercise regularly perform better academically.

Illinois is the only state to mandate daily PE from kindergarten through 12th grade. And even there, physical education classes are not a sure thing. A recent survey estimated that fewer than 10 percent of the state's elementary schools comply with the law.

Some states require daily PE in elementary school, but requirements in virtually all states decline as children age. Until recently, students in most states had to take a year or two of PE in high school to graduate.

Minnesota recently eliminated physical education as a graduation requirement, and a new Florida law allows high-school students to graduate in three years by skipping PE and some electives.

And roughly one-third of all high schools give students another out: If they participate in band, cheerleading, school sports teams or similar activities, they are exempt from physical education.

In Hawaii, where one in every four children is obese and there are no minimum PE requirements for elementary and middle schools, the state Board of Education is considering reducing the graduation requirement from one year of high school PE to one semester.

"The curriculum is light on PE," said department spokesman Greg Knudsen, "but we do have year-round accessibility to outdoor sports."

Even California's relatively tough requirements — elementary schools must offer an average of 20 minutes of PE per day; middle and high schools must offer an average of 40 minutes per day; and high-school students must take PE for two years to graduate — have produced disappointing results.

Only 24 percent of the state's fifth-, seventh- and ninth-graders met minimal physical fitness standards last year.

Dianne Wilson-Graham, who directs physical education in California, noted that the state does not enforce its requirements. "There are a lot of demands on teachers," she said.

In North Carolina, James F. Causby, superintendent of Johnston County schools, acknowledges that additional PE classes would promote fitness, new skills and, very likely, better learning.

Yet when the state Legislature considered a bill this year that would have mandated a minimum weekly PE requirement, Causby — along with the

state school boards association and the North Carolina Association of Educators — opposed it.

Daily PE in elementary schools would require the hiring of more specially trained teachers, leaving the schools with fewer classroom teachers and larger classes, Causby said.

Offering daily PE in a middle school in his district, he said, would require adding five PE teachers at a cost of roughly $200,000 a year — or cutting electives such as band, drama and choir.

Ultimately, Causby found himself asking: Is promoting physical activity the school system's responsibility? He decided that childhood obesity is a societal — not educational — issue.

It is an argument many strapped school systems are falling back on as they cut physical-education classes.

But some states and schools are bucking the trend.

Federal officials and PE experts cite an innovative skills-based program in Michigan, and South Carolina's recent decision to grade schools on PE as well as academics. The Texas school board, which phased out elementary school PE in 1995 to allow more time for academics, voted last year to restore the requirement. A number of schools have added heart monitors, climbing walls and hiking trails to their PE programs.

Some schools have worked to integrate physical education with academic subjects. If PE students are learning about their target heart rate, for example, classroom teachers can use math to teach them how to calculate it, science to explain how the heart functions and health education to convey the role diet plays in heart health.

The CDC has sponsored an advertising campaign encouraging adolescents to be active, and the Department of Health and Human Services will soon award about $15 million in grants to schools and community organizations for programs promoting physical activity.

Among proponents of physical education is Sen. Ted Stevens, R-Alaska, a lifetime physical-fitness buff who three years ago sponsored legislation creating the Carol M. White Physical Education for Progress program. Administered by the Department of Education, the program has or will soon award $115 million in grants to help schools buy PE equipment, hire and train instructors and renovate gyms and other facilities.

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Frontiersman

Tuesday, February 08, 2005

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Representatives seek to enhance physical education in schools

JOEL DAVIDSON/Frontiersman reporter

JUNEAU - Reps. Lesil McGuire, R-Anchorage, and Les Gara, D-Anchorage, introduced legislation last week to create a legislative task force that would address how to best increase physical activity in Alaska's schools.

House Bill 128 brings together school officials, legislators and physicians to address the growing problem of obesity and diabetes among children.

According to the American Obesity Association, more than 30 percent of U.S. children and adolescents are overweight or obese - a fact that is both reversible and preventable.

The medical profession has argued that healthy students simply perform much better academically and socially.

"Overweight children become overweight adults, plagued by a terrible litany of diseases," said Dr. Peter Mjos, an Anchorage doctor.

The task force would determine the best approach for establishing maximum physical activity for Alaska students. Alaska does not currently impose any statewide standards for physical activity in schools.

The task force will be charged with coming up with recommendations for effectively and economically maximizing physical activity within the existing infrastructure of Alaska's schools. The task force will also come up with recommendations for new laws or regulations to allow schools to provide needed physical activity in the long term.

"Too many children suffer because of diabetes and obesity, and we'd like to change that," Rep. McGuire said.

Gara shared the same concern, stating in a press release, "We can help children learn and feel better by improving physical education in this state."

Attorney general resigns

DAWN De BUSK/Frontiersman reporter

Board reviews student rights and responsibilities

JOEL DAVIDSONFrontiersman reporter

Artist weaves folk songs into curriculum

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Representatives seek to enhance physical education in schools

JOEL DAVIDSON/Frontiersman reporter

American Cancer Society

American Diabetes Association.
Cure • Care • Commitme

American Heart Association.
Learn and Live.

Dear Legislator:

As you may know, 11% of Alaska's youth are overweight and another 14% are at risk for becoming overweight. Physical inactivity is a contributing factor to what is fast becoming an epidemic: overweight and obese children. According to the 2003 Alaska Youth Risk Behavior Survey, 82% of high school students reported not attending physical education class daily. In addition, 72% of high school students participated in insufficient moderate physical activity.

Recognizing the growing economic and human costs of obesity in our nation, the American Cancer Society, American Diabetes Association and the American Heart Association, have formed a national partnership to promote physical education in schools. The importance of physical education to a child's long-term health and well-being cannot be overstated. Alarming studies have shown that:

- In 1999, 13% of children aged 6 to 11 years and 14% of adolescents aged 12 to 19 years in the United States were overweight. This prevalence has nearly tripled for adolescents in the past two decades[1]
- Overweight adolescents have a 70% chance of becoming overweight or obese adults.[2]
- Obesity in children and adolescents is generally caused by lack of physical activity and unhealthy eating patterns
- Overweight and obese children are at higher risk for developing severe long-term health problems, including but not limited to type 2 diabetes, cardiovascular disease, high blood pressure and certain cancers
- Beyond the clear health benefit of physical activity and education for children, is the academic benefit. Studies have demonstrated that a reduction of 240 minutes per week in class time for academics to enable increased physical activity led to consistently higher mathematics scores.[3] Additionally, a recent study has shown the correlation between the SAT-9 test results with the Fitnessgram, indicating that the physical well-being of students has a direct impact on their ability to achieve academically. Students with the highest fitness scores also had the highest test scores[4]

Our partnership is supporting House Bill 128, which would establish an Alaska Schools Physical Activity Task Force. This action would be a positive first step in the right direction.

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[1] The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity.
[2] *See* footnote 2.
[3] Shephard, R.J., Volle, M., Lavalee, M., LaBarre, R., Jequier, J.C., Rajic, M. Required physical activity and academic grades: a controlled longitudinal study. In: Limarinen and Valimaki, editors. Children and Sport. Berlin: Springer Verlag; 1984. 58-63; National Association for Sport and Physical Education (NASPE).
[4] Shephard, R.J. Curricular physical activity and academic performance. Pediatric Exercise Science 1997; 9: 113-126.

This piece of legislation would provide the structure to start addressing the issue of physical activity in our schools, a discussion that is long overdue. The State spends $195 million annually on direct costs related to obesity. The problem is expected to increase even more over the next several years, and this is a unique opportunity to determine how we can save lives and money.

We encourage you to support this important piece of legislation and to support both short and long-term solutions to the growing problem of obesity and physical inactivity in our state. We owe it to future generations.

Respectfully,

Emily Nenon
Advocacy Director
American Cancer Society
emily.nenon@cancer.org

Laura Thelander
Advocacy Director
American Diabetes Association
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Kristen Richmond
Advocacy Director
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AOA Fact Sheets

Obesity in Youth

Diabetes, hypertension and other obesity-related chronic diseases that are prevalent among adults have now become more common in youngsters. The percentage of children and adolescents who are overweight and obese is now higher than ever before. Poor dietary habits and inactivity are reported to contribute to the increase of obesity in youth.

Today's youth are considered the most inactive generation in history caused in part by reductions in school physical education programs and unavailable or unsafe community recreational facilities.

This fact sheet outlines many factors related to obesity in youth that make it the major health care challenge for the 21st century.

Overweight and Obesity Defined

- Overweight and obesity for children and adolescents are defined respectively in this fact sheet as being at or above the 85th and 95th percentile of Body Mass Index (BMI).
- Some researchers refer to the 95th percentile as overweight and other as obesity. The Centers for Disease Control and Prevention (CDC), which provides national statistical data for weight status of American youth, avoids using the word "obesity," and identifies every child and adolescent above the 85th percentile as "overweight."
- The AOA uses the 95th percentile as criteria for obesity because it:
  - corresponds to a BMI of 30 which is obesity in adults. The 85th percentile corresponds to a BMI of 25, adult overweight.
  - is recommended as a marker for when children and adolescents should have an in-depth medical assessment.
  - identifies children that are very likely to have obesity persist into adulthood.
  - is associated with elevated blood pressure and lipids in older adolescents, and increases their risk of diseases.
  - is a criteria for more aggressive treatment.
  - is a criteria in clinical trials of childhood obesity treatments.

Prevalence and Trends

- Approximately 30.3 percent of children (ages 6 to 11) are overweight and 15.3 percent are obese. For adolescents (ages 12 to 19), 30.4 percent are overweight and 15.5 percent are obese.
- Excess weight in childhood and adolescence has been found to predict overweight in adults. Overweight children, aged 10 to 14, with at least one overweight or obese parent (BMI> 27.3 for women and > 27.8 for men in one study), were reported to have a 79 percent likelihood of overweight persisting into adulthood.

Gender

- Overweight prevalence is higher in boys (32.7 percent) than girls (27.8 percent). In adolescents, overweight prevalence is about the same for females (30.2 percent) and males (30.5 percent).
- The prevalence of obesity quadrupled over 25 years among boys and girls, as shown in Table 1.

Table 1

Increase in Obesity Prevalence (%) Among U.S. Children (Ages 6 to 11)		
	Boys	**Girls**

1999 to 2000	16	14.5
1988 to 1994	11.6	11
1971 to 1974	4.3	3.6
Source: CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey. Ogden et. al. JAMA. 2002;288:1728-1732.		

- Obesity prevalence more than doubled over 25 years among adolescent males and females, as shown in Table 2.

Table 2

Increase in Obesity Prevalence (%) Among U.S. Adolescents (Ages 12 to 19)		
	Males	**Females**
1999 to 2000	15.5	15.5
1988 to 1994	11.3	9.7
1971 to 1974	6.1	6.2
Source: CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey. Ogden et. al. JAMA. 2002;288:1728-1732.		

Race

- African American, Hispanic American and Native American children and adolescents have particularly high obesity prevalence.
- Overweight (85th percentile) and obesity (95th percentile) prevalence for children and adolescents is presented by racial group in Table 3.

Table 3

	Children (Ages 6 to 11) Prevalence (%)		Adolescents (Ages 12 to 19) Prevalence (%)	
Race	**Overweight**	**Obesity**	**Overweight**	**Obesity**
Black (Non-Hispanic)	35.9	19.5	40.4	23.6
Mexican American	39.3	23.7	43.8	23.4
White (Non-Hispanic)	26.2	11.8	26.5	12.7
Source: CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey. Ogden et. al. JAMA. 2002;288:1728-1732.				

- Among female youth, the highest overweight and obesity prevalence is found in black (non-Hispanic) girls (ages 6 to 11), 37.6 percent and 22.2 percent respectively, and black (non-Hispanic) adolescent females (ages 12 to 19), 45.5 percent and 26.6 percent respectively.
- Among male youth, the highest overweight and obesity prevalence is found in Mexican American boys (ages 6 to 11), 43 percent and 27.3 percent respectively, and Mexican American adolescent males (ages 12 to 19), 44.2 percent and 27.5 percent respectively.
- Overweight prevalence for Native American children and adolescents (ages 5 to 17) was reported in a 1999 study as 39 percent for males and 38 percent for females in the Aberdeen area Indian Health Service.

- Asian American adolescents (ages 13 to 18) were reported to have an overweight prevalence of 20.6 percent in the 1996 National Longitudinal Study of Adolescent Health.
- Asian-American and Hispanic-American adolescents born in the U.S. to immigrant parents are more than twice as likely to be overweight as foreign born adolescents who move to the U.S.

Health Effects

Many adverse health effects associated with overweight are observed in children and adolescents. Overweight during childhood and particularly adolescence is related to increased morbidity and mortality in later life.

Asthma

- Prevalence of overweight is reported to be significantly higher in children and adolescents with moderate to severe asthma compared to a peer group.

Diabetes (Type 2)

- Type 2 diabetes in children and adolescents has increased dramatically in a short period. The parallel increase of obesity in children and adolescents is reported to be the most significant factor for the rise in diabetes.
- Type 2 diabetes accounted for 2 to 4 percent of all childhood diabetes before 1992, but skyrocketed to 16 percent by 1994.
- Obese children and adolescents are reported to be 12.6 times more likely than non-obese to have high fasting blood insulin levels, a risk factor for type 2 diabetes.
- Type 2 diabetes is predominant among African American and Hispanic youngsters, with a particularly high rate among those of Mexican descent.

Hypertension

- Persistently elevated blood pressure levels have been found to occur about 9 times more frequently among obese children and adolescents (ages 5 to 18) than in non-obese.
- Obese children and adolescents are reported to be 2.4 times more likely to have high diastolic blood pressure and 4.5 times more likely to have high systolic blood pressure than their non-obese peers.

Orthopedic Complications

- Among growing youth, bone and cartilage in the process of development are not strong enough to bear excess weight. As a result, a variety of orthopedic complications occur in children and adolescents with obesity. In young children, excess weight can lead to bowing and overgrowth of leg bones.
- Increased weight on the growth plate of the hip can cause pain and limit range of motion. Between 30 to 50 percent of children with this condition are overweight.

Psychosocial Effects & Stigma

- Overweight children are often taller than the non-overweight.
- White girls, who develop a negative body image, are at a greater risk for the subsequent development of eating disorders.
- Adolescent females who are overweight have reported experiences with stigmatization such as direct and intentional weight-related teasing, jokes and derogatory name calling, as well as less intentional, potentially hurtful comments by peers, family members, employers and strangers.
- Overweight children and adolescents report negative assumptions made about them by others, including being inactive or lazy, being strong and tougher than others, not having feelings, and being unclean.

Sleep Apnea

- Sleep apnea, the absence of breathing during sleep, occurs in about 7 percent of children with obesity. Deficits in logical thinking are common in children with obesity and sleep apnea.

Note: *Information for this fact sheet comes from various sources, some of which use different terminology for the 85th and 95th percentile of BMI. For consistency, the AOA refers to any use of the 85th percentile of BMI as overweight and the 95th percentile as obesity in children and adolescents. In general, childhood is defined as 6 to 11 years of age, and adolescence as 12 to 19 years of age.*

Kathy Hope Erickson

From: Shalon Szymanski
Sent: Tuesday, March 22, 2005 1:33 PM
To: Kathy Hope Erickson
Subject: Witness List for HB 128 (March 29th)

Kathy,
Here is the witness list for next Tuesday, March 29th on HB 128, PE Task Force.

Rep McGuire - Will present the bill

Dr. Peter Mjos
The Anchorage Neighborhood Health Center

Emily Nenon
Advocacy Director
American Cancer Society

Kristen Richmond
Advocacy Director
American Heart Association

***Kristen will be calling in to the 1-800 number to be hooked up to the hearing via teleconference. Dr. Mjos and Emily will be giving testimony from the Anchorage LIO.**

Thank you very much, Kathy!

~Shalon

Shalon R. Szymanski
Office of Representative Lesil L. McGuire
Alaska State Legislature
House District 28
Phone (907) 465-6841
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Chair, Judiciary Committee

Vice-Chair, House Committee on
Economic Development,
Trade and Tourism

Member
Oil & Gas Committee

Representative Lesil McGuire

House District 28

MEMORANDUM

To: Representative Neuman, Special Committee on Education Chair

From: Representative Lesil McGuire

Date: February 17, 2005

Re: Request for hearing, HB 128, "*An Act establishing Alaska Schools Physical Activity Task Force*"

I respectfully request that HB 128, "*An Act establishing Alaska Schools Physical Activity Task Force*" be scheduled for a hearing at your earliest convenience. Attached you will find the bill packet containing the most current version of the bill, sponsor statement, background information and letters of the support.

If you have any questions or concerns please feel free to contact me personally, or my staff, Shalon Szymanski at (907) 465-6841. Thank you for your time and consideration.

Alaska State Legislature

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Chair, Judiciary Committee

Vice-Chair, House Committee on
Economic Development,
Trade and Tourism

Member
Oil & Gas Committee

Representative Lesil McGuire

House District 28

HB 128: Establishing the Alaska Schools Physical Activity Task Force

Sponsor Statement

According to the American Obesity Association, more than 30% of U.S. children and adolescents are overweight or obese. Overweight and obese children are more likely to become overweight and obese adults plagued by a litany of diseases including diabetes and all its complications, cardiovascular disease, cancers, depression, high cholesterol, hypertension, and severe arthritis.

Evidence has also shown a link between physical fitness and higher academic performance. Alaska does not currently impose any statewide standards for physical education in schools.

HB128 establishes a task force to come up with recommendations for the best approach to effectively and economically maximize physical activity in Alaska's schools within existing infrastructures.

The task force will be made up of school officials (from both urban and rural areas), physicians, a member from the Department of Education and Early Development, and legislators. They will be charged with coming up with a proposal for increasing physical education in schools that works within the existing infrastructure of Alaska's schools.

The task force will be asked to look at several possibilities including whether new laws or regulations are needed to allow schools to provide the maximum amount of physical activity, whether state school construction requirements should be changed to facilitate needed physical activity in the future, and whether after-school activity programs in addition to programs during school hours would be effective.

We believe that too many children suffer from the consequences of diabetes and obesity. By enhancing physical education in Alaska's schools, we can improve children's health and academic performance.

HOUSE COMMITTEE REPO!

(7)
Date Referred to Committee: February 4, 2005

FURTHER REFERRALS: HES
Finance

Date of Committee Action: 8 Mar 05

The HOUSE SPECIAL COMMITTEE ON EDUCATION considered: **HB 128**

HOUSE BILL NO. 128 **SCHOOLS PHYSICAL ACTIVITY TASK FORCE**

"An Act establishing the Alaska Schools Physical Activity Task Force."

Recommends it be replaced with [ ] HCS *or* **[ ] CS** *for* _____ (_____)
For Senate Bills with new title: [ ] Technical Title [ ] New Title: HCR_____ [ ] Same Title [ ] New Title

[ ] attach amendments
[ ] add new referral to _____Committee
[ ] Letter of Intent_____Committee

List of Abbrev for Depts.:
ADM
CED
COR
CRT
EED
DEC
DFG
GOV
HSS
LEG
LAW
LWF
MVA
DNR
DPS
REV
DOT
UA

NEW **FISCAL NOTES**
*Assigned by Chief Clerk's Office

List by Dept(s):	*FN#	Fiscal	Indet.	Zero
EED				

PREVIOUS **FISCAL NOTES**

List by Dept(s):	FN#	Fiscal	Indet.	Zero

Signing with recommendations	Printed Last Name	DP	DNP	NR	AM
	Rep. Gara	✓			
	Rep. Gatto	✓			
	Rep. Wilson	✓			
	Rep. Thomas	✓			
	Rep. Salmon	—			
	Rep. Lynn	X			
Chair:	Rep Neuman	+			
Chair:					