

A Call to Action

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*"Knowing is not enough, we must apply.
Willing is not enough, we must do."
—Goethe*

The challenge in overcoming the dangers of an overweight population is, as always, finding the will and the way. And, once again, we need leaders from all sectors of the community—families, health professions, schools, business leaders, faith-based organizations, policy makers and community activists—to get involved and lead our communities to better health through achieving and maintaining appropriate body weight.

In 1994, Dr. C Everett Koop, former US Surgeon General, launched the national *Shape Up America!*¹ challenge to place healthy weight high on the national agenda. Last year, US Surgeon General David Satcher issued another national call to action by releasing the first Surgeon General's Report on this critical health issue.²

Now is the time for North Carolina to officially accept the challenge, heed this call to action and join in the fight to reduce overweight and obesity in our children.

As the articles and commentaries in this issue of the North Carolina Medical Journal so clearly articulate, obesity is a forerunner of many other epidemics that we face in North Carolina today. Overweight children and adolescents are not only more likely to suffer from early onset diabetes and emotional stressors, they are also more likely to become overweight or obese adults. Overweight and obesity increase the burden and impact of chronic diseases that lead to increased premature disability and death, and to increased costs in terms of both economics and quality of life. The impact on families, communities, and our state is enormous. How does North Carolina compare to the rest of the nation? A few key facts tell the story:

- ◆ A 40% increase in the prevalence of overweight in NC children aged 5 to 11 years was seen in local health

departments between 1995 and 2000.

- ◆ Nearly 60% of NC adults are either overweight or obese, and adult obesity has nearly doubled in the last decade, from 13% in 1990 to 23% in 2001.
- ◆ Only 68% of high school students participated in regular physical activity in 2001.
- ◆ Among the obesity-related chronic diseases that are the leading causes of death in NC and the nation:
 - NC ranks 22nd in the nation for heart disease deaths, 23rd for cancer deaths, and an appalling 4th in the nation for deaths from stroke. We rank 15th for deaths from diabetes.
 - Hospitalization costs for cardiovascular disease (heart disease and stroke) have increased from \$1.92 billion a year in 1995 to over \$2.5 billion per year in 2000.

Creating Statewide Community Action

Continued research into the complex genetic, metabolic, and behavioral determinants of obesity and in methods of intervention is important. However, our primary goal should be to use the knowledge gained and turn it into applications that benefit people. We need to direct our human and financial resources toward applying intervention strategies known to be effective in correcting societal causes of obesity—patterns of food intake and physical activity. These are some of the many exciting new initiatives under way in North Carolina:

- ◆ The Studies Act of 2001,³ in which the NC General Assembly called for a study of nutrition in public schools by the Joint Legislative Education Oversight Committee. This legislation has led to development of policy recommendations on physical activity and nutrition in the schools by the Physical Activity and Nutrition Coalition, headed by the American Heart Association, NC Council.
- ◆ The DHHS Healthy Weight Initiative Plan⁴ and the two *Eat Smart, Move More...North Carolina Blueprints*^{5,6} contain recommendations developed by many stake holders using a strong collaborative approach.
- ◆ The NC Prevention Partners BASIC Benefits Initia-

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tive⁷ has already succeeded in significantly increasing health plan coverage for preventive services related to physical inactivity, unhealthy eating, and tobacco use, and outlines how employers can purchase preventive benefits.

- ◆ The National Governors' Association Center for Best Practices' issues brief on "The Obesity Epidemic—How States Can Trim the 'Fat'"⁸ outlines tools and recommendations [see Sidebar on next page].

And the list could go on. These are just marvelous examples of the fact that we know what needs to be done! It is time that we, as communities and as a state, find the collective will and way to translate these recommendations into practice.

Decisions to implement policy changes within the systems that support children and families—schools, churches, businesses, public policy and health care systems—must be debated, made, and implemented. As with any policy decision, the real and opportunity costs have to be considered. But the opportunities for improvement in policies that directly help children and families to eat smart and move more are many and we can, even in tight times, find new and better ways to achieve healthy weight for our children. We have not yet fully committed ourselves to this fight. We have not yet fully engaged in serious debates with each other and we have not yet implemented those policy recommendations that we know to be in children's best health interest.

Of course, it's not all about policy making and systems changes. There is also a personal call to action for individuals to assume responsibility for making more informed health choices. We have the twin challenges of educating and then

motivating those individuals who make decisions, not only for themselves but also for young children, determining what they will eat and how they will spend their time—on the couch or on the move. We need to address health behaviors collectively: teenage girls smoke to control their weight; smoking decreases one's ability to be physically active; decreased physical activity contributes to overweight and obesity. We have the challenge of framing the message for adolescents so that not smoking, eating smart, and moving more are fun, easy, attractive and popular. We have not yet fully engaged the media, marketing experts, and nonprofit organizations needed to support outreach and education strategies that can significantly impact on societal norms that shape not just our decisions but ultimately our bodies. The time is now.

To change systems and ultimately change human behavior takes time. But, in this state on this issue, we are taking too much time. According to Hill and Trobridge,⁹ all indications are that the current generation of children will grow into the most obese generation of adults in US history. Furthermore, there is every evidence that the next generation of children is likely to be fatter and less fit than the current generation. The children of North Carolina and the future of North Carolina are too vitally important to have this projection become reality.

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The Obesity Epidemic - How States Can Trim the "Fat"

Tools

Implementing food and physical activity policies/standards in schools and public worksites

Implementing Healthy community design and smart growth strategies

Raising public and policymaker awareness

Increasing access and availability of obesity treatment

Targeting high-risk population groups

Taxing junk foods and soda

Recommendations

Ten actions states can take immediately:

1. Educate people on the health benefits of healthy eating and being physically active.
2. Strengthen school physical education requirements to meet national recommendations for physical activity for children and encourage shared community use of PE facilities outside school hours.
3. Convene stakeholders, including trade groups from the food and fitness industries, and engage the state health department to develop a comprehensive statewide nutrition and physical activity plan to address obesity and chronic diseases.
4. Consider regulating access to junk foods and soft drinks in schools and other government facilities; and increase availability of healthier foods, such as non-fat milk, fruits and vegetables, and 100% fruit juice.
5. Evaluate options to provide health insurance coverage for obesity prevention and therapies for state employees, retirees, Medicaid recipients, and SCHIP beneficiaries.
6. Assess the economic impact of obesity on current state resources, Medicaid, employee and retiree systems, and SCHIP; and use the utilization data and behavioral data from the Behavioral Risk Factor Surveillance System to make strategic prevention and treatment purchasing decisions.
7. Collaborate with community-based organizations, voluntary organizations, state medical associations, and public health groups to implement services targeting lower income, racial minorities, and other groups at high risk for obesity.
8. Partner with state and local growth management agencies and with the private sector to encourage smart growth and healthy community design.
9. Use executive authority to issue executive orders and proclamations that promote good nutrition and physical activity, such as making stairwells in public buildings available.
10. Challenge policymakers, cabinet members, healthcare providers, voluntary organization and the food and fitness industries to mobilize efforts in response to the obesity epidemic.

Source: Fierro MP. The obesity epidemic: how states can trim the fat. Issue Brief. National Governors Association Center for Best Practices, Health Policy Studies Division. June 13, 2002.