

CORE MESSAGES



To be effective in communicating the burden of childhood obesity and the evolving programs to combat it, we must be consistent with our messages at every opportunity.

The following are the key obesity prevention-related messages developed to date for the State of Alaska. You do not need to deliver these messages verbatim. However, it is important to convey the “core” theme in every interaction, whether in face-to-face media interviews, public speaking opportunities, written communication in its many forms, or on the elevator or in a grocery store with a complete stranger.

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KEY TO SUCCESSFUL MESSAGE DELIVERY

These core messages are a guide. Focusing on these in every setting will contribute significantly to effectively communicating the burden of obesity and what is being done to combat it.

You can make them even more effective by customizing them for your community, adding information, statistics and stories specific to your area. “Localizing” the obesity prevention story helps to make the issue real and relatable. Finding a human-interest angle to help personalize the story also helps.

Always write and speak with your audience in mind, addressing how your issue aligns with their values and interests, the information they need, the barriers they put up and the action you would like them to take.

NEVER MISS THE OPPORTUNITY TO DELIVER THIS OVERARCHING MESSAGE:

Childhood obesity is the predominant public health threat facing Alaska today. Too many of our kids are overweight or obese. They do not get enough physical activity. They drink too many sugary beverages. And they are suffering the consequences. If we don't act now, our kids could be the first generation that has a shorter life expectancy than their parents.

We need to create an Alaska where every child lives, learns and plays in an environment filled with healthy choices. We can do this if we work together.

¹ Alaska Department of Health and Social Services. Alaska Obesity Facts Report – 2012, 2013, 2014. Anchorage, Alaska: Section of Chronic Disease Prevention and Health Promotion, Division of Public Health, Alaska Department of Health and Social Services; August 2012. Available at: <http://www.hss.state.ak.us/dph/chronic/obesity/pubs/2012AlaskaObesityFacts.pdf>

² S. Jay Olshansky, Ph.D., Douglas J. Passaro, M.D., Ronald C. Hershow, M.D., Jennifer Layden, M.P.H., Bruce A. Carnes, Ph.D., Jacob Brody, M.D., Leonard Hayflick, Ph.D., Robert N. Butler, M.D., David B. Allison, Ph.D., and David S. Ludwig, M.D., Ph.D. A Potential Decline in Life Expectancy in the United States in the 21st Century. *N Engl J Med* 2005; 352:1138-1145 March 17, 2005 DOI: 10.1056/NEJMs043743

³ Katherine M. Flegal, PhD, David F. Williamson, PhD, Elsie R. Pamuk, PhD, and Harry M. Rosenberg, PhD Estimating Deaths Attributable to Obesity in the United States (2004). *Am J Public Health*. 2004 September; 94(9): 1486–1489. PMID: MC1448478

^{*} There isn't a single data source for children, but overweight and obesity prevalence is 26 percent for high school youth; statewide data sources for ages 2 to 5 range from 35 to 41 percent, and K-12 BMI measurement data for Anchorage and Kenai school districts show 36 percent overweight/obese.



THE BURDEN

*Childhood obesity is the predominant public health threat facing this generation today. Three out of 10 Alaska children are overweight or obese*¹ and this generation of children may be the first in modern history to live less healthy, shorter lives than their parents.²*

Nationally, 300,000 deaths each year are associated with people being overweight or obese.³ The issue is costing hundreds of millions of dollars in medical costs in Alaska and billions across the nation.

In Alaska:

- Three out of 10 Alaska children are overweight or obese.¹
- Two out of three Alaska adults are overweight or obese.¹

Nationwide:

- Two out of three (69%) U.S. adults are overweight or obese.⁴
- About one in three (32%) young people ages 2 to 19 in the U.S. are considered overweight or obese.⁵
- Nationally, the rate of childhood obesity has more than tripled in the past 20 years, from 5 percent to 17 percent.⁵
- Seventy percent of obese children become obese adults.⁶
- Twenty-seven percent of all Americans 17 to 24 years of age are too heavy to join the military. That is more than 9 million young men and women.⁷
- By 2030, it is estimated that 42 percent of the American population will be obese.⁸

⁴ Flegal KM, Carroll MD, Kit BK, Ogden CL. Prevalence of obesity and trends in the distribution of body mass index among US adults, 1999–2010. *Journal of the American Medical Association*. 2012; 307(5):491–97. Available online: <http://jama.ama-assn.org/content/307/5/491>

⁵ Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of obesity and trends in body mass index among US children and adolescents, 1999–2010. *Journal of the American Medical Association*. 2012; 307(5):483–90. Available online: <http://jama.ama-assn.org/content/307/5/483>

⁶ Torgan, C. (2002). Childhood obesity on the rise. The NIH Word on Health. Downloaded from: <http://www.nih.gov/news/WordonHealth/jun2002/childhoodobesity.htm> Accessed: Feb. 2014

⁷ Mission: Readiness. (2012) Still too Fat to Fight. Washington DC. www.MissionReadiness.org.

⁸ Eric A. Finkelstein, Olga A. Khavjou, Hope Thompson, Justin G. Trogdon, Liping Pan, Bettylou Sherry, William Dietz (2012) Obesity and Severe Obesity Forecasts Through 2030 *American Journal of Preventive Medicine*, Volume 42, Issue 6, Pages 563-570, June 2012



How is Weight Status Determined?

- Unhealthy weight, including obesity, is determined using Body Mass Index (BMI).
- BMI is calculated using height and weight.
- For adults, obesity is a Body Mass Index (BMI) of 30 or higher. On that scale, a 5-foot, 5-inch woman weighing more than 180 pounds would be considered obese; a 6-foot man weighing more than 225 pounds would be considered obese.
- BMI is the simplest, non-invasive, affordable way to measure obesity prevalence trends in a large population.

Health Implications

Obese children suffer from serious diseases that many people think only affect older adults. That used to be the case, but it's not anymore.

- Seventy percent of obese 5- to 17-year-olds have one or more conditions that put them at risk for heart disease, such as high blood pressure or high cholesterol. Forty percent have two or more heart disease risk factors.⁹
- Childhood obesity increases the risk of a variety of chronic diseases, including diabetes and heart disease. There is also a greater risk of asthma, joint problems, fatty liver disease, depression and low self-esteem.¹⁰
- School-aged children who are overweight or obese may experience a lower quality of life — physically, emotionally and academically.¹¹
- For the first time in modern history, today's children may be the first generation to have a shorter life expectancy than their parents unless we intervene.¹²

Economic Implications

The obesity epidemic is fueling diabetes, heart disease and other ailments, and this adds significantly to Alaska's rising healthcare costs.

⁹ Freedman DS, Zugno M, Srinivasan SR, Berenson GS, Dietz WH. Cardiovascular risk factors and excess adiposity among overweight children and adolescents: the Bogalusa Heart Study. *Journal of Pediatrics* 2007;150(1):12–17.

¹⁰ Daniels SR, Arnett DK, Eckel RH, et al. Overweight in children and adolescents: pathophysiology, consequences, prevention, and treatment. *Circulation* 2005;111;1999–2002.

¹¹ Friedlander, Samuel L., MD, Emma K. Larkin, MHS, Carol L. Rosen, MD, Tonya M. Palermo, PhD, and Susan Redline, MD, MPH. "Decreased Quality of Life Associated With Obesity in School-aged Children FREE." *JAMA Network*. N.p., n.d. Web. 28 Feb. 2014.

¹² S. Jay Olshansky, Ph.D., Douglas J. Passaro, M.D., Ronald C. Hershov, M.D., Jennifer Layden, M.P.H., Bruce A. Carnes, Ph.D., Jacob Brody, M.D., Leonard Hayflick, Ph.D., Robert N. Butler, M.D., David B. Allison, Ph.D., and David S. Ludwig, M.D., Ph.D. A Potential Decline in Life Expectancy in the United States in the 21st Century. *N Engl J Med* 2005; 352:1138-1145 March 17, 2005 DOI: 10.1056/NEJMs043743



- In Alaska, the direct medical care costs for obesity are close to one-half billion dollars or \$459 million each year;¹³
- One-quarter of Alaska’s obesity-related medical costs are paid with public dollars spent through Medicaid and Medicare.¹⁴
- The cost of treating obesity-related disease threatens the state’s ability to fund Medicare and Medicaid. By 2030, the state will be paying \$300 million per year in obesity-related costs, a six-fold increase since 2010 (\$46 million).¹⁵

Academic Implications

*Obesity negatively influences a child’s readiness to learn and overall academic performance.*¹⁶

- Schools have a critical role in helping students learn and practice healthy eating habits, and in providing the knowledge, motivation and skills children need for lifelong physical activity.¹⁶
- When children’s basic nutritional and fitness needs are met, they attain higher achievement levels.¹⁵
- Students who earn mostly As are almost twice as likely to get regular physical activity than students who receive mostly Ds and Fs.¹⁷
- Physical activity and good nutrition are associated with better academic performance, so schools are a natural ally in the effort to prevent childhood obesity.^{16, 18}
- Physical activity programs have positive effects on academic achievement, including increased concentration; improved mathematics, reading and writing test scores; and reduced disruptive behavior.¹⁹

¹³ Trogdon JG, Finkelstein EA, Feagan CW, Cohen JW. State- and payer-specific estimates of annual medical expenditures attributable to obesity. *Obesity* 2012;20(1):214-220

¹⁴ United Health Foundation, the American Public Health Association, and the Partnership for Prevention. The Future Costs of Obesity: National and State Estimates of the Impact of Obesity on Direct Health Care Expenses. November 2009 (Available at: <http://www.nccor.org/downloads/CostofObesityReport-FINAL.pdf>).

¹⁵ Eric A. Finkelstein, Justin G. Trogdon, Joel W. Cohen and William Dietz. (2009) Annual Medical Spending Attributable To Obesity: Payer- And Service-Specific Estimates *Health Aff* September/October 2009 vol. 28 no. 5 w822-w831. July 2009, doi: 10.1377/hlthaff.28.5.w822

¹⁶ Bogden, J.F. *Fit, healthy, and ready to learn: a school health policy guide*. Alexandria (VA): NASBE, 2000;

¹⁷ CDC. *The association between school based physical activity, including physical education, and academic performance*. Atlanta, GA: U.S. DHHS; 2010

¹⁸ U.S. Department of Health and Human Services. *Guidelines for school health programs to promote lifelong healthy eating. Morbidity and Mortality Weekly Report Recommendations and Report* 1996 Jun 14; 45:RR-9;

¹⁹ Symons, C.W., Cinelli, B., James, T.C., Groff, P. Bridging student health risks and academic achievement through comprehensive school health programs. *Journal of School Health* 1997;67(6):220-227;



Bullying

- Obese children in grades three through six are more likely to be bullied by their classmates than peers at a healthy weight, regardless of their gender, race, social skills or academic achievement.^{20, 21}
- Obese children are 63 percent more likely to be bullied compared to a healthy weight peer.^{20, 21}
- Because of teasing related to their weight, students report they avoid school and their grades suffer.²¹

OBESITY CAUSES AND PROTECTIVE FACTORS

Obesity Causes:

Although a variety of factors play a role in obesity, generally excess weight is the result of eating and drinking more calories than you burn through exercise and normal daily activities.

- Obesity usually results from a combination of causes and contributing factors including genetics; prenatal and early life influences; poor diets; too much screen time; too little physical activity and sleep; and the environment in which we live.

Physical Activity

Children need 60 minutes of physical activity every day to grow up a healthy weight.²²

- Physical activity helps control weight, builds lean muscle, reduces fat, promotes strong bone, muscle and joint development, and decreases the risk of obesity.
- Only one out of five (21 percent) of Alaska's high school youth are active 60 minutes every day.²³
- Being active for 60 minutes each day has been shown to increase concentration and focus; improve classroom attendance and behavior; and boost academic performance.²⁴
- Physical activity is not just about exercise or working out. For kids, it's all about play and getting their bodies moving.
- Parents play a vital role in the physical activity levels of their children.

Physical Education

Physical education is not the same thing as physical activity; both are critically important for our children's health.

- Quality PE is important, because it:
 - Teaches kids the necessary skills to be physically active.

²⁰ Eisenberg ME, Neumark-Sztainer D, Story M. Associations of weight-based teasing and emotional well-being among adolescents. *Archives of Pediatric Adolescent Medicine* 2003;157:733-8.

²¹ Puhl RM, Luedicke J, Heuer C. Weight-based victimization toward overweight adolescents: Observations and reactions of peers. *Journal of School Health* 2011;81:696-703.

²² US Department of Health and Human Services. (2008) 2008 Physical Activity Guidelines for Americans. www.health.gov/paguidelines

²³ Alaska Youth Risk Behavioral Surveillance System, 2011, 2013

²⁴ Centers for Disease Control and Prevention. *The association between school based physical activity, including physical education, and academic performance*. Atlanta, GA: U.S. Department of Health and Human Services; 2010.



- Gives children the opportunity to develop the motor skills and knowledge to participate in a variety of physical activities.²⁵
- Enhances all aspects of development, including health, academic performance, physical fitness, knowledge of movement, goal setting, self-esteem, relationship development and social skills.²⁵
- Many adults assume that Alaska students attend PE class as often as they did when they were growing up. Unfortunately, that is not the case. Only 17 percent of Alaska high school students attended PE daily in 2011²⁶, compared to 32 percent nationally.²⁷
- There are no federal or state mandates that require PE at the elementary or middle school level.
- The State of Alaska health/PE high school graduation requirement of one credit is not adequate to support recommended levels for quality PE.

Sugary Drinks

Too many of our children are drinking sugary drinks, sometimes every day. Drinking sugary drinks contributes to childhood obesity and is harming our children.

- Sugary drinks are made with sugar, high fructose corn syrup, honey or other added sweeteners that contain calories.
- Sugary drinks include: soft drinks; fruit-flavored drinks, punches, or ades (this includes beverages with less than 100% fruit juice); powdered-drinks with added sugar; tea and coffee drinks with added sugar; sports drinks; and energy drinks.
- Kids are served sugary drinks everyday in one in four Alaska homes.
- Forty-two percent of Alaska high school students drink one or more sugary drink each day; 12 percent drink three or more.²⁸
- Even though diet drinks contain no calories they are not a healthy choice as they have no nutritional value. Water or low-fat milk are the best options for your family.
- Buying healthy drinks for your family can be challenging due to the false and misleading information on the packaging.
- Reading the ingredient label on foods can help you find added sugars. Names for added sugars on food labels include: sucrose, brown sugar, corn syrup, corn syrup solids, dextrose, fructose, high-fructose corn syrup (HFCS), honey, syrup, molasses and many others.²⁹

²⁵ Sallis JF, McKenzie TL. Physical education's role in public health. Res Q Exerc Sport. 1991 Jun;62(2):124-137

²⁶ Alaska Youth Risk Behavior Survey Results, 2011. Available at: <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx>

²⁷ Youth Risk Behavior Surveillance System, 2011.

²⁸ Alaska Youth Risk Behavioral Surveillance System, 2013

²⁹ "What Are Added Sugars?" What Are Added Sugars? N.p., n.d. Web. 28 Feb. 2014.



Schools and Obesity Prevention

Next to families, the school has more influence on the lives of children than any other social environment.³⁰ Schools are in a unique position to reach nearly all the children and their families in the state. Schools can improve the health and education of kids and prepare them to be healthy and productive adults.

- Schools play a key role in the prevention of obesity.
 - Children eat 40 to 50 percent of their daily calories and spend six to seven hours a day at school.³¹
 - Supportive nutrition and physical activity policies and programs at school can improve the health of Alaska's kids.
- Strong wellness policies are a key component of obesity prevention in schools. These policies shape the school environment to promote good nutrition and physical activity behaviors and support students in making healthy choices.
- Wellness policies are an important tool for parents and school districts to promote student wellness, prevent and reduce childhood obesity, and provide assurance that school nutrition guidelines meet the federal standards.
- Starting fall 2014, all foods sold in school (including school stores, vending machines, fundraisers) must meet federal nutrition standards.
- All schools that participate in the USDA National School Lunch Program are required to address physical activity and nutrition through their wellness policies.
- Physical activity can help students focus, improve behavior and boost positive attitudes.³²
- Students who earn mostly As are almost twice as likely to get regular physical activity than students who receive mostly Ds and Fs.³³
- There is no negative impact on standardized test scores when additional time is spent on physical education.³⁴
- There is a clear connection between inadequate nutrition and poor academic achievement.
- Participation in school breakfast or lunch programs have demonstrated significant improvement in academics.³⁵

³⁰ Centers for Disease Control and Prevention. School Health Guidelines to Promote Healthy Eating and Physical Activity. *MMWR* 2011;60(No. RR-5)

³¹ Hoffman, J., Chaykin, D., Teale, S., HBO Documentary Films., Institute of Medicine (U.S.), Center for Disease Control., National Institutes of Health (U.S.), Warner Home Video (Firm). (2012). *The weight of the nation*. New York: HBO Home Box Office

³² Centers for Disease Control and Prevention. *The Association between School Based Physical Activity, Including Physical Education, and Academic Performance*. Atlanta, GA: U.S. Department of Health and Human Services; 2010

³³ CDC. *The association between school based physical activity, including physical education, and academic performance*. Atlanta, GA: U.S. DHHS; 2010

³⁴ Bradley and Greene (*Journal of Adolescent Health* 2013) or 113, 116-118 of their references

³⁵ Meyers AF, Sampson AE, Weitzman M, Roders BL, Kayne H. School breakfast program and school performance. *AJDC*. 1989;143:1234-1239



ALASKA'S SOLUTIONS

No one factor created the obesity epidemic and no single approach will fix it. We need to implement a comprehensive approach that addresses obesity-related factors.

- Approaches that address obesity-related factors include:
 - Enhancing infrastructure such as the availability of parks and walking trails that support physical activities for children in a safe way;
 - Removing sugary drinks and junk food from our schools;
 - Empowering parents to play an active role in the health of their children as they can strongly influence the choices their children make;
 - Valuing and implementing quality health and physical education in all schools; and
 - Increasing access to healthy foods in schools and communities.
- Alaskans need to address the tremendous burden obesity places on our health and healthcare costs. Solving the obesity problem requires us to make significant changes within our schools and communities and invest considerable resources.
- Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases.³⁶
- The dietary and physical activity behaviors of children and adolescents are influenced by many sectors of society, including families, communities, schools, child care settings, medical care providers, faith-based institutions, government agencies, the media, and the food and beverage industries, and entertainment industries.
- Every one plays a role in the prevention of obesity. We all must commit to changes that promote the health and wellness of our families and communities.

Play Every Day

Play Every Day is one component of an emerging comprehensive approach used to prevent and reduce childhood obesity statewide.

- The Alaska Department of Health and Social Services is addressing childhood obesity through a public education campaign called Play Every Day.
- Play Every Day was launched in 2012 to raise awareness statewide about the health concerns associated with childhood obesity and to motivate Alaska families and children to be physically active, 60 minutes a day, for the best health and for maintaining a healthy weight.
- We know we're getting through to Alaska parents. During the first year of the campaign, nearly half of Alaska parents surveyed said they had heard messages about getting kids physically active and remembered the "Get Out and Play" message.
 - In 2013 most parents surveyed who had seen the messages said the messages made them want to help their children be more physically active.

³⁶ Office of the Surgeon General. The Surgeon General's Vision for a Healthy and Fit Nation. [pdf 840K]. Rockville, MD, U.S. Department of Health and Human Services; 2010.



- Play Every Day has a successful partner that is making it easier for Alaska children to find fun and free ways to be physically active. That partner is Healthy Futures, the signature program of the nonprofit Alaska Sports Hall of Fame.
- The Play Every Day campaign is found online at playeveryday.alaska.gov. Its Facebook page is www.facebook.com/playeverydayak.

Healthy Futures

Healthy Futures, established in 2003, is an Alaska-based, statewide, grassroots organization that empowers Alaska's youth to build the habit of daily physical activity.

- Core activities of Healthy Futures include:
 - Coordinating the Healthy Futures Challenge, run through Alaska elementary schools; and
 - Increasing youth participation in low-cost, family-friendly community recreational events.
- Here is how the Healthy Futures Challenge works:
 - There are two challenge periods each school year: a three-month period in the fall and a three-month period in the spring.
 - During each period, a log to track physical activity is sent home during each month. For example, during the spring Challenge, a log goes home in February, March and April.
 - To successfully complete one month of the Challenge, a child needs to be physically active three times each week and log that activity on a simple form. The Healthy Futures Challenge gets Alaska kids closer to the recommended 60 minutes of physical activity each day for the best health.
 - If children turn in a completed log at the end of the month, they receive a prize that promotes physical activity.
 - If they complete all three months in the Challenge period, they receive three prizes and are eligible for a grand prize sports package of their choice. It could be physical activity equipment or sports lessons, for example.
 - Schools win, too. Schools with the highest participation each Challenge period can win money to be used to buy physical activity or health-related equipment for the school.
- School and student participation in the Healthy Futures Challenge has grown each year. See the participation graphs on the next page.
- The Healthy Futures program is found online at healthyfuturesak.org. Its Facebook page is facebook.com/healthyfuturesak.



Participation in the Healthy Futures Challenge

